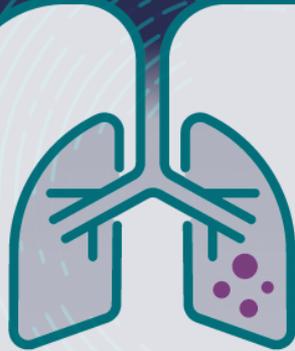




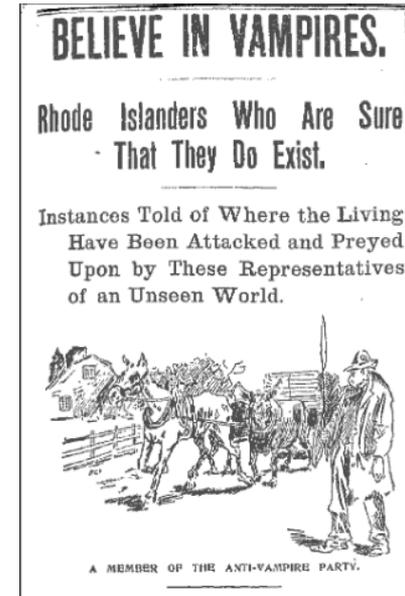
Welcome!



WORLD TB DAY

MARCH 24





Fun Fact: In the early 1800s, outbreaks of TB disease sparked “vampire panics” throughout New England. Some people believed that the first family member to die of TB disease came back as a vampire to infect the rest of the family.

Global TB Program Updates

- 10.7 million people were diagnosed with active TB in 2024
- 1.23 million people died from TB in 2024
- 2.4 million people with active TB went undiagnosed in 2024
- 23% of the global population is estimated to have latent TB
- Multi-drug resistant (MDR-TB) is particularly a global threat
- TB represents 38% of drug-resistance-related deaths (most of any disease)
- Since 2000, US global TB programs have reduced TB-related deaths by 58% and helped save more than 79 million lives



National TB Program Updates

- TB continues to be detected in every US state and territory
- 13 million people in the US live with latent TB infection
- State TB programs continue to be flat funded
- Difficult to fund targeted testing and preventive treatment campaigns
- Compromises the ability to adequately address TB elimination efforts in the US
- This leaves our communities vulnerable
- CDC estimates that the cost of treating a patient with drug-susceptible TB averages \$25,099; treating a patient with MDR-TB in the United States averaged \$153,999; treating a patient with extremely drug-resistant TB (XDR-TB) averaged to \$612,999
- Early detection and comprehensive treatment help avoid higher costs, drug resistance, and overuse of resources



VDH TB Program Update

A few things to highlight

- AHIP Updates
- TB Medication Cost Increases
- Isolation Recommendations
- Eligibility Guidance
- IGRA Eligibility
- Training Focus
- Newsletter
- New Program Manager

Alternative Housing and Incentive Program

- Increased food support
- Consideration of family size
- Lyft rides to appointments for pediatric contacts
- Simplified process* for paying for motels through third party

2024

*most of the time

Alternative Housing and
Incentive Program Manual



Thank you to Pharmacy Partners!

- In 2025 Teva divested Isoniazid Tablets to Genus Lifesciences making it the sole manufacturer for Isoniazid (INH) medications.
- The transfer of manufacturing rights caused a shortage of the medication, as well as a price increase.
- Programs started to see price increases anywhere from 600%-17,800% nationally.

Examples of what these prices can look like:

Medication	Unit Size	2024 Purchase Price	2025 Purchase Price	Increase
Isoniazid 100mg	100-count bottle	\$0.94	\$146.34	15468.1%
Isoniazid 300mg	30-count bottle	\$2.21	\$83.87	3695.02%
Isoniazid 300mg	100-count bottle	\$30.95	\$240.07	675.67%
Isoniazid 300mg	100-count Unit Dose box	\$13.28	\$72.66	447.139%

Isolation Recommendations

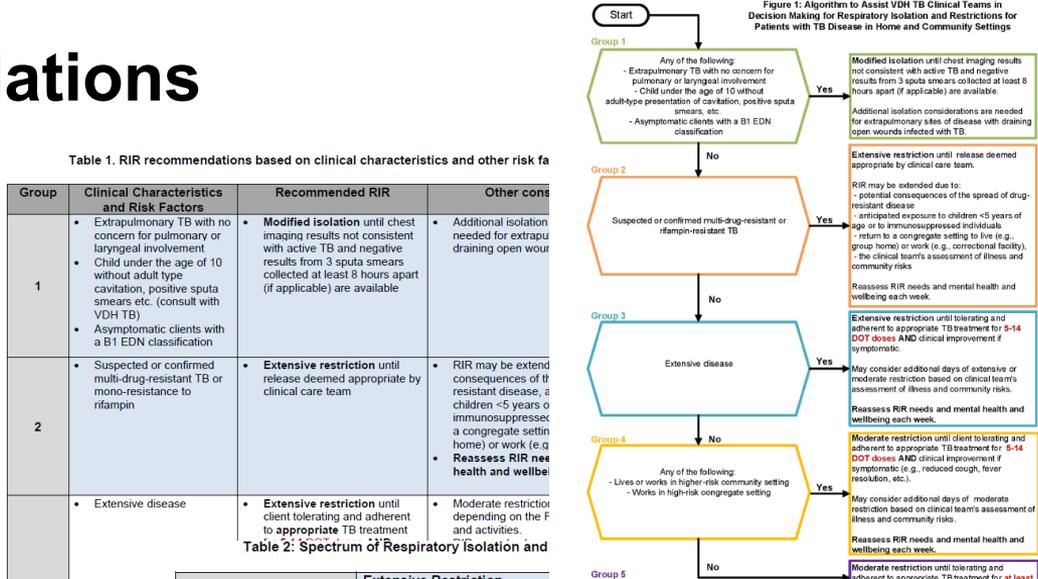


Table 1. RIR recommendations based on clinical characteristics and other risk factors

Group	Clinical Characteristics and Risk Factors	Recommended RIR	Other considerations
1	<ul style="list-style-type: none"> Extrapulmonary TB with no concern for pulmonary or laryngeal involvement Child under the age of 10 without adult type cavitation, positive sputa smears etc. (consult with VDH TB) Asymptomatic clients with a B1 EDN classification 	<ul style="list-style-type: none"> Modified isolation until chest imaging results not consistent with active TB and negative results from 3 sputa smears collected at least 8 hours apart (if applicable) are available 	<ul style="list-style-type: none"> Additional isolation needed for extrapulmonary draining open wounds
2	<ul style="list-style-type: none"> Suspected or confirmed multi-drug-resistant TB or mono-resistance to rifampin 	<ul style="list-style-type: none"> Extensive restriction until release deemed appropriate by clinical care team 	<ul style="list-style-type: none"> RIR may be extended due to potential consequences of the spread of drug-resistant disease, a children <5 years of age or immunosuppressed a congregate setting home) or work (e.g. group home) or work (e.g. correctional facility), the clinical team's assessment of illness and community risks. Reassess RIR needs and mental health and wellbeing each week.
3	<ul style="list-style-type: none"> Extensive disease 	<ul style="list-style-type: none"> Extensive restriction until client tolerating and adherent to appropriate TB treatment 	<ul style="list-style-type: none"> Moderate restriction depending on the F and activities.
4	<ul style="list-style-type: none"> Lives or works risk community (e.g., household children <5 years daycare, group) Works in a high congregate setting (e.g., nursing home, facility) 	<ul style="list-style-type: none"> Extensive restriction until client tolerating and adherent to appropriate TB treatment for 5-14 DOT doses AND clinical improvement if symptomatic. 	<ul style="list-style-type: none"> Reassess RIR needs and mental health and wellbeing each week.
5	<ul style="list-style-type: none"> None of the above 	<ul style="list-style-type: none"> Extensive restriction until client tolerating and adherent to appropriate TB treatment for 5-14 DOT doses AND clinical improvement if symptomatic (e.g., reduced cough, fever resolution, etc.). 	<ul style="list-style-type: none"> Reassess RIR needs and mental health and wellbeing each week.
6	<ul style="list-style-type: none"> Lives or works in higher-risk community setting Works in high-risk congregate setting 	<ul style="list-style-type: none"> Extensive restriction until client tolerating and adherent to appropriate TB treatment for 5-14 DOT doses AND clinical improvement if symptomatic. 	<ul style="list-style-type: none"> Reassess RIR needs and mental health and wellbeing each week.

Table 2: Spectrum of Respiratory Isolation and Restrictions

Group	Movement Restrictions	Restrictive Restriction	
		General	Additional Exposure Risk
1	Indoor Activities	Limit indoor activities beyond home/residence (i.e., may attend essential healthcare visit as determined through discussion with local health department).	Allow some indoor activities beyond home/residence (e.g., time-sensitive healthcare visit) as determined through discussion with local health department.
	Outdoor activities	Allow some outdoor activities without interacting closely with others (e.g., going for a walk).	Allow most outdoor activities as determined through discussion with local health department.
2	Indoor Activities	Limit indoor activities beyond home/residence (i.e., may attend essential healthcare visit as determined through discussion with local health department).	Allow some indoor activities beyond home/residence (e.g., time-sensitive healthcare visit) as determined through discussion with local health department.
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	Outdoor activities	Allow some outdoor activities without interacting closely with others (e.g., going for a walk).	Allow most outdoor activities as determined through discussion with local health department.
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	Outdoor activities	Allow some outdoor activities without interacting closely with others (e.g., going for a walk).	Allow most outdoor activities as determined through discussion with local health department.

Isolation and Respiratory Restrictions for Persons with Infectious Active Tuberculosis in Household and Community Settings: Virginia Department of Health Guidance for Local Health Departments

April 18, 2025

This guidance is intended for local health departments. Care and management of anyone with active tuberculosis (pulmonary or extrapulmonary) should be done in coordination with VDH and local health departments.

Summary/Purpose

In light of updated national guidelines¹ released in 2024, this document is designed to assist Virginia Department of Health (VDH) TB clinical teams when making decisions about the use of respiratory isolation and restrictions (RIR) for a person with potentially infectious active TB.

In this document, the term RIR is used to delineate both physical isolation of a person with TB (PWTB) and restrictions on movement or activities that would place the PWTB in contact with other susceptible individuals. RIR is only necessary for persons with infectious (or potentially infectious) active TB disease, to reduce risk of infection of others, and it is not recommended for persons with noninfectious forms of TB (i.e., localized extrapulmonary TB without pulmonary or laryngeal involvement, as confirmed by sputum bacteriologic studies and/or chest imaging). RIR is not used for persons diagnosed with latent TB infection (LTBI), which is not infectious.

These guidelines reflect changes to recommendations for implementation of RIR in a household or general community setting (e.g., workplace, school). Recommendations for healthcare (e.g., hospitals, nursing homes) and congregate settings (e.g., correctional facilities, homeless shelters, assisted living facilities) are unchanged and not addressed in this document. Resources for these settings are available from the Centers for Disease Control and Prevention (CDC).

<ul style="list-style-type: none"> Avoid close or prolonged (e.g., multiple hours) contact with those in the home/residence who are vulnerable to TB infection/progression (e.g., children, immunosuppressed individuals). Wear a surgical mask (as resources permit) around vulnerable people in the home/residence and for any other indoor activities. Consider PPE for close contacts (e.g., surgical masks). Make efforts to improve ventilation (open windows during car transportation, HEPA filtration, negative pressure if visiting healthcare setting). 	<ul style="list-style-type: none"> Wear a surgical mask for indoor activities beyond the home/residence.
<p>Visitors</p> <p>Avoid visitors during the period of restriction/isolation. If visitors are unavoidable, encourage visiting outside or while masked (as resources permit). Consider providing TB education resources in appropriate languages.</p>	

Major Shifts



Reduced emphasis on smear status after initiation of appropriate TB treatment



Increased emphasis on effectiveness of appropriate TB treatment

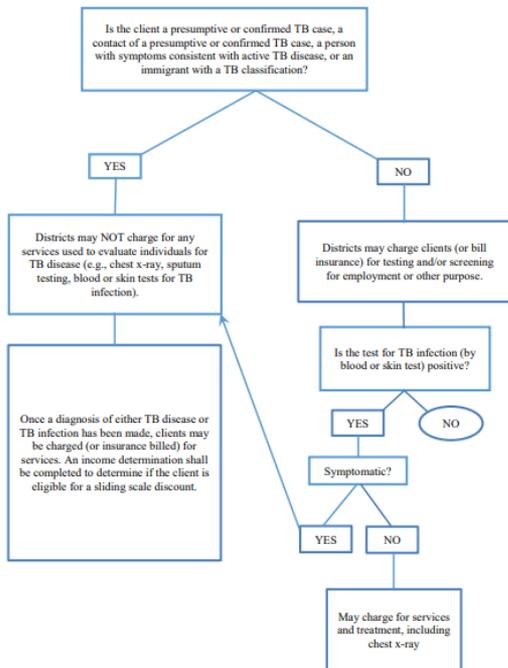


Potential for more clients to be released sooner

Eligibility Guidance

APPENDIX F

Algorithm for Determining Charges for TB Program



See pages 32-33 of this guidance document for more details.

Virginia Code § 32.1-50 requires health departments to assess, examine, and test at no charge individuals suspected (i.e., presumed but not confirmed) of having, or known to have, tuberculosis disease. Assessment, examination, and testing may include nurse assessment, physical examination, chest x-rays, testing for TB infection, sputum collection and testing, or other tests. The district director or other appropriate authority shall determine which tests and procedures are appropriate for any given patient.

Examination and testing services are offered at no charge to contacts of a presumptive or confirmed TB case, a person with symptoms consistent with active TB disease, or an immigrant with TB classification.

Individuals assessed, examined, or tested for other purposes, e.g., as an employment-screening or school-entry requirement, may be charged for this service. Individuals in this category who test positive for TB infection (by blood or skin test), shall be charged for a chest x-ray in the absence of symptoms consistent with active TB disease.

Once a diagnosis of either TB disease or TB infection (previously known as latent tuberculosis infection [LTBI]) has been made, clients may be charged or their insurance billed for services. An income determination shall be completed to determine if the client is eligible for a sliding scale discount. The health district should charge a flat rate for drugs, laboratory tests (e.g., liver function tests), chest x-rays, and other tests or procedures needed to monitor treatment unless the district director elects to charge for them on a sliding scale. Clinic visits shall be charged on a sliding scale.

Health districts cannot charge patients for any services, laboratory tests, or x-rays paid for either directly or indirectly by the Office of Epidemiology (indicated by OEPI price codes). Health districts may not charge for providing the services of Directly Observed Therapy (DOT), Directly Observed Preventive Therapy (DOPT), or Video Enhanced Therapy (VET).

Patients with presumed or confirmed tuberculosis (active disease or infection) shall not be denied treatment for non-payment. To avoid collection actions for non-payment, clients should be encouraged to request a waiver if unable to pay.

See Waivers (pages 37-38) for more information, and see Appendix F for an algorithm that will help determine TB-related charges.



Eligibility Guidance

Process for the Approval and Reimbursement of Charges for Eligible IGRA Tests

The Virginia Department of Health (VDH) Central Office Tuberculosis (TB) Program has a **limited amount of funding budgeted each year** to pay for IGRA tests. At this time reimbursement is only available for IGRA tests used for TB contacts in large contact investigations taking place through non-independent health districts. Preapproval is required. This document outlines the process for seeking approval and requesting reimbursement for the costs of eligible IGRA tests.

The VDH TB Program will closely monitor requests and track expenditures to ensure efficient use of the funding. If the budgeted funding will be spent prior to the end of the budget year, districts will be notified that no more requests can be supported. **Reimbursement is not guaranteed if funds are not available.** If your district will not be able to cover the cost of planned testing without reimbursement, please email tuberculosis@vdh.virginia.gov to ask about availability of funding and/or consider TST testing.

Criteria for Payment of IGRAs

- Contacts to presumptive or confirmed pulmonary cases of TB, smear negative or smear positive, when the contact investigation will exceed 20 contacts.
- Prior approval received from VDH TB Program.

Requesting Prior Approval for Reimbursement:

- If the district plans to seek reimbursement of IGRAs used during a contact investigation, **seek approval prior to testing** by emailing tuberculosis@vdh.virginia.gov with the following information:
 - District
 - General site of contact investigation (School, Business, Correctional Facility, etc.)
 - Number of IGRAs for which you plan to seek reimbursement (include first and second round testing if needed)
 - Anticipated date(s) of IGRA testing if known

Requesting Prior Approval for Reimbursement:

- If the district plans to seek reimbursement of IGRAs used during a contact investigation, **seek approval prior to testing** by emailing tuberculosis@vdh.virginia.gov with the following information:
 - District
 - General site of contact investigation (School, Business, Correctional Facility, etc.)
 - Number of IGRAs for which you plan to seek reimbursement (include first and second round testing if needed)
 - Anticipated date(s) of IGRA testing if known

Requesting and Receiving Reimbursement for Approved IGRAs:

- The district must send an email to the VDH TB Program (tuberculosis@vdh.virginia.gov) with the lab invoice attached **within four working days of receipt**.
 - The email must indicate the number of tests which meet the criteria for reimbursement.
 - IGRA testing for those who were not part of the contact investigation must be clearly identified on invoices prior to submission as these tests will **NOT** be reimbursed.
 - All PHI must be redacted from the invoice.
- VDH TB Program will review the invoice and authorize the district via email to complete a limited journal to transfer funding from the TB Program's COA to the district's COA.
 - This email will include the appropriate cost code and related information so that the district can complete the necessary paperwork for the limited journal.
- **Due to a finance rule, the district must first pay the full amount of the invoice before a journal can be initiated.**
- The district will complete the necessary paperwork using the appropriate coding and submit it to limitedatv@vdh.virginia.gov.
- Finally, the district must send a confirmation to tuberculosis@vdh.virginia.gov when they complete the limited journal.

2025 Training and Events Recap

- 25 training opportunities offered reaching over 1,000 participants



2025 Training and Events Recap

- New Nurse Training (3)
- Managing Nontuberculous Mycobacteria (NTM) Investigations in VEDSS
- World TB Day
- VDH Clinician Meeting
- EDN Training (6)
- RVCT/VEDSS Training
- Updated Isolation Recommendations Webinar
- Non-Physician Health Director Training (3)
- GTBI-VDH TB Clinical Intensive



2026 Training and Events



TB ACROSS THE LIFESPAN

Join the VDH TB Program as we explore TB throughout three life stages:

- Pediatrics
- Adults
- Older Adults and End-of-Life Care

BACK TO BASICS

STRENGTHENING TB OUTREACH WORKER SKILLS AND CONNECTIONS

APRIL 22-23, 2026 • RICHMOND, VA

- MDR-TB Webinar
- TB Across the Lifespan Webinar and Office Hours
- New Nurse Training (3)
- Treating TB During Pregnancy and Breastfeeding
- TB Outreach Worker Training
- VEDSS Training
- EDN Training
- World Refugee Day Webinar with the VDH Newcomer Health and TB Programs
- NTC in CA and more!

Biennial TB and Newcomer Health Nurse Meeting

- Taking place September 9-11, 2026 at Hotel Madison in Harrisonburg, VA
- Districts will be notified about travel process, number of spots, etc. in the coming months



Connecting the Dots

2026 Biennial TB & Newcomer Health Nurse Meeting **September 9-11, 2026**
Harrisonburg, Virginia

Newsletter

March 2, 2026

[View as a webpage](#)

- Email tuberculosis@vdh.virginia.gov if you are not receiving this and would like to.
- Includes updates, kudos, new or revised materials, training opportunities, and more.



March 2026

Announcements

Happy March everyone! It's hard to believe the official start of spring is just around the corner. Spring is a time for new growth and opportunities. To that end, we have lots of trainings planned. Please see below for more details. We are excited to meet some of you

Welcome to our new TB Program Manager: Lauren Swensson

