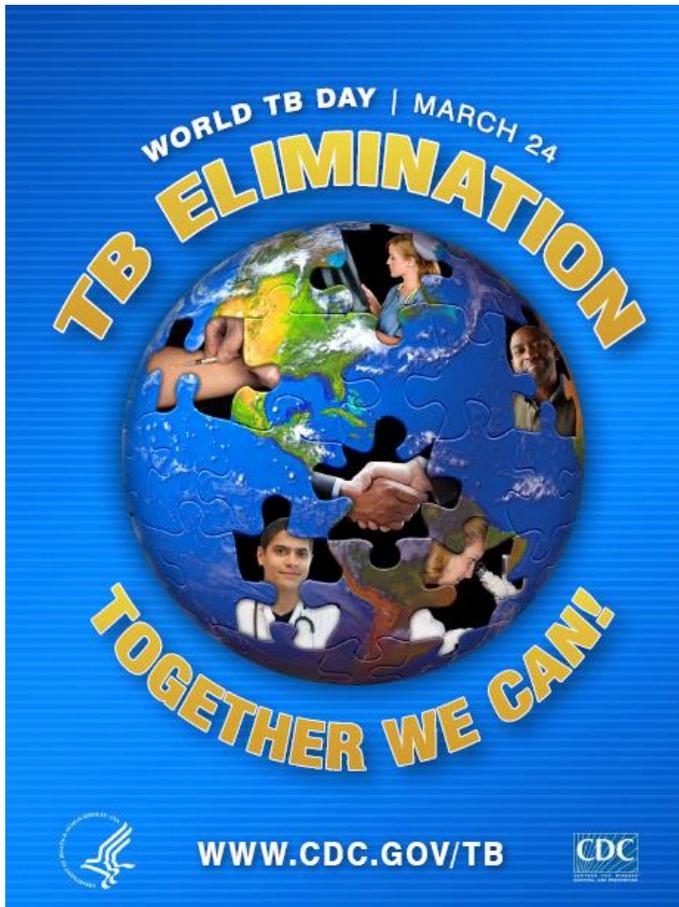




Tuberculosis Services

In Douglas County

A quick guide for health care providers



Reporting Requirements

Health Care Provider Support

Where to Report

***Douglas County* Health Department**

Phone: 715-395-1304

Fax: 715-395-1434

After Hours: 715-395-1304

Prepared by the Douglas County Public Health



Tuberculosis Services in Douglas County

Reporting Requirements

By law, medical providers, infection control practitioners and laboratories **must report ALL suspected or confirmed cases of tuberculosis within 24 hours of diagnosis.** Routine follow-up visits must also be reported.

*****Please do not wait for lab results to report a suspect TB case*****

1) Active TB, Suspect

A clinical illness marked by symptoms and laboratory tests that may be indicative of tuberculosis, such as a prolonged cough, prolonged fever, hemoptysis, compatible radiographic findings or other appropriate medical imaging findings.

- A negative TB test does not rule out active TB disease and the diagnosis should be based upon the clinical picture, history, and risk factors.
- Active TB cannot be ruled out until culture results are finalized.

WHEN: Report within 24 hours, place patient in airborne isolation to reduce potential spread of disease and begin sputum collection.

HOW: By phone to Douglas County Public Health (715-395-1304)
➤ In addition to the immediate report, report via the Wisconsin Electronic Disease Surveillance System or fax an Acute and Communicable Diseases Case Report (F-44151) to Douglas County Health Department

2) Active TB, Confirmed

A clinical illness with a test result of *Mycobacterium tuberculosis* (M.TB) or M.TB complex from any body site.

WHEN: Report within 24 hours, place patient in airborne isolation to reduce potential spread of disease and begin sputum collection if not already complete.

HOW: By phone to **Douglas County Public Health** (715-395-1304)
➤ In addition to the immediate report, report via the Wisconsin Electronic Disease Surveillance System or fax a Tuberculosis Suspect Case Date Report (F-42001) to Douglas County Health Department

3) Nontuberculosis mycobacteria (i.e. *M. avium*, *M. gordonae*)

WHEN: Within 72 hours

HOW: Report via the Wisconsin Electronic Disease Surveillance System or fax an Acute and Communicable Diseases Case Report (F-44151) to **Douglas County** Health Department

- Each suspected TB infected or confirmed Nontuberculosis mycobacterium case is monitored by a Public Health Nurse. Reporting to the local health department is required but no Public Health follow-up or intervention is necessary.

4) Individuals with a positive TB test

WHEN: Local recommendation—report within 72 hours of positive TB skin test reading or positive IGRA blood test results

HOW: By phone or fax to Douglas County Public Health

- Positive tuberculosis test (TST, IGRA test): all patients with positive tests should be fully evaluated for TB disease (chest x-ray: collect sputum if symptomatic or abnormal CXR) before initiating treatment for tuberculosis infection.

Health Care Provider Support

TB Case Management Services Available

Douglas County Public Health is responsible for ensuring that adequate, appropriate diagnostic and treatment services are available, as well as monitoring the results of therapy, by providing consultation, education, and case management for clients with suspect or active TB disease and TB infection.

There is no fee for these services.

In collaboration with the medical provider, the public health provides the following services for all clients with suspect or active TB disease and TB infection:

- Anti-tuberculosis medication for active or latent TB patients through the Wisconsin TB Dispensary if qualifications are met (contact Douglas County Public Health for more information)
- Facilitate coordination of TB patient evaluation, testing, and treatment.
- Case management, from diagnosis to cure.
- Contact identification and monitoring, including TB testing when necessary.
- Directly observed therapy (DOT) for all TB disease and TB infection cases on a case-by-case basis.
- Patient education
- Monitoring of medication side-effects and adherence.
- Management of non-adherent clients.
- Isolation orders.
- Assist with sputum collection for submission to the Wisconsin State Lab of Hygiene (WSLH) for analysis.

Low-income individuals requiring medical care for TB may be eligible for specific funding for physician, laboratory, and x-ray services. **Prior authorization from public health is required.**

TB consultation is available to all health care partners. See attached resource list for local, state and national partners.

Targeted Testing for TB Disease and Infection

Targeted testing for TB is done to identify persons at high risk for TB who would benefit from treatment for TB infection. It is recommended that clinicians offer targeted tuberculosis screening by TB skin test or IGRA test to high-risk persons as part of their routine evaluation.

In general, high-risk groups that should be tested for infection include:

- Close contacts of a person known or suspected to have TB
- Foreign-born persons from areas where TB is common
- Residents and employees of high-risk congregate settings
- Health care workers who serve high-risk clients
- Medically underserved, low-income populations
- High-risk racial or ethnic minority populations
- Children exposed to adults in high-risk categories
- Persons who inject illicit drugs
- Persons with risk for infection and high-risk medical conditions such as, diabetes, chronic renal failure, silicosis, cancer of the head, neck and lung, leukemia, weight <10% of ideal body weight, gastrectomy, jejunioileal bypass, and those who will take TNF-alpha inhibitors and should be screened prior to treatment

Applying, Reading and Documenting a Mantoux Tuberculin Skin Test Resources

Mantoux TB Skin Test 1 CDC US Public Health Service (29:45)

<http://www2c.cdc.gov/podcasts/player.asp?f=3739>

Mantoux TB Skin Test Facilitator Guide

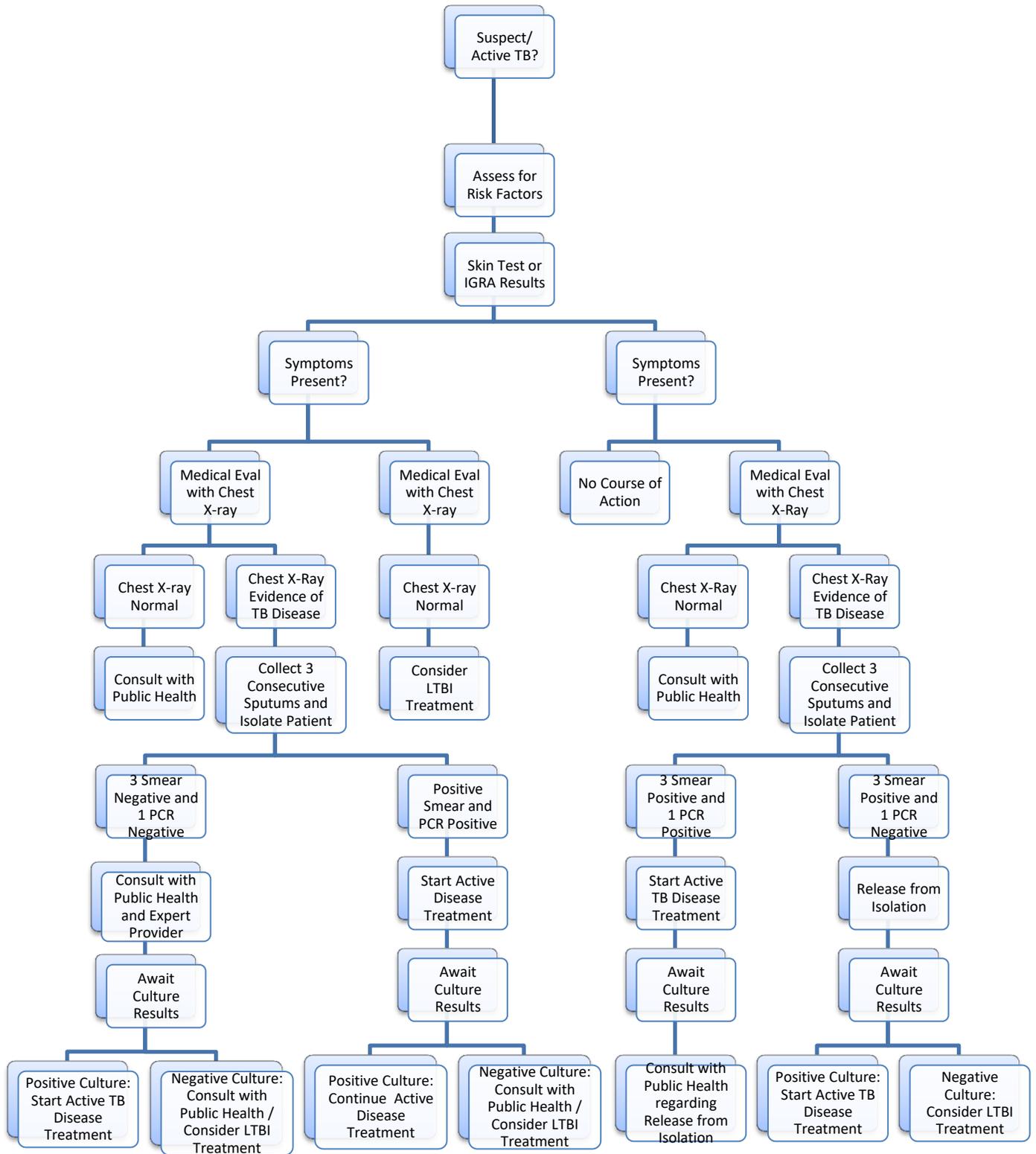
<http://www.cdc.gov/tb/education/Mantoux/images/mantoux.pdf>

Mantoux TB Skin Test wall chart

<http://www.cdc.gov/tb/education/mantoux/wallchart.htm>

Tuberculosis Services in Douglas County

Suspect/Active TB Algorithm



Tuberculosis Services in Douglas County

TB Triage Risk Assessment Tool

Instructions for use: Patients 12 years or older presenting with respiratory symptoms will be assessed by the ED or by admitting nurse (direct admit patient) for the possibility of TB disease. This tool is to be used to aid the physician and RN in determining the need for *Airborne Isolation*. This risk assessment is done using a point system. Any patient accumulating 8 or more points will be placed in *Airborne Isolation* until infectious TB has been ruled out or another diagnosis has been established.

Exposure Risk Factors

<input type="checkbox"/>	Exposure to active TB disease or history of positive TB skin test or Quantiferon TB Gold	4 points
<input type="checkbox"/>	Foreign born (or child of) in high risk / endemic area including: Asia, Caribbean, Central and South America, Africa	4 points
<input type="checkbox"/>	History of an extended stay (> 3 months) in high risk / endemic area for TB (including TB sanatorium)	2 points
<input type="checkbox"/>	Currently homeless	1 point
<input type="checkbox"/>	Resident or employee of correctional institution / long term care facility	1 point
Total		

Medical History

<input type="checkbox"/>	History of active TB	2 point
<input type="checkbox"/>	History of active TB, actively coughing	8 points
<input type="checkbox"/>	HIV positive or immunosuppressive condition, i.e., chemotherapy or corticosteroid use	3 points
<input type="checkbox"/>	History of IV drug or alcohol abuse	1 point
<input type="checkbox"/>	End stage renal disease / hemodialysis	1 point
Total		

Signs and Symptoms

<input type="checkbox"/>	Bloody sputum or hemoptysis	3 points
<input type="checkbox"/>	Unintentional recent weight loss	3 points
<input type="checkbox"/>	Cough lasting more than three weeks	2 points
<input type="checkbox"/>	Fever for greater than one week	1 point
<input type="checkbox"/>	Pleuritic chest pain	1 point
<input type="checkbox"/>	Loss of energy / fatigue	1 point
<input type="checkbox"/>	Night sweats	1 point
Total		

Diagnostic Tests

<input type="checkbox"/>	Abnormal CXR	1 point
<input type="checkbox"/>	CXR or CT scan with upper lobe infiltrate associated with mediastinal adenopathy (exclude patients with known atypical mycobacterium infection)	3 points
<input type="checkbox"/>	Sputum for AFB x 3 ordered	8 points
<input type="checkbox"/>	Sputum positive for AFB or MTD / PCR, or culture positive for Mycobacterium tuberculosis	8 points
<input type="checkbox"/>	CXR or CT with cavitary disease or new granulomas (exclude patients with known cavitary neoplasm or atypical mycobacterium infection)	8 points
Total		

Total points from all categories	
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If the total points from all categories total 8 or more, the patient has the potential of having tuberculosis.

- ED physician or PCP (Direct admit patient) to contact the on-call ID physician with questions.
- Initiate *Airborne Isolation* by placing the patient in one of the designated negative pressure rooms.
- Notify Infection Preventionist

SIGNATURE (caregiver completing triage):

Date signed

Time

Resources

Douglas County Public Health

Website: www.douglascountywi.org

Phone: 715-395-1304

Fax: 715-395-1434

After Hours: 715-395-1304

Wisconsin TB Program

Website: www.dhs.wisconsin.gov/tb

Phone: 608-261-6319

Fax: 608-266-0049

Mayo Clinic Center for Tuberculosis - Mayo Clinic

Website: www.mayo.edu.tuberculosis-center

Phone: 855-360-1466

State Lab of Hygiene

Website: www.slh.wisc.edu

Phone: 800-862-1013

Centers for Disease Control (CDC)

Website: www.cdc.gov/tb