

Tuberculosis Services in King County

Tuberculosis Control Program Resource Guide

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- If you need a medical consultation, please call 206-744-4579 during our normal business hours:
 - Mon, Tues, Thurs, Fri: 8:00 a.m. 4:30 p.m.
 - Wed: 10:00 a.m. 4:30 p.m.
- After business hours, please call the answering service 206-726-2128 and ask for an "on-call" physician.
- If you have a patient who needs work up for active TB, but you are not equipped to rule out TB disease, please contact your local ER, urgent care center or other medical providers. Please notify us if you plan to initiate treatment for active TB disease on a new case.
- For guidelines, forms, statistics and more, visit the TB Control Program at <u>www.kingcounty.gov/health/tb</u>

A. TB Control Program: What We Do

I. Services We Provide

- Services to persons with confirmed pulmonary TB, as well as for suspected pulmonary TB cases who will initiate treatment.
- Contact Investigations
- Follow-up TB Screening for Immigrants & Refugees (Class B)
- Epidemiological Surveillance
- Quality Control and Research
- Education and Outreach
- Medical Provider Consultations

1. Services to persons with active tuberculosis (TB) disease or who are suspected of having active TB

- The TB Control Program ensures that cases of active infectious TB (generally pulmonary TB) are diagnosed promptly, and that their treatment is quickly initiated and completed. We also conduct surveillance for all TB cases, including those cases without pulmonary involvement, and follow their progress until cure with health care providers who manage these cases.
- The TB Control Program works with health care providers to establish a treatment plan for <u>all TB cases</u>, regardless of pulmonary involvement, at the time of case reporting.
- Through specialized case management, we ensure that patients with active infectious TB receive health care services associated with their TB management.
- Directly observed therapy (DOT) for priority TB cases is our standard of care in King County to ensure the adherence and completion of TB treatment and to protect the public. The priority TB cases include sputum acid fast bacillus smear positive pulmonary TB, multi-drug resistant TB (MDR TB), and HIV-associated TB.
- The TB Control Program provides social services to address any psychosocial barriers that may interfere with a patient's adherence to TB treatment. A social worker supports our services by ensuring appropriate referrals and counseling to our patients.

2. Contact Investigation

 People who are exposed to TB are evaluated, and treated if appropriate. Through evaluation of close contacts of active infectious TB cases, we identify those who have developed active TB disease in a timely manner and those who could benefit from treatment of latent TB infection.

3. Follow-up TB Evaluation for Immigrants & Refugees

• We evaluate new immigrants and refugees who have abnormal chest X-rays overseas prior to emigration. If they are diagnosed with latent TB infection, we work with community partners to ensure these patients are treated as appropriate.

4. Epidemiological Surveillance

 We study trends and indicators of TB cases to better understand the dynamics of development and transmission of TB in the community. We also provide data to formulate strategies that improve TB control services to our community.

5. Quality Control and Research

• Our research projects seek to better understand TB disease as well as to find and improve treatment and management of TB. We conduct weekly case review and quarterly cohort reviews to evaluate and measure our standards in the provision of care.

6. Education and Outreach

• Education to patients and health care providers in our community is a fundamental element of our efforts to control TB. For example, we participate in community events to provide information for a better understanding of TB, and we provide a "Clinical TB Intensive" course to health care providers.

7. Consultation to Medical Providers

• We provide health care professionals with medical consultation on diagnostic approach and management regarding TB exposure, latent TB infection and active TB disease.

II. Services Not Provided by the TB Control Program

There are an estimated 100,000 people with latent TB infection (LTBI) in the Seattle/King County area, and most new cases of active TB come from this pool of people. Unfortunately, limited resources do not allow the TB Control Program to diagnose and offer treatment to all individuals with latent TB infection. As a result, we limit our services to active pulmonary TB disease and recent close contacts to infectious cases. Services no longer provided include:

1. Extra-pulmonary only TB case management (i.e., no pulmonary involvement)

• While the TB Control Program does not provide direct medical management for TB cases without pulmonary involvement, all TB cases (pulmonary and extra-pulmonary) must still be reported.

2. TB skin test and chest x-rays for school or employment purposes

• For lists of clinics that may provide this service, please see our website at www.kingcounty.gov/health/tb

3. Testing and evaluation of homeless individuals who are not contacts to active TB cases

• These patients are evaluated by community clinics serving this target population.

4. Evaluations for patients entering treatment facilities

• Individuals entering drug and alcohol treatment centers are evaluated by community health care providers.

5. Other services we no longer provide include:

- Walk-in services: All patients are seen by appointment only. Please see our website for instructions/forms for referring patients.
- Some services for refugees and immigrants are no longer provided or are on a caseby-case basis. Please check with our office before making referrals.

B. Washington State Tuberculosis Reporting Requirements

Washington State Law, under WAC 246-101-101, requires that TB cases be reported immediately to the public health jurisdiction where the patient resides. If the health jurisdiction of the patient cannot be determined, WAC 246-101-105, allows the provider to notify the local health department where the health care provider practices.

I. When to Report

- Health care providers are required to report suspected and confirmed cases of TB within 24 hours of diagnosis (immediately).
- Laboratories should report the tests described below within 48 hours of test result.

Physicians are required by state law to report suspected cases of active TB to the county health department within one day. <u>The TB Control Program asks that health care providers report cases</u> when treatment of active TB treatment is planned. Please do not wait for culture confirmation to report the case. Delayed reporting may contribute to continual TB transmission. Positive TB skin test results or positive blood assays for M. tuberculosis (e.g. QuantiFERON) do not need to be reported or referred.

II. How to Report

Confirmed or suspected case reports should be telephoned in to the Tuberculosis Control Program at 206-744-4579, Press 4 to REPORT A CASE or:

- Download and complete the confirmed or suspected case report form from our website (www.kingcounty.gov/health/Tb) and fax to 206-744-4350
- Do not call in Lab Reports. Laboratory reports should be faxed to the Tuberculosis Control Program at 206-744-4350.
- Over the weekend or on holidays, please call the on-call physician if you plan to initiate treatment for active TB disease.

III. What to Report

Health care providers: The following is the minimally required information for reporting confirmed or suspected TB cases, *per WAC 246-101-115*:

Principal Health Care Provider Information							
Provider Name) :						
Provider Address:							
Provider Telephone #:							
Person Providing Report Information							
Person's Name:							
Person's Address (if							
different from Provider)							
Person's Telephone # (if							
different from Provider)							
Diagnosis or suspected							
diagnosis of disease or							
condition							
Pertinent Lab Data							
Pertinent Radiologic Data							
Patient Demographic Information							
Name:				Alias	S:		
Address:						•	
Telephone #:							
Date of Birth:			Gender:				
Ethnicity:			Primary Language:				

Laboratories: Please report the following information including specimen type, date collected and date resulted:

Nucleic acid based assay positive for <i>M. tuberculosis</i> complex
(e.g. MTD, Amplicor, TB-PCR)
Positive culture for <i>M. tuberculosis</i> complex
Biopsy, pathology, or autopsy finings consistent with active TB
Drug-susceptibility test results for <i>M. tuberculosis</i>

When you call to submit the report, a TB control representative may ask for additional information either over the telephone or via fax in order to complete the case report and facilitate appropriate follow-up.

C. Provider Resources

I. Local Support Information

When reporting confirmed or suspected TB cases, health care providers can call our TB Control Program to speak to reporting staff directly. In addition to case reporting, health care providers can also seek medical consultation from our TB physicians and nursing staff or obtain medical record information by calling our main number at 206-744-4579.

The after hours, on-call physician can be reached by calling 206-726-2128 for urgent assistance.

Our website (<u>www.kingcounty.gov/health/tb</u>) also provides up-to-date guidelines, forms and statistics for Seattle and King County along with our annual TB summary.

The following information for health care providers is found on our website or external links.

Facts about Bacille Calmette Guerin (BCG)

List of laboratories that process QuantiFERON tests

Tuberculosis (TB) 101

Tuberculosis Skin Testing

QuantiFERON® TB Gold Test

Treatment of Latent Tuberculosis Infection: Maximizing Adherence

Treatment of Latent Tuberculosis Infection (LTBI)

II. Links and Training Opportunities:

1. Regional Training Opportunities

- Francis J. Curry National TB Center www.nationaltbcenter.edu
- Washington State Department of Health TB Division www.doh.wa.gov/cfh/TB/default.htm
- Center for Disease Control Tuberculosis Program www.cdc.gov/tb

2. Publications

- International Union against Tuberculosis and Lung Disease (IUATLD) -<u>www.theunion.org/tuberculosis/tuberculosis.html</u>
- Morbidity & Mortality weekly report (CDC) www.cdc.gov/mmwr
- TB updates (CDC DTBE) www.cdc.gov/tb/pubs/elec_listserves.htm