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[www.HeartlandNTBC.org](http://www.HeartlandNTBC.org)

## Heartland National TB Center New RTMCC

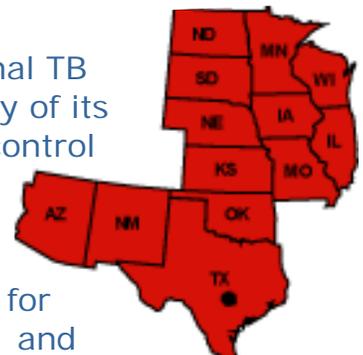
In 2005, the CDC's Division of Tuberculosis Elimination funded four TB Regional Training and Medical Consultation Centers (RTMCCs). The RTMCCs are regionally assigned to cover all 50 states and the U.S. territories. The primary purpose of each RTMCC is to:

- Provide training and technical assistance to increase human resource development in TB programs;
- Develop TB educational materials; and
- Provide medical consultation to TB programs and medical providers.

Heartland National TB Center (HNTC) and the Southeastern National TB Center in Gainesville, Florida are the two newest RTMCCs. HNTC is a joint project of the University of Texas Health Center at Tyler and the Texas Center for Infectious Disease and is located on the campus of the Texas Center for Infectious Disease in San Antonio, Texas.

The Heartland National TB Center serves: Arizona, Illinois, Iowa, Kansas, Minnesota, Missouri, New Mexico, Nebraska, North Dakota, Oklahoma, South Dakota, Texas and Wisconsin.

The goal of the Heartland National TB Center is to increase the capacity of its 13 state region to prevent and control TB by: developing and implementing standardized TB training, technical assistance and education/training products for core and specialized TB courses; and establishing a system of medical consultation services consistent with TB guidelines and best practices.



Striving to provide *cutting edge* training and  
consultation for today's TB Professional

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## **Introducing**

### **Heartland TB Focal Point Meeting**

The RTMCCs are supported by CDC Cooperative Agreement (COAG) funds awarded to COAG recipients in locations where the RTMCCs are headquartered. The RTMCCs work cooperatively with all states to strengthen the capacity of TB programs and other partners to prevent and control TB through improved training, education, communications, and information dissemination. Each state has designated a TB Focal Point as the go-to-person for TB trainings and communications within their area.

Heartland held its first TB Focal Point meeting on February 28th in Austin, Texas. 13 people attended; they worked on defining: their roles within their own state, Heartland's role, and what they desire in a partnership relationship with Heartland. Additionally, they provided valuable input on the current Heartland *TB Worker Zoomerang Survey*.

The TB Focal Points for the Heartland Region are:

Arizona	Maggie Lockard
Illinois (state)	Debra Stephens
Illinois (Chicago)	Xiomara Hardison
Iowa	Allan Lynch
Kansas	Phil Griffin
Minnesota	Beth Kingdon
Missouri	David Oeser
Nebraska	Elizabeth Stockard
New Mexico	Jeanne Roos
North Dakota	Eugenie Lang
Oklahoma	Theresa Crisp
South Dakota	Kristin Rounds
Texas (state)	Faye McCarthy
Texas (Houston)	Carlos Bustamante
Wisconsin	June Doyle

\*For individual contact information, please go to [www.HeartlandNTBC.org](http://www.HeartlandNTBC.org) and download the **TB Focal Point list**.

Heartland looks forward to a continued successful partnership with the TB Focal Points and each state as we all work together to promote TB education and move towards TB elimination.

**Deadline for next issue is June 1, 2006. Please submit all items for consideration to:**  
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**TBit**

- **Major study involving UTHCT researchers shows new blood test better at diagnosing tuberculosis than current skin test**

Results from a major study of a new blood test, ELISPOT, for latent tuberculosis infection show it may be more sensitive than the TB skin test, said Dr. Peter Barnes, director of the Center for Pulmonary and Infectious Disease Control and professor of microbiology at The University of Texas Health Center at Tyler.

"This new blood test is better than the skin test, because it doesn't require a follow-up visit for interpretation. And it isn't subjective, as the skin test is. With the blood test, you test either positive or negative for tuberculosis infection," Dr. Barnes said. With the skin test, medical professionals must examine any reaction to the vaccine and decide if it is enough to indicate the person has latent tuberculosis.

"This is the first large-scale use of the new blood test, called ELISPOT. The blood test had never been evaluated in a real world study in the United States," he said. The U.S. Food and Drug Administration has not yet approved ELISPOT, though the test currently is under review.

For a complete reading of the press release, please go to <http://www.uthct.edu/Media/NR2005/nr121505.htm> or see the full article in the November 2005 issue of the American Journal of Respiratory and Critical Care Medicine

**Regional News**

- **Minnesota** DEPARTMENT OF HEALTH Check their website (<http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/translations.html#arabic>) for the following:

Multi-lingual patient brochures and fact sheets by topic in English and other languages—

*The TB Skin Test (Mantoux) Fact sheet*  
*Treatment for Latent TB Infection Fact sheet*  
*Instructions for Collecting Sputum for TB Fact sheet*  
*Active TB Disease Fact sheet*  
*TB Contact Investigations Fact sheet*

Brochures and fact sheets for patients by language:

Amharic	Arabic	English
	Bosnian/Croatian/Serbian	
Hmong	Khmer (Cambodian)	
Laotian	Oromo	Russian
Somali	Spanish	Tibetan
	Vietnamese	

## Case Presentation

### **Patient History**

A 55-year old female emigrated from El Salvador in the mid 1980's. She had been employed by a poultry processing plant for 15 years (high risk environment associated with TB transmission). Medical history included a diagnosis of rheumatoid arthritis which was treated with prednisone 20 mgs twice daily, methotrexate and Humira (adalimumab-a tumor necrosis factor alpha blocking agent (TNF $\alpha$ )). Six months later she was evaluated for GI upset, cough, shortness of breath, fatigue, chills, headaches, persistent fever, and a 16 pound weight loss. No diagnosis was made. The patient stopped her Humira and left the state to visit family in Virginia. Two months later she was hospitalized with generalized weakness, cough and shortness of breath. A tuberculin skin test (TST) was negative. Chest X-ray and CT scan revealed interstitial infiltrates throughout both lungs primarily affecting the upper lobes. An ultrasound guided lung biopsy revealed a positive AFB culture of *Mycobacterium tuberculosis*. She was placed on Rifampicin, Isoniazid (INH), Ethambutol, Pyrazinamide and Zithromax. Sensitivity results showed resistance to INH, Streptomycin (SM) and p-amino salicylic acid (PAS).

### **Medical Issues**

TNF $\alpha$  blocking agents used for the treatment of rheumatoid arthritis, Crohn's disease and psoriasis have been associated with reactivation of tuberculosis. The three TNF $\alpha$  blockers, Infliximab, Etanercept and Adalimumab, work by blocking TNF $\alpha$ , an inflammatory cytokine expressed by activation of T cells and other immune cells. This process plays a crucial role in the host defense against *M. tuberculosis* and other intercellular pathogens. Before initiation of therapy, patients should be evaluated for active or latent TB infection (LTBI) by a TST. The patient should also be screened for additional risk factors for TB (i.e. foreign-born, congregate setting, place of employment, etc). If LTBI is diagnosed, treatment should be given for at least three to six months prior to starting the TNF $\alpha$  blocker.

### **Teaching Points**

- Individuals who are being treated with TNF $\alpha$  antagonist agents for illnesses such as Crohn's disease and rheumatoid arthritis are at increased risk of active tuberculosis (*MMWR. August 5, 2004/Vol.53(30);683-86*).
  - Individuals being treated with a TNF $\alpha$  blocker should be counseled to report development of any symptoms of tuberculosis (i.e. persistent cough, fever, unexplained weight loss, night sweats and fatigue) immediately to their physician.
  - If active TB disease develops during TNF $\alpha$  blocker therapy, the TNF $\alpha$  blocker should be discontinued, at least until the antituberculous regimen has been started and the patient's condition has improved. The optimal time for resuming TNF $\alpha$  blocker therapy is undetermined. (*MMWR August 5, 2004/Vol.53(30);688-89*)
  - A complete evaluation for tuberculosis should include: physical exam, onset and duration of symptoms, TST, bacteriological exam and chest radiograph.
  - A TST may not be helpful in diagnosis of LTBI or disease in patients on >10-15 mgs of prednisone per day or on other immunosuppressive drugs. Some rheumatologists recommend that a TST of 5 mm should be considered positive in anyone with rheumatoid arthritis.
  - There have been several TB outbreaks in poultry processing plants and other work sites with migrant workers who come from countries where there is a high prevalence of TB; therefore several companies who hire foreign-born workers have initiated employee TST screening programs to reduce the risk of exposure to TB.
  - Failure to "think TB" in a patient who has cough, fever, chills and weight loss can cause a delay in diagnosis and increased the possibility of transmission of TB.
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## Upcoming Trainings

- Heartland National TB Center—2006 dates

Date	Course	Location
April 26-28	Nurse Case Management	Bloomington, MN
April 28-29	HIV/STD/TB and Hepatitis B on the Border	Yuma, AZ
May 10-12	Nurse Case Management	Houston, TX
May 19	Correctional Facilities	Phoenix, AZ
June 27-30	TB Intensive	Tyler, TX
July 11-13	Nurse Case Management	Lisle, IL
July 19-21	Proposed Nurse Case Management	Des Moines, IA
August 29-31	Contact Investigation	Wichita, KS
September 26-28	Proposed Contact Investigation	San Antonio, TX
October 5	TB Update (Midwest TB Controllers)	Des Moines, IA
October 23-25	Contact Investigation (4 Corners Meeting)	Flagstaff, AZ
November 7-9	Nurse Case Management	Dallas, TX
November 28-29	Contact Investigation (National Unidos Meeting)	Las Cruces, NM
December 5-8	TB Intensive	Tyler, TX

Please go to <http://www.heartlandntbc.org/training.asp> for contact and registration information for each course. Proposed topics are subject to change; check website for the latest updates.

- CDC

June 13-15, 2006	<u>National TB Controllers Association Meeting, Atlanta Georgia</u>
August 15-17, 2006	<u>TB Education &amp; Training Network Conference, Atlanta Georgia</u>

- Other

May 19-24, 2006	<u>American Thoracic Society Conference, San Diego California</u>
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## Related Links

- [TB Education & Training, National Prevention Information Network](#)
- [Division of TB Elimination, CDC](#)
- [TB Education & Training Resources](#)
- [World Health Organization, Tuberculosis](#)
- [Occupational Safety & Health Administration, Tuberculosis](#)
- [MedLine Plus, Tuberculosis](#)
- [National Institute of Allergy & Infectious Disease](#)
- [Stop TB Partnership](#)
- [American Lung Association](#)
- [American Thoracic Society](#)

## In the Works

**TBeat** is the quarterly newsletter for the Heartland National TB Center. We would like to make this a successful and much-anticipated resource for our partners; to that end you may submit news and noteworthy items for consideration. Examples of items to send are:

- TB news from your state
- Interesting and informative real-life case studies
- Upcoming trainings in your state that you would like to highlight or open up for regional participation
- New information or studies on TB

Please send any submissions to [mary.long@uthct.edu](mailto:mary.long@uthct.edu) or fax to (210) 531-4535; include your name, contact information and source information if from a publicized resource. For case presentations, please include salient clinical information and the teaching points covered. HNTC holds final editorial authority for all submissions; receipt will be acknowledged.