

Below the Surface: Collaboration Between Public Health & Community Providers to Treat Latent TB Infection

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Screening & Treating Tuberculosis Infection

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San Antonio, Texas

Rachel Munoz, RN has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity





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**Texas Department of State
Health Services**

**Below the Surface:
Collaboration Between Public Health &
Community Providers to Treat
Latent TB Infection**

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Texas Department of State Health Services
Tuberculosis and Hansen's Disease Unit

Objectives

By the end of this presentation, you should be able to:

- Identify Texas priorities for TB prevention and care
- Identify the impact of latent TB infection (LTBI) in Texas
- Discuss opportunities for collaboration with public health programs, private providers and correctional facilities to identify and treat LTBI
- Develop resources to share with providers to screen, diagnose, and treat those with LTBI



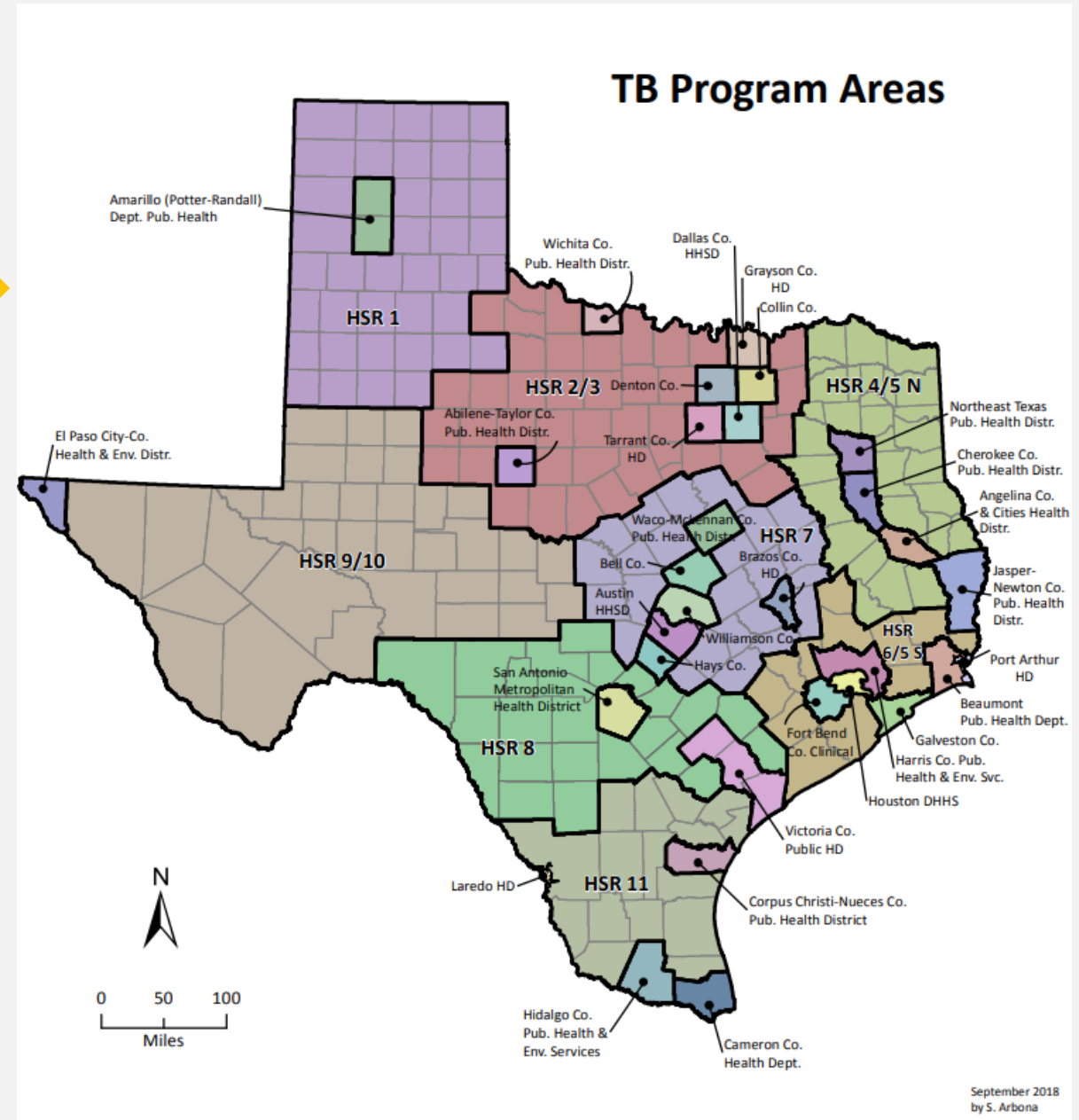
Deadly tuberculosis outbreaks in US linked to tainted bone grafts

U.S. regulators said at least 36 people had procedures done that used the recalled product manufactured by Aziyo Biologics.

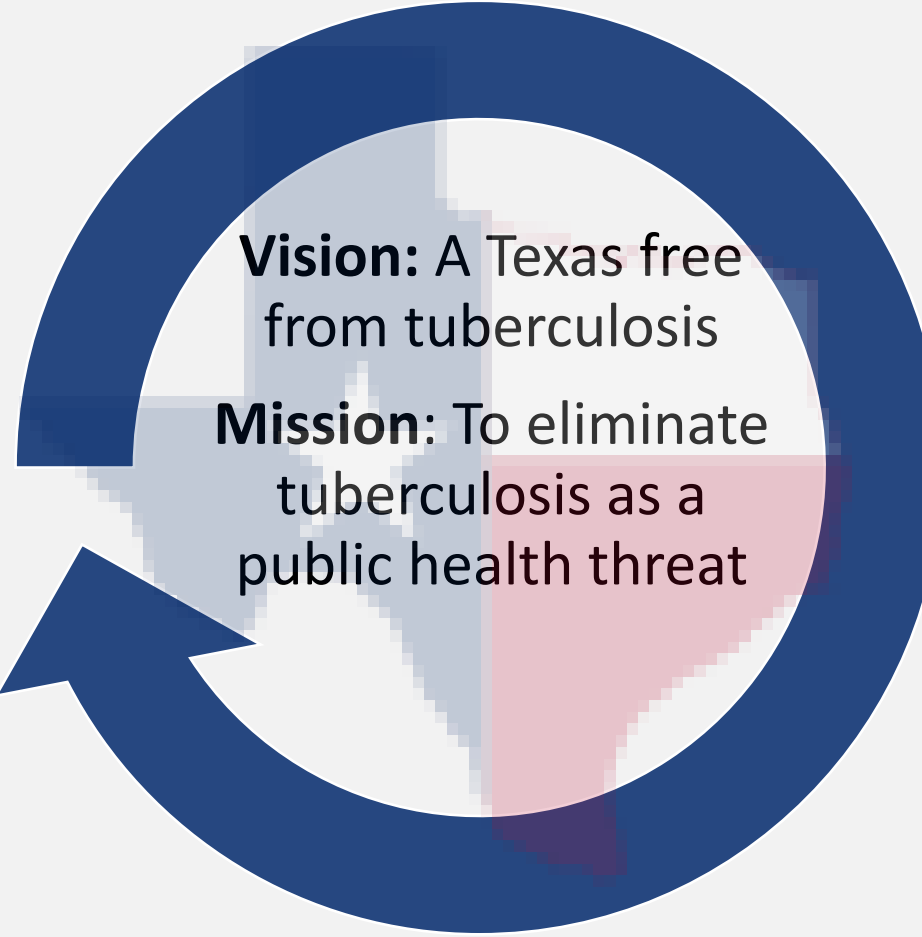


Impact of TB in Texas, 2022

- 1,097 people diagnosed with TB disease
 - Texas ranks #2 among U.S. states with the highest incidence of TB
 - Increase of 9.9 percent from 2021
- 2,900 people with latent TB infection (LTBI) were treated in local or regional health departments (L/RHD)
- 60 people (5.5%) diagnosed with TB disease in congregate setting
- 23 people (2.1%) diagnosed with TB disease in a city or county jail
- 84 people (7.7%) diagnosed with TB disease in other correctional facilities



Texas Priorities



Vision: A Texas free from tuberculosis

Mission: To eliminate tuberculosis as a public health threat

Perform active TB surveillance to:

- Find and treat people with TB disease
- Find and treat people exposed to TB
- Find and treat people at high-risk for TB
 - Foreign-born individuals referred from the Electronic Disease Notification (EDN) System
 - Targeted populations based on local epidemiology



Millions of people in the U.S. have **latent TB infection.** Without treatment, they are at risk for developing **TB disease.**

population infected = 13 million

Learn more: www.cdc.gov/tb

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

The image features an iceberg floating in the ocean. The small tip above the water represents the visible TB disease, while the much larger submerged part represents latent TB infections. The text is overlaid on the right side of the iceberg. A large orange circle highlights the text and the submerged part of the iceberg. An orange callout box points to the submerged part with the text 'population infected = 13 million'. Logos for the CDC and Texas Health and Human Services are at the bottom. A URL is at the bottom of the slide.



Texas Department of State Health Services

<https://www.cdc.gov/tb/statistics/ltbi.htm>

Latent TB Infection Tool Kit



Who to Screen



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Reason for Screening



Identify those likely
to be infected




Identify those likely
to progress to disease

TB Risk Factors in Texas

2022:
1,097

Those likely to be infected:

- Contacts to people with known or suspected TB disease 
- People from country where TB disease is common, or frequent travelers to these areas
- Employees or residents of high-risk congregate settings (e.g., correctional facilities, long-term care facilities or nursing homes, and shelters for persons experiencing homelessness)
- Health care workers exposed to patients with TB disease
- Infants, children, and adolescents exposed to individuals with increased risk for TB disease



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For complete CDC list of risk factors view: <https://www.cdc.gov/tb/education/corecurr/pdf/CoreCurriculumTB-508.pdf>

TB Risk Factors in Texas

2022
1,097

Those with increased risk for progression to disease after infected:

- People with HIV infection
- Children younger than 5 years of age ← 29% with TB meningitis
- People recently infected with *M. tuberculosis* (within the last 2 years)
- People who inject illegal drugs (such as injection drug use) ← 24.2%
- People with weakened immune systems (e.g., diabetes)
- People receiving immunosuppressive therapy
- People with low body weight
- People with history of untreated or inadequate treated TB disease



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For complete CDC list of risk factors view: <https://www.cdc.gov/tb/education/corecurr/pdf/CoreCurriculumTB-508.pdf>

Provider Collaboration

US Preventative Services Task Force (USPSTF)

USPSTF Recommendations, May 2023:

- Screen at risk populations for LTBI
- Benefit is moderate to substantial

Collaboration efforts:

- When to notify L/RHD
- Who to test and treat
- Reporting and referring
- Treatment completion
- Working together on shared patients

Recommendation Summary

Population	Recommendation	Grade
Asymptomatic adults at increased risk of latent tuberculosis infection (LTBI)	The USPSTF recommends screening for LTBI in populations at increased risk. See the "Assessment of Risk" section for additional information on adults at increased risk.	B

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/latent-tuberculosis-infection-screening>



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Advisory Council for the Elimination of TB (ACET)

Identify and Engage Persons at risk and their providers

- Raise awareness, i.e., community outreach, provider outreach
 - Know your community
 - Encourage TB screening
 - Deliver community specific and culturally competent messages

Increase testing of at-risk persons and increase treatment compliance

- L/RHD should assist in the following:
 - Educate and disseminate effective tools
 - Disseminate adherence strategies, e.g., electronic directly observed therapy (eDOT)
 - Educate on roles and responsibilities
- Incentives/enablers
- Consultative capacity

Measure outcomes of LTBI testing and treatment

- Know when to report to L/RHD
- L/RHD report to DSHS surveillance reporting system

[How to Report Tuberculosis | Texas DSHS](#)

Secure funding for TB prevention activities

- Establish partnerships
 - Create a common vision
 - Consistently share information
 - Create a partnership culture
- Create budget and secure funding
 - eDOT
 - Telehealth

Priority Populations Managed in L/RHDs

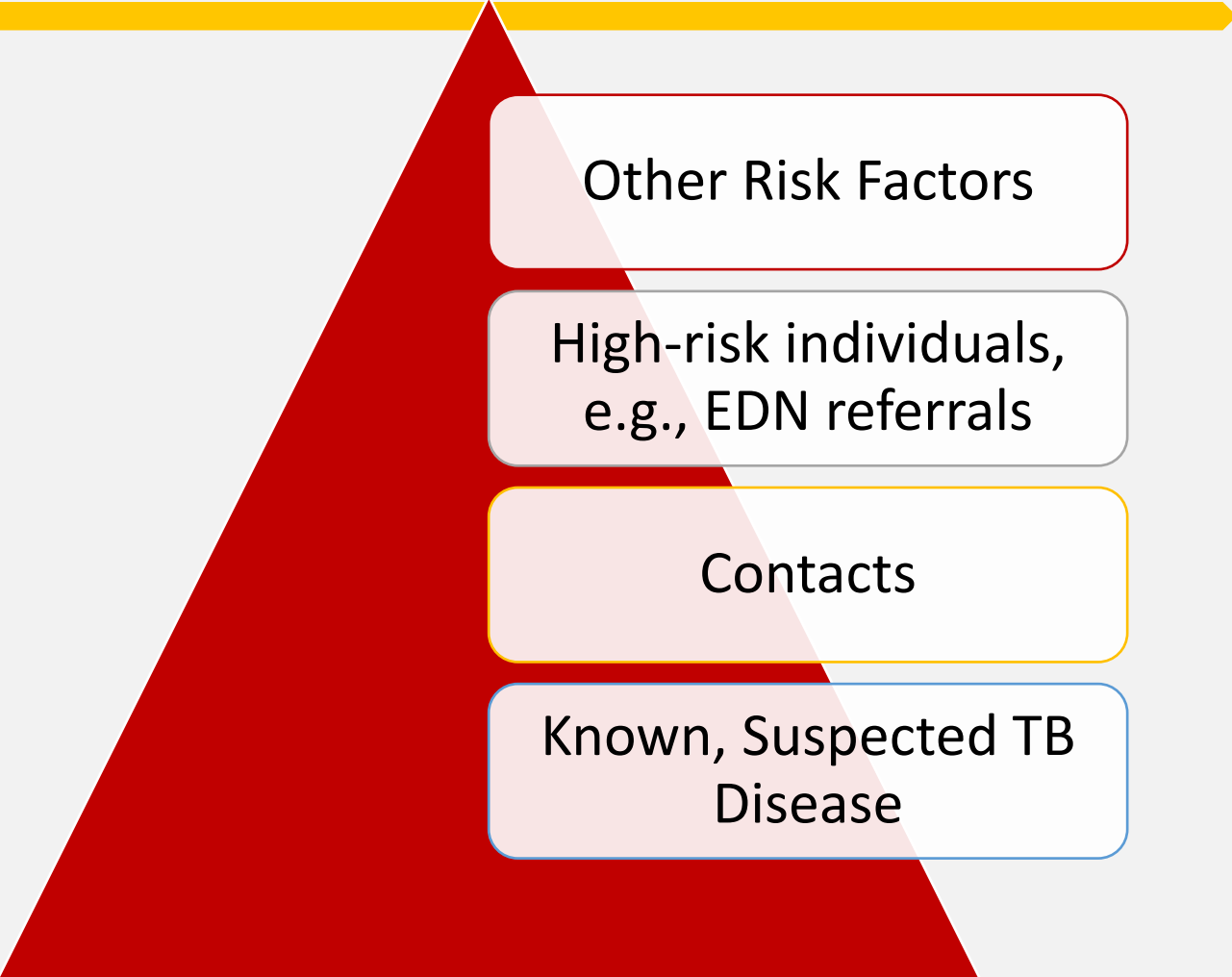


Table 1: Prioritizing Evaluation for TB Services

A Program-Eligible Patients Who Should be Evaluated Routinely	B Program-Eligible Patients Who May Be Evaluated As Resources Allow	C Non-Eligible Patients
<ul style="list-style-type: none"> • Anyone in whom there is known, or a suspicion of, active TB disease. • Contacts to a person with known or suspected TB disease. • Anyone reported from the EDN, and immigrants from areas of the world with high rates of TB who are seeking permanent residence, after full evaluation from a Civil Surgeon* or who have entered the United States through a government-sponsored program. • Children aged 4 and younger with a positive TB test. • Children aged 5 and older with risk factors for TB exposure as identified on the <i>Tuberculosis Questionnaire for Children</i> (dshs.texas.gov/idcu/disease/tb/faqs/#students) and who have a positive TB screening test, when treatment for TB infection is requested of the L/RHD. 	<ul style="list-style-type: none"> • Children aged 5 and older who were referred for a TST/IGRA based on risk factor(s) identified on the <i>Tuberculosis Questionnaire for Children</i> (dshs.texas.gov/idcu/disease/tb/faqs/#students) and who do not have resources for medical care** outside the TB program. • Anyone with a positive TB screening test and medical risk factors for developing TB disease, who do not have resources for medical care** outside the L/RHD. This most commonly includes people with HIV, people on immunosuppressant medications, or people taking tumor necrosis factor (TNF) alpha inhibitors. • People who work or reside with other people at high risk for TB in facilities or institutions such as hospitals, homeless shelters, correctional facilities, nursing homes and residential homes for those with HIV, as determined by epidemiological data to support testing and treatment†. • Other non-U.S.-born individuals not referred from EDN or a Civil Surgeon* seeking service for TB infection and who do not have resources for medical care** outside the TB program. 	<ul style="list-style-type: none"> • People with no known risk factors for TB infection or progression to TB disease.

*Refer to XI. Manage Electronic Disease Notification System and Other Foreign-Born Referrals.
 **Resources for medical care include Medicare providers, Texas Health Steps providers, community sliding scale clinics, and Federally Qualified Health Centers (FQHCs) who provide TB screening and treatment for TB infection. The L/RHD may choose to evaluate and treat patients if it is determined that these entities are unable to adequately address the patient's TB needs.
 †Refer to XII. Conduct Targeted Testing.

Priority Populations for Community Providers

Populations to consider for screening and treating:

- Those who test positive for LTBI who have medical risk factors for developing disease but have medical care resources
- Students or employees who test positive
- Those found through incidental screenings, for administrative purposes*

[*Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children](#)

A decision to screen is a decision to treat and a decision to treat is to complete!



Screening Considerations

Screening at-risk populations should be epidemiologically driven

- *Unfocused population-based testing is not cost-effective and drains resources*

TB screening is not recommended for administrative reasons alone

- *Low risk individuals, or those with no known risk factors for tuberculosis, e.g., students, and routine employee screenings*

Screening may be needed for those in low-risk settings as a baseline test

- *[May 2019 updated recommendations](#) for TB screening, testing, and treatment of health care personnel*



Before TB Infection is Diagnosed



Maintain a high index of suspicion for TB disease in high-risk populations

Never start treatment for LTBI in a patient with signs or symptoms of TB

- ✓ When in doubt, refer to L/RHD
- ✓ Patient would need further work up before treatment is started

TB Screening in Correctional Facilities

Early Identification

- Most effective way to prevent disease transmission

Successful Treatment of TB Disease and LTBI

- [Texas Administrative Code](#)
Part 1, Chapter 97, subchapter H
Tuberculosis, Rule §97.176 Screening for Jails and Other Correctional Facilities

Efficient Contact Tracing

- L/RHD guide facilities in planning, implementing and evaluating an investigation

Reporting

- Follow reporting requirements to L/RHD

[How to Report Tuberculosis | Texas DSHS](#)

Collaborative Discharge Planning

- [Standards for Texas Correctional and Detention Facilities](#)
 - Identify educational, medical or psychological needs
 - Develop plan to meet treatment completion
 - Coordinate between agencies to ensure continuity of care

Texas TB Manual, Table 2: Coordination of Care for TB Managed in Facilities <https://www.dshs.texas.gov/tuberculosis-tb/tb-funded-programs>

Texas Health and Safety Code - <https://statutes.capitol.texas.gov/Docs/HS/htm/HS.89.htm>

Standards for Texas Correctional and Detention Facilities- <https://www.dshs.texas.gov/tuberculosis-tb/tb-education-training-resources/tb-prevention-care-correctional>

TB Cases Among Correctional Facility Residents Aged ≥ 15 Years by Type of Facility, United States, 2021

State Prisons



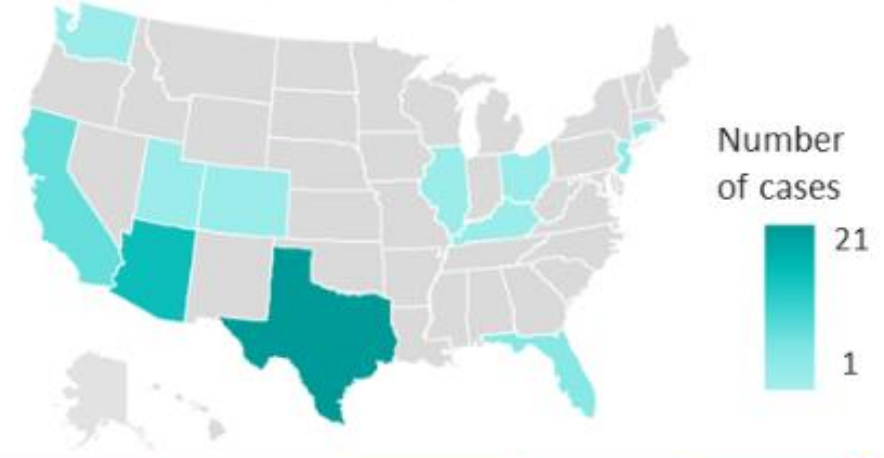
Federal Prisons



Local Jails



Other Facilities



Texas Regulatory TB Reporting Requirements



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Regulatory Requirements



- **Purpose of TB control programs:**
 - Texas Health and Safety Code, Chapter 13, Subchapter B
- **Reporting communicable diseases:**
 - Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter A
- **Duty to protect the public health to prevent and control communicable diseases (including quarantine):**
 - Texas Health and Safety Code, Chapter 81
- **Screen and treat inmates for TB in jails:**
 - Texas Health and Safety Code, Chapter 89

Reporting

TB Disease or Suspicion of TB – One Working Day

- Pending final laboratory results
- Positive nucleic acid amplification test (NAA)
- Clinically or lab confirmed disease
- Includes all *M.tb* complex, *M. tuberculosis*, *M.bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*

Latent TB Infection – Within One Week

- Positive result from an IGRA or skin test, and a normal chest x-ray with no presenting symptoms of TB disease.

<https://www.dshs.texas.gov/notifiable-conditions>



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A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ¹	Within 1 week	Legionellosis ²	Within 1 week
Amebic meningitis and encephalitis ²	Within 1 week	Leishmaniasis ²	Within 1 week
Anaplasmosis ²	Within 1 week	Listeriosis ^{2,3}	Within 1 week
Anthrax ^{2,3,25}	Call Immediately	Lyme disease ²	Within 1 week
Arboviral infections ^{2,4,5}	Within 1 week	Malaria ²	Within 1 week
*Asbestosis ⁶	Within 1 week	Measles (rubeola) ²	Call Immediately
Ascariasis ²	Within 1 week	Meningococcal infection, invasive (<i>Neisseria meningitidis</i>) ^{2,3}	Call Immediately
Babesiosis ^{2,5}	Within 1 week	Mumps ²	Within 1 work day
Botulism (adult and infant) ^{2,3,7,25}	Call Immediately ⁷	Paragonimiasis ²	Within 1 week
Brucellosis ^{2,3,25}	Within 1 work day	Pertussis ²	Within 1 work day
Campylobacteriosis ²	Within 1 week	*Pesticide poisoning, acute occupational ⁸	Within 1 week
*Cancer ⁹	See rules ⁹	Plague (<i>Yersinia pestis</i>) ^{2,3,25}	Call Immediately
<i>Candida auris</i> ^{2,3,20}	Within 1 work day	Polio myelitis, acute paralytic ²	Call Immediately
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) ^{2,11}	Within 1 work day	Poliovirus infection, non-paralytic ²	Within 1 work day
Chagas disease ^{2,3}	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CID) ^{2,12}	Within 1 week
*Chancroid ⁴	Within 1 week	Q fever ²	Within 1 work day
*Chickenpox (varicella) ¹³	Within 1 week	Rabies, human ²	Call Immediately
*Chlamydia trachomatis infection ¹	Within 1 week	Rubella (including congenital) ²	Within 1 work day
*Contaminated sharps injury ¹⁴	Within 1 month	Salmonellosis, including typhoid fever ^{2,3}	Within 1 week
*Controlled substance overdose ¹⁵	Report Immediately	Shiga toxin-producing <i>Escherichia coli</i> ^{2,3}	Within 1 week
Coronavirus, novel ^{2,16}	Call Immediately	Shigellosis ²	Within 1 week
Coronavirus Disease 2019 (COVID-19) ²	Within 1 week	*Silicosis ¹⁷	Within 1 week
Cryptosporidiosis ²	Within 1 week	Smallpox ^{2,25}	Call Immediately
Cyclosporiasis ²	Within 1 week	*Spinal cord injury ¹⁸	Within 10 work days
Cysticercosis ²	Within 1 week	Spotted fever rickettsiosis ²	Within 1 week
Diphtheria ^{2,3}	Call Immediately	Streptococcal disease (<i>S.pneumo.</i> ^{2,3}), invasive	Within 1 week
*Drowning/near drowning ¹⁹	Within 10 work days	*Syphilis – primary and secondary stages ^{1,19}	Within 1 work day
Echinococcosis ²	Within 1 week	*Syphilis – all other stages including congenital syphilis ^{1,19}	Within 1 week
Ehrlichiosis ²	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ²	Within 1 week
Fascioliasis ²	Within 1 week	Tetanus ²	Within 1 week
*Gonorrhea ¹	Within 1 week	Tick-borne relapsing fever (TBRF) ²	Within 1 week
<i>Haemophilus influenzae</i> , invasive ^{2,3}	Within 1 week	*Traumatic brain injury ²⁰	Within 10 work days
Hansen's disease (leprosy) ²⁰	Within 1 week	Trichinosis ²	Within 1 week
Hantavirus infection ²	Within 1 week	Typhoid fever ²	Within 1 week
Hemolytic uremic syndrome (HUS) ²	Within 1 week	Tuberculosis [<i>Mycobacterium tuberculosis</i> complex] ^{1,21}	Within 1 work day
Hepatitis A ²	Within 1 work day	Tuberculosis infection ²²	Within 1 week
Hepatitis B, C, and E (acute) ²	Within 1 week	Tulariaemia ^{2,3,25}	Call Immediately
Hepatitis B infection identified prenatally or at delivery (mother) ²	Within 1 week	Typhus ²	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child) ²	Within 1 work day	Vancomycin-intermediate <i>Staph aureus</i> (VISA) ^{2,3}	Call Immediately
Hookworm (ancylostomiasis) ²	Within 1 week	Vancomycin-resistant <i>Staph aureus</i> (VRSA) ^{2,3}	Call Immediately
*Human immunodeficiency virus (HIV), acute infection ^{1,22}	Within 1 work day	Vibrio infection, including cholera ^{2,3}	Within 1 work day
*Human immunodeficiency virus (HIV), non-acute infection ^{1,22}	Within 1 week	Viral hemorrhagic fever (including Ebola) ^{2,23}	Call Immediately
Influenza-associated pediatric mortality ²	Within 1 work day	Yellow fever ²	Call Immediately
Influenza, novel ²	Call Immediately	Yersiniosis ²	Within 1 week
*Lead, child blood, any level & adult blood, any level ²⁴	Call/Fax Immediately		

In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. This includes any case of a select agent²⁵

See select agent list at <https://www.selectagents.gov/selectagentsandtoxinslist.html>

*See condition-specific footnotes for reporting contact information

E59-11364 (Rev. 1/08/23) Expires 12/31/23 – Go to <http://www.dshs.texas.gov/idcu/investigation/conditions/> or call your local or regional health department for updates.

Coordination of Care



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Coordination of Care

Reporting

Notifiable Conditions Reporting forms:

<https://www.dshs.state.tx.us/idcu/investigation/forms/>

- Reportable to the local health department
- Contact DSHS after hours/weekends: 1-800-705-8868

Referring

- Further diagnostics needed
- Provider has educated the patient and determined that treatment is accepted and falls within the prioritization of the L/RHD
- Patient needs public health follow-up

TB and Chronic Disease

Six in ten adults in the US have a chronic disease and four in ten adults have two or more.



HEART DISEASE



CANCER



CHRONIC LUNG DISEASE



STROKE



ALZHEIMER'S DISEASE



DIABETES



CHRONIC KIDNEY DISEASE

FOOD/DRUG INTERACTIONS

INH: Take 1 hour before or 2 hours after meals. May take with small snack if needed. Take 1 hour before or 2 hours after antacids. Avoid alcohol. Supplement Vitamin B6 as needed (25-50 mg).

Rifampin: Take 1 hour before or 2 hours after meal. May take with small snack if needed. Take 1 hour before antacids. Avoid alcohol.

Ethambutol: May be taken with food.

Moxifloxacin/Levofloxacin: Take 2 hours before or after aluminum magnesium or calcium containing antacids, iron, vitamins, sucralfate, milk containing products and food supplements.

PZA: May be taken with food

Ethionamide: Take with or after meals. Avoid alcohol. Supplement vitamin B6 50-100 mg daily.

Amikacin: Increase fluid intake. May be taken on a full or empty stomach.

Streptomycin: May affect the taste of food. Increase fluid intake.

Capreomycin: May need to increase intake of foods high in potassium, but assure normal renal function first. Increase fluid intake. May be taken on a full or empty stomach.

Para-Aminosalicylic Acid (PAS): Take with or immediately following meals. Increase fluid intake. Cycloserine: supplement vitamin B6 as directed. Avoid alcohol.

Linezolid: May be taken with food. Supplement vitamin B6 100 mg daily. Avoid food and drinks that contain tyramine. Do not use with drugs that promote release of serotonin or block its uptake (serotonin syndrome).

Revised 12-2010



TUBERCULOSIS MEDICATION DRUG AND FOOD INTERACTIONS

Multiple significant interactions occur between TB medications and other medications. The absorption of many TB drugs is adversely affected by food and some medications.

Consultation to healthcare providers at 1-800-TEX-LUNG
2303 S.E. Military Drive, San Antonio, TX 78223
www.HeartlandNTBC.org

INH DRUG INTERACTIONS

Hypoglycemics	Monitor glucose, may cause hyperglycemia
Tylenol	↑hepatotoxicity
Anticoagulants	↑anticoagulant effect
Valium (&others)	↑valium toxicity
Carbamazepines	↑toxicity of both
Disulfiram (Antabuse)	Psychotic episodes
Haldol	↑haldol toxicity
Ketoconazole	↓ketoconazole effect
Dilantin	↑dilantin toxicity
Theophyllin	↑theophyllin toxicity
Valproate	↑hepatic and CNS toxicity

RIFAMPIN DRUG INTERACTIONS

Anticoagulants	↓anticoagulants	Diltiazem	↓ diltiazem effect
Antidepressants	↓effect	Fluconazole	↓ fluconazole effect
Beta-Blockers	↓beta blockade	Itraconazole	↓ itraconazole effect
Contraceptives	↓contraceptive effect	Haloperidol	↓ haloperidol effect
Corticosteroids	Marked ↓ steroid effect	Methadone	↓ methadone effect
Cyclosporine	↓cyclosporine effect, ↑Rifampin	Dilantin	↓dilantin effect
Protease Inhibitors	Marked ↓ activity of PI, ↑Rifampin	Verapamil	↓ verapamil effect
Delavirdine	Marked ↓ delavirdine effect	Tetracyclines	↓ tetracycline effect
Efavirenz	Slight ↓ efavirenz effect, ↓ Rifampin	Trimethoprim-sulfamethoxazole	Possible Rifampin toxicity
Digoxin	↓ digoxin effect	Chloramphenicol	↓ chloramphenicol effect

[http://www.heartlandntbc.org/products/Drug Interaction Checker: Quickly Check Your Meds \(drugs.com\) Rifamycin 2022.pdf](http://www.heartlandntbc.org/products/Drug%20Interaction%20Checker%3A%20Quickly%20Check%20Your%20Meds%20(drugs.com)%20Rifamycin%202022.pdf) (ucsf.edu)

Patient Education



https://www.cdc.gov/tb/education/patient_edmaterials.htm
<https://www.heartlandntbc.org/products/>

What You Need to Know About Tuberculosis

Tuberculosis (TB) is a disease caused by germs that are spread from

Let's Talk About Active Tuberculosis

An illustration of a family of five people sitting on a couch. A woman in a colorful floral shirt is on the left, holding a young child in a yellow shirt. Next to her is another woman in a blue patterned shirt. In the center, a young girl in a green dress is sitting on the floor, looking thoughtful. On the right, a man in a green patterned shirt is sitting on the couch, looking towards the others. The background is a blue patterned wall with the text 'Let's Talk About Active Tuberculosis'. Below the illustration are logos for the U.S. Department of Health and Human Services, the CDC, and the Heartland National TB Center. At the bottom right, there is a footer with the text '301332 | October 2023'.



301332 | October 2023

Provider Education

Heartland

- <https://www.heartlandntbc.org/products/>

CDC

- <https://www.cdc.gov/tb/education/FAQforProviders.htm>
- <https://www.cdc.gov/tb/publications/ltbi/default.htm>
- <https://www.cdc.gov/tb/publications/slidesets/ltbi/default.htm>
- <https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6901a1-H.pdf> - Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020
- https://www.cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf - Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis. Clinical Infectious Diseases (2016), 63 (7): e147-e195.

DSHS – TB Unit

- <https://www.dshs.texas.gov/tuberculosis-tb>
 - [Resources for Healthcare Professionals - Frequently Asked Questions](#)

The image shows the cover of a CDC guide titled "LATENT TUBERCULOSIS INFECTION: A GUIDE FOR PRIMARY HEALTH CARE PROVIDERS". The cover features a collage of images: a group of healthcare providers in white coats reviewing a document, a close-up of a person's face, and a person receiving a medical procedure. The text on the cover includes "Screening of Latent Tuberculosis Infection (LTBI)", "Tips for", and the CDC logo. A disclaimer at the bottom states: "This publication was developed by the Centers for Disease Control and Prevention for Disease Control and Prevention. It does not necessarily represent the views of the Centers for Disease Control and Prevention."

Consultation Services



Hartley	Moore	Hutchinson	Roberts	Hampton
O'Quinn	Palmer	Carson	Gray	Wheeler
Deaf	Beard	Armstrong	Dorsey	Cottrell

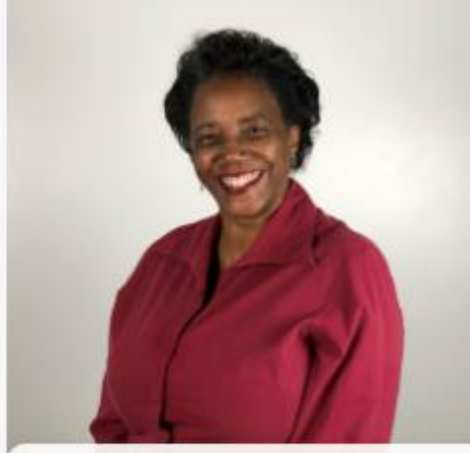
Local Health Department and DSHS Regional Public Health Coverage



Barbara Seaworth, MD, FIDSA

- Local Health Department provides public health services
- DSHS Regional Headquarters provides public health services

Source: Texas Department of State Health Services, RLHO, October 2022

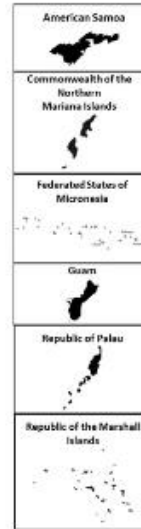


Lisa Armitige, MD, PhD



- Salma Lerma
- Catalina Navarro

Areas of Coverage



D.C.

PR
USVI
International TB Center
Center Location



Expert Medical Consultation

<https://www.heartlandntbc.org/consultation/>

<https://centerfortuberculosis.mayo.edu/>

Take Home Points for Private Providers

- Think TB in patients with risk factors
- Develop a *TB Infection Tool Kit*
- Consider screening *and* the ability to treat to completion
- Become familiar with state laws on disease reporting
- Understand and know your community
- Know your resources
- Develop strong partnerships with your local health department and other stakeholders



References and links

Texas Department of State Health Services:

[https://www.dshs.state.tx.us/idcu/disease/tb/policies/
TB Prevention and Care for Correctional Facilities | Texas DSHS](https://www.dshs.state.tx.us/idcu/disease/tb/policies/TB%20Prevention%20and%20Care%20for%20Correctional%20Facilities%20|%20Texas%20DSHS)

Heartland National TB Center:

<http://www.heartlandntbc.org/training/>

CDC's Morbidity and Mortality Weekly Report: <http://www.cdc.gov/tb/publications/reportsarticles/mmwr/default.htm>

CDC website on TB Infection:

<https://www.cdc.gov/tb/topic/basics/tbinfectiondisease.htm>

CDC website on TB in Specific Populations

<https://www.cdc.gov/tb/topic/populations/correctional/default.htm>

Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent *Mycobacterium tuberculosis* Infection

Weekly / June 29, 2018 / 67(25);723–726

https://www.cdc.gov/mmwr/volumes/67/wr/mm6725a5.htm?s_cid=mm6725a5_w

Thank you!