

## **Program Element #03 – Tuberculosis (TB) Services**

### **1. Description.**

ORS 433.006 and Oregon Administrative Rule 333-019-0041 assign responsibility to LPHA for Tuberculosis (“TB”) investigations and implementation of TB control measures within LPHA’s service area. The funds provided under this Agreement for this Program Element may only be used, in accordance with and subject to the requirements and limitations set forth below, as supplemental funds to support LPHA’s TB investigation and control efforts. The funds provided under this Agreement for this Program Element are not intended to be the sole funding for LPHA’s TB investigation and control program.

### **2. Definitions Specific to TB Services.**

- a. Active TB Disease:** TB disease in an individual whose immune system has failed to control his or her TB infection and who has become ill with active TB disease, as determined in accordance with the Centers for Disease Control’s (CDC) laboratory or clinical criteria for active TB and based on a diagnostic evaluation of the individual.
- b. Appropriate Therapy:** Current TB treatment regimens recommended by the CDC, the American Thoracic Society, the Academy of Pediatrics, and the Infectious Disease Society of America.
- c. Associated Cases:** Additional cases of Active TB Disease discovered while performing a contact investigation.
- d. B-waiver immigrants:** Immigrants or refugees who have been screened for TB prior to entry to the U.S. and were found to have active TB or latent TB infection.
- e. Case:** A case is an individual who has been diagnosed by a Health Care Provider, as defined in OAR 333-017-0000, as having a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in the Department’s Investigative Guidelines.
- f. Contact:** An individual who was significantly exposed to an infectious case of Active TB Disease.
- g. Directly Observed Therapy (DOT):** LPHA staff (or other person appropriately designated by the county) observes an individual with TB swallowing each dose of TB medication to assure adequate treatment and prevent the development of acquired drug resistant TB.
- h. Evaluated (in context of contact investigation):** A Contact received a complete TB symptom review and tests as described in the Department’s Investigative Guidelines.
- i. Investigative Guidelines:** Departments guidelines, dated as of January 2005, for quality assurance oriented program management, which are incorporated herein by this reference and are available for review at [www.dhs.state.or.us.publichealth/odpe/guideIn/tb](http://www.dhs.state.or.us.publichealth/odpe/guideIn/tb).

- j. **Latent TB Infection (LTBI):** TB disease in a person whose immune system is keeping the TB infection under control. LTBI is also referred to as TB in a dormant stage.
- k. **Medical Examination:** A complete medical examination of an individual including a medical history, physical examination, Mantoux skin test or QuantiFERON –TB Gold test, chest x-ray, and any appropriate bacteriologic / histologic examinations.
- l. **Source of Infection:** The case of active TB disease found during Contact investigation or source case finding who is thought to be the initial case in a cluster of individuals with TB.
- m. **Suspected Case:** A Suspected Case is an individual whose illness is thought by a Health Care Provider, as defined in OAR 333-017-0000, to be likely due to a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in the Department’s Investigative Guidelines. This suspicion may be based on signs, symptoms, or laboratory findings.
- n. **Targeted Testing or TB Outreach:** A program for testing and follow-up, through completion of treatment, for a locally identified population at greater risk for TB infection and disease than the general community. This group is identified for particular intervention(s) to reduce TB morbidity in the identified population.
- o. **TB Case Management:** Dynamic and systematic management of a case of TB where a person, known as a case manager, is assigned responsibility for the management of an individual TB Case to ensure completion of treatment. TB Case Management requires a collaborative approach to providing and coordinating health care services to the individual. The case manager is responsible for ensuring adequate TB treatment, coordinating care as needed, performing Contact investigations and following infected Contacts through completion of treatment, identification of barriers to care and implementation of strategies to remove those barriers
- p. **Tuberculosis (TB):** Active TB Disease or LTBI.

### 3. Procedural and Operational Requirements.

- a. LPHA must include the following minimum TB services in its TB investigation and control program if that program is supported in whole or in part with funds provided under this Agreement: Tuberculosis Case Management Services, as defined above and further described below and in the Department’s Investigative Guidelines.
- b. **Tuberculosis Case Management Services.** LPHA’s TB Case Management Services must include the following minimum components:
  - (i) LPHA must investigate and monitor treatment for each Case and Suspected Case of Active TB Disease identified by or reported to LPHA whose residence is in LPHA’s jurisdiction, to confirm the diagnosis of TB and require completion of adequate therapy.
  - (ii) LPHA must require individuals who reside in LPHA’s jurisdiction and who LPHA suspects of having Active TB Disease, to receive appropriate medical examinations to

confirm the diagnosis of TB and response to therapy, through the completion of treatment. LPHA must assist in arranging the medical examinations, as necessary.

- (iii) LPHA must provide medication for the treatment of TB to all individuals who reside in LPHA's jurisdiction and who have TB but who do not have the means to purchase TB medications, or for whom obtaining or using identified means is a barrier to TB treatment compliance. LPHA must monitor, at least monthly and in person, individuals receiving TB medication(s) from LPHA for adherence to treatment guidelines and for medication side effects.
- (iv) LPHA must assess each individual within LPHA's jurisdiction and identified by or reported to LPHA as having Active TB Disease and develop a plan for compliance with the treatment guidelines, including use of DOT if appropriate. The results of the assessment and an appropriate patient adherence plan must be documented in each individual's chart.
- (v) DOT Guidelines: DOT is the standard of care for the treatment of TB. Virtually all cases of Active TB Disease should be treated via DOT. If DOT is not utilized, the LPHA must justify to Department why DOT was not used for that particular individual. The clinical indications and socioeconomic factors listed below are strong indicators that DOT is necessary for adequate treatment of the individual and to prevent acquired drug resistant TB.
- (vi) DOT Assessment: LPHA must perform a DOT assessment for each case of TB within LPHA's jurisdiction that is identified by or reported to LPHA. The DOT assessment must include an evaluation of the individual for:
  - (A) Clinical indications of particular need for DOT , including but not limited to:
    - (I) Coexistence of Human Immunodeficiency Virus (HIV) and TB.
    - (II) Reactivation of TB disease.
    - (III) MDR-TB.
    - (IV) Smear positive.
    - (V) Level of illness.
    - (VI) Drug and Alcohol abuse **and** detoxifying.
    - (VII) Evidence of malnourishment.
  - (B) Socioeconomic factors correlated with TB treatment adherence problems, including but not limited to:
    - (I) Homelessness.
    - (II) If not homeless, an unstable, disorganized lifestyle.
    - (III) History of failure to arrive for clinic appointments.

- (IV) Cultural barriers, such as the individual's distrust of the health care system or government, or of the efficacy or desirability of taking medications necessary for the treatment of TB.
  - (V) Individual's non-acceptance of the TB diagnosis.
  - (VI) Presence of a child/children in the immediate family with TB.
  - (VII) Lack of reliable transportation.
  - (VIII) Other situations, such as individuals who were recently released from incarceration.
- (vii) Upon completion of the DOT assessment for each Case, LPHA must develop a treatment adherence plan for the individual, which at a minimum, must include:
- (A) Proposed interventions for assisting the individual to overcome obstacles to treatment adherence.
  - (B) Plan for monitoring the individual's adherence to the treatment plan.
  - (C) Proposed use of incentives and enablers to encourage the individual's compliance with the treatment plan.
- (viii) With respect to each Case of TB within LPHA's jurisdiction that is identified by or reported to LPHA, LPHA shall perform a Contact investigation to identify Contacts, Associated Cases and the Source of Infection. The LPHA must evaluate all Contacts, or confirm that all Contacts were advised of their risk for TB infection and disease.
- (ix) The LPHA must offer or advise each Contact identified with TB infection or disease, or confirm that the Contact was offered or advised, to take appropriate therapy and must monitor each Contact who starts treatment through the completion of treatment (or discontinuation of treatment).
- c. If LPHA receives in-kind resources under this Agreement in the form of medications for treating TB, LPHA must use those medications to treat individuals for TB. In the event of a non TB related emergency, with notification to Department's TB program, the LPHA may use these medications to address the emergent situation.

**4. Reporting Obligations and Periodic Reporting Requirements.** In addition to the reporting obligations set forth in section 8 of Exhibit E, of this Agreement, LPHA must prepare and submit the following reports to Department:

- a. LPHA shall notify Department's TB Program of each Case or Suspected Case of Active TB Disease identified by or reported to LPHA no later than the end of each business week in which the case was reported, in accordance with the standards established pursuant to OAR 333-018-0020. In addition, LPHA shall, within 5 business days of a status change of a Suspected Case of Active TB Disease previously reported to Department, notify Department of the change. A change in status occurs when a Suspected Case is either confirmed to Active TB Disease or determined not to be Active TB Disease. The LPHA

shall utilize the current CDC case reporting forms (e.g. CDC 72.9 A-Initial, B-Verification, and C-Completion) for this purpose.

- b. In accordance with the timelines described in the instructions for the reporting forms designated by Department for this purpose (Initial Evaluation, Final Evaluation, Completion of LTBI) and as described in the related Appendix to the Department's Investigation Guidelines, LPHA shall submit TB Contact Investigation Data Form(s) to the Department's TB Program for all Cases of Active TB Disease within LPHA's jurisdiction that are verified by LPHA.
- c. LPHA shall, by the end of each calendar month during the term of this Agreement, notify the Department's TB Program of all individuals receiving treatment for Latent TB Infection from LPHA during the month, who completed or otherwise stopped treatment for Latent TB Infection (LTBI) during that month. The LPHA shall utilize the current DHS Treatment for LTBI form (48-17A (LTBI)) for this purpose.

**5. Performance Measures.** If LPHA uses funds provided under this Agreement to support its TB investigation and control program, LPHA shall operate its program in a manner designed to achieve the following performance goals:

- a. At least 90% of individuals within LPHA's jurisdiction with newly diagnosed TB, who are identified by or reported to LPHA and for whom therapy for one year or less is indicated, complete therapy within 12 months of the identification or report.
- b. Contacts are identified for at least 90% of newly reported or identified sputum AFB-smear positive TB cases within LPHA's jurisdiction.
- c. At least 95% of Contacts to reported or identified sputum AFB-smear positive TB cases within LPHA's jurisdiction are evaluated for infection and disease.
- d. At least 85% of infected Contacts to reported or identified sputum AFB-smear positive TB cases within LPHA's jurisdiction who are started on treatment for latent TB infection will complete therapy.
- e. [Multnomah County only] Maintain the proportion of infected contacts who initiate treatment for LTBI at 70% or greater.