

March 2015

UPCOMING TRAINING

TB Cohort Review:

Your Invitation Awaits!

Once a quarter, OHA reviews interesting and complex TB cases with county health departments. A future reviews will be open to all healthcare workers who want to learn about TB. The cohort review is informative and rarely boring! We hope you can attend. Invites will be sent out in April.

Working with Foreign Born Patients that have TB

In Oregon, 40-50% of patients with TB disease are foreign born. Although data is not collected on latent TB infection (LTBI), it can also be assumed many in OR with LTBI are foreign born.

The U.S. has some of the most stringent policies related to TB control in the world. When working with foreign born patients, it is helpful to remember TB may be perceived, diagnosed and treated differently in other countries. .

- In most of the world, vaccination against TB with BCG is common and may occur multiple times. The BCG vaccine can cause false positive TB skin tests (TST), although the effect of BCG on the TST should wane over time. Interestingly, some countries (such as Mexico) that give BCG vaccination use the TST after vaccination as a measure of the BCG's effectiveness! QuantiFERON and T Spot will not test positive due to BCG vaccination and so may be a better test for foreign born patients. The [BCG Atlas](#) has information on BCG policies for over 130 countries.
- Many low resource countries do not conduct contact investigations after TB exposures and do not test for or treat latent TB infection.
- Many hospitals in low resource countries have no TB infection control procedures in place such as negative pressure rooms or N95 masks. Even clinics and hospitals treating multidrug resistant patients rely all too often on only fresh air and sunlight.
- Per the [World Health Organization](#), only 48% of 2014 TB cases diagnosed globally had drug susceptibility testing.

Given the above, it is easy to understand why some foreign born patients are confused about TB! For more on country specific beliefs and practices around TB and HIV, review the SNTC [Country Guides](#). You can find patient education in multiple languages on our [website](#).

TB unit in Brazil



World TB Day



March 24

World TB Day is March 24

The theme for World TB Day this year is: **Find TB. Treat TB. Working together to eliminate TB.** World TB Day is an opportunity to educate others that TB is still a threat in Oregon. Posters and other materials from CDC can be found [here](#). Also, consider watching or putting on a public viewing of PBS's American Experience: [The Forgotten Plague](#) or videos from the [TB Voices](#) project. Both are available online for free!

In honor of World TB Day, we will launch a 7 part, 1 hour webinar series on TB case management! Contact Heidi if interested.

In 2014 there were 77 cases of TB disease in Oregon. That is the highest number of cases since 2010.

One TB case was diagnosed in a correctional facility.

Prednisone, other corticosteroids and TB Testing

Corticosteroids mimic the effects of hormones the body produces naturally in the adrenal glands. When prescribed in doses exceeding the body's usual levels, corticosteroids suppress inflammation, which can reduce symptoms of inflammatory conditions, such as arthritis and asthma. Corticosteroids also suppress the immune system, which can help control conditions in which the body's immune system mistakenly attacks its own tissues. Even low doses of prednisone or other corticosteroids (such as 15 mg/kg) may lead to TB skin test anergy (a falsely negative TB skin test). If a TB skin test is placed while the patient is being treated with a corticosteroid, a reading of ≥ 5 mm would be considered a positive result. Once corticosteroids are stopped, these drugs leave the body relatively quickly and their immunosuppressive effects upon a TST (or IGRA) response should disappear after several weeks. BUT, it is important to remember that many patients treated with these drugs have other conditions which could significantly impact the immune system and its ability to react to either TST or IGRA tests.

12 dose once weekly treatment for LTBI!

The "new" 12 dose once a week treatment with isoniazid and rifapentine continues to have high rates of completion with low toxicity. There are rumors rifapentine will soon come out in a new formulation so there will also be less pills to take! INH and rifapentine are both available to county health departments from our program, however, the patient does need to be on directly observed therapy while taking it. Contact Heidi for help with transitioning a patient to the community if on this regimen. Education materials are [here](#).

