



340B: Stretching Funds to Fight TB

The 340B Drug Pricing Program is a federal program that allows participating health agencies to purchase discounted medications for treating uninsured patients with certain health conditions. The Department of Health (DOH) TB Program purchases 340B discounted drugs through the Public Health Seattle & King County (PHSKC) Pharmacy. Each local health jurisdiction (LHJ) in Washington is registered to access these TB medications, for patients who are not eligible for insurance.

The DOH TB Program only covers the cost of the first four line drugs for treating active TB cases. However, LHJs may also create a separate contract with the PHSKC Pharmacy to purchase medication not covered by DOH, at 340B pricing.

The 340B Program has some requirements such as annual recertification, which consists of filling out a simple form and returning it to the DOH TB Program. In

addition, LHJs must thoroughly track inventory of the medications received, and participate in periodic audits to ensure that their tracking is accurate and complete.

The DOH TB Program, in partnership with the PHSKC Pharmacy, also tracks TB medication shipments to comply with the program. Currently, 17 of Washington's LHJs have accessed TB medication through this program.

[Health Resources and Services Administration](#) has a [welcome webinar](#) for newly enrolled 340B registrants. Topics covered in the webinar include:

- Introduction to 340B program
- 340B historical legislation
- Certification/termination
- Audit/340B program compliance
- 340B educational resources.

If you have questions about the 340B Drug Pricing Program, please contact [Sherry Carlson](#), 360-236-3528

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Get to Know: Claudia Catastini



What is your degree?

MA Health Education

What is your job title?

Infectious Disease Office Director

How long have you worked in TB?

I've worked in public health, infectious disease control for over 25 years. My focus has been on STDs and HIV. While working as Assistant Division Director of the Communicable Disease Control Section at Tacoma Pierce County, I had the opportunity to learn about TB control from one of the best: Peggy Cooley. Now that I'm here at

Department of Health, I continue to learn about TB from our excellent program here. Controlling TB is important to me. I'm proud of the strength and quality of our TB partnerships. I want us to continue to build our TB efforts together and move towards planning for ending TB in Washington State.

What do you like best about your job?

I'm passionate about the foundational public health activities of disease surveillance, investigation, and control. I'm fascinated at how infectious diseases become outbreaks, epidemics, endemics, and pandemics. I confess to having a medical model (identify and treat) response to infectious disease and I like that, with the strength of our foundational approach to TB, we are increasing

our capacity to accomplish this in Washington State.

What are your hobbies?

Playing the piano, reading, watching movies, walking my dog.

Where do you see yourself in 5 years?

Here in Washington State, continuing to learn, partnering to eliminate TB in Washington.

What is your favorite TB topic?

I love our telemedicine (ECHO) model that builds provider TB capacity in our state, and how we work so well together in our public health response to TB; and, that because of the strengths of our TB partnerships, we can talk about ending TB.

What's New?



14TH ANNUAL WASHINGTON STATE

TB EDUCATIONAL CONFERENCE

ONE STATE, MANY PARTNERS, FIGHTING TOGETHER AGAINST TB

The Washington State TB Educational Conference is an annual must-attend event for TB professionals in Washington State. This free conference offers continuing education credits, opportunities to network with professionals from a variety of disciplines, and training from national, state, and local TB experts.

The 2016 conference will be different than year's past in that there will not be satellite host sites available. Challenges with

video conference technology made it difficult for remote participants to hear, see, and engage in sessions. Instead, all participants are invited to join us at the Blackriver Conference Center in Renton, WA from 7:00-3:30 on October 19, 2016. A limited number of travel scholarships will be available to support Central and Eastern Washington participation.

Speakers at this year's conference include Dr. Lisa Armitage, from the Heartland National TB Center, who will discuss *Stigmatizing Language in*

TB Care and Dr. Kevin Winthrop, of the Oregon School of Medicine-Division of Infectious Disease, to present information on *NTM (Nontuberculous Mycobacteria)*.

Conference agenda, registration, hotel information, and travel scholarships will be [posted on the TB Program website](#). There is also a [save the date flyer](#) available to promote the conference with TB partners in your community. Please help us spread the word!

Dear Lana...Answers to Your TB Questions!

Question:

When do healthcare workers need a two-step tuberculin skin test (TST)?



Answer:

Indications for a two-step TST can be found in BOX 1 (below). Source: Centers for Disease Control and Prevention (CDC). Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR 2005;54(No. RR-17): p. 29.

Got a TB Question?

Simply email your questions to: TBServices@doh.wa.gov We may feature your question in a future edition of *Dear Lana!*

BOX 1. Indications for two-step tuberculin skin tests (TSTs)

Situation	Recommended testing
No previous TST result	Two-step baseline TSTs
Previous negative TST result (documented or not) >12 months before new employment	Two-step baseline TSTs
Previous documented negative TST result ≤12 months before new employment	Single TST needed for baseline testing; this test will be the second-step
≥2 previous documented negative TSTs but most recent TST >12 months before new employment	Single TST; two-step testing is not necessary (result would have already boosted)
Previous documented positive TST result	No TST
Previous undocumented positive TST result*	Two-step baseline TST(s)
Previous BCG [†] vaccination	Two-step baseline TST(s)
Programs that use serial BAMT, [§] including QFT [‡] (or the previous version QFT)	See Supplement, Use of QFT-G** for Diagnosing <i>M. tuberculosis</i> Infections in Health-Care Workers (HCWs)

* For newly hired health-care workers and other persons who will be tested on a routine basis (e.g., residents or staff of correctional or long-term-care facilities), a previous TST is not a contraindication to a subsequent TST, unless the test was associated with severe ulceration or anaphylactic shock, which are substantially rare adverse events. If the previous positive TST result is not documented, administer two-step TSTs or offer BAMT. **SOURCES:** Aventis Pasteur. Tuberculin purified protein derivative (Mantoux) Tubersol[®] diagnostic antigen. Toronto, Ontario, Canada: Aventis Pasteur; 2001. Parkdale Pharmaceuticals. APLISOL (Tuberculin purified protein derivative, diluted [stabilized solution]). Diagnostic antigen for intradermal injection only. Rochester, MI: Parkdale Pharmaceuticals; 2002. Froeschle JE, Ruben FL, Bloh AM. Immediate hypersensitivity reactions after use of tuberculin skin testing. Clin Infect Dis 2002;34:E12-3.

[†] Bacille Calmette-Guérin.

[‡] Blood assay for *Mycobacterium tuberculosis*.

[§] QuantiFERON[®]-TB test.

** QuantiFERON[®]-TB Gold test.

Need more TST Rulers?

The Mantoux Tuberculin Testing Ruler is used to measure the induration of an individual's reaction to the tuberculin skin test (TST). It can be ordered, in limited supply, through the [CDC website](http://www.cdc.gov).

The Department of Health TB Program also has TST rulers available to order. Email requests to: TBServices@doh.wa.gov

Tuberculin Skin Test Ruler

Washington State Department of Health
DOH 343-132 July 2015

1. Read test 48-72 hours after injection.
2. Measure diameter of induration across the forearm (not the erythema/redness).
3. Record in millimeters (mm).
4. Interpret test based on millimeters and risk factors. Refer to: www.cdc.gov/tb/education/mantoux/appendix_d.htm

Helpful Resources

[Notice of Correction](#)

Curry International TB Center announced a correction to the *Drug-Resistant Tuberculosis: A Survival Guide for Clinicians, 3rd edition (2016)*. The Pediatric Drug Dosing, Table 4, Pyrazinamide, contains errors (p. 163). Please use the [corrected table](#) for printed copies or download the new [online version](#).

[Xpert MTB/RIF Assay as Decision-Making Tool](#)

A national workgroup has issued recommendations on the use of Xpert MTB/RIF Assay as a decision-making tool for release from airborne isolation in healthcare settings. The recommendations are provided in the [consensus statement](#). The workgroup also [developed an algorithm](#) for the decision-making process as a stand-alone tool.

[Using Epidemiology for Data-Driven Decision Making in TB Programs](#)

This training, offered at the Union/NTCA Joint 20th Annual Conference, is now available for [viewing online](#). Learn ways to use epidemiologic tools and concepts to enhance TB program activities.

[Revised Self-Study Modules on TB](#)

The Division of TB Elimination revised their [self-study modules](#) to reflect current Centers for Disease Control & Prevention (CDC) guidelines. Modules 1-5 provide basic TB information and Modules 6-9 provide programmatic information. Continuing education credits are available for various professions.

[End TB Strategy: The Essentials](#)

[Operational guidance](#) on how to end TB using a 3 pillars strategy: 1. Integrated, patient-centered care and prevention; 2. Bold policies and supportive systems; and 3. Intensified research and innovation.

Washington State Department of Health TB Program

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Website: <http://www.doh.wa.gov/tb>

Upcoming Events

[GeneXpert: Examples From the Field](#)

July 27, 10:00-11:00 a.m. PST

A national workgroup has issued recommendations on the use of GeneXpert as a decision-making tool in airborne infection isolation in healthcare settings. This webinar highlights the guidelines and their practical application. [Register now](#).

[TB Education and Training and Program Evaluation Conference, September 20-22](#)

The biennial conference, *Education and Evaluation: Driving Towards TB Elimination*, will be held at the CDC in Atlanta, GA. The conference emphasizes the steps of the systematic health education process: needs assessment, development, pilot-testing, implementation, and assessing effectiveness.

[Register](#) by August 29.

[TB Case Management and Contact Investigation Intensive](#)

Curry International Tuberculosis Center is offering this [4-day training](#) in Oakland, CA from November 2-4. The registration deadline is September 26. There is no fee for the training and continuing education hours are available.

Washington State TB Case Count
as of June (2016 preliminary)

