USPSTF recommends TB infection screening for high risk populations

In September, the U.S. Preventive Services Task Force (USPSTF) released a final recommendation statement on screening for latent tuberculosis (TB) infection in adults who are at increased risk but do not have symptoms of TB.

The recommendation came with a B grade, meaning there is a high certainty that the net benefit is moderate or there is a moderate certainty that the net benefit is moderate to substantial.

The recommendation aligns with Centers for Disease Control (CDC) Division of TB Elimination’s strategic goal of ending TB in the United States by expanded testing and treatment of TB infection in populations at highest risk for TB to prevent future TB disease. Clinicians serving at-risk populations play a critical role in this prevention effort.

According to the CDC, up to 13 million people in the U.S. are estimated to have TB infection. Without treatment, an average of 1 in 10 people with TB infection will develop TB disease. Some people are at much higher risk for developing TB disease once infected including:

- HIV-infected persons
- diabetics
- smokers
- drug abusers
- or people on immune suppressing medication.

In Washington State, for example, 21% of TB cases between 2012-2014 also had diabetes mellitus.

Implementation in primary care
Risk assessments for TB infection should be done in patients who were born in, or are a former resident of, countries with increased TB prevalence and patients who live in, or have lived in, high-risk congregate settings. (e.g. homeless shelters and correctional facilities).

Local demographic patterns vary across the U.S. so clinicians should consult their local or state health departments for more information about at risk populations in their community. Refer to the World Health Organization’s interactive map of high TB incidence countries and the TB Fact Sheet to understand disease epidemiology in Washington.

Additional patients to consider for TB infection screening include those who are immunosuppressed (current or planned), or those who are a close contact to someone with infectious TB disease at any time.

TB infection screening tests include the Mantoux tuberculin skin test and interferon-gamma release assays. Once TB disease is ruled out, treatment for TB infection can be considered. The TST in 3D website can help clinicians assess patient’s risk of progression to disease based on their screening results and other risk factors.

The Washington State Department of Health TB Program offers additional clinical TB infection resources including Adult and Pediatric TB Risk Assessments and a Recommended Drug Regimens for TB Infection pocket guide. Clinicians can join TB ECHO to get consultation on TB infection cases through a videoconference platform. Visit www.doh.wa.gov/TBECHO to learn more.
The 14th Annual Washington State TB Educational Conference and LHJ Business Meeting was held on October 19 in Renton, WA. Approximately 140 public health, primary care, correctional, immigration, and academic professionals attended the event sponsored by Washington State Department of Health (DOH), Curry International Tuberculosis Center / University of California San Francisco, and Firland Foundation & Workshop.

TB experts discussed eliminating stigmatizing TB language, new TB infection treatment guidelines, challenges with Nontuberculous Mycobacteria, comparisons of TB screening tests, case studies for treating TB infection, and refugee health screenings.

The overall conference rating was high and attendance exceeded expectations so a bigger venue will be located for the future!

**State TB Awards Presented**
Each year the DOH TB Program recognizes excellence in individuals and teams working in TB elimination. Nominees are selected by their peers and a committee selects a finalist in each category. David Park, MD, was awarded the 'Lifetime Achievement Award'. Sadly, Dr. Park passed away in September, after a long battle with cancer.

Dr. David Horne accepts the Individual Contributor Award from SheAnne Allen. This year’s ‘Individual Contributor Award’ went to David Horne, MD, MPH, for his work on innovative projects such as TB ECHO.

Lewis County’s TB Program won the ‘Team Excellence Award’ for their impressive handling of a large contact investigation; in a county that rarely has TB cases.

Dr. David Park was a champion for TB efforts in Washington State. He was Professor of Medicine in the Division of Pulmonary and Critical Care Medicine and Adjunct Associate Professor of Global Health in the University of Washington School of Medicine. He was also the Director of TB Control for Harborview Medical Center, Co-chair of the Washington State TB Action Coalition, and a member of the Board of Directors of the Washington Thoracic Society and of the Firland Foundation and Co-Founder of the Firland Northwest Tuberculosis Center.

Our condolences go out to Dr. Park’s family, friends, and colleagues. He will be missed! Learn more about Dr. Park’s life and a planned life celebration on June 10, 2017: [http://depts.washington.edu/fnwtbc/](http://depts.washington.edu/fnwtbc/)
Dear TB Nurse Consultant…Answers to Your TB Questions!

Case Scenario:
A person needs TB testing, and also vaccination with MMR and Hepatitis B vaccine. Which action could result in a false negative tuberculin skin test (TST) for TB?

A. Administering both MMR and Hepatitis B vaccine on the same day that the TST is done.

B. Administering MMR and Hepatitis B vaccine 1 week after the TST is done.

C. Administering both MMR and Hepatitis B vaccine 1 week before the TST is done.

D. Administering both MMR and Hepatitis B vaccine 7 weeks before the TST is done.

Answer: The correct answer is ‘C’. A false negative skin test can occur if a live vaccine, such as MMR, is given before the TST is done. If MMR is given, you should wait at least 4 weeks before doing the TST. All vaccines, live or inactivated, can be given on the same day or at any time after a TST is done.

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!

Congratulations, 2016 Noreen Harris Award Winner, Masa Narita!

The 13th Annual (2016) Noreen Harris Award for Excellence in Public Health Epidemiology was awarded to Masa Narita, MD, TB Disease Control Officer and Chief of the TB Control Program at Public Health – Seattle & King County.

The award is commemorative of another senior epidemiologist/veterinarian at Public Health known for her work on HIV issues among under-served populations who died suddenly in 1994. She had a passion for her work and for life in general.

Every other year nominations are sought and the award committee selects a recipient predominantly based on their contributions to public health practice in King County with consideration of their role as a mentor, sense of humor, ethical standards, diverse interests, creativity and innovation, leadership, and perseverance.

Previous awards have gone to Dr. Russ Alexander, Dr. Noel Weiss, Ms. Chas deBolt, Dr. Charlie Nolan, Dr. Ronald F. Di Giacomo, Dr. Atar Baer, Dr. Bob Wood, Dr. Jeff Duchin, Mr. Mark Stenger, Dr. Gary Goldbaum, Dr. Sharon Hopkins, and Dr. Hanne Thiede.

Congratulations, Dr. Masa Narita, for being recognized for your contribution to TB control efforts in King County!
Treating LTBI in Special Situations
SNTC offers a self-paced, online course consisting of interactive case-based modules that guide the participant through: contacts to a drug-resistant case, hepatitis, HIV/AIDS, infants & children, pregnancy, renal failure, TNF-antagonists and transplantation. 4.0 credits.

2016 Treatment of Drug-Susceptible Tuberculosis Guidelines
An update to the previous TB treatment guidelines published by ATS/CDC/IDSA in 2003 is now available. Among the nine recommendations for the treatment of drug-susceptible TB, the guidelines provide recommendations on the management of patients who are co-infected with TB disease and HIV, and sections on TB disease in special situations, such as extra pulmonary TB, culture-negative pulmonary TB, and TB during pregnancy and breastfeeding, among others. Refer to the full version online for more details.

Website Compiles All RTMCC TB Training and Education Products
Find educational materials developed by all five Regional Training and Medical Consultation Centers (RTMCC) in one online resource. Materials can be searched by name, or sorted by a list of products or webinars.

New TB Patient Forum on Facebook!
TB Photovoice started a new online TB patient forum. The TB Voices Forum is for TB patients, survivors, and their family and friends to share personal TB experiences, get support, and offer hope to others. This forum allows patients to safely share their struggles, gratitude, and concerns. New patient flyers have also been developed as a resource.

WHO Released Latest Global TB Data
According to the World Health Organization (WHO), there were an estimated 10.4 million new TB cases worldwide in 2015. Although global TB deaths fell by 22% between 2000 and 2015, the disease was one of the top 10 causes of death worldwide in 2015, responsible for more deaths than HIV and malaria. Learn more...