World TB Day 2017
Activities help raise awareness about TB.

In March, Washington State Department of Health (DOH) sponsored a variety of World TB Day activities with its planning partners: IDRI (Infectious Disease Research Institute), Center for Infectious Disease Research, University of Washington Global Health Resource Center, TB Photovoice, RESULTS Seattle and Washington State Opportunity Scholarship.

Social Media Campaign
An online social media toolkit was created to make it easy for TB partners to promote World TB Day messages. The toolkit included sample posts and graphics, END TB Signs to hold for social media pictures, and a video message from Secretary of Health John Wiesman and Health Officer Kathy Lofy. Partners were encouraged to use #EndTBWA on their posts to track participation in the campaign.

TB Infection Webinar
TB ECHO hosted a webinar in observance of World TB Day titled Why Treat TB Infection? State Communicable Disease Epidemiologist, Scott Lindquist reviewed TB epidemiology, the US Preventative Services Task Force Recommendation for TB infection treatment, as well as cost comparisons and coverage for treatment.

Refugee Health Coordinator, Jasmine Matheson highlighted screening considerations unique to refugee and immigrant populations and State TB Nurse Consultant, Lana Kay Tyer shared resources to assess risk of TB exposure and provide TB infection treatment to patients. Seventy-three people attended the webinar.

Career Exploration Event
A student outreach event, to explore careers in infectious diseases, was held at the University of Washington and streamed live online. Emcee, Theresa Brischgi, led a facilitated discussion with panelists: Daniel Zak (Researcher), Naomi Kern (Public Health Nurse), Arturo Vargas (Disease Intervention Specialist) and Katelynne Gardner Toren (Epidemiologist). Fifty-four people attended in person. Unfortunately, online attendance was not able to be collected.

Staff Education
DOH staff were educated about TB and the threat of MDR-TB during a video viewing of The Rise of a Superbug and follow-up discussion with Scott Lindquist. The presentation was offered in-person and via GoToMeeting, with 32 people attending.

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Republic of Marshall Islands TB Screening Project

A mass screening and treatment program for TB is being conducted on the Republic of Marshall Islands (RMI) by the RMI Ministry of Health, Centers for Disease Control and Prevention (CDC), World Health Organization and Pacific Island Health Officers’ Association.¹

RMI is a U.S.-affiliated chain of islands in the Pacific Ocean about halfway between Hawaii and Australia.² RMI is considered a TB hotspot with a prevalence rate of 466 per 100,000 population in 2014, the highest in the Pacific and one of the highest in the world.³ The screening project is focused on Ebeye and Majuro, two urban centers in the Marshall Islands, with the goal to “decrease the level by 30 percent or more,” according to Dr. Richard Brostrom, TB Medical Officer for the Pacific Region, Branch Chief of the Hawaii TB Program for CDC.³

Volunteer health professionals were recruited to help Ebeye TB Program staff screen people during a 3-month period in early 2017. Washington State Department of Health TB Nurse Consultant, Lana Kay Tyer and Public Health Seattle & King County Epidemiologist, Monica Pecha were among the volunteers sent to Ebeye.

Tyer participated in the first 3-week group that worked on capacity building and active case finding. She was involved in assessing the Ebeye TB Program’s practices related to TB case management, TB contact tracing and DOT. She worked with program staff to streamline processes for the increased workload.

During the active case finding, Tyer worked with the TB contact tracing nurse, Ruthann Maika, to collect sputum, coach staff on successful sputum collection, conduct environmental assessments during contact tracing and standardize information collected during contact interviews.

“If the Ebeye program is successful, it could be done elsewhere. Other countries with similar problems can benefit from what we are doing,” said Health Minister Kalani Kaneko. He added that after the screening is done, they will turn their attention to Majuro.³

¹ https://www.researchgate.net/publication/316617975
³ http://www.pireport.org/articles/2016/11/10/marshall-islands-launches-mass-tuberculosis-screening-program
Dear TB Nurse Consultant...Answers to Your TB Questions!

**Question:**
When should healthcare workers (HCWs) with a newly positive test result for *M. tuberculosis* be restricted from the workplace?

**Answer:**
According to *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005*, HCWs with a baseline positive or newly positive test result for *M. tuberculosis* infection should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months).

HCWs with confirmed infectious pulmonary, laryngeal, endobroncheal, or tracheal TB disease, or a draining TB skin lesion pose a risk to patients, HCWs, and others. Such HCWs should be excluded from the workplace and should be allowed to return to work when the following criteria have been met:

1) three consecutive sputum samples (p. 51) collected in 8, 24-hour intervals that are negative, with at least one sample from an early morning specimen (because respiratory secretions pool overnight);

2) the person has responded to antituberculosis treatment that will probably be effective (can be based on susceptibility results); and

3) the person is determined to be noninfectious by a physician knowledgeable and experienced in managing TB disease (see Supplements, Estimating the Infectiousness of a TB Patient; Diagnostic Procedures for LTBI and TB Disease; and Treatment Procedures for LTBI and TB Disease).

HCWs with extrapulmonary TB disease usually do not need to be excluded from the workplace as long as no involvement of the respiratory track has occurred. They can be confirmed as noninfectious and can continue to work if documented evidence is available that indicates that concurrent pulmonary TB disease has been excluded.

HCWs receiving treatment for LTBI can return to work immediately. HCWs with LTBI who cannot take or do not accept or complete a full course of treatment for LTBI should not be excluded from the workplace. They should be counseled regarding the risk for developing TB disease and instructed to report any TB symptoms immediately to the occupational health unit.

HCWs who have a documented positive Tuberculin Skin Test (TST) or Blood Assay for *M. tuberculosis* (BAMT) result and who leave employment should be counseled again, if possible, regarding the risk for developing TB disease and instructed to seek prompt evaluation with the local health department or their primary care physician if symptoms of TB disease develop. Consider mailing letters to former HCWs who have LTBI. This information should be recorded in the HCWs’ employee health record when they leave employment.

Asymptomatic HCWs with a baseline positive or newly positive TST or BAMT result do not need to be excluded from the workplace. Treatment for LTBI should be considered in accordance with CDC guidelines (p. 53).


Got a TB Question?
Email your questions to TBServices@doh.wa.gov or call the State TB Program 360-236-3443. We may feature your question in a future edition of Dear TB Nurse Consultant.
TB Resources

QFT brochures available in multiple languages
Qiagen has designed informational brochures to share with patients/contacts/non-clinicians explaining how QuantiFERON-TB Gold (QFT) differs from skin testing. Available in multiple languages. For copies, email reid.hadley@qiagen.com

eDOT Toolkit for Tuberculosis Programs
Assists TB programs in developing and implementing an Electronic Directly Observed Therapy (eDOT) program. The toolkit provides a general overview of eDOT, steps for implementing a TB eDOT program, and sample forms that can be tailored to fit individual TB program needs.

Pediatric TB Toolkit
This toolkit is designed to provide information on identifying and managing suspected pediatric TB exposures, appropriate infection control and contact investigation procedures surrounding exposures of children of all ages, and information regarding the diagnosis, management and treatment of childhood TB infection and disease.

National TB Controllers Association (NTCA)
The NTCA advances the elimination of TB in the U.S. through the concerted action of state, local and territorial programs. Each year, NTCA hosts a national TB Conference and other member benefits. Their website includes resources such as interjurisdictional transfer forms, TB in correctional facilities and more.

Upcoming Events

Focus on LTBI - Seattle
June 22, 2017 - 7:45 a.m.-4:30 p.m.
Intended as an introductory course covering the basics of latent TB infection diagnosis and treatment for physicians, nurses, and other licensed medical care providers who diagnose and treat patients with latent TB infection. Apply for this training before May 30!

Tuberculosis Nursing Workshop - Seattle
June 23, 2017 - 7:45 a.m.-4:30 p.m.
Intended for nurses, communicable disease investigators, and other licensed medical care providers who work with TB patients. Apply for this training before May 30!

Refugee Health Conference - SeaTac
May 16-17, 2017 - 8:00 a.m.-5:00 p.m.
The conference is designed to share refugee health information and resources with healthcare, mental health, and other refugee service providers. Seats are limited. Please register no later than March 6, 2017. Morning refreshments and lunch will be provided.

TB Educational Conference & Business Meeting
October 4, 2017 - Save the date!
Professionals, from across Washington, will learn about TB and network with colleagues at this FREE one-day conference. Continuing education credits and lunch are included. Registration will be available this summer at www.doh.wa.gov/TB

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