

# Washington State Tuberculosis Services and Standards Manual

## Chapter 1: Introduction



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## **Contact**

Washington State Department of Health TB Program

Phone: 206-418-5500

Fax: 206-364-1060

[tbservices@doh.wa.gov](mailto:tbservices@doh.wa.gov)

## **Acknowledgements**

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# **About the Washington State Tuberculosis Services and Standards Manual**

## **Purpose**

In Washington State, tuberculosis (TB) care and prevention is governed by state law and rule. The purpose of the TB Services and Standards manual is to provide information and guidance to aid local health jurisdictions (LHJs) in fulfilling the requirements detailed in the Revised Code of Washington ([RCW 70.28.005](#)) and the Washington Administrative Code ([WAC 246-170](#)). This manual is designed to assist you in using guidelines and materials provided by the CDC and TB Centers of Excellence, including key steps and information needed to fulfill state required TB care and prevention tasks. This manual contains what WA DOH TB Program considers to be best practices and key policies.

## **Audience**

The most likely readers of this manual are TB providers, primarily those working in Local Health Jurisdictions (LHJs) and Tribal Public Health. As a result, the TB Services and Standards Manual has a special focus on the roles, responsibilities and care given by local public health partners. These TB providers may include, but are not limited to nurses, physicians, Health Officers, Regional Medical Officers, epidemiologists, disease intervention specialists and outreach workers from local and state TB programs, clinics, and hospitals.

## **Eliminating Stigmatizing Language**

Judgmental terms and negative connotations of words such as ‘defaulter’ and ‘suspect’ may be perceived to place blame for the disease and responsibility for adverse treatment outcomes on the patient. To assist in implementing a change in the use of stigmatizing language the Heartland TB Center of Excellence, the International Union Against TB and Lung Disease, the National Society of TB Clinicians, the global TB community and the Treatment Action Group developed the [Stop the Stigma: Eliminating Stigmatizing Language](#) reference tool to aid in identifying suggested replacement language as a reminder of how our words may affect others.

Use This....	Not that....	Use This....	Not that....
Adherence / Non-adherence	Compliance / Non-compliance	Undocumented	Illegal; Illegal alien
Person lost to follow up	Defaulter	Person with TB disease	TB case
TB Prevention and Care	TB Control	Treatment failed	Treatment failure
Person to be evaluated for TB	TB Suspect	Missed doses/ Non-adherent	Delinquent
HIV-Positive	HIV-infected	Contact Analysis; Contact Elicitation; Contact Identification	Investigation; Investigate
Immigrant	Alien	Exposed to TB	TB Contact
Lack of housing; Under-housed; People experiencing homelessness	Homeless/ Homelessness	Tuberculosis	Consumption; White Plague

Adapted from: [https://www.heartlandtbc.org/wp-content/uploads/2021/12/FactSheet\\_Final\\_5\\_19\\_16.pdf](https://www.heartlandtbc.org/wp-content/uploads/2021/12/FactSheet_Final_5_19_16.pdf)

More information can be found at [Case Management Tools/Health Equity](#) in the TB Program SharePoint page which includes additional resources to encourage positive change, sensitize, promote appropriate language, end the stigmatization, and empower people affected by TB.

# **How to Use This Manual**

## **Icons**

Throughout the manual, these icons quickly cue you about important information and other resources:



This warns about high-consequence information you must understand when performing the task.



This signals when you should call to report or to consult on the task.



This highlights special considerations for pediatric patients.



This suggests another relevant area in the manual or another resource that you may want to review.



This alerts you that a form is available for the task.



# **CHAPTER 1: Introduction**

## **Abbreviations**

Refer to the list below for abbreviations used in the manual.

ACET	Advisory Council for the Elimination of Tuberculosis
ACH	air changes per hour
AFB	acid-fast bacilli
AIDS	acquired immunodeficiency syndrome
All	airborne infection isolation
ALT	alanine aminotransferase
ARPE	Aggregate Report for Program Evaluation
ART	antiretroviral therapy
AST	aspartate aminotransferase
ATS	American Thoracic Society
BAMT	blood assay for Mycobacterium tuberculosis
BCG	Bacille Calmette-Guérin
CDC	Centers for Disease Control and Prevention
CT	computed tomography
CXR	chest radiograph
DNA	deoxyribonucleic acid
DOT	directly observed therapy
DTBE	Division of Tuberculosis Elimination
DTH	delayed-type hypersensitivity
ED	emergency department
EMB	ethambutol
EMS	emergency medical service
ESRD	end-stage renal disease
FDA	U.S. Food and Drug Administration

HAART	highly active antiretroviral therapy
HCW	healthcare worker
HEPA	high-efficiency particulate air
HIPAA	Health Insurance Portability and Accountability Act
HIV	human immunodeficiency virus
IDSA	Infectious Diseases Society of America
IGRA	interferon gamma release assay
INH	isoniazid
LTBI	latent tuberculosis infection
MTB	Mycobacterium tuberculosis
MDR-TB	multidrug-resistant tuberculosis
MIRU	mycobacterial interspersed repetitive units
MOTT	mycobacterium other than tuberculosis
NAA	nucleic acid amplification
NIOSH	National Institute for Occupational Safety and Health
NNRTI	nonnucleoside reverse transcriptase inhibitors
NTCA	National Tuberculosis Controllers Association
NTM	nontuberculous mycobacteria
NTNC	National Tuberculosis Nurse Coalition
OSHA	Occupational Safety and Health Administration
PAPR	powered air-purifying respirator
PCR	polymerase chain reaction
PI	protease inhibitor
PPD	purified protein derivative
PZA	pyrazinamide
QA	quality assurance
QFT	QuantiFERON®-TB test
QFT-G	QuantiFERON®-TB Gold test
RFB	rifabutin



RFLP	restriction fragment length polymorphism
RIF	rifampin
RNA	ribonucleic acid
RPT	rifapentine
RVCT	Report of Verified Case of Tuberculosis
RZ	rifampin and pyrazinamide
TB	tuberculosis
TIMS	Tuberculosis Information Management System
TNF- $\alpha$	tumor necrosis factor alpha
TST	tuberculin skin test
TU	tuberculin units
USCIS	U.S. Citizenship and Immigration Services
UVGI	ultraviolet germicidal irradiation
VDOT	video directly observed therapy
XDR-TB	extremely drug-resistant tuberculosis

## Purpose of Tuberculosis Care and Prevention

Tuberculosis (TB) is caused by a bacterial organism named *Mycobacterium tuberculosis*. (These organisms are sometimes called tubercle bacilli.) Mycobacteria can cause a variety of diseases. Some mycobacteria are called tuberculous mycobacteria because they cause TB or diseases similar to TB. These mycobacteria are *M. tuberculosis*, *M. bovis*, and *M. africanum*. Tuberculous mycobacteria readily spread from person to person; nontuberculous mycobacteria do not usually spread from person to person.

The goal of TB care and prevention in the United States is to reduce TB morbidity and mortality by:

- preventing transmission of *M. tuberculosis* from persons with contagious forms of the disease to uninfected persons, and
- preventing progression from latent TB infection (LTBI) to active TB disease among persons who have contracted *M. tuberculosis* infection.

The four fundamental strategies to reduce TB morbidity and mortality are:

1. early and accurate detection, diagnosis, and reporting of TB cases, leading to initiation and completion of treatment; and
2. identification of contacts of patients with infectious TB and treatment of those at risk with an effective drug regimen; and
3. identification of persons with latent TB infection at risk for progression to TB disease, and treatment of those persons with an effective drug regimen; and
4. identification of settings in which a high risk exists for transmission of *M. tuberculosis* and application of effective infection control measures.



For more information on these strategies and the thinking behind them, see [Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America](#).

# Washington State Laws and Rules on Tuberculosis Care and Prevention

Washington State laws and rules were developed to follow the national standards elaborated on above. Washington State laws and rules on TB are located in the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW).



In the WAC, see [Chapter 246-170](#) (Tuberculosis Control) in Title 246.



In the RCW, see [Chapter 70.28](#) (Control of Tuberculosis).



In the WAC, see [Chapter 246-101](#) (Notifiable Conditions) in the Title 246.



Also, see [Notifiable Conditions Guidelines](#).



Contact the [Washington State TB Program](#) at 206-418-5500 for assistance with interpreting Washington State laws and rules regarding TB control.



[Health Officer Law Manual](#).



[TB Manual Chapter 17: Statues & Regulations \(wa.gov\)](#)

# Roles and Responsibilities

## Washington State TB Program

The Roles and Responsibilities of the Department of Health TB Program are determined in large part by the WACs and RCWs that pertain to TB care and prevention. These include the following WACs and are performed by the individuals in the positions listed below.

[WAC 246-101-605](#) Duties—Department (This refers to DOH)

(1) The department shall:

- a) Upon request, provide consultation and technical assistance to local health jurisdictions, the department of labor and industries, and the department of agriculture when they are investigating notifiable conditions.
- b) Upon request, provide consultation and technical assistance to health care providers, laboratories, health care facilities, and others required to comply with this chapter.
- c) Develop, maintain, and make available for local health jurisdictions guidance on investigation and control measures for notifiable conditions.

and

[WAC 246-170-002 Findings and purpose.](#) (This specifically about TB)

1) The board of health finds that:

2) The following rules are adopted for the purpose of establishing standards necessary to protect the public health by:

- a) Assuring the diagnosis, treatment, and prevention of tuberculosis; and
- b) Assuring that the highest priority given to providing appropriate individualized preventive and curative treatment in the least restrictive setting.

## Washington State TB Medical Consultant

Provides a liaison for health care providers, particularly physicians treating patients with TB. Participates in seminars and workshops designed to educate health care providers on TB related issues including diagnosis, treatment, and case management of TB patients; reviews medical records; provides consultation on interstate issues and policy development related to local health jurisdiction guidelines for treatment and prevention of TB.

Provides consultation for LHJ Health Officers, community physicians and DOH TB Program staff. Participates at program activities and state TB events, on the TB Advisory Board and in review meetings of complex TB cases. Provides expert consultation on TB infection, case management for LHJs, health care providers and WA Department of Health staff. Gives feedback related to revisions and updates to RCW and WAC in Washington and provides expert feedback on WA clinical guidance documents, standards, and policies.

## Washington State TB Program Manager / TB Controller

Establishes short and long range program goals for prevention of infection and controlling disease; assists in directing the planning, implementation and evaluation of program activities/special projects;

develops program policies, procedures and standards; provides oversight and preparation, allocation and monitoring of program resources and budget; collaborates with the TB program medical consultant; supervises the maintenance of appropriate records and data collection systems and responds to inquiries regarding interpreting state TB laws and regulations. Provides direct consultation and technical assistance to local health jurisdictions (LHJs), schools, clinics, long-term care and correctional care facilities, homeless shelters, and other public and private agencies regarding TB policies and procedures.

### **Washington State TB Program Nurse Consultant(s)**

Advises personnel in local health jurisdictions, schools, clinics, long-term care and correctional care facilities, homeless shelters, and other public and private agencies within Washington State regarding TB programs, policy recommendations, practice standards for TB case management, contact investigation activities, treatment of latent TB infection, and distribution of nursing services.

Participates in DOH / LHJ reviews of case management activities related to specific patients. Follows patient case information when meeting with LHJs to assist them in evaluating and forming recommendations regarding laboratory testing, treatment interruptions, medications, time to complete treatment, etc. on their patients with active TB disease.

Participates in Cohort reviews with local program staff in jurisdictions with high TB burden by providing and discussing information such as treatment timing, nursing services-involved, practice standards, state and national objectives, and what is or is not contributing to successful management of TB cases.

### **Washington State TB Program Epidemiologist(s)**

Maintains multiple data systems used for TB surveillance, including identifying needed system improvements and resolving user issues. Liaises with local, state, and federal partners to ensure TB surveillance data reporting is complete and accurate, and that nationally notifiable information transmits correctly to CDC. Pursues novel data streams for TB surveillance enhancements.

Analyzes TB data, monitors demographic trends for reported cases, and generates routine and ad-hoc summary reports for local, state, and federal partners. Monitors for genotyping cluster alerts and other epidemiological events of public health significance. Oversees and designs all special epidemiological investigations conducted by WA DOH. Provides epidemiological and statistical consultation within the program for outside professionals.

Supports program evaluation through analysis of TB data, generation of program monitoring reports, aggregation and documentation of program performance trends, and coordination of Cohort review sessions with high TB burden LHJ staff.

### **Washington State TB Program Administrative Staff**

TB Program administrative staff support the TB program by working with contracts (Consolidated Contracts and other contracts), budgets and grants, coordinate program activities such as: evaluation projects, Cohort Review, TB medication acquisition, VDOT contracts, publishing the monthly TB Newsletter, accessing and developing educational tools and events including World TB Day (WTBD), develop/maintain the TB SharePoint and public facing website pages and other communication tools.

CONTACT INFORMATION: Tuberculosis Program / Office of Communicable Disease  
Epidemiology / Division of Disease Control and Health Statistics  
Washington State Department of Health



1610 NE 150th St.  
Shoreline, WA 98155  
CD Epi Phone: 206-418-5500  
CD Epi Fax: 206-364-1060  
Email: [tbervices@doh.wa.gov](mailto:tbervices@doh.wa.gov)



For individual contact information see [Home \(sharepoint.com\)](#)



Local Public Health Jurisdictions (LHJ) : See [WAC 246-170](#), [RCW 70.28](#) and [RCW 70.30](#) for LHJ roles and responsibilities.



CONTACT INFORMATION  
For a list of LHJ contacts, see the [DOH directories page](#).

## Local Health Jurisdictions

See [\(WAC\) 246-170-031](#) for local health jurisdictions roles and responsibilities.

(1) Each local health department shall assure the provision of a comprehensive program for the prevention, treatment, and control of tuberculosis. Services shall include:

- (a) Prevention and screening, with emphasis on screening of high-risk populations
- (b) Diagnosis and monitoring, including laboratory and radiology
- (c) Individualized treatment planning consistent with American Thoracic Society/Centers for Disease Control and Prevention statements based on the least restrictive measures necessary to assure appropriate treatment; and
- (d) Case management.

(2) In the absence of third-party reimbursement, the local health department shall assure the provision of inpatient or outpatient care, including DOT/DOPT and case management.

(3) Each local health department shall maintain a register of all diagnosed or suspected cases of tuberculosis. In addition, each local health department shall also maintain a register of individuals to whom that health department is providing preventive therapy. Quarterly status reports on suspected and diagnosed cases shall be furnished to the department of health tuberculosis control program.

(4) A physician knowledgeable in the diagnosis and treatment of tuberculosis approved by the department shall be available to provide review of diagnoses, plans of management and, if appropriate, discharge from inpatient facilities.

(5) Sufficient nursing, clerical, and other appropriate personnel shall be provided to furnish supervision of preventive and outpatient treatment, surveillance, suspect evaluation, epidemiologic investigation, and contact workup.



### CONTACT INFORMATION

For a list of local public health jurisdiction contacts, see the [DOH directories page](#).

## Private Medical Providers

See [\(WAC\) 246-101-105](#) for private providers roles and responsibilities.

Providers should be aware of timeframes in Table Lab-1 of [\(WAC\) 246-101-201](#) to assure that positive preliminary test results and positive final test results for notifiable conditions of specimens referred to laboratories outside of Washington for testing are correctly notified to the local health department of the patient's residence or the state health department.

## Washington State Public Health Laboratory

As the state's primary reference laboratory, the Washington State Public Health Lab (WAPHL) provides LHJs, hospitals, clinics and specialty laboratories with a wide range of services including identification, confirmation, susceptibility testing of pathogenic organisms, consultation and training in laboratory methodologies.

The WAPHL receives and processes *Mycobacterium tuberculosis* (MTB) specimens five days a week. Microscopic results are provided within 24 hours of receipt except on weekends and holidays. The Acid-Fast Bacilli (AFB) positive results received by the WAPHL are reported within a day to submitting laboratories, physicians, local health departments and to the WA State TB Program. Using state of the art technology, the unit performs isolation and definitive identification on all mycobacterial isolates received by WAPHL. Drug susceptibility testing is also routinely performed on all first time MTB isolates and on isolates from patients whose symptoms suggest they are not responding to primary drugs. Samples that are positive for MTB are sent to CDC for whole genome sequencing.



### CONTACT INFORMATION:

Washington State Public Health Laboratory  
1610 NE 150<sup>th</sup> ST  
Shoreline, WA 98155

[Public Health Laboratories website](#)

[StateTBLab@doh.wa.gov](mailto:StateTBLab@doh.wa.gov)

TB Lab Supervisor: 206-418-5474; TB Lab Lead: 206-418-5473

## Private Laboratories

Private and or non-profit laboratories may be found as part of a hospital or hospital system, such as Harborview/UW Medicine Laboratories and King County Lab, or they may be commercial facilities such as LabCorp or Quest Diagnostics. Most laboratories provide primary specimen smear and culture testing for mycobacteria. Many refer isolates either to a Core Lab (reference Lab) or to the WAPHL for identification and susceptibility testing. Contact your local laboratory to find out what tests and services they offer.

## Glossary

For a glossary of commonly used TB terminology see the following documents:

- CDC. [Self-Study Modules on Tuberculosis Modules 6-9 Glossary](#). 2014.
- Southeastern National TB Center. [Glossary of TB Terms](#). 2008.

Washington specific terms are described/defined in the chapters where they are used.