

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

TUSCARAWAS COUNTY TUBERCULOSIS CONTROL PROTOCOL

Purpose

The purpose of this plan is to document all components of TCHD tuberculosis control program developed to prevent the spread of TB to employees, physicians, clients, students, and visitors.

Responsibility

Tuscarawas County Health Department is designated as the Tuberculosis Control Unit for Tuscarawas County by the County Commissioners as established in Ohio Revised Code 339.72. The Health Commissioner is responsible for coordinating the TB control program throughout Tuscarawas County. A master copy of this plan will be kept in the Clinic and the Administration office. The plan will be reviewed every two years and revisions will be made at the discretion of the Health Commissioner, Medical Director, Director of Nursing, and the TB Coordinator(s).

Protocol for TB Disease Reports

Compliance with TCHD reportable Disease, Surveillance and Investigation and Reporting will prevent or reduce the spread of infectious illnesses in Tuscarawas County. Procedures are adapted from the Ohio Department of Health, Bureau of Infectious Disease Control.

1. The communicable disease nurse, who is designated as the TB coordinator, will be responsible for the daily entry of new cases and updates to cases in ODRS.
2. Disease reports may be made by phone, fax, mail or electronically and may originate from any lab, health care facility, health care provider, health department, citizen, blood bank or ODRS.
3. When a report is received, the communicable disease nurse will verify that the patient resides in Tuscarawas County.



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4. All positive reportable disease lab reports from TCHD clients will be verified by the ordering TCHD physician.
5. TCHD communicable disease nurse confirms the diagnosis by lab report and ODH case definitions. The ordering physician, outside of TCHD, is contacted to determine if the patient has been notified, if clinical symptoms are present and what, if any, treatment has been provided.
6. The nurse will then call the affected individual or parent/guardian. Any information that is necessary will be obtained.
7. The nurse will instruct the individual on treatment, prevention and the potential source of infection/illness. Any questions the individual has will be addressed. It may be necessary to send the individual information regarding the infection/illness.
8. The communicable disease nurse will be responsible for performing timely follow-up on cases missing key information in ODRS.

Protocol for Diagnosis

Clients with symptoms of TB, which include persistent or bloody cough, weight loss, chills and/or night sweats, will be evaluated with the following diagnostic tests:

1. Mantoux skin test or QuantiFERON Gold Blood Test
2. Chest X-Ray and/or Scans
3. Sputum smears for 3 consecutive days (or bronchial washings)
4. Physical exam as soon as possible

The chest x-ray will not be done at this facility. Union Hospital or another capable facility will do this procedure after they have been notified in advance that the client will be coming to their facility; if symptomatic. The client will be given surgical masks to wear to appointments, etc. Drivers will be given a respirator mask for transport of client, as needed. By notification, they can make all the precautionary preparations that need to be done before the client arrives. If possible, sputum samples can be collected at TCHD and then sent via courier directly to ODH for processing. In the event that the client is unable to produce a sputum sample, they will be scheduled to have collections at Union Hospital or another capable facility.

The Medical Director will review all labs and x-ray results and the TB coordinator(s) will be notified of any positive findings. If the above tests are inconclusive the client will be referred to the appropriate specialists. Note: See Rooming a Suspected/Confirmed Tuberculosis Patient Protocol

Management of a Client in need of Financial Assistance

The TB Coordinator will assist the client to secure financial assistance, as needed. Avenues of assistance may be, but not limited to: Setting up an appointment with a Certified Navigator, coordinating with hospitals to assist with HCAP application,

assisting client to make an appointment with Department of Job and Family Services. If the client is unable to secure financial assistance per ORC 339.73 The board of county commissioners is the payor of last resort for tuberculosis treatment and shall pay for treatment only to the extent that payment is not made through third-party benefits.

The TB Coordinator will coordinate with the County Commissioners office and the client in need of financial assistance in order to secure payment for Tuberculosis services, only. See attached consent form.

Management of Reactors/Converters

Any client who, after receiving his PPD at this facility, is found to have a positive test as outlined below:

- 5 mm or more

Persons with HIV or AIDS

Recent contacts to an infectious case of TB

Persons with fibrotic lesions of chest radiography

Persons with organ transplants or other immunosuppressed persons

Persons receiving treatment with tumor necrosis factor-alpha antagonists

-10 mm or more

Foreign born persons recently arrived (within 5 years) from countries with high TB incidence or prevalence

Persons who inject drugs

Alcoholics

Residents or employees of high risk, congregate settings (homeless shelters, jails, healthcare facilities, etc.)

Mycobacteriology lab personnel

Children younger than 5 years old

-15 mm or more

Persons with no known risk factors to TB

Clients returning positive skin tests will be given a requisition for a chest x-ray and follow up appointment scheduled here at the health department. If the client has a private physician and would like to schedule with him/her, stress the need to see him/her immediately for follow-up studies. Within one week, a call will be made to the physician's office to verify if the client did in fact see the physician for care. The TB coordinator will make this call, and all information will be documented in the client's TCHD chart.

The client should be given information on prophylactic therapy and strongly encouraged to receive prophylactic therapy especially if they are at a high risk of developing TB disease.

Prophylactic therapy consists of a 6-9 month course of daily INH. One-month supply will be dispensed at a time. The medication is self-administered unless otherwise indicated. A nurse will question the client on side effects of the drug at each medication pick-up.

Management of women of child-bearing age

A pregnancy test will be administered prior to treatment. The provider will discuss and prescribe a form of birth control, as needed. Depo Provera or a LARC is preferred. If the patient chooses oral contraceptive medication or if the patient is not ordered birth control, then prior to distribution of each month's medication the last menstrual period will be documented and a pregnancy test will be performed. The client will assume the cost of the pregnancy test. See attached Consent Form.

Prophylactic therapy is not a cure, but will aid in the prevention of the active disease by at least 69% for those who complete a six-month course.

Early Identification of Persons with Active Disease

Clients with known signs and symptoms of possible TB disease will be asked to identify themselves to the admitting personnel upon arrival to TCHD. Admissions personnel will immediately remove these clients from the common waiting area, move them exam room number 7 and ask them to wear a surgical mask if they are symptomatic.

If the client refuses to wear a mask, the client will immediately be taken to exam room number 7, the Policy for Rooming a Suspected/Confirmed Tuberculosis Patient will be initiated, and the TB coordinator and Director of Nursing will be notified. Before entrance into the exam room all personnel will a respirator mask until the client is evaluated.

Management of Patients with Active Disease

Since Tuberculosis is a public health concern and Tuscarawas County Health Department is the Tuberculosis control unit for the county this health department will be involved in all active cases of TB in our county.

Private physicians may follow their own patients, but it TCHD's responsibility to work with the physician and offer assistance if needed. Let the physician know that TCHD will be following the patient and that the health department is responsible for completing all reporting forms for the Ohio Department of Health TB registry.

Tuberculosis is a Class B disease and must be reported to the Ohio Department of Health within by the close of business the next day. Case investigation must be started within 72 hours of the report. Management of TCHD clients with active TB will include education, case investigation, contact investigation, follow up on lab work, chest x-rays,

sputums, response to treatment, distribution of medication and DOT (direct observation therapy).

Response to Treatment

1. There will be initial bloodwork done on all clients with active TB. This will include LFT's and will be repeated monthly to monitor the patient's liver function during treatment.
2. Sputums: These will be obtained monthly after the initiation of therapy until there are three consecutive negative cultures. A decrease in the number of AFB seen on the smear will be used to determine the end of isolation. This usually occurs after the first three weeks of therapy. If the sputum remains positive after three months of therapy, further evaluation is indicated to determine patient's compliance and the possibility of drug resistance. This is why DOT is of the essence for active cases of TB and should strongly be advised.
3. Chest x-ray: A copy of the initial chest x-ray should be placed in the patient's file at TCHD. A follow-up x-ray at the completion of therapy may be done. In the case of extreme cavitation a yearly chest x-ray should be considered.
4. Patient Adherence: A public health nurse and medical director will monitor patient understanding and compliance throughout the treatment process. If the patient does not show for appointments, the TB coordinator and medical director will be notified immediately. The patient will be contacted immediately and arrangements will be made to ensure compliance. This may include delivering medications to the home, arranging for incentives to be initiated at DOT. In extreme cases the Health Commissioner will be notified and legal action may be taken.

All direct care providers who have the potential for the exposure to TB are trained at the time of hire and updated annually regarding the hazards and control of TB. The TB committee conducts the training or and educator supplied by the committee. The training will include at least the following elements: hazards of TB transmission in health care facilities, epidemiology of TB (including signs and symptoms), distinction between latent TB and Active TB disease, preventative therapy and treatment for active disease, risk factors, and information about multi-drug resistance TB, medical surveillance, therapy policies and the proper use of TB controls specific to TCHD.

TB Direct Observation Therapy (DOT)

All cases of active TB will be required to undergo DOT. Supportive services and incentives that reduce barriers to adherence will be provided or arranged by the health department to ensure completion of therapy and protect the health of the general public. If necessary the Health Commissioner may obtain an order from the court to administer DOT.

When conducting direct observation therapy:

1. Assess for and respect cultural, individual, and family differences that will contribute to development for strong, trusting relationships with the person and the family.
2. Determine the need for interpreters and/or translators
3. Assess the client's knowledge about their condition and provide appropriate education.
4. Correct myths and misunderstandings as they arise.

Isolation and Quarantine

Tuscarawas County Health Department will require all persons will suspected or confirmed infectious tuberculosis to exercise all precautions to prevent the spread of infection to others. It is important to educate the individual and the family on ways to reduce the risk of transmission. Stress the importance of staying home or at another agreed upon location. Place emphasis on the importance of excluding previously unexposed persons until non-infectious. If the individual fails to comply with isolation an order issuing the individual to comply may be issued under Ohio Revised Code 339.84. A sample order is contained below:

Date

RE: ORDER OF ISOLATION FOR KNOWN TUBERCULOSIS PATIENT

To: XXXX

Address: XXXX

You have been identified to have positive sputum smear and culture results for mycobacterium Tuberculosis (TB). You pose a substantial threat to the health of the citizenry. In order to prevent transmission of TB you were ordered by XXXX the Tuscarawas County Health Department to remain in home isolation and comply with direct observational therapy (DOT) to ensure medication treatment completion. On multiple occasions, you have violated the initial order of the Health Department to remain in home isolation and comply with Ohio Revised Code (ORC) 339.82. The Tuscarawas County Health Department, under ORC 339.84, is now issuing an order compelling you to comply with home isolation and ORC 339.82.

The location where you are to be isolated is XXXX. During the period of isolation you are to remain apart from other persons. You may not have visitors and you cannot have direct contact with other people. You will however, be required to submit for daily direct observational therapy (DOT) by a Tuscarawas County Health Department representative at your home address. During your isolation period you will be required to undergo medical exams and bodily specimens will be collected for analysis. In addition, you should accept any treatment recommended by your health care providers. Failure to

accept treatment may significantly increase the duration of isolation that will be necessary and may require the Department to issue an order compelling treatment.

This isolation order will be in effect until you are deemed non-contagious by the Tuscarawas County Health Department and therefore no longer pose a substantial threat to the health of the public. It is anticipated that it will take at least 6-8 weeks to verify and render you non-contagious provided you continue and respond to treatment. A Tuscarawas County Health Department representative will notify you when this occurs. If it is necessary that you leave your home isolation for medical reasons or otherwise, you must first gain permission from the Tuscarawas County Health Department and wear a mask provided to you.

If you leave the place of isolation designated above without the prior consent of the Department, action will be taken as authorized under ORC 339.85.

Any questions regarding this order may be directed to XXXX at 330-343-5555 extension XXX.

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m by _____.

Tuscarawas County Health Department Commissioner

Acknowledgement of Receipt and Understanding

Date: _____

In the event that the individual fails to comply with this order and injunction can be issued by the court under Ohio Revised Code 339.85.

Release from Isolation

An individual with active, pulmonary tuberculosis will be released from isolation after the following four conditions:

1. 3 or more weeks of medications
2. 3 negative sputum smears
3. Clinical improvement
4. Release from physician

Confidential Information

As outlined in Ohio Revised Code 339.81, any information, data, and reports with respect to a case of tuberculosis that are furnished to, or procured by, a county or district tuberculosis control unit or the department of health shall be confidential and used only for statistical, scientific, and medical research for the purpose of controlling tuberculosis in this state. No physician, hospital, or other entity furnishing information, data, or

reports pursuant to this chapter shall by reason of such furnishing be deemed to have violated any confidential relationship, be held to answer for willful betrayal of a professional confidence, or be held liable in damages to any person.

Conducting a Contact Evaluation

Epidemiologic investigations may be indicated for several situations. These include, but are not limited to, a) the occurrence of PPD test conversions or an active case of TB; b) the occurrence of possible person to person transmission of Mycobacterium Tuberculosis; and c) situations in which patients with active TB are not promptly identified and isolated, thus exposing other persons to MTB. The general objectives of the epidemiological investigations in these situations are as follows:

1. To determine the likelihood that transmissions of MTB has occurred
2. To determine the extent to which MTB has been transmitted
3. To identify those persons who have been both exposed and infected
4. To enable individuals to receive appropriate clinical management
5. To identify factors that could have contributed to transmission and infection and to implement appropriate interventions
6. To evaluate the effectiveness of any interventions and to ensure that exposure to and transmission of MTB have been completed. The exact circumstances of these situations are likely to vary considerably and the associated epidemiologic investigations should be tailored to the individual circumstances. More information may be accessed in the Ohio Department of Health's Ohio Tuberculosis Prevention & Control, and Surveillance Manual: 2013.

Employee Evaluation, Surveillance and Management

1. A two-step Mantoux PPD step skin test will be performed for all new TCHD hires. The first step will be completed at the time of hire or within one week of employee's start date. The second step will need to be administered 7-14 days from the first TB skin test. If the skin test returns a positive, a chest x-ray will be ordered and the medical director or private physician must evaluate the employee. See Protocol for TCHD Employee with Positive TB Skin Test.
2. If the new employee can show documentation of a PPD done within the last 90 days the PPD skin test is not required. Records and subsequent TB skin testing will be kept in a separate file in the Office of Administration and are confidential.
3. If a new employee has previous documentation of a positive skin test the TCHD infectious disease nurse will assess the individual. The medical director may order a chest x-ray. If the assessment is negative the employee may start work; if the assessment is positive the employee may not begin work until he is evaluated by the medical director or his private physician and has received medical clearance to work. Annually thereafter, employees with positive skin test are assessed for pulmonary disease and followed up accordingly. The employee is counseled at

the time of hire on the importance of reporting symptoms suggestive of TB to his supervisor who will refer the employee for proper follow-up.

4. Mantoux skin testing will be conducted yearly per the following protocol:
 - a. All TCHD employees must be skin tested annually.
 - b. Any employee who has continued direct contact with an active case of TB will be tested once every six months for the year of care.
5. Routine chest x-rays are not required or recommended for the asymptomatic reactor. After the initial CXR, an employee with a positive skin test does not need annual CXR's unless he/she becomes symptomatic.
6. BCG is not a contraindication for PPD testing and a skin test of 10mm or greater is considered a positive and an evaluation will be conducted.
7. Pregnancy is not a contraindication for PPD testing.
8. Immunosuppressed employees will be referred to the medical director for evaluation and counseling.

TCHD Employee Conversion

Employees with a positive PPD conversion should be evaluated for active disease and managed according to CDC guidelines with regard to treatment and or preventative therapy. An employee who has infectious TB will not be allowed to work until a non-infectious state is determined as above and be placed on paid administration leave.

Revisions

Changes	Date	Person Responsible
Revised	2/2015	Health Commissioner
Revised Management of Reactor/Convertor section to address LTBI female patients of childbearing age	1/30/17	Director of Nursing/Medical Director
Addition of LTBI Treatment and Contraception Agreement	2/17/2017	Director of Nursing/Communicable Disease Nurse/Medical Director
Updated Protocol for Diagnosis, Added Management of a Client in need of Financial Assistance and consent	4/18/2017	DON TB Coordinator

form, added examples of high risk congregate settings, added consent form for LTBI treatment/birth control, added policy for rooming a suspected/confirmed TB patient, added protocol for TCHD employee with positive TB test		
Formatting changed	4/24/2017	Health Commissioner
Approved	5/10/2017	Board of Health