



TUBERCULOSIS NURSE CASE MANAGEMENT

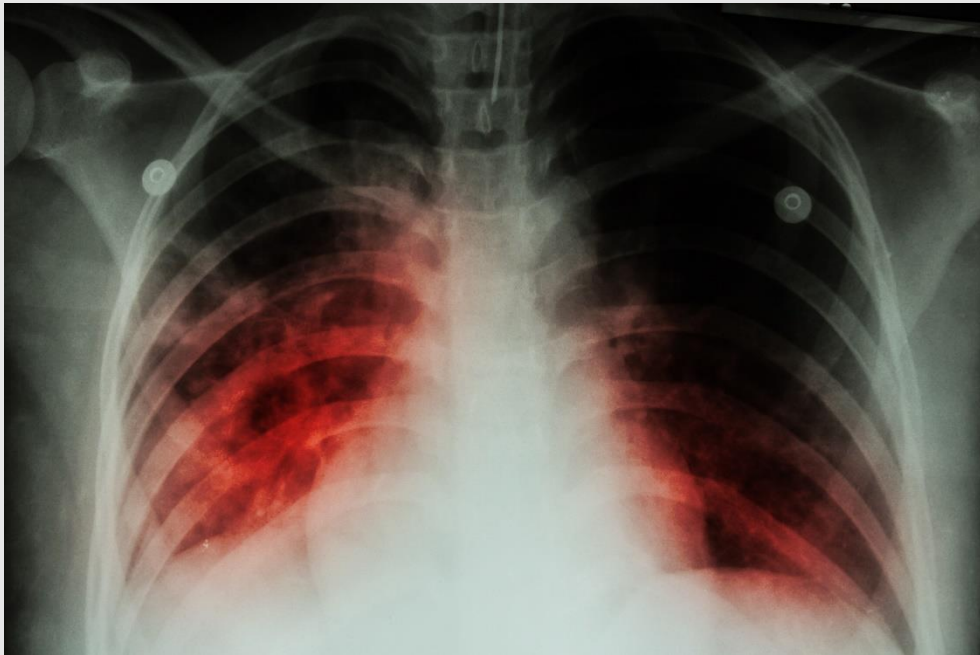
TRAINING TUESDAYS



WISCONSIN DEPARTMENT
of HEALTH SERVICES

What is it?

Basics of Tuberculosis (TB) Nurse Case Management



There are a lot of things to know about TB.



There are a lot of things to know about TB case management.

What is TB Nurse Case Management?

Public health workers in TB programs and other facilities play an integral role in helping patients complete TB treatment through the use of a strategy referred to as case management.

The strategy's goal is to provide patient-centered care for completion of treatment and to ensure all public health activities related to stopping TB transmission are completed.

Basics TB Nurse Case Management



Assign case manager for team effort.

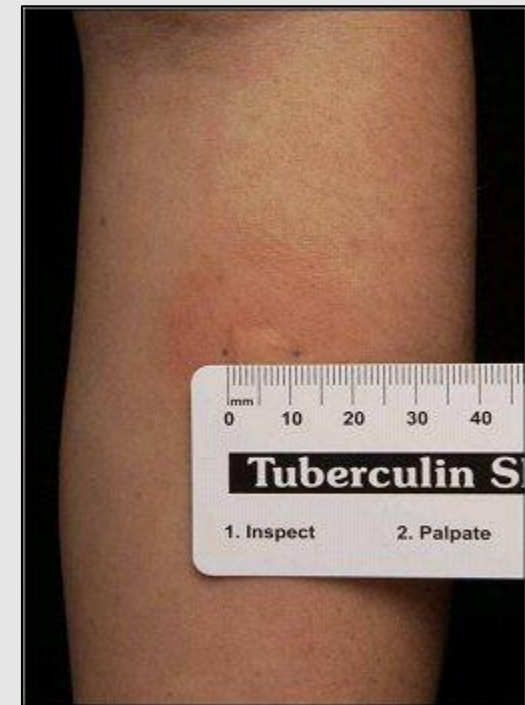
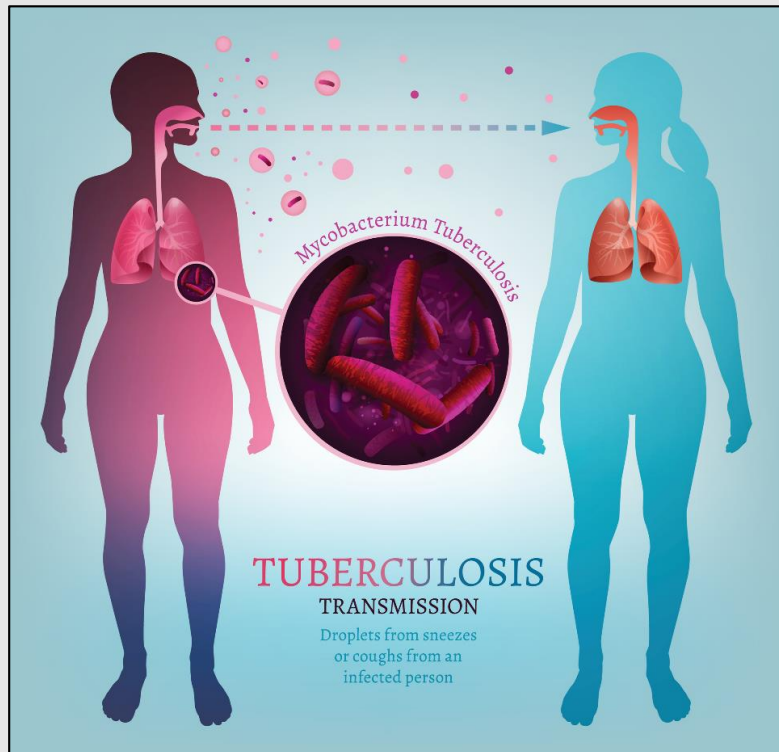


Provide education, monitoring, and patient support.



Assure adherence and successful treatment completion.

Nurse Case Management (NCM)



Initial Steps in TB NCM

1. Assign TB nurse case manager
2. Contact provider or hospital for basic information
3. Review information (treatment, transmission, and control)
4. Receive and process Initial Request for Medication (IRM)
5. Conduct home or hospital visit and initial interview
6. Develop and implement treatment plan
7. Assess progress and need for adjustments
8. Consider motivation, adherence, need for incentives, or enablers

Requirements for TB NCM

Who is a TB case manager?

- Trained in TB case management
- Trained in TB contact investigations
- Fit-tested for N95 respirator or mask

What training is required?

- TB 101 (CDC online course)
- Module 6 (CDC course)
- TB NCM Core Competencies National TB Controllers Association (NTCA)

[TB 101 for Health Care Workers | Web-Based Courses & Webinars | TB | CDC](#)

[Self-Study Modules - Continuing Education Activities | Self-Study Modules on Tuberculosis 6 - 9 | TB | CDC](#)

[TB Nurse Case Manager | National Tuberculosis Controllers Association \(tbcontrollers.org\)](#)

Basic Information

- Patient demographics
- TB testing: Immune Gamma Release Assay (IGRA) and/or Tuberculin Skin Test (TST)
- Medical notes including lab results
- Radiography reports
- Sputum smear and culture result
- Molecular test result



The forms will help to know what information to obtain.

Initial Request for Medication (F-44000)

Fill out form completely:

- Weight
- Insurance (card)
- Dosing
- Provider signature

Demographics

Medications

TUBERCULOSIS DISEASE INITIAL REQUEST FOR MEDICATION

Fields marked with an (*) asterisk are required. Please complete patient information on reverse side.
Submit completed form to the Local Health Department.

SUBMIT Local Health Department (LHD)		LHD Fax Number	
COMPLETED FORM TO:			
*NAME --Patient (Last, First, Middle Initial)		*Date of Birth (mm/dd/yyyy)	
*Address (Street or Rural Route)		*Telephone Number	
*City	*Zip Code	*LHD/Clinic to Send Meds	Other contact, as needed
*Sex	*Race	*Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	*Weight
Patient Insurance Information			
<input type="checkbox"/> Patient has no insurance: WI TB Dispensary covers entire cost.			
<input type="checkbox"/> Patient has insurance (include photocopy of insurance card): WI TB Dispensary to cover co-pay or deductible. Prescription insurance provider and number:			
*NAME -- Clinician (Print clearly)		NAME - Hospital/Clinic/Facility	
*Address (Street, City, State, Zip code)		*Telephone Number	
*MEDICATION ORDERS (Check mg/kg for patients with variable weight)			
Medication	Dose	Frequency	Duration of Therapy
Isoniazid (INH) (Generic only)	<input type="checkbox"/> 300 mg <input type="checkbox"/> ____ mg <input type="checkbox"/> ____ mg/kg <i>See page 3 for dosing.</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Other ____	<input type="checkbox"/> 6 mo <input type="checkbox"/> 9 mo <input type="checkbox"/> Other ____
Rifampin (Generic only)	<input type="checkbox"/> 600 mg <input type="checkbox"/> ____ mg <input type="checkbox"/> ____ mg/kg <i>See page 3 for dosing.</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Other ____	<input type="checkbox"/> 6 mo <input type="checkbox"/> 9 mo <input type="checkbox"/> Other ____
Ethambutol (Generic only)	<input type="checkbox"/> 800 mg <input type="checkbox"/> 1200 mg <input type="checkbox"/> 1600 mg <input type="checkbox"/> ____ mg <input type="checkbox"/> ____ mg/kg <i>See page 3 for dosing.</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Other ____	<input type="checkbox"/> 2 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> Other ____
Pyrazinamide	<input type="checkbox"/> 1000 mg <input type="checkbox"/> 1500 mg <input type="checkbox"/> 2000 mg <input type="checkbox"/> ____ mg <input type="checkbox"/> ____ mg/kg <i>See page 3 for dosing.</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Other ____	<input type="checkbox"/> 2 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> Other ____
<input type="checkbox"/> Vitamin B6 (pyridoxine) ____ mg <input type="checkbox"/> Daily <input type="checkbox"/> Other ____ <input type="checkbox"/> 9 mo <input type="checkbox"/> Other ____ <i>See page 3 for dosing.</i>			
<input type="checkbox"/> Other: _____			
MONITORING ORDERS			
1. Directly Observed therapy (DOT) is the standard of care for patients being treated for TB disease in Wisconsin.			
2. Assess the patient at least weekly for side effects and medication toxicity. Hold medications and call clinician if present.			
SIGNATURE			
*SIGNATURE -- Clinician: _____		* Date Prescription Ordered: _____	
WEDSS Disease Incident Number		Ship medication to:	
Pharmacy: <input type="checkbox"/> TB Dispensary Pharmacy <input type="checkbox"/> Other, List			

Initial Request for Medication (F-44000)

Diagnostic tests
Symptoms

Reason for treatment, risk factors (resistance, adverse reactions)

Baseline tests

F-44000 (Rev. 12/2019) Tuberculosis Disease Initial Request for Medication Page 2 of 4

Patient Name: _____ Patient Reporter DI: _____

PATIENT INFORMATION (*Required)

A. *Tests:

1. T-Spot™ blood assay: Date Drawn: ____ Results: Positive Negative Indeterminate Invalid

2. Quantiferon™ (QFT) blood assay: Date Drawn: ____ Results: Positive Negative Indeterminate

OFT Numeric results: Nil ____ IU/mL TB1 Nil ____ IU/mL TB2 Nil ____ IU/mL Mitogen ____ IU/mL

3. Tuberculin Skin Test: Date Applied: ____ Date Read: ____ Results (induration only) ____ mm

4.

Specimen (Sputum or BAL)	Sample Date	Results		
		Smear	PCR	Culture

5. Sputum/other culture: Specimen source: _____ Date positive culture reported _____

B. *Is patient symptomatic? (check all that apply) No

Fever Night sweats Cough > 3 weeks Sputum Blood in sputum Weight loss

Other _____

C. *Reason for referral for treatment: (check all that apply)

Suspect TB disease Confirmed TB disease

Contact to a current or past case of TB: Name of case, if known _____

D. *Chest X-Ray or CT: (Include copy of chest x-ray and/or CT report with this request)

Date _____ Results: Normal Abnormal Cavitory

E. *Prior treatment for tuberculosis infection or disease?

NO YES Please explain: _____

F. Risk factors for adverse reactions or non-adherence?

Specify _____

G. *Risk factors for drug-resistance or poor response to medication? (check all that apply)

Born outside US, or parents born outside US Country of birth: _____ Year arrived in US: _____ NA

Liver impairment (hepatitis, alcohol use, drug use, other _____)

Diabetes: Insulin-dependent Oral hypoglycemic Poorly-controlled

Immunosuppressed: Explain: _____

Population risk factor (travel outside US, jail or prison in other state/country)

H. *Baseline blood tests

	Date	Result
HIV		
ALT/AST		
CBC w/platelets		
T. BIL		
S. Creatinine		
Uric Acid		
Alkaline Phosphatase		
Other:		

Activity	Baseline	Month of Treatment Completed								End of Treatment Visit
		1	2	3	4	5	6	7	8	
MICROBIOLOGY										
Sputum smears and culture ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
Drug susceptibility testing ²	<input type="checkbox"/>			<input type="checkbox"/>						
IMAGING										
Chest radiograph or other imaging ³	<input type="checkbox"/>		<input type="checkbox"/>							<input type="checkbox"/>
CLINICAL ASSESSMENT										
Weight ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptom and adherence review ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision assessment ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY TESTING										
AST, ALT, bilirubin, alkaline phosphate ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platelet count ⁸	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creatinine ⁸	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV ⁹	<input type="checkbox"/>									
Hepatitis B and C screen ¹⁰	<input type="checkbox"/>									
Diabetes Screen ¹¹	<input type="checkbox"/>									

From: Executive Summary: Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis

Clin Infect Dis. 2016;63(7):853-867. doi:10.1093/cid/ciw566

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Home or Hospital Visit

Initial interview:

- When were they sick?
- Who are they?
- Where have they been?
- What do they do?
- Who do they know?
- What do they know?

This is the beginning of a contact investigation.

Assess barriers levels of knowledge.



Visit Work Setting

Inform supervisors or human resources of investigation.

Assess:

- Space (large-small)
- Proximity of workers (close or far apart)
- Air flow (exchange per hour)
- Schedules of index patient (shifts how many hours)
- Work friendships
- Break or lunch space



Case Manager Responsibility

- Establish trusting relationship
- Educate patient about TB and treatment
- Develop treatment and monitoring plan
- Ensure adherence
- Conduct systematic review of patient progress

Get to Know the Patient

- Medical health history
- Knowledge, attitudes, and belief of TB
- Ability to follow the TB treatment plan
- Resources (e.g., family, other social support, finances)
- Anticipated barriers (e.g., lack of transportation) and perceived barriers (e.g., TB medications will be very expensive) to treatment
- History of adherence to previous TB treatment regimens or other medication



Open-Ended Questions



- What are some of the difficulties you have taking medication?
- How do your family members or close friends feel about your TB?
- How do you feel about taking your TB medication?
- How severe do you think your illness is?
- What problems has your illness caused for you?
- What are the most important results you hope to get from this treatment?

Open-Ended Questions



- What do you know about TB and what causes TB?
- What do you think TB does to your body?
- What treatment do you think you should receive for TB?
- What caused you to go to the doctor who diagnosed your TB?
- What did you think when you were told you had TB?
- How do you think you got TB?

Building Trust and Rapport

- Recognize it develops over time but foundation starts immediately
- Use effective communication:
 - Active listening
 - Appropriate nonverbal communication
 - Patient-level communication



Building Trust and Rapport

- Find common ground.
- Involve the patient in the development of treatment plan.
- Be open about the patient's cultural beliefs.
- Understand and fulfill the patient's expectations about treatment when possible.
- Be consistent in what you do and say to the patient.
- Display respect and empathy.



Effective Communication

- Use simple, nonmedical terms.
- Use the appropriate language level.
- Limit the amount of information.
- Discuss the most important topic first and last.
- Repeat important information.
- Listen to feedback and questions.
- Use concrete examples.
- Make interactions with the patient as positive as possible.
- Provide patient education materials.



Treatment and Monitoring Plan

- Develop plan within one week of diagnosis
- Develop specifically for each patient
- Plan should include descriptions of:
 - Treatment regimen
 - Monitoring plan (adverse reactions)
 - Adherence strategies
 - Evaluation (treatment and response)
 - CDC Self-Study Module 4: [Treatment of Latent Tuberculosis Infection and Tuberculosis Disease](#)



Treatment of TB Disease

Treating TB disease benefits both the person who has TB and the community. It helps the patient because it prevents disability and death and restores health; it benefits the community because it prevents the further transmission of TB.

TB disease must be treated for at least 6 months; in some cases, treatment lasts longer.

TB disease must be treated for **at least 6 months**; in some cases, treatment lasts longer. Most of the actively multiplying tubercle bacilli are killed during the first 8 weeks of treatment (the **intensive phase**). However, some bacilli survive longer. Therefore, treatment with at least two drugs must be continued for several more months to kill or control these remaining bacilli (the **continuation phase**). If treatment is not continued for a long enough time, the surviving bacilli may cause TB disease in the patient at a later time (**relapse**).

The intensive phase for treating drug-susceptible TB disease should include four drugs: isoniazid, rifampin, pyrazinamide, and ethambutol.

TB treatment regimens must contain multiple drugs to which the organisms are susceptible. Treatment with a single drug can lead to the development of drug-resistant TB. The intensive phase for treating drug-susceptible TB disease should include the following four drugs (Figure 4.1):

- Isoniazid
- Rifampin
- Pyrazinamide (PZA)
- Ethambutol (EMB)



Figure 4.1 Example of pills used to treat TB disease. From left to right: isoniazid, rifampin, pyrazinamide, and ethambutol.

TB disease must be treated with multiple drugs to which the bacilli are susceptible.

When the drug susceptibility results are available, clinicians may change the regimen accordingly. For detailed information on the treatment of TB, please refer to the *Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis*, available from the CDC website (www.cdc.gov/tb).



Contact Investigation

- Begins on day one
- Is a skill or art more than it is a science
- Is a process that continues throughout treatment
- Takes time and experience
- Requires good communication skills and cultural competency





Close Contact

- First or highest priority
- Household and family
- Close friends and visitors
- Young children
- Hospital staff
- Congregate settings

Contact Investigation



- Can involve schools or public spaces
- May get media attention
- It is critical to communicate and collaborate with other partners
- Could require additional staffing and funding

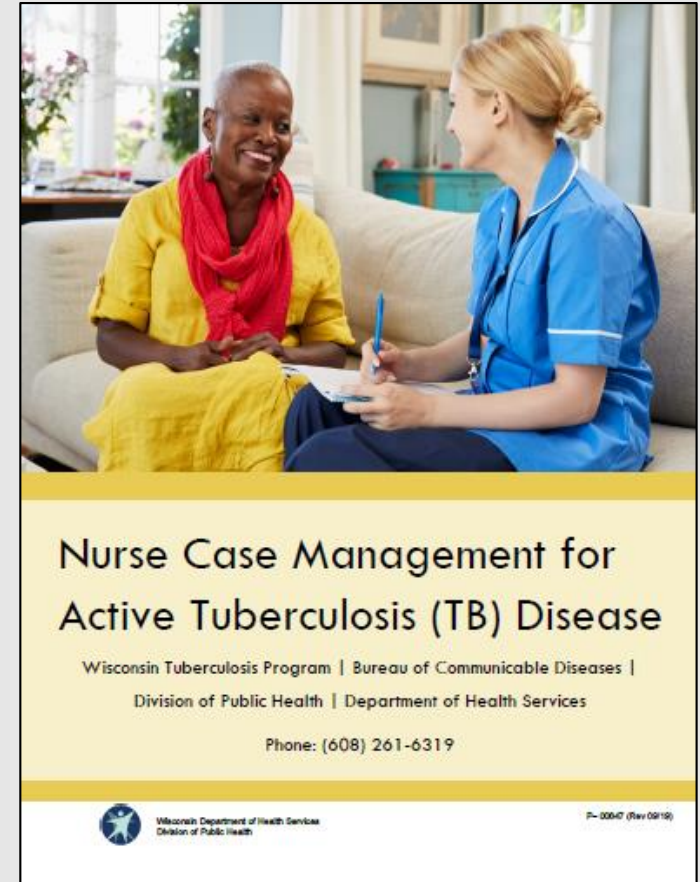


Health Setting Contact

- Can be problematic
- Must have good prior relationships
- Do not identify too many contacts
- Use same principles apply to these settings as apply to other settings
- Must report to local health department

Wisconsin Timeline

- Is available online
- Can help you in the process of NCM
- Does NOT substitute for experience—it is a tool that can help you along the way
- Call us with questions or help
- Learn what you can now
 - The hardest way to do TB NCM is to wait until you have a case because you need to know a lot of things...



What You Need To Know About TB

- Nature of *M. tuberculosis*
- Pathophysiology of tuberculosis (infection and disease)
- TB prevention and vaccination
- TB diagnosis (latent and active)
- TB treatment (latent and active)
- Drug resistant TB
- TB control
- TB reporting and laws
- TB contact investigation



Self-Study Modules On Tuberculosis

MODULES 1-5 Introduction

Center for Disease Control and Prevention National Center for HIV/AIDS, Tuberculosis, and Other Infectious Diseases

AMERICAN THORACIC SOCIETY DOCUMENTS

Treatment of Drug-Resistant Tuberculosis

An Official ATS/CDC/ERS/IDSA Clinical Practice Guideline

Prayam Nahid, Sunder R. Mase, Giovanni Battista Migliori, Giovanni Sotgiu, Graham H. Bothamley, Jan L. Brozek, Aditya Cattamanchi, J. Roger Cogburn, Liza Chan, Charles L. Daley, Tracy L. Dalton, Roghayeh Duran, Federica Fregonese, C. Robert Horsburgh, Jr., Fabi Annachi Khan, Fayez Khalil, Zhiyi Lian, Alfred Lantieri, Michael Lazarou, Joan M. Mangun, Suzanne M. Marks, Lindsay McKinna, Dick Mirzakhani, Gerald D. Mitchell, Diana M. Nelson, Faith Pravec, Charles A. Robinson, Ann Farber, M. Simon Schaef, Neha S. Shah, Jeffrey R. Starke, John W. Wilson, Jonathan M. Wortham, Terence Chomba, and Barbara Searavoti, on behalf of the American Thoracic Society, U.S. Centers for Disease Control and Prevention, European Respiratory Society, and Infectious Diseases Society of America

Background: This clinical practice guideline was approved by the American Thoracic Society, the European Respiratory Society, and the Infectious Diseases Society of America in December 2016, and was published in the U.S. Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*.

Background: The American Thoracic Society, U.S. Centers for Disease Control and Prevention, European Respiratory Society, and Infectious Diseases Society of America jointly sponsored this new practice guideline on the treatment of drug-resistant tuberculosis (DR-TB). This document includes recommendations on the treatment of multidrug-resistant TB (MDR-TB) as well as isoniazid-resistant but rifampin-susceptible TB.

Methods: Published systematic reviews, meta-analyses, and a new individual patient data meta-analysis from 12,000 patients, in 50 studies, across 25 countries with confirmed, laboratory-confirmed, drug-resistant TB were used for the guideline. Meta-analytic approaches included prespecified scenarios designed to reduce confounding. Each recommendation was discussed by an expert consensus panel, and each recommendation was discussed by an expert consensus panel for treatment of contacts exposed to MDR-TB and treatment of isoniazid-resistant TB.

Conclusions: New recommendations are made for the choice and number of drugs in a regimen, the duration of intensive and continuation phases, and the role of injectable drugs for MDR-TB. On the basis of these recommendations, an effective 4-drug regimen for MDR-TB can be assembled. Recommendations are also provided on the role of regimens in treatment of MDR-TB and treatment of contacts exposed to MDR-TB and treatment of isoniazid-resistant TB.

Results: Twenty-one Population, Intervention, Comparison, and Outcome questions were addressed, generating 25 GRADE-based recommendations. Certainty in the evidence was judged to be very low, because the data came from observational studies with significant loss to follow-up and imbalances in background regimens between comparison groups. Good practice in the management of MDR-TB are described. On the basis of the evidence review, a clinical strategy tool for building a treatment regimen for MDR-TB is also provided.

Keywords: MDR-TB, tuberculosis, duration of treatment, drug resistance, treatment monitoring

ATS Clinical Practice Guideline 2016

Core Curriculum on Tuberculosis: What the Clinician Should Know

SEVENTH EDITION 2017

ATS **hivmd**

CDC Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

TB 101 for Health Care Workers

HOME | GLOSSARY | EXIT

Welcome to the TB 101

This course is designed to educate health care workers about basic TB concepts related to TB prevention and control in the United States.

To view a brief overview of the course, including course objectives and continuing education information, please see [additional course information](#).

To begin a lesson, click on one of the lesson topics on the right or click the "NEXT" button. It is recommended that you complete lessons in numerical order.

Acknowledgments

This course was developed in partnership with:

- Curry International Tuberculosis Center www.currycenter.org
- Hearland National Tuberculosis Center www.hearlandnbc.org
- New Jersey Medical School Global Tuberculosis Institute www.umdnj.edu/globaltbi/home.htm
- Southeastern National Tuberculosis Center <http://sntc.medicine.ufl.edu>

Center for Disease Control and Prevention 1600 Clifton Rd., Atlanta, GA 30333, USA
800.CDC.INFO (800-352-6284) TTY: (888) 824-6448, 8am-5pm ET weekdays
Closed holidays cdc.gov/faculty

NTCA PROVIDER GUIDANCE:

Using the Isoniazid/Rifampine Regimen to Treat Latent Tuberculosis Infection (LTBI)

IMPORTANT NOTE: *Do not use active TB disease in all persons prior to initiating treatment for LTBI.*

What is the 12-dose isoniazid/rifampine regimen (aka "3HP")?

The 3HP regimen consists of 12 consecutive days of isoniazid (I) and rifampin (R) (3HP). (I) provides a safe and effective regimen for LTBI. Rifampin is a member of the rifamycin class and is one of the few drugs to drug interactions with oral contraceptives.

What are the advantages of 3HP?

- The 12-dose regimen reduces treatment costs by two thirds compared to 6-month treatment.
- Shorter treatment regimens have been shown to have higher rates of completion.
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Who is NOT recommended for treatment with 3HP?

- Children under 12 years of age
- Patients with potential for severe or unmanageable drug interactions, including people taking with HIV/AIDS or on certain antiretroviral therapy regimens
- Persons previously infected with M. tuberculosis that is resistant to isoniazid and/or rifampin
- Persons pregnant or women planning to become pregnant during treatment
- Patients who had prior adverse events or hypersensitivity to isoniazid or rifampin or rifapentine

ALERTS:

- Do not combine rifampin/rifapentine with rifapentine therapy
- Patients who weigh slightly above 400 lbs should take 6 tablets of isoniazid and rifampin/rifapentine for 12 days
- Isoniazid may cause dizziness or lightheadedness; avoid alcohol during treatment
- Rifampin/rifapentine may cause dizziness or lightheadedness; avoid alcohol during treatment
- Patients should stop 3HP while the urine is discolored, as this is a common side effect of rifampin/rifapentine
- Patients should stop 3HP while the urine is discolored, as this is a common side effect of rifampin/rifapentine

What are the doses?

Drug	Daily Dose	Maximum dose
Isoniazid	90 mg/kg rounded to nearest 50/100mg in patients ≤ 12 years 25 mg/kg rounded to the nearest 50/100 mg in patients ≥ 12 years	900 mg
Rifampine (Priftin)	1000-1440 mg = 3000 mg 14.1-25.2 mg/kg = 4500 mg 25.1-32.2 mg/kg = 6000 mg 32.3-49.9 mg/kg = 7500 mg	900 mg

What is completion of therapy?

Completion of therapy is 12 consecutive days.

Does this regimen have to be administered via directly observed therapy (DOT)?

DOT ensures the highest quality and safety of treatment, and confirms that treatment is completed.

How frequently were toxicities observed with 3HP?

Neutropenia	2.8%
Thrombocytopenia	0.4%
Other toxicities	0.2%

The Spectrum of Tuberculosis from Infection to Disease

TB at a Glance 3rd Edition

HEARTLAND NATIONAL TB CENTER **MAYO CLINIC**

Clinical Infectious Diseases IDSA GUIDELINE

Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis

Prayam Nahid, Susan C. Brimacombe, Rajeev Gupta, Prashant K. Sanyal, Jan L. Brozek, Aditya Cattamanchi, Liza Chan, Charles L. Daley, Tracy L. Dalton, Roghayeh Duran, Federica Fregonese, C. Robert Horsburgh, Jr., Fabi Annachi Khan, Fayez Khalil, Zhiyi Lian, Alfred Lantieri, Michael Lazarou, Joan M. Mangun, Suzanne M. Marks, Lindsay McKinna, Dick Mirzakhani, Gerald D. Mitchell, Diana M. Nelson, Faith Pravec, Charles A. Robinson, Ann Farber, M. Simon Schaef, Neha S. Shah, Jeffrey R. Starke, John W. Wilson, Jonathan M. Wortham, Terence Chomba, and Barbara Searavoti, on behalf of the American Thoracic Society, U.S. Centers for Disease Control and Prevention, European Respiratory Society, and Infectious Diseases Society of America

Keywords: Mycobacterium tuberculosis; HIV infections; anti-tubercular agents; case management; public health.

EXECUTIVE SUMMARY

The American Thoracic Society, Centers for Disease Control and Prevention, and Infectious Diseases Society of America jointly sponsored the development of this guideline for the treatment of drug-susceptible tuberculosis, which is also endorsed by the European Respiratory Society and the US National Tuberculosis Controllers Association. Representatives from the American Association of Pulmonology, the Canadian Thoracic Society, the International Union Against Tuberculosis and Lung Disease, and the World Health Organization also participated in the development of the guideline. This guideline provides recommendations on the clinical and public health management of tuberculosis in children and adults in settings in which mycobacterial cultures, molecular and phenotypic drug susceptibility tests, and radiographic studies, among other diagnostic tools, are available on a routine basis. For all recommendations, literature reviews were performed, followed by discussion by an expert committee according to the Grading of Recommendations, Assessment, Development and Evaluation methodology. Given the public health implications of prompt diagnosis and effective management of tuberculosis, empiric multidrug treatment is initiated in almost all situations in which active tuberculosis is suspected. Additional characteristics such as presence of comorbidities, severity of disease, and response to treatment influence management decisions. Specific recommendations on the use of case management strategies (including directly observed therapy), regimen and dosing selection in adults and children (daily or intermittent), treatment of tuberculosis in the presence of HIV infection (duration of tuberculosis treatment and timing of initiation of antiretroviral therapy), as well as treatment of extrapulmonary disease (central nervous system, peritoneal among others) are provided. The development of more potent and better-tolerated drug regimens, optimization of drug exposure for the component drugs, optimal management of tuberculosis in special populations, identification of accurate biomarkers of treatment effect, and the assessment of new strategies for implementing regimens in the field remain high priority areas for research. See the full text online version of the document for detailed discussion of the management of tuberculosis and recommendations for practice.

CDC

MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports December 16, 2005 / Vol. 54 / No. RR-15

Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis Recommendations from the National Tuberculosis Controllers Association and CDC

Guidelines for Using the QuantiFERON®-TB Gold Test for Detecting Mycobacterium tuberculosis Infection, United States

INSIDE: Continuing Education Examination

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

What You Need to Know About TB NCM

- Laws regarding public health and TB (infectiousness and isolation)
- TB reporting and use of Wisconsin Electronic Surveillance System (WEDSS)
- TB control (in works settings, healthcare settings, residential settings)
- Local TB epidemiology (who has TB where you live?)
- Assessment and screening of persons with TB

What You Need to Know About TB NCM

- TB testing (tuberculin skin test and Interferon gamma release assay)
- TB drugs (dosages, side-effects, adverse reactions)
- Directly observed therapy (DOT) and treatment adherence
- Interviewing and communication skills (including using an interpreter)
- Training and education of local population
- Cultural awareness and sensitivity of local population (e.g., Hmong)

TUBERCULOSIS NURSING:

A COMPREHENSIVE GUIDE TO PATIENT CARE

SECOND EDITION

Published and Distributed by:



AN OVERVIEW OF ESSENTIAL KNOWLEDGE
FOR COMMUNITY AND PUBLIC HEALTH NURSES

Tuberculosis Nurse Case Management: Core Competencies



Self-Study Modules on Tuberculosis, 6-9

Module 6 Managing Tuberculosis Patients and Improving Adherence



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Tuberculosis Elimination
Atlanta, Georgia
2014

Mantoux tuberculin skin test



Facilitator Guide



SAFER • HEALTHIER • PEOPLE™

Centers for Disease Control and Prevention
MMWR Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 69 / No. 1
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Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Nursing Guide for Managing Side Effects to Drug-resistant TB Treatment



Questions?

