# Tuberculosis Protocol 2015

Satellite Conference and Live Webcast Wednesday, June 24, 2015 1:00 – 3:00 p.m. Central Time

Produced by the Alabama Department of Public Health Video Communications and Distance Learning Division

## **Faculty**

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### **Objectives**

- · Become familiar with new format
- · Identify who gets an IGRA
- Understand the implementation of INH and Rifapentine (3 HP)

#### **New Format**

- · No appendices
- Updated guidelines for the treatment of LTBI and TB
- · New weight based medication tables

#### Introduction To TB

- Overview of Tuberculosis Infection and Disease
- Patients Referred from an Outside Provider
- AREA TB Manager Notification
- Definitions (Suspect, Contact, Converter, Reactor)
- Recommendations for Routine Screening

#### Visit Standards

- Screening for TB Contacts
- Treatment of TB Infection (Initial visit)
- Treatment of TB Infection (Revisit)
- Treatment of TB Disease (Initial visit)
- Treatment of TB Disease (Revisit)

#### Visit Standard Format

- Purpose
- CHR Forms
- Assessment
- Treatment Plan
- Medication Dosage Chart

### T - Spot / TB Testing

- Who should receive a T Spot?
  - -TB Suspects
  - Contacts to a known TB Case or Suspect
  - -In some cases the Case

# Form Requirements for T - Spot

- The current Oxford Diagnostic Laboratories form should be completed for each T - Spot
- The T Spot collection and results should be documented on the CHR 20
- If the T Spot is positive, a copy of the test results should be printed and placed behind the CHR - 21

# T - Spot Guidelines for Newly Diagnosed HIV Patients

- T Spot TB testing is limited to STD dedicated clinics
  - Jefferson, Madison, Mobile,
     Montgomery, and Tuscaloosa
     County Health Departments
- All newly diagnosed HIV patients in STD dedicated clinics should receive a T - Spot TB test

### T - Spot Guidelines for Newly Diagnosed HIV Patients

 The test must be performed by the DIS as designated by the AREA STD Program Manager

## **T - Spot Testing Procedure**

- 1. Collect a venous sample in a green top tube:
  - Children up to 4yo = 2ml
  - Children 4yo through 16yo = 4ml
  - 17 years of age and older = 6ml
- Two tubes should be collected for patients who are immunosuppressed or patients having a repeat T - Spot due to borderline or invalid results

### **T - Spot Testing Procedure**

- 2. Label the blood collection tube with the following information
  - Patient's name
  - Patient's DOB
  - The date the specimen was collected
  - The time that the specimen was collected

### **T - Spot Testing Procedure**

- Specimen may be stored at room temperature until packed and shipped
- It must be shipped the same day it was drawn

### **T - Spot Testing Procedure**

- Call FedEx at 1-800-463-3339 as early as possible on the day that the T - Spot will be drawn to arrange for express pick up
  - When asked what you're calling about say, "Representative"
  - When you hear "To serve you better please tell me what you're calling about: say "Representative"

### **T - Spot Testing Procedure**

- When asked, "Does your request involve an International shipment?" say "No"
- When the Representative comes on the line, say "I would like to schedule an express pickup for a return package using a "Expanded Billable Stamp"

## **Isoniazid and Rifapentine**

- Consult the TB Manager prior to implementation
- Mandatory DOPT
- One dose weekly for 12 weeks

# Isoniazid and Rifapentine Cannot Be Given To:

- Children less than 12 years of age
- People on HIV / AIDS antiretrovial treatment
- People infected with INH or RIF resistant TB Disease
- Pregnant women or those who expect to become pregnant during treatment

Weight (in pounds)	Isoniazid Weekly (mg)	Rifapentine Weekly (mg
22-23	350	300
24-28	400	300
29-30	450	300
31-32	500	300
33-34	500	450
35-36	550	450
37-41	600	450
42-43	650	450
44-48	700	450
49-50	750	450
51-54	800	450
55-56	850	450
57-72	900	600
73-110	900	750
111 or greater	900	900