

Sullivan County Department of Public Health

<u>Title:</u> Tuberculosis Control- Active Cases	Original Approval: 1/20
<u>Number:</u> DT-01	Reviewed/ revised: 1/21, 5/24
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Statement/ Purpose:

To reduce tuberculosis (TB) morbidity and mortality in Sullivan County in accordance with New York State Department of Health (NSYDOH), Centers for Disease Control and Prevention (CDC) and American Thoracic Society diagnostic and treatment recommendations.

Authority:

Article 28 TB Control Program

Application:

Disease Surveillance and Investigation (DSI) staff

Terminology:

Responsible Party:

Public Health Director

Cross-Reference:

Tuberculosis Control- Latent Cases, Tuberculosis Directly Observed Therapy

Procedure:

Active cases of pulmonary TB will be accepted into the Article 28 TB Control Program clinic only after evaluation by an appropriate community clinician have been deemed to be non-infectious by documenting three negative AFB smears. Patients who have completed two full weeks of CDC approved four agent antimicrobial therapy accompanied by symptom improvement may also be considered for admission.

TB screening of exposed contacts of these cases will be offered and will be followed up with treatment, if necessary, as outlined in the Tuberculosis Control- Latent Cases policy.

Admission Protocol:

- Patients are received and accepted by referral from provider or medical facility and evaluated at the Sullivan County Department of Public Health TB control program clinic once deemed non-infectious with documentation of three consecutive negative AFB smears. Patient history, all labs, x-rays and medical documentation will be received and reviewed before the patient will be invited to attend clinic.
- Once records are reviewed and the patient is cleared to enter the clinic for treatment, the TB Control Program RN will contact the patient to invite them to the clinic. If labs or x-rays are required before the first visit, the RN will facilitate this by obtaining orders from the TB Control Program Provider and forward required documentation to Garnet Health Medical Center- Catskills (CHMC-C). Once testing has been completed,

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GHCM-C will bill the SCDPH TB Control Program. Their will be no charge to the patient or their insurance.

- At the first visit, the TB Control Program Provider will conduct a physical assessment and prescribe a treatment plan in accordance with NYSDOH TB treatment regimen. Medications will be dispensed by the TB Control Program RN after confirming patient specific orders. Directly observed therapy (DOT) will be scheduled as recommended by the NSYDOH.
- All patients admitted to the TB Control Program will be encouraged to accept human immunodeficiency virus (HIV) rapid testing. If the patient declines at the initial visit, HIV rapid testing will be offered at every subsequent clinic visit. This is particularly important with active TB cases, as HIV status may influence direction and outcome of treatment.

Clinic Visits:

- Patient will be monitored at the frequency ordered by the TB Control Program, but at least seen monthly by the provider to TB Control Program clinic RN for the duration of treatment. Length of treatment will be determined by the provider, depending on any comorbidities or other circumstances.
- Liver function assessment serologies should be drawn at baseline entrance to the clinic, unless there were recent studies documented, at the discretion of the TB Control Program provider, and whenever the patient demonstrates symptoms consistent with liver toxicity.
- Chest x-rays will be ordered and evaluated at the frequency and discretion of the TB Control Program provider.
- All patient receiving TB treatment in the SCDPH TB Control Program clinic will receive a fact sheet for each medication prescribed upon admission. All patients enrolled in the clinic will also be provided in writing, the contact information for the TB Control Program nursing staff for both business and after hours. If a clinic patient with active TB needs to be seen for follow up between clinic days, the TB Control Program clinic provider will see them at the Department of Public Health designated location between regular clinic dates as needed. If there is an exacerbation or other program between clinic visits, the TB Control Program RN will advise the TB Control Program provider who will determine whether they will see the patient, or direct the patient to emergency care, in which case, the provider or RN will contact the hospital to follow up.

Compliance:

- If at any time during treatment, compliance becomes an issue, the TB Control Program RN who is monitoring treatment will immediately consult with the TB Control Program Clinic provider to determine a course of action. If no solution can be determined, a call to the NYSDOH TB Control Program will be initiated for consultation.

Discharge from Clinic:

- When the full course of treatment has been completed and all signs of TB are eradicated, the patient will be discharged from clinic with documentation of their treatment completion and disease eradication (cure). Instructions for future follow up will include: a letter for employers or potential employers, facts about screening for TB with previous positive result, and information about TST readings.