



TB Nurse Network Meeting

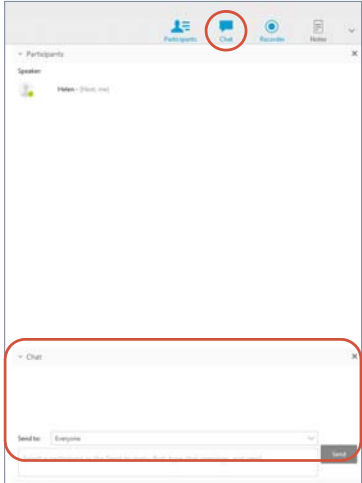


Wednesday, October 17, 2018
10:00-11:30 AM ET
Conference call in number: 1-888-557-8511
Access Code: 254-487-3 #

**Please Remember to Mute Your Phones
Do Not Put Us on Hold**



Help us to take attendance!
Enter your name/facility into the chat box,
or state your name/facility when you call in



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Agenda

Announcements

- Upcoming events & webinars
- TB in the News

Presentations

- Optimizing Result Interpretation for the New QuantiFERON®-TB Gold Plus, Val Hazley-Anyiwo, RN, BSN, Nurse Educator for QIAGEN
- New Civil Surgeon Guidelines from CDC

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Announcements

- TST Workshop fee removed!
- Welcome Kathryn Wilton to MDHHS!
 - wiltonk@Michigan.gov
 - Mdhhs-tstworkshop@Michigan.gov
 - 517-284-9625

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Upcoming Events & Webinars

- Sunstrum TB Seminar
 - Friday, October 19th, Wayne County TB Clinic or online, 8:15 AM
- 23rd Annual Conference of The Union-North America Region
 - February 21-23, 2019 Vancouver, BC
 - <https://sntc.medicine.ufl.edu/home/index#/conferences/461>
- Rutgers Global TB Institute TB Grand Rounds
 - 12-1 PM, to get added to the listserv contact Arpita Jindani, Arpita.Jindani@Rutgers.edu
 - 10/19/18, "A Surprise Visitor"
 - 11/16/18, "TB Contact Investigation"
 - 12/7/18, "Functional MDR"

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Upcoming Events & Webinars

- TB Expert Network: Unplugged!
 - Joint project among the four COEs
 - 12/5/18, 3-4:30 ET
 - Email Helen if you want to join the listserv, mcguirkh@Michigan.gov

- It Takes a Village: Community Partners as Vital Partners with Public Health in the Management of ICE Detainees with Suspected TB Disease
 - December 4, 2018, 2-3 ET
 - Registration opening soon

- TB Free in the University and College Setting
 - December 6, 2018, 3-4:15 ET
 - [Register here](#)

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SNTC Webinar Series: “When TB is the Least of Their Worries...”

Title	When TB is the Least of Their Worries...
About	This webinar series examines the many challenges patients may encounter in conjunction with tuberculosis. This series helps healthcare professionals identify these challenges and provide strategies for support and intervention.
Schedule	<ul style="list-style-type: none"> • Corrections – Archived here • Opioids – Archived here • Unstably Housed – October 18, 2018 1-2:30 EDT – Register here • Immigrants - November 2018 • Refugees - December 2018 • Additional Topics - Spring 2019
Format	Webinars
Audience	Physicians, nurses, and health professionals working with patients with TB and LTBI.
CE	Continuing education credits have been applied for.

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Online Trainings and Archived Webinars



- Treating LTBI in Special Situations: https://sntc.medicine.ufl.edu/self-pacedTraining/ltbispecialsituations/story_html5.html
- [Tale of Two Doctors and Disseminated TB: When you really need a Nurse Case Manager!](#)
- [Experts on Xpert: A Laboratorian and a Clinician Discuss Interpretation of Xpert MTB/RIF Results](#)

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UN General Assembly High-Level Meeting on Ending TB

- 5th time the UN has convened to focus on critical public health issues.
 - HIV/AIDS, Ebola, antimicrobial resistance, and non-communicable diseases
- 193 UN Member States
- 9/26/18 at New York Headquarters
- Expected outcomes
 - Reach all people by closing the gaps on TB diagnosis, treatment and prevention
 - Transform the TB response to be equitable, rights-based, and people-centered
 - Accelerate development of essential new tools to end TB
 - Invest the funds necessary to end TB
 - Commit to decisive and accountable global leadership, including regular UN reporting and review
- [FAQs about the meeting](#)
- [meeting website](#)



UNITED NATIONS
HIGH-LEVEL MEETING ON THE
FIGHT TO END TUBERCULOSIS
 26 SEPTEMBER 2018, UNHQ, NEW YORK

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WHO Global TB Report 2018

- Released 9/18/18
- <http://apps.who.int/iris/bitstream/handle/10665/274453/9789241565646-eng.pdf?ua=1>



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TB In the News

[Warning for Hunters: What Bovine TB is Doing in Deer](#)

“...if you go hunting, assume that all deer could potentially be infected. Wash your hands thoroughly after handling deer meat. Make sure that you adequately cook any meat that you eat.”

[Hunters warned to lookout for bovine tuberculosis in wild deer](#)

73rd cattle herd to be identified with bovine TB in MI since 1998

- Hunters are urged to get their deer tested, even if it looks healthy. When field dressing a deer, here are a few warning signs of bovine TB to look out for:
- Affected animals may have yellow to tan, pea-sized nodules in the chest cavity or lungs. Lymph nodes of the head and neck can be swollen and necrotic.
- Lymph nodes in the animal's head usually show infection first. As the disease progresses, lesions may begin to develop on the surface of the lungs and chest cavity.
- In severely infected deer, lesions can sometimes be found throughout the animal's entire body.

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CDC's Emerging Infectious Disease TB Publications

[Tuberculosis Treatment Monitoring by Video Directly Observed Therapy in 5 Health Districts, California, USA](#)

- Assessed VDOT for monitoring TB treatment in 5 health districts in CA
- Compared adherence between 274 patients using VDOT and 159 patients using in-person DOT.
- Median fraction of expected doses observed (FEDO) among VDOT participants was higher (93.0%) than among patients receiving DOT (66.4%).
- Most participants (96%) would recommend VDOT to others; 90% preferred VDOT over DOT.
- Lower FEDO was independently associated with US or Mexico birth, shorter VDOT duration, finding VDOT difficult, frequently taking medications while away from home, and having video-recording problems.
- VDOT cost 32% less than DOT. VDOT was feasible, acceptable, and achieved high adherence at lower cost than DOT.

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Presentation

Optimizing Result Interpretation for the New QuantiFERON®-TB Gold Plus
Valerie Hazley-Anyiwo, RN, BSN, Nurse Educator for QIAGEN

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TB Technical Instructions for Civil Surgeons

October 1, 2018

- Overview
- **TB Screening**
- Medical History
- Physical Exam
- Immune Response to *M. tuberculosis* Antigens
- Chest Radiography
- **Required Referral and Reporting to Health Departments**
- TB Lab Testing by the Health Department
- TB Treatment
- TB Classifications
 - Re-classification after treatment for TB disease
 - Waivers

<https://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/tuberculosis-civil-technical-instructions.html>

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Take-Aways (1 of 2)

- All applicants 2 years old or older must have an IGRA.
- TST can not be used as a substitute for IGRA.
- All applicants with a positive IGRA, known HIV infection, or signs or symptoms of TB disease, must have a chest x-ray.
- Applicants with abnormal chest x-rays suggestive of TB disease must be referred to the HD for sputums.

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Take-Aways (2 of 2)

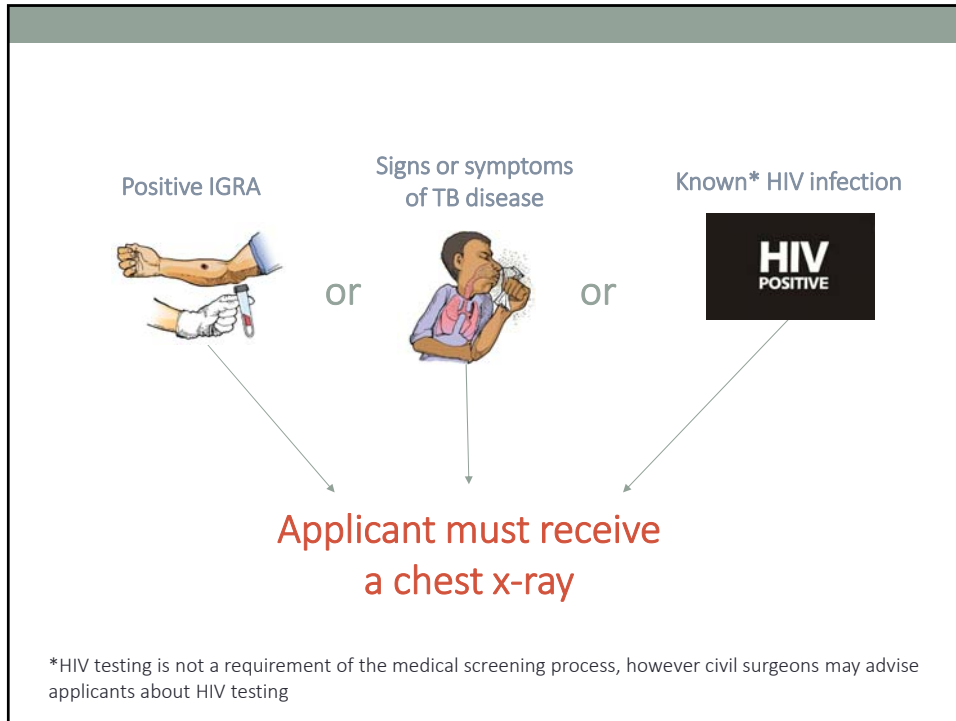
- Civil surgeons that are independent of HDs may not refer applicants to a HD for IGRA testing or chest x-ray.
 - All IGRAs and chest x-rays ordered by civil surgeons must be performed independently of a HD.
- The HD will determine whether the applicant has TB disease and needs treatment.
- All applicants diagnosed with LTBI must be reported to the HD.

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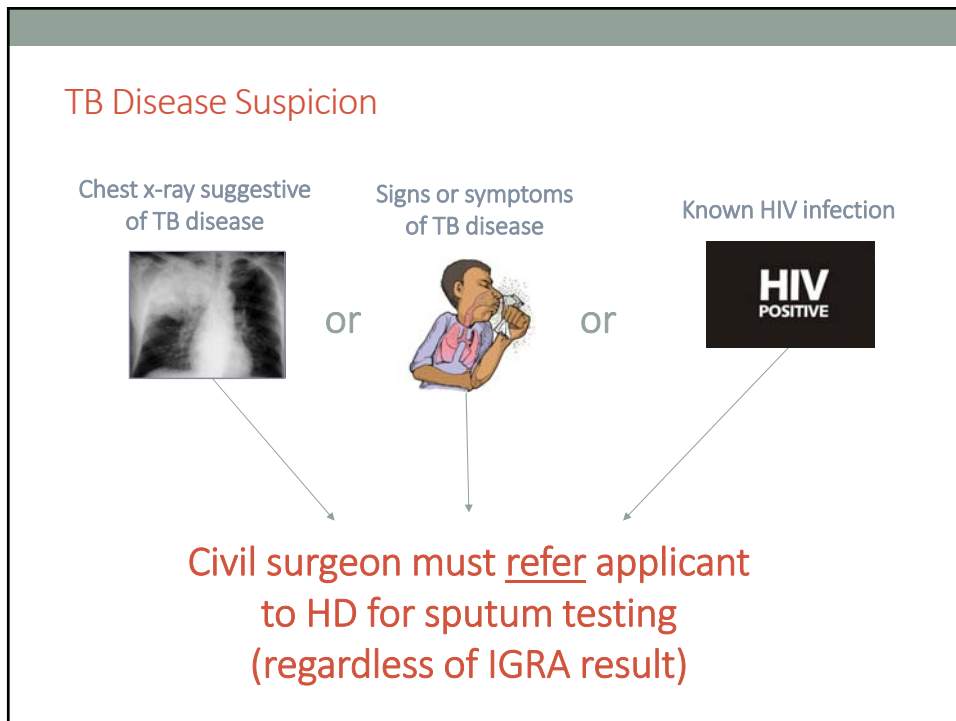
Documentation

- The civil surgeon is responsible for medically examining and assigning a TB class for each applicant.
- If an applicant is referred to the HD, the civil surgeon should not classify, issue medical clearance for TB, or sign the I-693 form, until the applicant returns from the HD with documentation of the results of their TB disease evaluation.
- Applicants diagnosed with TB disease are not cleared until successful completion of treatment.
- When treatment is completed, the HD must sign the “Referral Evaluation” section (Part 8. 3. of the I-693 form.
- For applicants diagnosed with LTBI, the I-693 can be completed by the civil surgeon and given to the applicant.

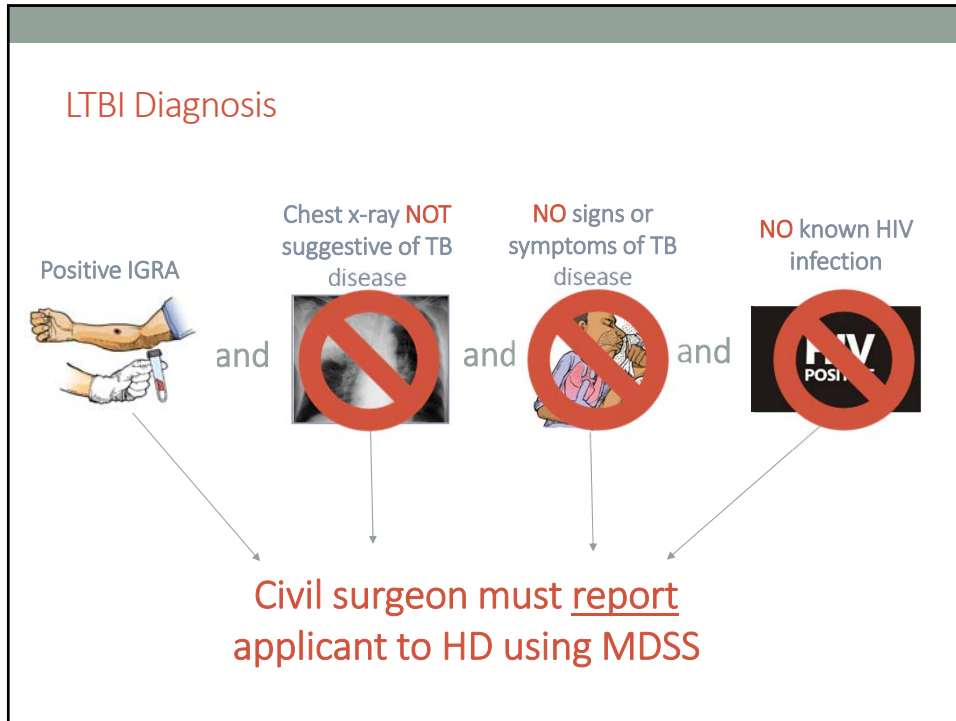
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Summary

Evaluations				
IGRA result	Signs or symptoms of TB disease	Chest x-ray result	HIV status	Civil Surgeon Action Items
“and/or”	Positive	Yes, signs or symptoms present		Positive → Chest x-ray
	Negative or Positive	Yes, signs or symptoms present	Suggestive of TB disease	Positive → Refer to HD
“and”	Positive	No, signs or symptoms not present	Not suggestive of TB disease	Negative → Report to HD (MDSS)

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Messaging to Civil Surgeons (1 of 3)



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICH DAVIDSON
GOVERNOR

September 26, 2018

To: Civil Surgeons Practicing in Michigan

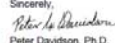
Subject: CDC released new TB Technical Instructions

Dear Colleague,

As you probably know, the CDC has released new Technical Instructions (TIs) for tuberculosis (TB) screening during the immigration medical exam: <https://www.cdc.gov/immigrantrefugeehealth/exams/civil/tuberculosis-civil-technical-instructions.html>. Among other changes, the new TIs require that Civil Surgeons report their diagnoses of latent tuberculosis infection (LTBI) to public health. In Michigan, local health departments have jurisdiction over diseases control and should receive these reports of LTBI.

Effective immediately, Civil Surgeons should report diagnoses of LTBI using the Michigan Disease Surveillance System (MDSS), the designated disease-reporting system for the State of Michigan. Instructions for how to request access to the MDSS are attached to this email and are also available here: https://www.michigan.gov/documents/mdhs/MDSS_Registration_Quick_Reference_Guide_for_MILogin_630256_7.pdf. Instructions for how to report cases of LTBI in the MDSS, the MDSS will automatically refer the case to the appropriate local health department, based on the client's address. This will provide timely and consistent notification to local health departments in keeping with the new TIs, without the need for paper-based reporting.

Civil Surgeons should request access to the MDSS as soon as possible to facilitate compliance with the new TIs. Please call me with any questions or for additional information, and thank you for your prompt attention and partnership.

Sincerely,

Peter Davidson, Ph.D.
517-284-4922 or pjavidson@michigan.gov
Tuberculosis Control Program Manager

Cc: Joe Coyle, MPH

NICK LYON
DIRECTOR


333 SOUTH GRAND AVENUE • PO BOX 30195 • LANSING, MICHIGAN 48209
www.michigan.gov/dhs • 517-373-3742

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Messaging to Civil Surgeons (2 of 3)

Michigan Disease Surveillance System

User Registration QUICK REFERENCE



Getting Started





There are several steps required to access the Michigan Disease Surveillance System (MDSS). These steps are outlined in the checklist below:

- You must have a valid MILogin User ID and password. The section [MILogin Registration](#) will walk you through the steps of obtaining your MILogin User ID and password.
- You must request permission to access MDSS. The section [Requesting Access to MDSS](#) will walk you through the steps of requesting access to MDSS.
- You must complete the MDSS user registration. The section [Registering with MDSS](#) will walk you through the steps of registering within MDSS.
- You must be assigned a role within MDSS. The section [Getting a User Role](#) will discuss the process of obtaining a user role.

MILogin Registration

If you have a valid MILogin User ID and Password (e.g., Michigan Childhood Immunization Registry users), please proceed to the next section, [Requesting Access to MDSS](#).

- Using your internet browser, type the following into the location/address text box:
 - MILogin for Non-Michigan.gov emails – <https://milogin.michigan.gov/>
 - MILogin for Michigan.gov emails – <https://miloginworker.michigan.gov/>
- Press the ENTER key. The "MILogin" page will display.
- Click the SIGN UP button. The "Create Your Account" page will display.
- Complete the requested information. Fields displayed with an asterisk (*) are required.
- Click the NEXT button.
- Create a User ID following the instructions of last name, first initial followed by 4 numeric digits and a qualifying password.
- Select your preferred password recovery method (email, mobile, or security questions) and complete the additional required information. Click CREATE ACCOUNT.
- Once your account is created successfully, click to login.
- Enter the User ID and Password you just created. Click LOGIN.
- You are now on your home page.

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Messaging to Civil Surgeons (3 of 3)

Guidance for Civil Surgeons to use the Michigan Disease Surveillance System (MDSS) to report cases of Latent TB Infection (LTBI)

Per the updated Technical Instructions effective October 1, 2018, Civil Surgeons will be required to report clients diagnosed with LTBI during the I-693 medical exam, "to the health department of jurisdiction". In Michigan, local public health departments have jurisdiction and are the appropriate agencies to receive these reports. Civil Surgeons should use these instructions to report diagnoses of LTBI to local health departments using the Michigan Disease Surveillance System (MDSS). If you do not have access to MILogin or the MDSS, you must first request and be approved for access. Instructions for requesting access to MILogin and the MDSS are available online at: https://www.michigan.gov/documents/mdhhs/MDSS_Registration_Quick_Reference_Guide_for_MILogin_600255_7.pdf.

Updated CDC Technical Instructions require that for applicants diagnosed with LTBI, the following information be reported to the appropriate health department:

- Name
- Contact information
- IGRA result (or TST result if applicant is under 2 years of age)
- Chest x-ray results

Please follow the instructions below to create a new case of LTBI, attach IGRA/TST and chest x-ray reports, and submit the case into the MDSS. If there are any questions or issues that arise please contact the MDHHS TB Unit Epidemiologist at 517-284-4956.

Create a New Case of LTBI

1. Log in to the MILogin portal and click on the Michigan Disease Surveillance System link.
2. Click Acknowledge/Agree.
3. The MDSS will open in a new window. In the panel on the left side of the screen, click New Case. Note that items in red print require a response, and you won't be able to continue or submit the case if they are left blank.
4. **Investigation Information** section. Choose the following:
 - Reportable Condition: choose Latent Tuberculosis Infection
 - Case Status: choose Confirmed
 - State Prison Case: do not mark or select
5. **Patient Information** section. Enter the client's names, address, and phone number exactly as listed on their I-693 application.
 - Patient Status: choose Alive

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Messaging to HDs

To: LHD CD Supervisors; Medical Directors; Health Officers; MDSS Administrators

Subject: CDC released new TB Technical Instructions to Civil Surgeons

Dear Colleagues,

As you may already know, Civil Surgeons are practicing physicians designated by the U.S. Department of Homeland Security to perform medical examinations of people applying for Lawful Permanent Residency or Citizenship in the U.S. These examinations are a mandatory part of the application process, and tuberculosis (TB) screening is part of the medical examination protocol. While the approval of a physician to serve as a Civil Surgeon comes from Homeland Security, guidance on how to perform TB screening and to make diagnostic decisions comes from the Centers for Disease Control and Prevention (CDC) in the form of Technical Instructions (TIs).

The CDC has released updated TIs, including changes to the TB screening: <https://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/tuberculosis-civil-technical-instructions.html>. Civil Surgeons are now required to report diagnoses of LTBI to public health. LTBI is not a reportable condition in Michigan, and that policy will not change as a result of the new CDC TIs. However, people going through the immigration medical examination process are at higher risk for TB exposure and/or infection, so the results from such screening are of value and improve our understanding of the prevalence of LTBI in our communities. Moreover, Civil Surgeons will be required to adhere to the new TIs and report LTBI to public health regardless of whether that policy aligns with disease reporting rules here in Michigan.

The MDHHS TB Program believes the best way to address these concerns is for Civil Surgeons to report cases of LTBI through the Michigan Disease Surveillance System (MDSS). We have obtained a contact list for all Civil Surgeons in Michigan, and have provided guidance to all Civil Surgeons on how to request access to MDSS and how to report cases of LTBI in MDSS. Information reported through MDSS will include the following:

- Client name, date of birth, address, phone number
- Civil Surgeon name and contact info
- Primary physician name and contact info (if known by Civil Surgeon)
- Scanned IGRA or TST results
- Scanned chest x-ray interpretations

We encourage local health departments to monitor these reports, and to contact referred LTBI clients to discuss the importance of LTBI treatment and options for receiving treatment. Please call me with any questions or concerns, or to discuss how your health department can best manage and respond to this new information.

PJD
517-284-4922 or davidsonp@michigan.gov

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Questions?

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Thank you!

Meeting notes and presentations will be sent to everyone on the TB Nurse Network list and posted on [our website](#).

Next TBNN meeting

Wednesday, January 16th, 2019

10-11:30 AM ET

Please contact Helen McGuirk with questions, comments, or suggestions for presentations and content:

mcguirkh@michigan.gov

517-284-4957

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