

TB Nurse Network Meeting  
04/26/2017  
10:00 – 11:30 a.m. ET  
Minutes  
Total Attendance: 38

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## 1. Announcements

- a. No new dates/times for TBNN as of now. Please continue to let me know if you can't make the meeting and we can re-assess the dates/times of TBNN.
- b. Next meeting Wednesday, July 19<sup>th</sup> 10 AM
  - i. Topic suggestions? Email [m McGuirk@michigan.gov](mailto:m McGuirk@michigan.gov)
  - ii. We will probably discuss new diagnostic guidelines for next meeting.

## 2. Upcoming Webinars & Trainings

*Note: These trainings are generally reserved to those within the given RTMCC states. However, Mayo TB Clinic (Michigan's RTMCC) will generally not repeat a training that is done by another RTMCC. Therefore, if you are interested in attending any of these in-person trainings, please contact Helen McGuirk ([m McGuirk@michigan.gov](mailto:m McGuirk@michigan.gov)) and she will get you in touch with the training coordinator at that RTMCC to help you get registered.*

- a. Mayo TB Clinic
  - i. Mayo will be offering the Tri-State TB Clinical Intensive for Michigan, Ohio, and Indiana healthcare professionals who work in TB (just like the Tri-State event held in Dearborn in the fall)
    - Meeting will most-likely be hosted by Indiana
    - Planning for this will begin soon, registration will open in the summer
- b. [Southeastern National TB Center](#)
  - i. Webinar: "[TB and Tobacco: What You Need to Know](#)"; 5/2/17, 1-2 PM ET
  - ii. Training: "Arresting TB: Contact Investigation and Release Planning"; 8/22-8/24/17, South Florida
    - This 3-day course focuses on key concepts for conducting contact investigation and release planning in a correctional setting to improve outcomes and halt further transmission of tuberculosis. The training is designed to enhance communication and collaboration between local health departments and corrections custody and medical personnel to improve contact investigation outcomes.
  - iii. Training: "Enhanced Skills for Public Health Corrections Liaisons"; 8/25/17
    - This one-day course is designed for staff who fulfill the role of the "Public Health Corrections Liaison" or who work closely with public health and corrections facilities to control TB. Attendees of this training learn from experts in the field about the key roles of the Corrections Liaison and acquire

skills accessing and establishing strong collaborations between agencies. Homework, class activities, group exercises, and a jail tour are included.

- c. [Curry International TB Center](#) (Trainings)
  - i. "Focus on LTBI"
    - 6/22/17; Seattle, Washington (again on 10/17/17 in Oakland, CA)
    - Registration opening soon
    - Introductory course covering the basics of latent TB infection (LTBI) diagnosis and treatment for physicians, nurses, and other licensed medical care providers who diagnose and treat patients with LTBI.
  - ii. "Tuberculosis Nursing Workshop"
    - 6/23/17; Seattle, Washington
    - Registration opening soon
    - Training intended for nurse, communicable disease investigators, and other licensed medical care providers who work with TB patients.
- d. [Heartland National TB Clinic](#) (Webinars – registration announced soon)
  - i. Introduction to Contact Investigation (June 7, 14, 21, 28)
  - ii. Introduction to TB Nurse Case Management (July 6, 13, 20, 27)

### 3. Recently Archived Webinars & Trainings

- a. Curry International Tuberculosis Center (Webinars)
  - i. 1 of 2: "[2016 ATS/CDC/IDSA Clinical Practice Guidelines: Treatment of Drug-Susceptible TB](#)" (11/4/16)
  - ii. 2 of 2: "[Practical Implementation of the 2016 ATS/CDC/IDSA Treatment of Drug Susceptible TB Guidelines: Caveats and Controversies](#)" (2/3/17)
  - iii. "[Exploding Head Zone – The Interface of Molecular and Growth-Based Drug Susceptibility Testing](#)" (1/25/17)
- b. Heartland National TB Clinic (Trainings)
  - i. [Community United to End TB](#) (3/24/17)
    - World TB Day Conference
  - ii. [TB Nurse Case Management](#) (3/7/17)
- c. [Southeastern National TB Center](#) (World TB Day Webinars)
  - i. "The U-Shaped Curve of Concern: Where are We 26 Years Later?"
  - ii. "World TB Day 2017: The Numbers Are In!"

### 4. New Toolkits and Resources

- a. Association of Public Health Laboratories: [Essentials for the Mycobacteriology Lab: Promoting Quality Practices](#)

- i. Excellent tool for training new TB nurses for specimen collection and diagnostic microbiology basics. Some topics you may be interested in:
  - Overview of TB
  - Specimen collection, transport, handling, and processing
  - AFB smear microscopy
  - Mycobacterial culture and drug-susceptibility testing
  - Molecular biology
  - **New:** “Landscape and language of molecular diagnostics for TB drug resistance”
  
- b. Heartland National TB Center
  - i. [Pediatric TB Toolkit](#)
  - ii. Updated Materials:
    - [Guidelines for Home and Hospital Isolation of Infectious Tuberculosis Patients](#): Updated with frequently asked questions and new factors that predict transmission
    - [Tuberculosis Treatment Guidelines](#): 4-inch by 5-inch pocket guide for health-care providers based on the new TB treatment guidelines.
  
- c. Curry International Tuberculosis Center: [Homelessness and TB Toolkit](#)
  
- d. CDC, DTBE: [Implementing an Electronic Directly Observed Therapy \(eDOT\) Program: A Toolkit for TB Programs](#)
  - i. Helpful guide if you are interested in starting your own video or electronic DOT program.
  
- e. Michigan LARA (Licensing and Regulatory Affairs) updated regulations for nursing homes and nursing care facilities, released March 2017.
  - i. Basically refers back to 2005 MMWR CDC publication: R 325.20506 Communicable Disease Screening, page 25
    - “The need for and frequency of routine TB testing shall be determined by a risk assessment as described in the 2005 MMWR ‘Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005”
  - ii. Part 18: Nursing Facilities for Care of TB Patients, page 68 (rescinded rules)
  - iii. No chest x-rays upon admission
  - iv. Attached to email with these notes
  - v. More information: Teri Dyke, [dyket@Michigan.gov](mailto:dyket@Michigan.gov)

## 5. TB in the News

- a. New book released for World TB Day: [“Nine Lives: Women and Tuberculosis in India”](#) – Chapal Mehra, Zarah Udwadia

- i. Follow:
  - Facebook: Survivors Against TB
  - Twitter: @SATB1231

## 6. Updates from the National TB Controllers Association (NTCA) Conference, April 18<sup>th</sup>-21<sup>st</sup>

*Note: Information detailing each poster from the conference is attached to the email with these notes. If you have further questions about posters, you will need to contact the author of the poster, as they are not posted publicly online. In addition, as of now, the presentations are not available online, but if they are made available, we will put a link to them on our website.*

- a. Nnenna Wachuku, Wayne County Health, Veterans & Community Wellness ([nwachuku@waynecounty.com](mailto:nwachuku@waynecounty.com), 734-727-7253)
  - i. 2017 National TB Nurse Coalition
    - TB Nurse Case Management Working through the process provided by Southeast National TB center
      - a. RMTCC - coaching training
        - i. Valuable for new employees: Case management, how to interact with clients
        - ii. 100 seats per region (if outside the region additional charges may apply)
        - iii. 2 hours per week
      - b. Laboratory Talk: What a Nurse Hears and Thinks
        - i. Interpretation of Lab reports
          - 1. AFB Smears
          - 2. Nucleic Acid Amplification Test
          - 3. (IGRAs) - T-spots, QuantiFERON Gold
          - 4. Drug susceptibility, etc.
      - c. Certification Program Work Group
        - i. TB Nurse/DIS certification
        - ii. Curriculum
        - iii. Business proposal
        - iv. Meets monthly
      - d. Mini Fellowship: Peter Davidson ([davidsonp@michigan.gov](mailto:davidsonp@michigan.gov))
  - ii. Seeing TB through the eyes of patients: to bring more skills and knowledge through case management of TB patients.
    - 10 Things Every TB Nurse Must Know
      - a. Waiting is hard
      - b. Protection equipment matters
      - c. Illness affects families
      - d. Sickness is a stigma
      - e. Healthcare is expensive
      - f. Support is everything

- g. Needles hurt
- h. Pills are hard to take
- i. Fatigue is brute
- j. Gratitude is key

iii. Importance of LTBI

- Collaboration: Real and planned Massachusetts Model of Community-Based TB Prevention
    - a. Targets population that experiences the greatest barrier
    - b. CDC demonstration Project
      - i. Focused on High risk population
        1. Test 2,500 Persons Per Year
        2. Identified 500 positives
        3. 22 Community Health Centers - That service 22,000 patients per year
        4. Identify immigrants/ Refugees earlier and Treat early for LTBI
  - Focus on TB Prevention: Establishing Partnerships with Community Health Centers
    - a. Collaboration with Community Health Centers, Federal Qualified Health centers and Health Department TB Program
    - b. **Prevention is core** function and safety net
      - i. No exclusion policy
    - c. **Treat everyone** – Uninsured, Poor, Minorities
      - i. No matter the health issue
- b. Mary McCloud & Karen Manni, Washtenaw County Public Health Department
- i. Videos and other resources:
    - “Breathe In”
      - a. Currently cannot find it online, but we are getting in touch with NTCA conference organizers to find the video; we will send it out as soon as we find it.
      - b. Produced by Ground Media, offers a personal look at the faces behind the numbers and the dedicated health care workers who are fighting to save lives every day.
    - Kelly Holland physician and TB survivor
      - a. Video of Dr. Holland giving talk: <https://youtu.be/g5KUAJOFdXI>
      - b. Article: <https://www.statnews.com/2016/10/18/tuberculosis-activist/>
    - “Exposed”
      - a. Produced by Aeras: <http://www.aeras.org/exposed>
      - b. Four-part series of short films on the deadly global TB epidemic and the race to develop new tools to prevent it.

- ii. Diabetes screening in TB clinics:
  - Asked if anyone tests A1C in their TB clinic
    - a. Christie Bellak (Oakland County) does baseline testing for both their LTBI and TB patients, along with Hepatitis B & C, and HIV, at their initial assessment.
    - b. \$6 per test, have only spent about \$1000 last year
    - c. Oakland is currently compiling data about their diabetes screening and treatment program. If you also screen for diabetes in your TB clinic, please contact Christie Bellak (248-858-8992, [bellakc@oakgov.com](mailto:bellakc@oakgov.com)) to work with them.
- iii. Testing of Foreign Students
  - UM used to do this, but has recently stopped. Discussed why UM should start testing their foreign students for TB infection again.
  - Eastern Michigan tests foreign students. First TST, then if positive moves onto QFT, if positive then does chest x-ray and evaluation by Dr. Kissner. EMU also does 3HP treatment for LTBI.
  - Christie Bellak stated that Oakland University (Oakland County) does not screen its foreign students, however Wayne State does test foreign students.
  - Discussed getting Wayne State's policy for screening foreign students for TB infection and sharing with UM to get their program started again.
  - Missouri has legislation to have foreign students tested. LTBI is also reportable in Missouri.
  - Oxford Diagnostics (TSPOT) has "Spotlight" program, in which they go to university and college registrations and offer testing for foreign students.
- iv. 3HP treatment for LTBI
  - Does anyone do self-administration of 3HP?
  - One study from Los Angeles showed high completion rates of 3HP when done self-administered; not sure if this was a poster or a talk, but review the attached poster presentations document from the NTCA conference...could have possibly been poster number 77.
  - Here are the CDC recommendations for LTBI treatment with 3HP: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6048a3.htm>
- c. 3<sup>rd</sup> TB Survivor Communication Training
  - i. We Are TB: Started in 2015 at the national TB conference, there have now been three trainings for selected TB survivors. Goals of We Are TB are:
    - Provide an informative and supportive community for patients and survivors
    - Share personal stories to drive change at a local, state, and/or national level; and

- Work with the media to provide perspective for a TB patient in an effort to education the public and reduce the stigma of TB.
- ii. For more information about We Are TB, email [carrief@wearetb.org](mailto:carrief@wearetb.org)
- iii. At 2017 training there were 7 survivors from all around the US, and facilitators from NTCA (National TB Controllers Association), Stop TB USA, CDC, and TAG (Treatment Action Group)
  - Objectives of training:
    - a. Learn:
      - i. How to build a personal narrative
      - ii. How to use and share their story for change
      - iii. Who to engage with
    - b. Identify:
      - i. target audience and engage for impact
      - ii. how to engage local, regional and national levels
      - iii. partners
      - iv. needs for training and capacity building
      - v. opportunities for outreach and engagement in 2017
  - TAG spoke on social services, advocacy, activism, and community organization
    - a. When you are asking for something, define your issues and craft your message/story:
      - i. What is the problem?
      - ii. Why is it a problem?
      - iii. Who is responsible?
      - iv. What is the solution?
  - Opportunities identified by our TB Survivors
    - a. **Issues:** Family/community stigma, pill burden/side effects, isolation (physical and mental), late or misdiagnosis (pneumonia), repeat testing/multiple confirmatory tests, access to care, homelessness, immigrants/global health/culture, pregnancy/pediatrics, LTBI, veterans, lost trust in physicians, ignorance, lack of community, exposure guilt
    - b. **Channels:** news media (print/online/social media), org websites, listservs
    - c. **Tactics:** sign-on or open letters, commentary, press release, op-ed, letter to the editor, press conference, blog, social media (rapid dissemination), day of action, marches
    - d. **Target:** CDC, lawmakers, public, private orgs, non-profits, state & local
    - e. **Ask:** Better education for survivors and physicians, better training for physicians, better treatment and diagnosis; venues and opportunity for stronger presence of TB survivors
    - f. **Outcome:** Educational tools developed by survivors, for survivors and physicians; improved patient care from physicians; quicker

diagnosis and treatment; heightened awareness of TB in medical community; reduction of stigma

- Peter Davidson did a presentation on TB public health programs and stigmatizing language.
  - a. Two faces of TB Control: health of others vs. patient-centered care and support. Examples include

Goal	Actual Effect or Perception
<b>DOT</b>	
Improved outcomes	Lack of trust, invasive?
<b>Isolation</b>	
Prevent spread of TB to public	Restriction of freedom?
<b>Contact Investigation</b>	
Identify those who may have been exposed and offer treatment	Invasive, disruptive, intrusive?
<b>Do not board</b>	
Prevent someone from traveling with contagious TB	Restriction of freedom, inconvenience, police-state?

- b. Examples of stigmatizing language:
  - i. TB Suspect
  - ii. Defaulter
  - iii. Control
  - iv. Do you have others?
- c. How can we improve our language and reduce stigma? Some organizations are doing this, but they need help.
  - i. Heartland National TB Center Stop the Stigma Project: [www.heartlandntbc.org/stopthestigma/](http://www.heartlandntbc.org/stopthestigma/)
  - ii. NTCA, Stop TB Partnership, WHO & IUATLD are calling to end stigmatizing language
- d. Updating 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005”
  - i. Currently in the systematic literature review process, there is no end date set, so we are not sure when updated guidelines would go into effect.
  - ii. Key points:
    - Shift focus from facility to individual
    - Occupational and non-occupational risk factors
    - Emphasis on treating those who test positive
    - Still TST or IGRA on hire
    - Refer to new TB testing guidelines for when to use TST or IGRA and when to re-test