



Wisconsin Tuberculosis (TB) Program Updates

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Wisconsin Tuberculosis (TB) Program
Madison Dane County TB Summit
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Wisconsin TB Program Updates

TB Program updates

- Overview of Wisconsin TB Program, function and programs
- Statewide concerns- Medication Shortages
- Operation Allies Welcome (OWA)
- New resources

Functions of the Wisconsin State TB Program

- Ensure that patients with suspected or confirmed TB disease or LTBI have ready access to diagnostic and treatment services that meet national standards
- Provide consultation, technical assistance, education and training in the clinical and public health aspects of TB
- Plan and develop state-wide TB control policies and procedures

Functions of the Wisconsin State TB Program (2)

- Oversee inter-jurisdictional TB contact investigations or medical facility exposures
- Assure statewide TB surveillance: collection of TB and LTBI data and tracking of results
 - Federal (CDC) reporting requirements
- Monitor and evaluate TB program activities to enhance TB control strategies

Functions of the Local Health Department (LHD)

- Wisconsin is a “home rule” state
 - Statutes authorize local governments to directly address specific local public health issues
- 92 LHDs, a mix of county and city units
- WI LHDs collaborate with healthcare providers to provide or assure needed services for patients with active TB or latent TB infection (LTBI)

Functions of the LHD (2)

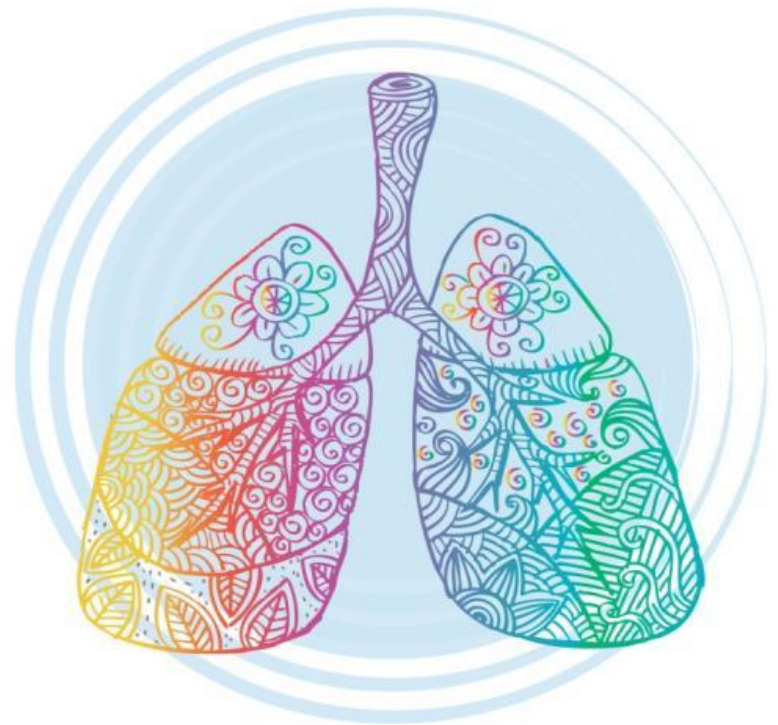
- Patient Assessment
- Medical evaluation
- Implementation of treatment plan and DOT
- Facilitation of hospital discharge
- Assessment of isolation options
- Toxicity and therapy monitoring
- Patient education
- Contact investigation
- Case management

WTBP Supporting LHD Functions

- **Wisconsin TB Dispensary**
 - This program uses state tax revenue funds to reimburse local health departments (LHDs) for medical management of patients with active TB, patients being evaluated for TB, patients with latent TB infection (LTBI), and patients exposed to TB.
- **Wisconsin TB Treatment Assistance Program**
 - This program uses CDC Cooperative Agreement funding to provide incentives for persons being treated for TB/LTBI.

Wisconsin TB Dispensary Program (WTBDP) Purpose Statement

To ensure that all persons in Wisconsin with suspected or confirmed active TB disease or latent TB infection (LTBI) can receive appropriate evaluation, treatment, and monitoring, regardless of insurance availability.



The WTBDP reimburses services for the uninsured and underinsured.

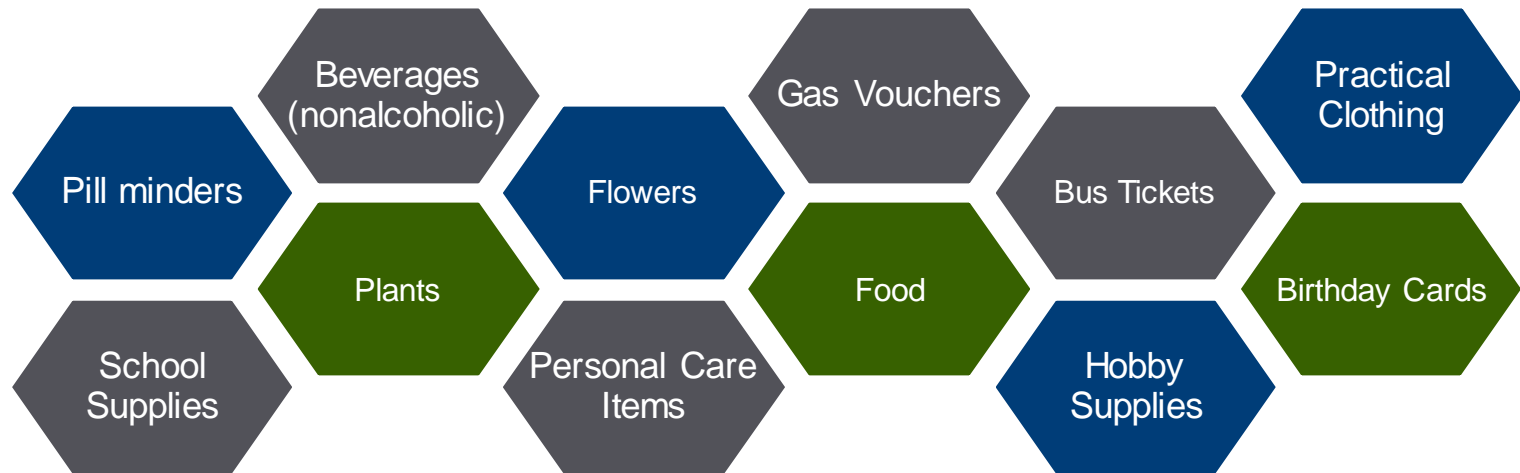


Wisconsin TB Treatment Assistance Program

Designed to encourage and support TB clients through the completion of TB treatment by providing funding to purchase treatment assistance aids.



Wisconsin TB Treatment Assistance Program



- Rent
- Utilities
- Phone

TB Treatment Assistance Program

Without pre-approval from the Wisconsin TB Program, TB treatment assistance aids are capped at:

- \$50 for clients being treated for LTBI.
- \$200 for clients being treated for active TB disease.

TB Treatment Assistance Program

With pre-approval from the Wisconsin TB Program, TB treatment assistance aids may be provided above the capped rate if:

- A client has infectious TB and will need to remain in isolation for an extended period of time.
- A client has a particular need.
- A client has reached an important milestone in treatment (e.g., completed one year of therapy for multidrug-resistant TB).

TB Treatment Assistance Program

Examples of TB treatment assistance above the capped rate include:

- Payments for housing (rent or mortgage)
- Payments for utilities
- Payments for cell phone

TB Treatment Assistance Program Procedures

Each nurse or public health professional using the TB Treatment Assistance Program must:

- Read the *Policies and Procedures Manual* annually.
- Complete and sign the *Enrollment and Agreement Form* annually.

TB Treatment Assistance Program Procedures

The local health department will:

- Pay for TB treatment assistance aids up front.
- Maintain records of purchases and receipts.
- Request reimbursement using the *Request for Reimbursement Form*.
 - Date of purchase
 - Quantity, description and cost of item(s)
 - Patient name and WEDSS ID

TB Treatment Assistance Program Procedures

Publication or Form Number	Title
P-02365	Wisconsin TB Treatment Assistance Program Policies and Procedures Manual
F-02461	Wisconsin TB Treatment Assistance Program Special Request Form
F-02462	Wisconsin TB Treatment Assistance Program Enrollment and Agreement Form
F-02463	Wisconsin TB Treatment Assistance Program Request for Reimbursement Form

STATEWIDE CONCERNS: MEDICATION SHORTAGES

Medication Shortages

Priftin® (Rifapentine)

Rifampin

Rifabutin



Medication Shortages—Priftin® (Rifapentine) (as of 2/28/22)

Priftin is usually used in combination with isoniazid (INH) in a 3-month regimen (“3HP”) for treatment of LTBI*.

- First March 2020
- June 2020
- January 2021
- November 2021

*Latent tuberculosis infection

Medication Shortages—Priftin® (Rifapentine) (as of 2/28/22)

- Increased global demand since 2019
- Sanofi paused production in 2020 due to newly discovered nitrosamine impurities
 - Potentially carcinogenic
 - Naturally occurring substances
 - Unlikely to cause cancer with short-term use, but production paused as a precaution
- Supply chain disrupted in 2021 due to pandemic?

Medication Shortages—Priftin[®] (Rifapentine) (as of 2/28/22)

- Through the Wisconsin TB Dispensary,
 - Supply currently available, although intermittent supply issues may persist
 - Full 12-week supply of rifapentine held at the time of first fill
- If private pharmacy is used, Wisconsin TB Program recommends ensuring full 12-week supply is available before starting

Medication Shortages—Rifampin (as of 2/28/22)

- One of the most important drugs to treat active TB disease
- Different suppliers (Epic Lupin, McKesson) of 150mg and 300mg capsules
- Commonly used as a once-daily for four months options for LTBI



Medication Shortages—Rifampin (as of 2/28/22)

- September 2020: FDA announced shortage due to nitrosamine impurities
- February 2022: Wisconsin Dispensary announced
 - Difficulty obtaining supply
 - Pause in WI TB Dispensary filling of new LTBI orders for rifampin

Medication Shortages—Rifampin (as of 2/28/22)

- CDC Division of Tuberculosis Elimination (DTBE) maintains a national stockpile of rifampin.
 - Released meds that were short-dated
 - Encouraged states to request from stockpile to use short-dated supply
 - Shipped over \$800,000 in rifampin to state programs between Dec. '21 and Feb. 1, 2022.
- Feb. 2022, Wisconsin requested enough for one month's need for active clients.

Medication Shortages—Rifabutin (as of 2/28/22)

- Currently there is no national shortage.
- Wisconsin TB Program will continue to monitor, as demand for rifabutin may increase as rifampin supply decreases.

Medication Shortages—Summary and Recommendations

- Wisconsin TB Dispensary continues to prioritize rifampin for treatment of active TB disease.
 - Pause for rifampin LTBI therapy continues
 - Updates are given via GovD
- Wisconsin TB Dispensary continues to receive a limited supply of rifapentine for 3HP.

Medication Shortages—Summary and Recommendations

- If you have a patient with LTBI who is a TB contact or is immune-compromised, consider an alternate regimen in order to start therapy as soon as possible.
- For patients who don't need to start LTBI therapy immediately and prefer a regimen affected by shortage, consider waiting until supplies stabilize.
- If you obtain Priftin[®] from a local pharmacy, assure that they can guarantee all 12 doses for your patient.

Nitrosamine Contamination Information

National TB
Controllers
Association (NTCA)

<https://www.tbcontrollers.org/resources/nitrosamines/>

February 2021



FAQ

Nitrosamines and TB Medicines: What People Taking TB Preventive Therapy Need to Know

Written by: Sandrine Cloëz (PharmD) and Mike Frick

Reviewed by: Dinguani Mithi, Edna Tembo, Laia Ruiz Mingote, Lindsay McKenna, Tina Shah (PharmD), and members of the Community Research Advisors Group

If you are reading this guide, you may be taking medicine to protect you from developing tuberculosis (TB) disease. This type of treatment is called TB preventive therapy, or TPT for short. TPT protects people who are already infected with the TB bacterium from falling ill with TB disease, and it shields people who are uninfected but at risk of TB exposure from getting infected in the first place. The drugs used to prevent TB have been in use for decades and are well understood by health care workers and scientists. It is not an exaggeration to say that tens of millions of people have received these drugs over time. Recently, health authorities and drug manufacturers have identified a type of chemical impurity called nitrosamines in some TB

OPERATION WELCOME ALLIES- WISCONSIN

Operation Welcome Allies

Department of Homeland Security and Department of Defense operation to evacuate and resettle Afghan allies who supported the U.S. mission over the past two decades

- The usual medical screening prior to arrival did not occur because of the urgency of the evacuation.
- Safe havens were tasked with performing medical screening and processing upon arrival.

Operation Welcome Allies

Fort McCoy hosted nearly 17,000 Afghan evacuees spanning August through February 15.

- Wisconsin TB Program provided technical assistance for managing active pulmonary TB and assisted with transfer of medical information when active cases resettled to other states.
- Wisconsin TB Dispensary provided medications for all active TB cases found.
- WSLH processed all sputum collected as part of the medical screening process.

Operation Welcome Allies

- Phase 2 begins in March.
- Afghan evacuees arrive from “Lily pads.”
- Medical screening will be completed overseas.
- Resettlement activities from Phase 1 are ongoing.



Operation Welcome Allies

- Wisconsin anticipated to resettle nearly 1,000 refugees
- New resettlement agencies established in Green Bay and Wausau
- Non-traditional models also being used (likely to grow)



Operation Welcome Allies

Wisconsin Refugee Health Program remains very busy providing coordination of resources and education to resettlement partners.



Operation Welcome Allies

TB screening considerations for resettlement:

- TB screening protocols varied at the different safe havens, based on resources available.
- Not all arrivals received Interferon Gamma Release Assays (IGRAs).
- Safe Haven bases did not routinely treat for LTBI.
- LTBI screening and treatment will be a priority in community settings.

Operation Welcome Allies

More information:

<https://www.dhs.wisconsin.gov/international/afghan-health-resources.htm>



Wisconsin Resettlement and Afghan Arrivals

01.31.2022



Savitri Tsering
Refugee Health Coordinator

NEW WISCONSIN RESOURCES

WTBP website refresh

<https://www.dhs.wisconsin.gov/tb/index.htm>

Wisconsin Tuberculosis Program

Tuberculosis in Wisconsin

Tuberculosis (TB) is a disease caused by the bacterium called *Mycobacterium tuberculosis*. The Wisconsin TB Program oversees, manages, and facilitates the activities and interventions needed to identify and properly treat all individuals with TB to stop its spread to others. Select an area of interest below for more information.



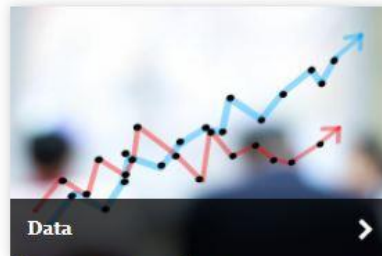
General information on TB, as well as resources and toolkits.



Check out this page if you are a health care provider or from a local health department.



Information on immigrant and refugee TB class B arrivals.



Maps and charts with TB data.



Information on the tuberculosis ordering and billing interface (TOBI).



Check out this page if you are looking for TB forms.



Questions about TB? [Contact Us!](#)
Phone: 608-261-6319 | Fax: 608-266-0049

WI Refugee Health Program website

Refugee Health Program: Home >

General Resources

Voluntary Resettlement Agencies

Local Health Departments

TB Program

Afghan Health Resources

Program Contacts

Refugee Health Program

In collaboration with refugee resettlement agencies, local health departments, and private health care providers, Wisconsin's Refugee Health Program:

- Assures refugees receive a comprehensive health assessment upon U.S. arrival.
- Coordinates refugee health screening services with federal and state refugee resettlement partners.
- Supplies refugee screening providers with information on specific health concerns of various refugee populations.
- Advocates for culturally competent care and the use of appropriately qualified medical interpreters for quality assurance.
- Coordinates refugee health concerns with other programs within the Division of Public Health.

An individual identified as a refugee, asylee, Cuban/Haitian entrant, victim of trafficking, or Amerasian is eligible for refugee health screening.

Health screening

Refugee health screening is a thorough physical exam that includes comprehensive communicable disease screening.

The purpose of refugee medical screening is:

- To ensure follow-up of medical issues identified in the refugee's overseas medical screening.
- To identify persons with communicable diseases of potential public health importance.
- To enable successful resettlement by identifying personal health conditions that could adversely affect the refugee's ability to resettle.

<https://www.dhs.wisconsin.gov/international/index.htm>

Afghan Health Resources page

<https://www.dhs.wisconsin.gov/international/afghan-health-resources.htm>

Afghan Health Resources

As Wisconsin welcomes Afghan arrivals to our state, it is important our providers have the knowledge and resources necessary to provide culturally informed care.

For more information on Afghan arrivals and Operation Allies Welcome, please see the [Department of Homeland Security's webpage](#).

For resources on culturally informed health care for Afghan arrivals, see below.



View the Wisconsin Refugee Health Program's recent [presentation on Afghan resettlement](#) to local health departments.

For Clinicians

[Afghan Culture and Health Screening Considerations](#) – A webinar by Center of Excellence in Newcomer Health describing potential entry pathways for Afghans, potential health concerns, and cultural considerations for providers

[American College of Emergency Physicians](#) – Preparing to Care for Afghan Refugees – A webpage with information and resources on Afghan culture and clinical concerns that may be relevant to practitioners

[CareRef](#) – A tool for clinicians that provides individualized guidance on post-arrival medical screenings based on [Centers for Disease Control and Prevention \(CDC\) Domestic Refugee Screening Guidance](#), demographic and geographic factors, and the specialized needs of refugee populations (DHS highly recommends this resource.)

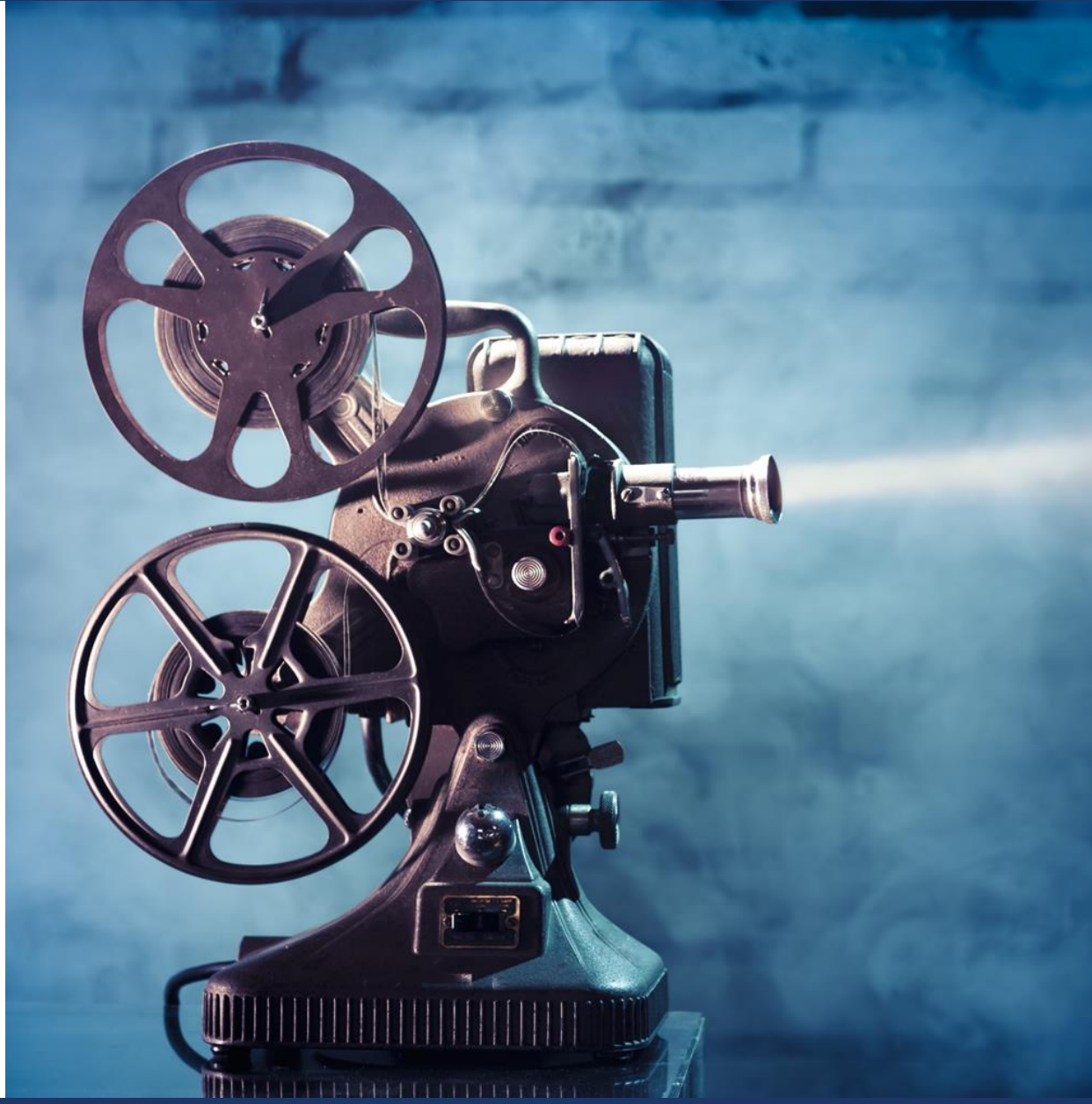
[Caring for Newly Arrived Refugees](#) – A free, four-hour online course helping providers to prepare for newly arrived Afghans, including cultural backgrounds, medical exams, mental health care, and clinical observations

[CDC - Guidance for Clinicians Caring for Individuals Recently Evacuated from Afghanistan](#) – A CDC Health Advisory that gives infection-specific recommendations for those caring for the Afghan arrivals

[CDC - Response to Afghan to Afghan Evacuees](#) – A webpage with health fact-sheets in English, Dari, Pashto, and Farsi, including documents on COVID-19, various infectious diseases, hand washing, masking, and

“TB Tuesdays” webinar series

<https://vimeo.com/showcase/8771749>



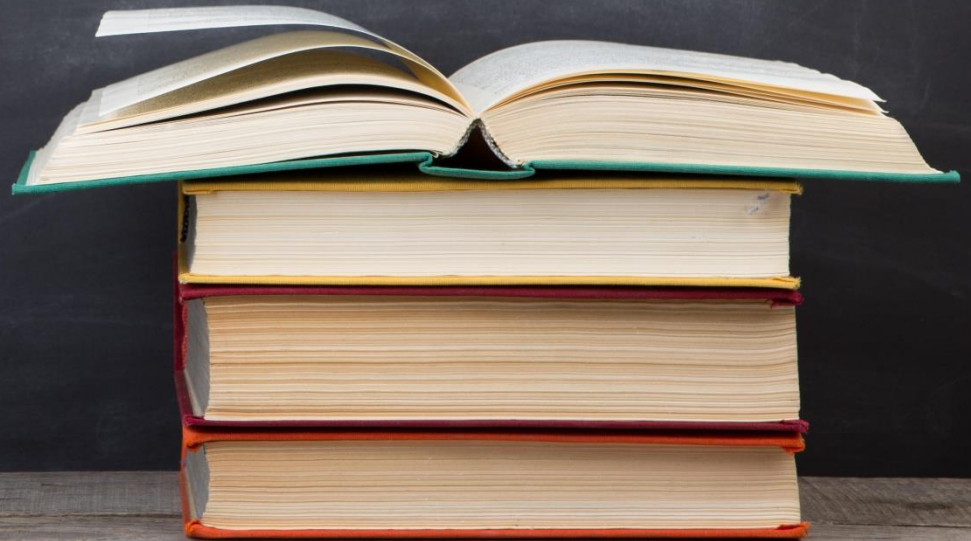
TB Tuesdays

TB 101

Evaluation for TB Disease and Case
Management

TB Dispensary and Treatment
Assistance Programs

The TB Laboratory



Home Isolation Agreement (P-02969)

Home Isolation Agreement for Tuberculosis (TB)



I _____ (patient name) have been told I have or might have tuberculosis (TB) in the lungs. I have also been told that I might be able to spread the TB germ to other people. In order to protect those around me, I agree to the following:

- I will be at home at _____ (address) in isolation until the health department staff tells me I can no longer spread the TB germ.
- I will stay away from other people in the house as much as possible.
- I will not have any visitors and/or guests in my house.
- I will cover my mouth with my elbow or tissue when I cough or sneeze.
- I can only leave isolation to go to health appointments for TB. I will wear a mask when I go to these appointments.
- I will talk to my nurse case manager about going to any appointments that are not for my TB treatment. I will only go if my nurse case manager says it is okay.
- I can leave to do things where I am not close to other people, such as walking outside or driving in a car alone.
- I cannot go to work, places of worship, school, the grocery store, the movie theater, the mall, shopping, holiday parties, family reunions, or any other activity where I will be close to other people, including:

If an activity is not listed on this form, I will ask my nurse case manager before I go to that place.

I agree to follow these instructions until I am told by health department staff that I can no longer spread TB germs to people around me. My nurse case manager has told me that legal action can be taken if I do not follow these instructions and I expose others to TB germs.

Signature of patient: _____ Date: _____

Witness signature: _____ Date: _____

Nurse case manager notes:

- Household members should not include those at high risk for TB: children under age of five, persons with HIV, on tumor necrosis factor (TNF) alpha antagonists, on anti-rejection medications post transplant, or those with other severe immunocompromising conditions.
- The Wisconsin TB Program recommends the following criteria are met before release from home isolation:

<input type="checkbox"/> Patient completes 14 days of effective TB therapy by directly observed therapy (DOT)	<input type="checkbox"/> Patient has three consecutive negative acid-fast bacilli (AFB) sputum smears
<input type="checkbox"/> Patient demonstrates clinical improvement	<input type="checkbox"/> Patient has a plan for follow-up care



Hospital Discharge Checklist for Active/Suspect TB Disease (P-02849)

Discharge Checklist for Active/Suspect Tuberculosis (TB) Disease



Continuity of care for patients being discharged from the hospital with suspected or confirmed active TB disease is vital for successful treatment. This checklist is intended to assist local public health departments in planning for patient needs in the community. The patient should not be discharged until all checkpoints are considered.

☐ Obtain records and care team information:

- Introduce yourself to care management and providers to explain the role of local public health in discharge planning.
- Obtain provider notes, imaging reports, and laboratory results, including specimens collected for mycobacteria smear and culture.
- Confirm patient locating information (address, phone numbers, etc.), language spoken, and insurance information.

☐ Consider isolation needs:

- Discharge infectious or potentially infectious patients only to settings where no new persons will be exposed.
- Do not discharge to households with children under five years of age and immunocompromised persons (i.e., HIV).
- Do not discharge to congregate settings (e.g., correctional facilities, homeless shelters) unless they will be in airborne isolation.
- Provide education on expectations for home isolation (see [instructions](#)) and criteria for release from isolation (see [Table 1](#)).
- Consider how the patient will attend follow-up appointments (i.e., lab draws) while still in isolation; confirm with the infection preventionist that the outpatient clinic is able to accommodate infectious patients.

☐ Arrange for TB medication and follow-up care:

- Verify patient is tolerating TB medications; adverse effects should be addressed before discharge.
- Assist discharging provider in filling out initial request for medication ([F-44000](#)) and fax to the Wisconsin TB Program at (608) 266-0049.
- Schedule an initial directly observed therapy (DOT) visit. Consider timing of medication delivery from the dispensary.
- If the patient is receiving medications from the hospital, instruct the patient not to take them without a nurse present.

☐ Whenever possible, visit the patient in the hospital before discharge:

- Educate patients on TB disease and transmission and the role of public health in treatment.
- Educate on the importance of directly observed therapy (DOT).
- Provide [instructions](#) on home isolation, if needed.
- Assess for barriers to treatment (housing, transportation, financial); consider treatment agreement form (see [Form 2](#)).



WI TB and Refugee Health Program Staff



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Website:

<https://www.dhs.wisconsin.gov/tb/index.htm>

Questions?

