



# **Southeastern National TB Center**

## **Wisconsin TB Summit**

**March 22, 2022**

**Karen Simpson**



# CDC-funded TB Center of Excellence

## SOUTHEASTERN NATIONAL TB CENTER

University of Florida, College of Medicine

Division of Infectious Disease & Global Medicine



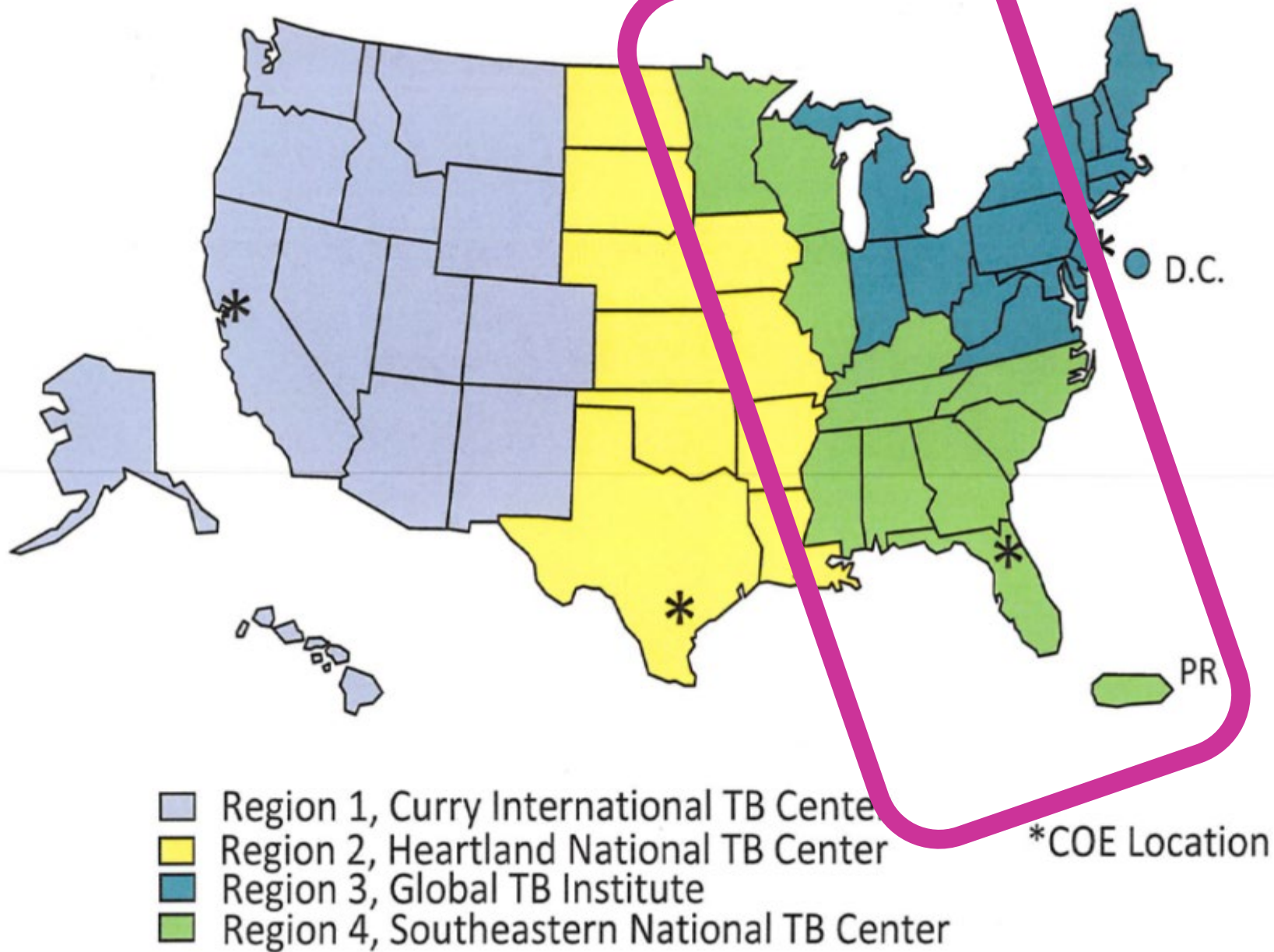
Emerging Pathogens Institute



# YOUR TB “Center of Excellence”

“The TB COE will support domestic TB control and prevention efforts within their assigned regions with a focus on two major activities:

- increasing human resource development through education and training activities and
- increasing the capacity for appropriate medical evaluation and management of persons with TB disease and latent TB infection through medical consultation.”





# SNTC Team





# Consultation Team

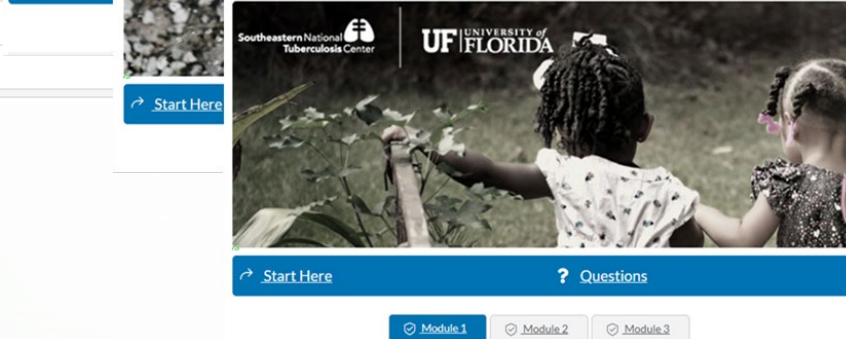
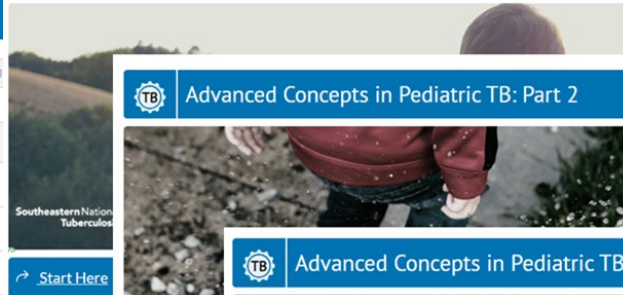
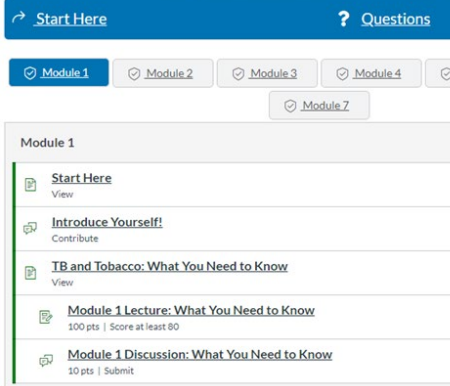




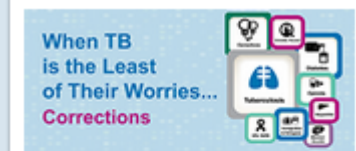
# Training Opportunities



# Online/On Demand



## Nurse Case Management: Working Through the Process



## WHEN TB IS THE LEAST OF THEIR WORRIES: CORRECTIONS

Presented by Ellen Murray, PhD, RN and Connie Haley, MD, MPH

This course is a 3 credit hours online course for healthcare professionals. This course is in modular segments and includes updates on risk of progression from TB infection to active disease in corrections, importance of training providers and custody, health issues that increase

Online course

LEARN MORE

START





# Onsite → Online Training

- Comprehensive Clinical TB Course
  - TB Diagnosis and Treatment
  - LTBI for Clinicians
  - LTBI for Nurses
  - Drug Resistant TB course
- TB Clinical Updates
- Contact Investigation Interviewing Skills
- State & collaborative events

**SNTC Calendar:** <https://sntc.medicine.ufl.edu>

# Hybrid Clinical Course

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**Clinical Course: TB Diagnosis and Treatment**

**Southeastern National Tuberculosis Center**

**TB Diagnosis and Treatment**

[Agenda](#) [Start Here](#)

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[Module 3](#) [Module 4](#)

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**To Do**

Nothing for now

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Ongoing Item

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Welcome!

We are so excited to have you with us for TB Diagnosis and Treatment. We are piloting a blended learning model for this course in which you will have pre-course work, online lectures to view at your own pace, and interactive activities during the scheduled live sessions. We are hoping this model will create more opportunities for deeper learning of the important concepts and topics we will cover during this course. We are excited about this opportunity and look forward to your feedback!

Meet your SNTC Team!

Meet your course instructors, Dr. Connie Haley and Dr. Dave Ashkin!

Meet your course facilitator, Stefani Nixon!

Course Overview and Goals

The TB Diagnosis and Treatment course will familiarize you with the aspects of TB related to diagnosis and treatment of the disease. After completing the course, you should be able to do the following:

- Explain to a patient how TB is spread, the difference between TB and LTBI, and how drugs cure TB disease
- Understand the factors that increase the risk of TB
- Determine which diagnostic tests should be run and interpret the results to determine if the patient has TB
- List the standard and alternative TB drug regimens and manage treatment according to the TB Treatment Guidelines

Continuing Education Credits

- Continuing Medical Education Credit
  - CME has been applied for through the University of Florida College of Medicine
- Continuing Education Credits
  - North Florida AIDS Education and Training Center is a Florida Board of Nursing, Clinical Social Work, Marriage, Family Therapy, Mental Health Counseling, Pharmacy and Dentistry approved provider of continuing education. CE Broker Provider ID #50-21098.
  - Credit: North Florida AIDS Education and Training Center designates this enduring material for a maximum of 18.5 contact hours.

Get Started

To help you learn more about the structure of this course and the expectations for completing it, please complete the following activities:

- Review the [agenda](#)
- Review [Course Expectations](#)
- [Introduce Yourself](#)
- Complete the [Pre-Course Quiz](#)
- Complete your [Self-Assessment of Skills](#)

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Module 1 Outline ^v

Overview

At the end of this module, you will be able to

- Explain to a patient how TB is spread, the difference between TB and LTBI, and how drugs cure TB disease
- Explain how LTBI can progress to TB disease and the importance of taking LTBI treatment
- Identify who is at risk for developing TB based on their exposure

Before the Live Session

- Watch [Dr. Mike Lauzardo's welcome](#)
- Watch [Tuberculosis Overview: TB Yesterday, Today, and Tomorrow](#) [Slides](#) [Audio](#)
  - [1: History & Definition of TB](#) (15:18) [Transcript](#)
  - [2: Epidemiology of TB & How We Find Patients](#) (17:27) [Transcript](#)
  - [3: TB Treatment, Prevention, and Control](#) (13:14) [Transcript](#)
- Watch [Epidemiology, Pathogenesis, and Transmission](#) [Slides](#) [Audio](#)
  - [1: Biology of Mycobacterium tuberculosis](#) (05:48) [Transcript](#)
  - [2: Natural History of Infection and Disease](#) (14:48) [Transcript](#)
  - [3: Immune Response](#) (11:38) [Transcript](#)
  - [4: Tuberculosis Transmission](#) (09:39) [Transcript](#)
  - [5: Risk Factors for Progression to Tuberculosis](#) (10:30) [Transcript](#)
- Complete [Module 1 Knowledge Check](#)

During the Live Session

- To access the Zoom session, click on [Zoom Conferences](#) in the left hand navigation or click on [Module 1 Live Session](#)
- [Module 1 Live Session Activity](#)

After the Live Session

- Submit [Module 1 Reflection](#)
- Submit [Module 1 Application](#)

Additional Resources

- Frank Ryan, [The Forgotten Plague: How the Battle Against Tuberculosis Was Won - and Lost](#)
- [TB Personal Stories: Shaka](#)
- [Module 1 Live Session Facilitator Feedback](#)

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# Onsite Training

- Comprehensive Clinical TB Courses
- TST Train the Trainer
- TB Clinical Updates
- Contact Investigation Interviewing Skills
- Corrections training
- Program Management Course
- State & collaborative events
- Conferences



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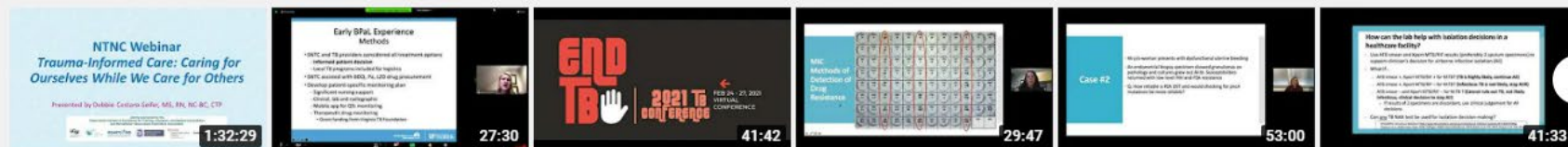
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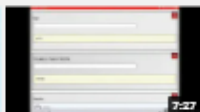
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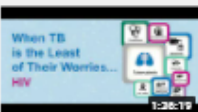
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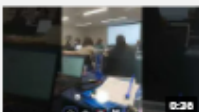
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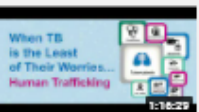
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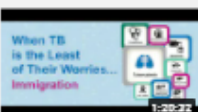
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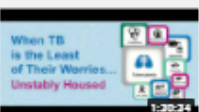
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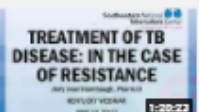
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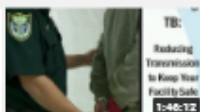
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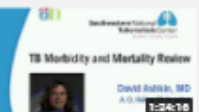
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# Webinar Series

## When TB is the Least of Their Worries

<https://sntc.medicine.ufl.edu/home/index#/webinars>

- *Corrections*
- *Diabetes*
- *Drug Interactions*
- *Hepatitis C*
- *HIV*
- *Human Trafficking*
- *Immigration*
- *Opioids*
- *Refugees*
- *Unstably Housed*

# Noon Conferences for Physicians

NEW!



# Nurse to Nurse Lunch & Learn



April 29

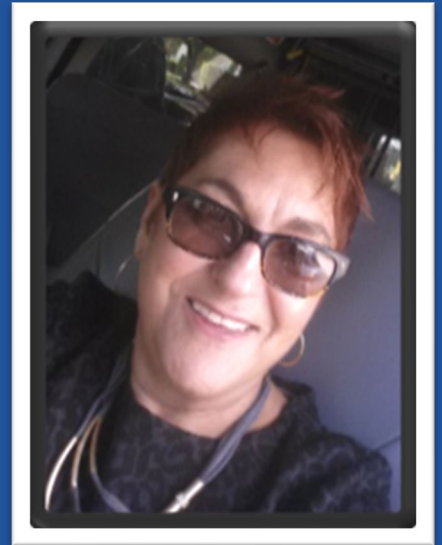


# Training in 2022

- Resume in-person training?
- ±300 training hours planned
- Online courses and on-demand courses
- Under development for 2022
  - Drug-resistant TB
  - Contact Investigation
  - Advanced TB Course
  - Webinars – When TB is the Least of their Worries
- Mini-fellowships – virtual, for now

# Medical Consultation

1-800-4TB-INFO



# Looking for Resources?

## SNTC's website is a great place to start...

<https://sntc.medicine.ufl.edu>

24-hour Hotline for Professional Use Only: 1.800.4TB.INFO | SNTC Office (Se Habla Español): 1.888.265.SNTC

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8/1/21 | POCKET REFERENCE CARDS

## TREATMENT OF TB IN ADULTS WITH HIV INFECTION

Free Product by SNTC

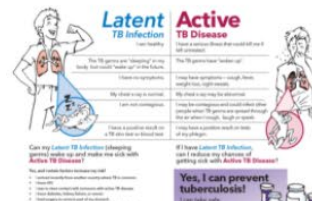
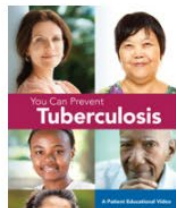
This resource is intended to assist clinicians in managing LTBI and TB in HIV-infected patients. This pocket reference includes guidelines for the diagnosis and treatment of LTBI and TB and includes adult dosing, available dosage forms, drug-drug interactions, side effects and important patient counseling points.

LEARN MORE

DOWNLOAD

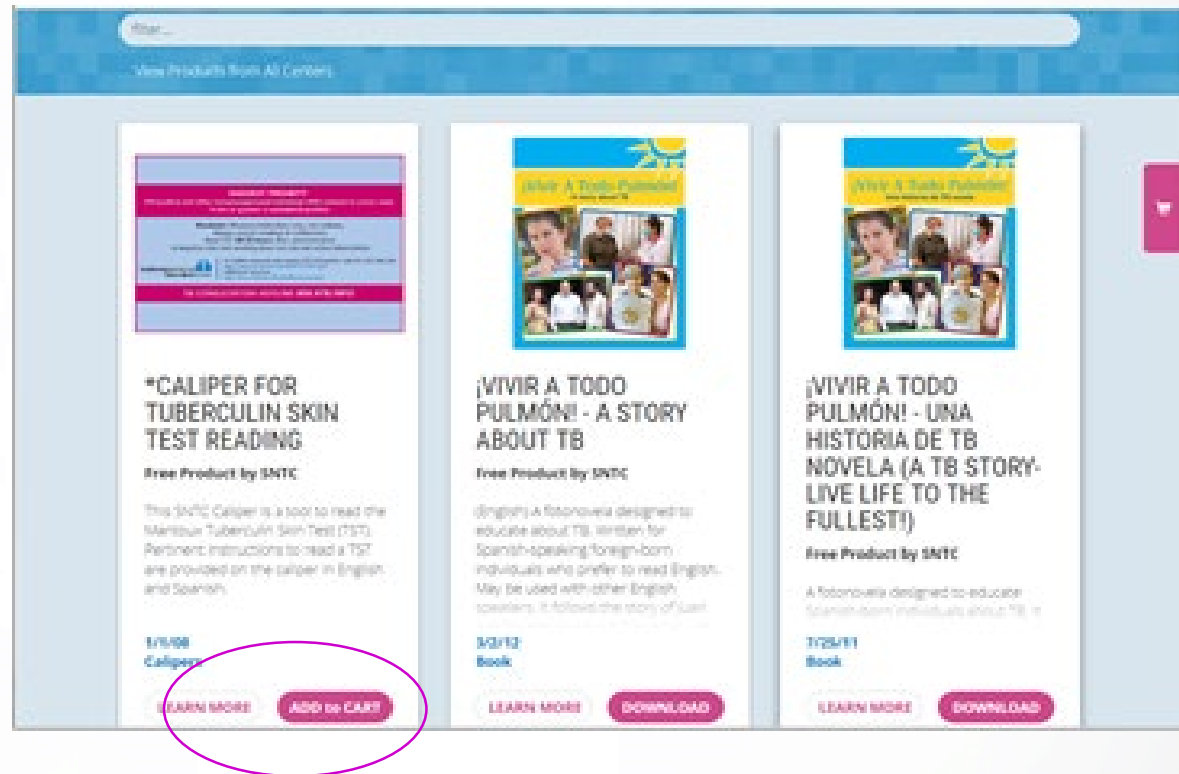
### WHAT'S HAPPENING:

When TB  
is the Least  
of Their Worries...  
Corrections





# SNTC Products



- Download products
- Order hard copies online

# Educational Materials

Southwestern National Tuberculosis Center's  
Cultural Quick Reference Guide

## Afghanistan

**Communication**

**Languages and Dialects**

- Official languages: Dari (Afghan Persian) and Pashto.
- Several other languages exist, and many Afghans are multi-lingual.
- English is not routinely spoken or read by Afghans. Many people will require an interpreter.
- Literacy levels in their spoken languages vary greatly, with males being more literate (55%) than females (20.8%).
- Education levels vary among Afghans, and lower literacy rates are evident within the poorer and more rural segments of society.

**Greetings**

- An Afghan person may place the right hand over the heart and nod in greeting; people of the same gender may also shake hands with the right hand.
- People do not usually touch those of the opposite gender during greetings, unless the person they are greeting is a close family member. A man should wait until a woman extends her hand before extending his own hand for a handshake.
- Putting one's hand to their chest is a respectful way to greet someone of the opposite sex.
- For the sake of modesty, men and women keep eye contact to a minimum as they greet one another.
- During introductions, extend an appropriate greeting to everyone present, then wait until you are invited to be seated.
- Establishing rapport is essential before conducting any business. Extensive introductions and other greetings are the norm. A patient may consider a short office visit or a quick medical procedure abrupt and offensive.

**Names and Titles**

- Unless invited to use a first name, address an Afghan person by their full name, including title.
- Afghan names traditionally consist of a first name and a personal name – middle names and surnames are not often used.
- This personal name may be a compounded name, such as Ahmad Khan, and is considered a single name rather than a first and middle name. This format is more typical for men.
- Afghan female first names often consist only of one word, examples include Fatima, Amina, Maryam, Zahra, and Najiba.
- Afghans do not customarily use surnames or family names. However, when surnames are used, a child adopts the surname of their father.
- Afghan women do not traditionally adopt their husband's surnames when they marry.
- Afghanistan is a South-Central Asian country composed of many different ethnicities, none of which are Arab. Therefore, it is not appropriate to refer to Afghans as "Arabs" or as "Middle Eastern."
- "Afghani" refers to currency in Afghanistan, therefore should not be used to describe an Afghan person.

**Non-Verbal Signals**

Afghan people are conservative about physical contact in public and social settings.



**Hands**

- The left hand is considered unclean in Afghan culture, and should not be used for pointing, waving, or offering items.
- Use either right hand or both hands together to gesture or to offer an item to someone.

**Eye Contact**

- Because direct eye contact could be considered "bold" or immodest, Afghan men and women may not make direct eye contact with members of the opposite gender.
- To demonstrate respect, younger people may also lower their gaze from elders.
- An Afghan person may expect direct eye contact when talking to people of the same age, gender, or status.

**Physical Contact and Personal Space**

- After an initial handshake (if there is one), avoid further physical contact with members of the opposite gender.
- Afghans respect personal space for those of the opposite sex; they usually remain at an arm's length.
- When communicating with those of the same gender, people may sit or stand in close proximity.

**Gestures**

- Some common hand gestures in America such as thumbs-up and the "OK" sign have a negative connotation for Afghans and should therefore be avoided.
- Afghans may nod out of politeness, but this does not necessarily indicate that they understand or agree.

**Foot**

- If you show the bottoms of your feet to an Afghan person, you may be considered impolite.
- Avoid pointing your feet towards another person; doing so is considered rude.

**Cultural Norms**

**Patient and Provider Interaction**


- Afghan people may follow tribal and traditional hierarchies when engaged in decision making. Tribe and clan leaders are led by elderly men, or jirgo. When away from their tribes, individual male heads of families will make the decisions for the families. A woman is not free to make her own decisions. A male family member must agree to any course of action for all female family members.

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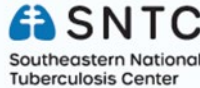
## TREATMENT OF TUBERCULOSIS (TB) IN ADULTS WITH HIV INFECTION

**EDITORS**  
Connie Haley, MD, MPH  
L. Beth Gadkowski, MD, MPH, MS  
Joanne Urban, PharmD, AAHIVP

This resource is intended to assist clinicians in managing patients with HIV and latent tuberculosis infection (LTBI), and drug-susceptible pulmonary tuberculosis disease (TB). This guide summarizes the guidelines for the diagnosis and treatment of LTBI and TB and includes clinical signs and symptoms, adult dosing, available dosage forms, drug-drug interactions, side effects, and important patient counseling points.



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AETC Education & Training Center Program



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Southeastern National  
Tuberculosis Center

# Additional Materials

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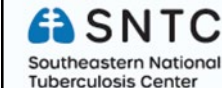
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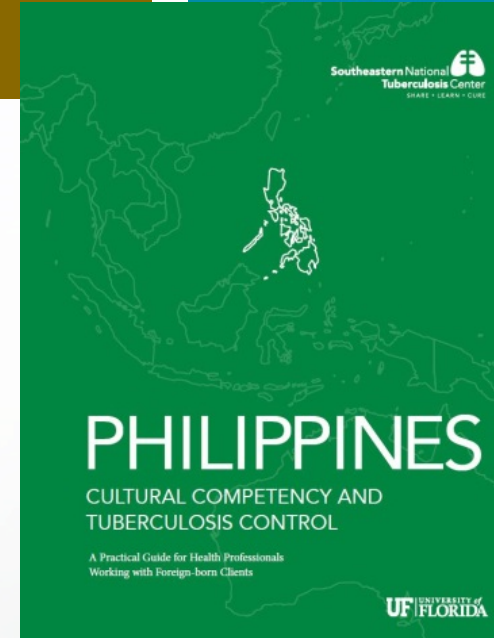
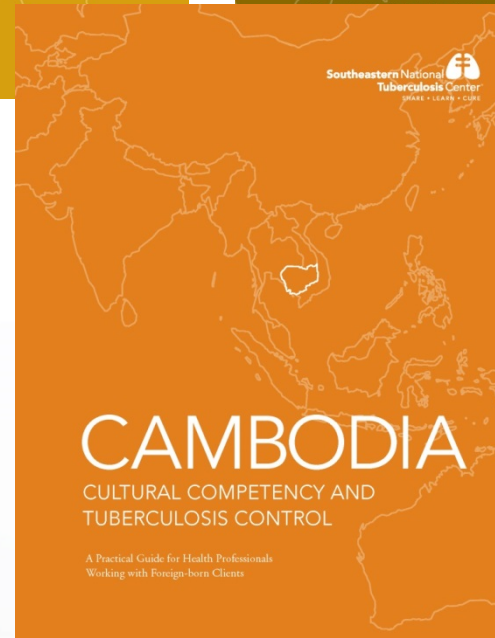
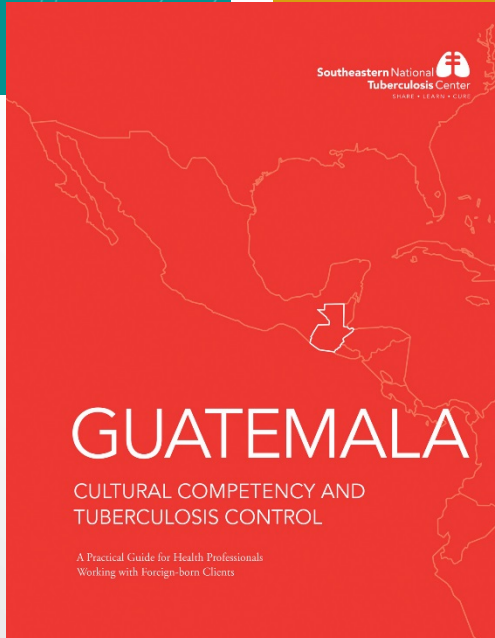
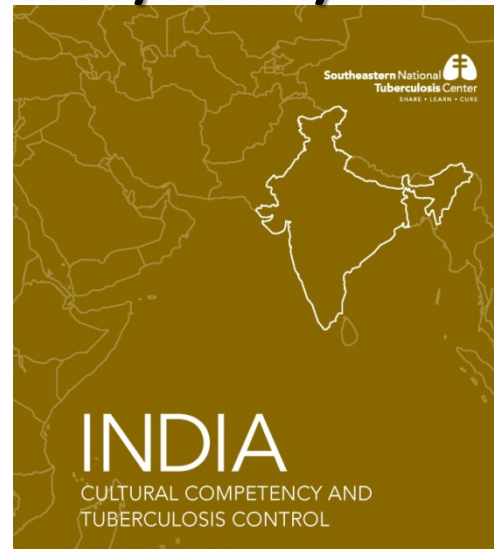
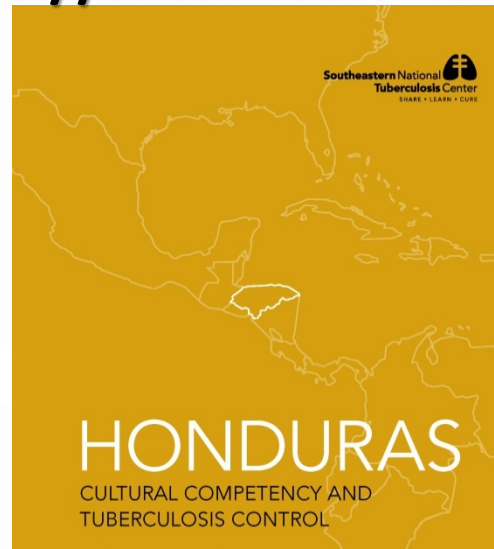
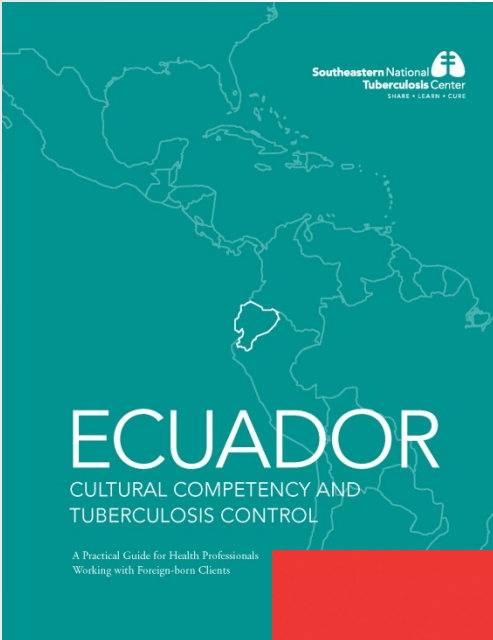




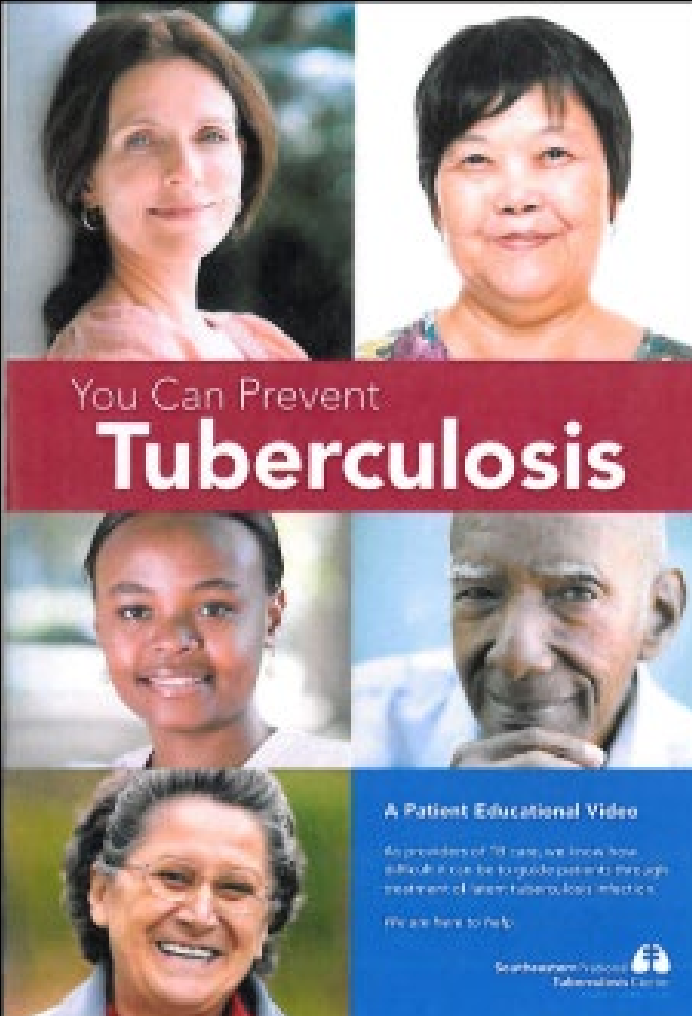
# TB & Cultural Competency “Country Guides”

## 19 countries available

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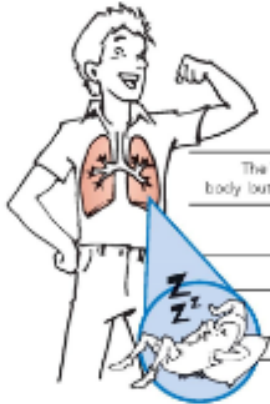



## You Can Prevent Tuberculosis

### A Patient Educational Video

Our providers of TB care are known for their skills and ability to guide patients through treatment of latent tuberculosis infection. We are here to help.

Southwestern's Special Tuberculosis Center

 <h2>Latent TB Infection</h2> <p>I am healthy.</p>	 <h2>Active TB Disease</h2> <p>I have a serious illness that could kill me if left untreated.</p>
The TB germs are "sleeping" in my body but could "wake up" in the future.	The TB germs have "woken up".
I have no symptoms.	I may have symptoms – cough, fever, weight loss, night sweats.
My chest x-ray is normal.	My chest x-ray may be abnormal.
I am not contagious.	I may be contagious and could infect other people when TB germs are spread through the air when I cough, laugh or speak.
I have a positive result on a TB skin test or blood test.	I may have a positive result on tests of my phlegm.

### Can my **Latent TB Infection** (sleeping germs) wake up and make me sick with **Active TB Disease**?


Yes, and certain factors increase my risk!

- I arrived recently from another country where TB is common.
- I have HIV.
- I was in close contact with someone with active TB disease.
- I have diabetes, kidney failure, or cancer.
- I had surgery to remove part of my stomach.
- I live or work in a hospital, jail, drug rehab center or shelter.
- I take injection drugs.
- I have received an organ transplant.
- I take certain medications that affect my immune system, like prednisone (steroids) or other drugs or injections to treat some types of skin, joint and gastrointestinal conditions.





### If I have **Latent TB Infection**, can I reduce my chances of getting sick with **Active TB Disease**?

## Yes, I can prevent tuberculosis!

I can take safe, effective medicines.



Published 2017

# Materials in Dari and Pashto – LTBI/TB

## غیرفعال عفونت توپرکلوز



من صحتمند هستم.

مکروب های توپرکلوز در بدنم خواب هستند، اما می توانند در آینده بیدار شوند.	مکروب توپرکلوز بیدار شده است.
من هیچ علامت ندارم.	ممکن است علامت داشته باشم - سرفه، تب، کاهش وزن، عرق شبانه.
ایکسری قفس سینه ام نورمال یا عادی است.	ایکسری قفس سینه ام ممکن غیر عادی باشد.

ز یا آزمایش

## توکلوز (مکروب های خواب) بیدار شده فعال میتلا می کند؟

برای من خطره!

توکلوز در تنم است، اینجا آمده ام.

توکلوز داشت در قفس سینه ام بودم.

دارم.

جسمم گرم.

کی اشتباه یا پناهگاه زندگی کار می کنم.

نه می کشم.

انجام داده ام.

به کمک که بر سیستم معارفه بدنم اثر گذار است بطور مثال: برای معالجه امراض خاص پوست (توبرکلوز) یا التهاب یا پیچکاری های دیگر استفاده می کنم.

**HCC**  
Tuberculosis Center

تاریخ: 2021

## فعال مرض توپرکلوز



من یک مریض جدی دارم که در صورت عدم معالجه می توانم سبب مرگ من شوم.

مکروب های توپرکلوز در بدنم خواب هستند، اما می توانند در آینده بیدار شوند.	مکروب توپرکلوز بیدار شده است.
من هیچ علامت ندارم.	ممکن است علامت داشته باشم - سرفه، تب، کاهش وزن، عرق شبانه.
ایکسری قفس سینه ام نورمال یا عادی است.	ایکسری قفس سینه ام ممکن غیر عادی باشد.

## Латентна туберкульозна інфекція

Я здоровий.



Збудники туберкульозу "сплять" у моєму організмі, але можуть "прокинутися" в майбутньому.

У мене немає симптомів.

Мій рентгенівський знімок грудної клітки в нормі.

Я не заразний.

У мене позитивний результат шкірного туберкульозного тесту або аналізу крові.

Чим може моя латентна туберкульозна інфекція (сплячі збудники) прокинутися і заразити мене активною формою туберкульозу?

Такі і деякі фактори збільшують ризик:

- Я нещодавно приїхав з іншої країни, де поширений туберкульоз.
- У мене ВІЛ.
- Я був у тісному контакті з людиною, хворою на активну форму туберкульозу.
- У мене щільний заняття, нервова навантаженість, чи рак.
- У мене була операція з видалення частини шлунка.
- Я живу чи працюю у лікарні, в'язниці, центрі реабілітації наркоманів чи притулку.
- Я вживаю ін'єкційні наркотики.
- Мені пересадили орган.
- Я приймаю деякі ліки, які впливають на імунну систему: наркотиками протидією (стероїди) або інші ліки, які інгібують імунітет для лікування деяких видів захворювань шкіри, суглобів та шлунково-кишкового тракту.

## Активна форма туберкульозу

У мене серйозне захворювання, через яке я можу померти, якщо його не лікувати.



Збудники туберкульозу "прокинулися".

У мене є симптоми: кашель, кров у мокротинні, втрата ваги, підвищення температури.

Мій рентгенівський знімок грудної клітки може мати відхилення.

Я можу бути заразним і заразити інших людей, коли мікроби туберкульозу поширюються через повітря, коли я кашляю, сміюся чи розмовляю.

У мене може бути позитивний результат аналізу мого мокротиння.

Якщо у мене латентна туберкульозна інфекція, чи можу я зменшити свої шанси захворіти на активну форму туберкульозу?

**Так, я можу запобігти туберкульозу!**

Я можу приймати безпечні, ефективні препарати.



## پټ د توپرکلوز اخته کېدل

زه صحتمند یم.

د توپرکلوز مکروبونه پاشیدلي دي.	زه داسې چې ناروغي لرم چې که چېرې یې درملنه ونشي، نو زما د مرگ سبب کېدلی شي.
زه هیڅ نښې نښا نه لیدلایم.	زه کېدلی شي نښې نښانې لکه ټوخی، تبه، د وزن کمیدل، د شپې ځولي کېدل، ولرم.
زما د سینې ایکس ښه وای.	زما د سینې ایکسری ممکن غیر عادي وي.
زه ساري نه یم.	کېدی شي چې زه ساري ولوسم او کله چې زه ټوخی، خندا یا خبرې کوم، نو په هوا کې د توپرکلوز د مکروبونو له خپراوي سره ممکن نورو خلکو ته ناروغي ولېږدوم.
زما د توپرکلوز د	کېدی شي چې زما د بلغم معاینې پایله مثبتې وي.

آیا زما د توپرکلوز پاشیدلی او ما

که چېرې زه د توپرکلوز پټه ناروغي ولرم، آیا کولی شم چې په فعاله توپرکلوز د اخته کېدو احتمال راتیټ کړم؟

هو، او ځینې عوامل:

- زه په دې دویم.
- زه په ایچ ای وی.
- زه له داسې یو.
- زه د شکم، پټ.
- د معدي د وی.
- زه پر روغ.
- زه د پیچکاری.
- ما د خپل بدن.
- زه د پوستکي.
- سیرودم باندې.

هو، زه د توپرکلوز مخنیوی کولی شم!

زه کولی شم په خوندي او اغېزناک ډول له درملو څخه ګټه واخلم.



# Translated Treatment Fact Sheets

## Yam Uas Koj Yuav Tsum Tau Paub Txog Ntawm Koj Cov Tshuaj Kho Tus Kab Mob Sib Kis Vas Nab Lauj (TB)

### Tshuaj ISONIAZID

Koj tau txais cov tshuaj los mus kho koj tus kab mob sib kis Vas Nab Lauj (TB) lawm. Koj tsis muaj tus kab mob Vas Nab Lauj (TB) thiab tsis tau kis tus kab mob Vas Nab Lauj (TB) rau ib leej tib neeg twg. Cov tshuaj no yuav pab kom koj **ZAM DHAU** kev kis tau tus kab mob Vas Nab Lauj (TB).

#### Nyob rau lub sijhawm uas noj Cov Tshuaj no:

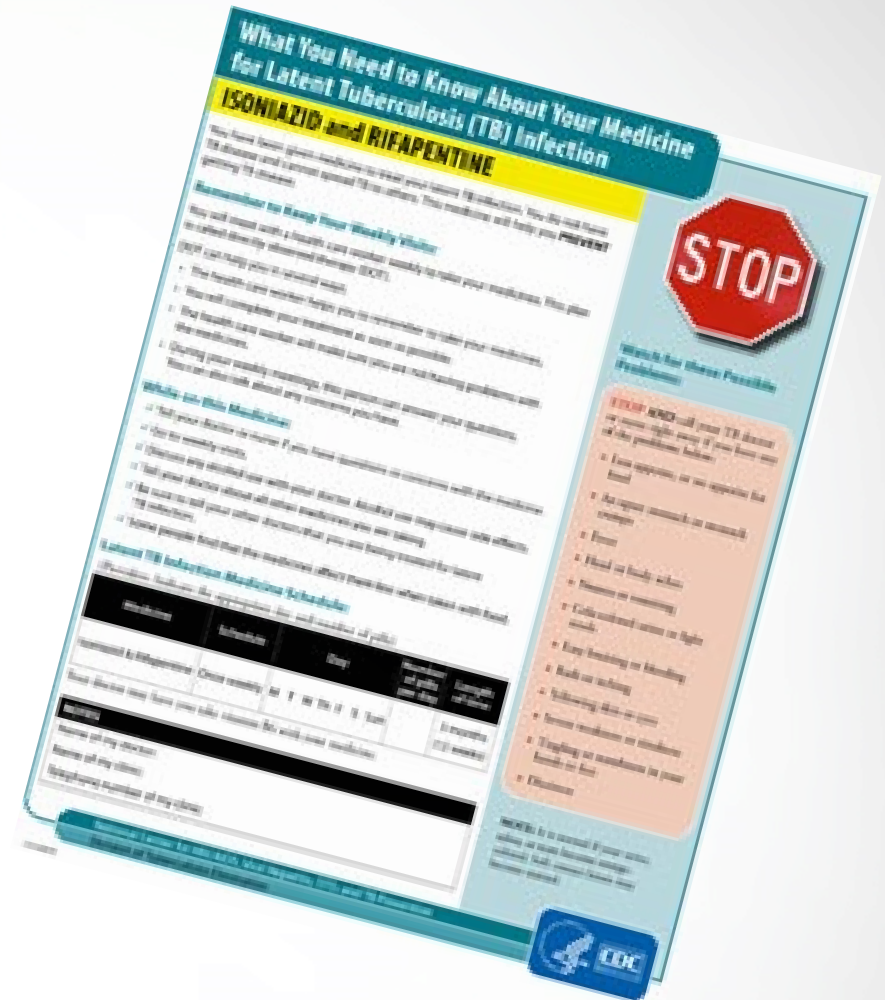
- Qhia rau koj tus kws kho mob los sis tus nawj yog hais tias koj muaj lus nug los sis nyhav siab txog ntawm cov tshuaj.
- Mus ntsib koj lub tsev kho mob raws li daim phiaj xwm.
- Sib tham txog kev siv dej caw nrog koj tus kws kho mob. Kev haus cawv yuav ua rau muaj qhov tsis zoo tshwm sim.



Saib txog Cov Teeb Meem Tuaj  
Yeem Tshwm Sim Tau ntawm no:

# Hmong

- Hindi
- Hmong
- Marshallese
- Punjabi
- Russian
- Somali
- Tagalog
- Vietnamese
- Amharic
- Arabic
- Burmese
- Filipino
- Creole
- French
- French CA
- Chuukese
- Dari
- Pashto





# Fotonovela Series in Spanish



# Materials

Resources from COEs <https://sntc.medicine.ufl.edu/RTMCCProducts.aspx>

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## Centers of Excellence (COE) TB Training and Education Products

The following educational materials were developed by the CDC-funded TB CoEs. Click on any of the products below to access a download or order the product. For additional information on any of the products, please contact the producing CoE by clicking on their logo located under this section. For more information on the CoEs, please visit [www.cdc.gov/tb/education/tb\\_coe/](http://www.cdc.gov/tb/education/tb_coe/) or click on the specific CoE logo below. Additional TB training and education materials can be found at CDC Division of Tuberculosis Elimination [www.cdc.gov/tb](http://www.cdc.gov/tb) and TB Education and Training Resources [www.findtbresources.cdc.gov](http://www.findtbresources.cdc.gov)


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## Our Centers




**Southeastern National Tuberculosis Center**



**Heartland National Tuberculosis Center**



**Rutgers Global Tuberculosis Institute**



**Curry International Tuberculosis Center**

2019 CDC/NTCA Recommendations for Health Care Personnel (HCP): What TB Programs Need to Know

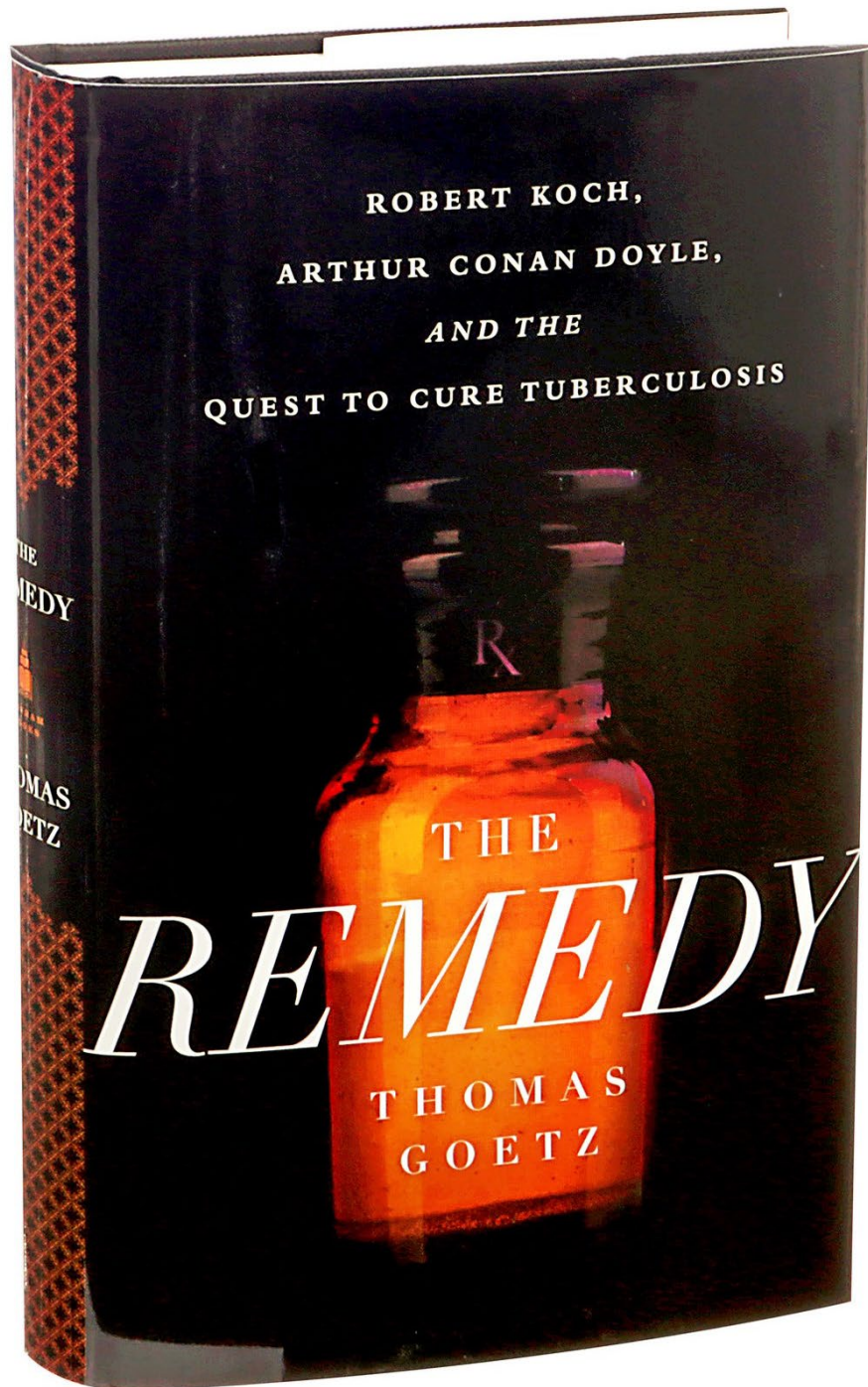
Curry International Tuberculosis Center

3HP: Enough "Horse Power" to drive the national TB infection agenda?

Southeastern National Tuberculosis Center

3rd Annual Communicable Diseases Conference Part 5 - The Radiology of TB

Southeastern National Tuberculosis Center



# World TB Day

with author  
Thomas Goetz, MPH

Join us! 11:00 am



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5/26/22 / WEDNESDAY

## SNTC PRESENTS: THOMAS GOETZ, AUTHOR OF THE REMEDY

Join SNTC for a one-hour webinar on World TB Day to learn what inspired Goetz to write the book, *The Remedy*. Richard Kock, Arthur Cohen Doyle, and the David L. Case Tuberculosis Clinic will also include what factors impact a society's adoption of scientific discoveries and why we should care about Tuberculosis today.

LEARN MORE REGISTER

### WHAT'S HAPPENING:



#### NATIONAL TB CONTROLLERS CONFERENCE

The 2022 National TB Conference is in the planning phases, and planners are currently seeking the final decision whether to hold as in-person event in Palm Springs in May or a virtual event.

NTCA Conference

LEARN MORE REGISTER




#### IN-PERSON VS ELECTRONIC DIRECTLY OBSERVED THERAPY FOR TUBERCULOSIS TREATMENT ADHERENCE

Joseph Burzynski, MD, MPH, Juan W. Mangos, MD, PhD, Chae Eun Lee, MD, MPH, et al

DOTS: Is electronic directly observed therapy (DOT) equivalent to in-person DOT in supporting medication adherence for tuberculosis treatment? Find out in this article published by the CDC.

READ MORE




#### CULTURAL QUICK REFERENCE GUIDE: AFGHANISTAN

Free Product by SNTC

This new two-page Cultural Quick Reference Guide for Afghanistan supports the provider-client relationship by giving country-specific information on cultural norms, health practices, and considerations to observe to enhance communication. Languages and sharing personal greetings, naming

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