



TBeat

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In Texas, “a perception that tuberculosis no longer exists” Raises Alarm for Legislative Attention

Tuberculosis is a rare disease, but public health experts are urging Texas legislators to invest in expensive medication, nurses who can help patients and supporting local health departments to test and treat people who may have been exposed.

By Marissa Evans—The Texas Tribune

SAN ANTONIO – Abimbola Ibitoye was positive her medicine was killing her.

That’s how Ibitoye, who has been hospitalized since July at the Texas Center for Infectious Disease, describes her experience after being diagnosed with tuberculosis. She was taking 13 pills at the time to combat the infectious disease that affects the lungs. Ibitoye was nauseous, throwing up, couldn’t walk very well and was retaining fluid in her body.

“I thought I was dying,” Ibitoye said. “I asked for the doctor and said, ‘This is not the real me.’”

Texas’ rate of tuberculosis cases was nearly twice the national rate in 2017 with 1,127 cases reported, according to the Texas Department of State Health Services. Tuberculosis is still a rare disease, but public health experts are urging Texas legislators to invest in expensive medication, nurses who can help tuberculosis patients and supporting local health departments to test and treat people who may have been exposed.



Nurse Paul Chege prepares to deliver meals to patients at the Texas Center for Infectious Disease in San Antonio on Thursday, December 13, 2018. Picture Credit—Robin Jerstad for The Texas Tribune.

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Legislative attention continued

Jessica Gutierrez-Rodriguez, hospital administrator for the Texas Center for Infectious Disease, said it's difficult to explain to Texans why the center's work matters when it comes to warding off complex cases of tuberculosis.

"They think it's a disease of the past," Gutierrez-Rodriguez said. "There's a perception that TB no longer exists and that really that once you get discharged that it's cured, but it's not really cured."

There were 9,105 U.S. tuberculosis cases in 2017, according to the federal Centers for Disease Control and Prevention. Tuberculosis bacteria is [spread through the air](#) from a person who has it in their lungs or throat who coughs, speaks or sings, according to the agency. It's not spread from saliva, touching someone's hand or sharing food and drinks.

Ibitoye, 43, is one of 39 people receiving care at the Texas Center for Infectious Disease in San Antonio, a place deemed by state workers there as a last hope for patients who are sometimes on the verge of death when they arrive. The 75-bed hospital, run by the Texas Department of State Health Services, helps Texans and people nationwide who are referred by a clinic or need court-ordered treatment for severe cases of tuberculosis including multi-drug resistant cases. The facility also provides outpatient treatment for Hansen's disease, known as leprosy.

The average stay for a patient can be anywhere from three months to three years depending on the severity of their illness and how well their body responds to treatment, according to state officials.

Read more at: <https://www.texastribune.org/2018/12/18/texas-tuberculosis-problem-raises-alarm-legislative-attention/>

Latent TB: Updated Treatment Recommendations

Medscape—Perspective, CDC Expert Commentary—Philip S. LoBue, MD, December 17, 2018



Hello. I'm [Dr Philip LoBue](#), director of the [Division of Tuberculosis Elimination](#) at the Centers for Disease Control and Prevention. I'm pleased to speak with you as part of CDC's [Expert Video Commentary series](#) on Medscape.

Today I would like to share important information about the latest recommendations for treating latent tuberculosis infection (TBI). Treatment of latent TBI is essential to controlling and eliminating TB in the United States. Up to 13 million people in the United States have latent TBI.^[1] People with latent TBI do not feel sick or show symptoms, and cannot spread TB bacteria to others. A diagnosis of latent TBI is made if a person has a positive interferon gamma release assay (IGRA) or TB skin test result and a medical evaluation does not indicate TB disease.^[2]

Without treatment, about 1 in 10 people with latent TBI will develop TB disease at some point in their lives. For some, such as people with immunocompromising conditions or who are taking certain medications, that risk is higher.^[3] Treatment greatly reduces this risk. There are several, equally effective [treatment regimens for latent TBI](#). Clinicians should prescribe the more convenient shorter regimens when possible, because patients are more likely to complete them.

CDC has released [updated recommendations](#)^[4] on the shortest of the available regimens for treating latent TBI: 3 months of a combination of isoniazid (H) and rifapentine (P). This regimen, often referred to as 3HP, is taken once weekly for 12 weeks. Clinicians can now prescribe 3HP to patients as self-administered therapy. Previously, 3HP had to be administered by directly observed therapy, with a healthcare worker observing each dose. Self-administered therapy can be more convenient for patients and clinicians.

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Latent TB: Updated Treatment Recommendations (continued)

CDC has released [updated recommendations](#)^[4] on the shortest of the available regimens for treating latent TBI: 3 months of a combination of isoniazid (H) and rifapentine (P). This regimen, often referred to as 3HP, is taken once weekly for 12 weeks. Clinicians can now prescribe 3HP to patients as self-administered therapy. Previously, 3HP had to be administered by directly observed therapy, with a healthcare worker observing each dose. Self-administered therapy can be more convenient for patients and clinicians.

The updated recommendations are also good news for two groups of patients who have a higher risk of developing TB disease once infected: children and people with HIV/AIDS. CDC continues to recommend treatment for people age 12 and older, and now recommends 3HP for children aged 2-11 years. CDC also recommends 3HP for people with latent TB infection and HIV/AIDS who are taking antiretroviral medications, such as efavirenz and raltegravir, which have acceptable [drug interactions](#) with rifapentine.

3HP is not recommended for persons less than 2 years of age, people with HIV/AIDS taking antiretroviral medications with clinically significant drug interactions with once-weekly rifapentine, pregnant women, women expecting to become pregnant during treatment, or persons infected with TB bacteria that is presumed to be isoniazid- or rifampin-resistant.

Prior to beginning 3HP, clinicians should evaluate patients for signs and symptoms of active TB disease. Clinicians should also consider conducting liver function tests for certain patients. It is important that clinicians educate patients about possible adverse events, and instruct patients to use a symptom checklist and medication intake log during treatment. CDC has [guidance and resources](#) for clinicians on patient education and monitoring. Clinicians should also follow CDC guidance on [early detection and management of adverse events](#).

CDC encourages clinicians to test patients who are at increased risk for TB infection.^[5] These include persons born in or who frequently travel to countries where TB disease is common and people who currently or used to live in large group settings. Clinicians should work with patients with latent TB infection to determine the best treatment regimen and provide support and resources to help patients complete treatment.

The United States has made great progress toward the goal of TB elimination. Treating latent TBI infection can help turn elimination into a reality. Our public health system and private providers play a crucial role in this effort to expand testing and treatment for latent TB infection, especially within high-risk communities.

For more information and additional resources on treatment for latent TBI, please visit the CDC [website on TB](#).

Web Resources

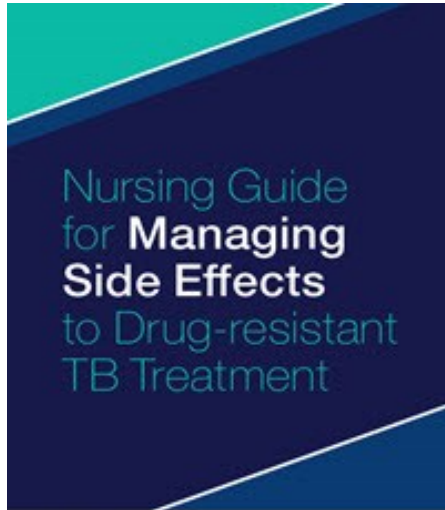
[CDC: Treatment Regimens for Latent TB Infection \(LTBI\)](#); [CDC: The 12-Dose Regimen for Latent TB Infection Treatment: Fact Sheet for Clinicians](#); [CDC: Frequently Asked Questions on the 12-dose regimen for Latent TB Infection for Providers](#); [Frequently Asked Questions on the 12-dose regimen for Latent TB Infection for Pharmacists](#); [CDC: 12-Dose Regimen for Latent TB Infection Patient Education Materials \(available in English, Spanish, Tagalog, and Vietnamese\)](#); [CDC: 12-Dose Regimen for Latent TB Infection-Patient Education Brochure](#); [CDC: 12-Dose Regimen for Latent TB Infection-Medication Tracker and Symptom Checklist](#)

1. Miramontes R, Hill AN, Yelk Woodruff RS, et al. Tuberculosis infection in the United States: p estimates from the National Health and Nutrition Examination Survey, 2011-2012. *PLoS One*. 2015;10:e0140881. [Abstract](#).
2. Lewinson DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children. *Clin Infect Dis*. 2017;64:111-115. [Abstract](#)
3. American Thoracic Society and Centers for Disease Control and Prevention. Targeted tuberculin testing and treatment of latent tuberculosis infection. *Am J Respir Crit Care Med*. 2000;161:S221-S247. [Abstract](#).
4. Borisov AS, Bamrah Morris S, Njie GJ, et al. Update of recommendations for use of once-weekly isoniazid-rifapentine regimen to treat latent Mycobacterium tuberculosis infection. *MMWR Morb Mortal Wkly Rep*. 2018;67:723-726. [Abstract](#)
5. US Preventive Services Task Force. Screening for latent tuberculosis infection in adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2016;316:962-969. [Abstract](#)

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TB.BIT: Recently Published



Nursing Guide for Managing Side Effects to Drug-resistant TB Treatment

Nursing Guide for Managing Side Effects to Drug-resistant TB Treatment is a collaborative project between CITC and the International Council of Nurses (ICN). The guide was developed by nurses with experience in the clinical care and programmatic management of tuberculosis (TB) and drug-resistant tuberculosis (DR-TB) in both high- and low-resource settings.

Patients on treatment for DR-TB face many challenges, most notably difficult side effects such as nausea, hearing loss, and fatigue. These side effects impact the patient's quality of life, capacity to work, and ability to continue activities of daily living. Medication side effects have been cited as a major factor linked to patients stopping treatment.

The guide's authors reviewed nursing and DR-TB literature to establish best practice nursing assessment and intervention guidance. More than 200 nurses who care for patients with DR-TB in 11 countries field tested the guide; their valuable feedback informed the final content and format of the guide.

www.currytbcenter.ucsf.edu/products/nursing-guide-managing-side-effects-drug-resistant-tb-treatment

Resources

TB Education and Training Network

<http://www.cdc.gov/tb/education/Tbetn/default.htm>

National TB Controllers Association

<http://www.tbcontrollers.org>

Find TB Resources

<https://findtbresources.cdc.gov/>

Tuberculosis Epidemiologic Studies Consortium (TBESC)

<http://www.cdc.gov/tb/topic/research/TBESC/default.htm>

Centers of Excellence (COE) TB Training and Education Products

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

Program Collaboration and Service Integration (PCSI)

<http://www.cdc.gov/nchstp/programintegration/Default.htm>

Centers for Disease Control and Prevention, Division of Tuberculosis Elimination

<http://cdc.gov/tb/>

If your organization has any additional links for TB resources that you would like published, please send them to Alysia.Wayne@uthct.edu

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Trainings

2019 HNTC Training Calendar

| Date(s) | Course | Location |
|----------------|---|---------------------|
| February 21—23 | 23rd Conference of The Union North America Region **conducted by International Union Against Tuberculosis and Lung Disease www.theunion.org | Vancouver, Canada |
| March 26 | Screening for TB Infection | Temple, Texas |
| April 4—6 | Central College Health Association Conference | Kansas City, Kansas |
| April 9—11 | TB Nurse Case Management | San Antonio, Texas |
| April 23—26 | National TB Conference: Innovate, Implement, Impact **conducted by National TB Controllers Association www.tbcontrollers.org | Atlanta, Georgia |
| May 21—22 | Foundation for Conducting a TB Contact Investigation | San Antonio, Texas |

This calendar is not inclusive of all available courses. Please refer to the website for any future trainings and detailed information. Courses listed are still open for registration.

Please visit our website: <http://www.heartlandntbc.org/training/calendar.php>

Proposed topics are subject to change; check website for the latest updates.

TRAININGS ARE POSTED TO THE WEBSITE AS THEY ARE CONFIRMED



Heartland National TB Center Staff

2303 Southeast Military Drive, San Antonio, Texas 78223

Tel: 800-TEX-LUNG (839-5864); Fax: 210-531-4590

www.heartlandntbc.org

Medical Director

Barbara Seaworth, MD
(210) 531-4541

barbara.seaworth@dshs.texas.gov

Assistant Medical Director

David Griffith, MD
(903) 877-7267

david.griffith@uthct.edu

Executive Director

Stephanie Ott, CPM
(210) 531-4542

stephanie.ott@uthct.edu

Medical Consultant

Lisa Y. Armitige, MD, PhD
(210) 531-4548

lisa.armitige@dshs.texas.gov

Training Specialist II

Andrea Moreno-Vasquez, M.Ed.
(210) 531-4545

andrea.moreno-vasquez@uthct.edu

Program Specialist

Alysia Wayne
(210) 531-4540

alysia.wayne@uthct.edu

Nurse Consultant/Educator

Iris Barrera, RN
(210) 531-4580

iris.barrera@uthct.edu

Training Specialist II

Delphina Sanchez, MA
(210) 531-4528

delphina.sanchez@uthct.edu

Web Site Content Coordinator

Edgar Salinas, BBA
(210) 531-4520

edgar.salinas@uthct.edu

Nurse Consultant/Educator

Catalina Navarro, RN, BSN
(210) 531-4569

catalina.navarro@uthct.edu



The **MISSION** of the Heartland National TB Center is to build capacity with our partners. We will share expertise in the treatment and prevention of tuberculosis by: developing and implementing cutting-edge trainings, delivering expert medical consultation, providing technical assistance, and designing innovative educational and consultative products.

The **VISION** of Heartland National TB Center is to provide *excellence, expertise, innovation* in training, medical consultation, and product development to reduce the impact of tuberculosis in our region.

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