

# TBeat

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Heartland National TB Center

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## Nationwide Shortage of Aplisol Tuberculin antigens used in performing TB skin tests

The Centers for Disease Control and Prevention (CDC) is expecting a 3 to 10 month nationwide shortage of APLISOL

By The Center for Disease Control and Prevention (CDC) <https://www.cdc.gov/mmwr/volumes/68/wr/mm6824a4.htm>

The Centers for Disease Control and Prevention (CDC), is expecting a 3 to 10 month nationwide shortage of APLISOL®, a product of Par Pharmaceuticals. APLISOL® is one of two purified-protein derivative (PPD) tuberculin antigens that are licensed by the United States Food and Drug Administration (FDA) for use in performing tuberculin skin tests. The manufacturer notified CDC that they anticipate a supply interruption of APLISOL® 5 mL (50 tests) beginning in June 2019, followed by a supply interruption of APLISOL® 1 mL (10 tests) in November 2019. The expected shortage of APLISOL® 1 mL (10 tests) could occur before November 2019, if demand

increases before then. The 3-10 month timeframe for the nationwide shortage is the manufacturer's current estimate and is subject to change.



To monitor the status of this supply interruption, visit FDA's "Center for Biologics Evaluation and Research (CBER)-Regulated Products: Current Shortages" [webpage](#).

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## Updated National Recommendations for Tuberculosis Screening, Testing, and Treatment of Health Care Personnel - May 17, 2019

Smyrna, GA – On May 16, 2019 the National Tuberculosis Controllers Association (NTCA), in partnership with the Centers for Disease Control and Prevention (CDC), released updated recommendations for tuberculosis (TB) screening, testing, and treatment of health care personnel. The updated recommendations are available online at <https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm>.

These updated recommendations supplement the existing 2005 guidelines for preventing the transmission of TB in health care settings. NTCA members led the process that brought together public health, academia, infection control, and occupational health stakeholders in a national workgroup to update these important recommendations.

The new recommendations emphasize the importance of LTBI treatment, an essential component of national efforts to eliminate TB. Treatment for all health care personnel diagnosed with LTBI is strongly encouraged and completion of treatment is enhanced with recent advances in shorter-course treatments for LTBI. Dr. Lynn Sosa, co-lead of the NTCA-CDC workgroup and the Coordinator of the Tuberculosis Control Program for the Connecticut Department of Public Health calls the new recommendations “a big step towards TB elimination in the United States. These recommendations are in line with the US efforts to focus more on LTBI testing and treatment. LTBI treatment is what prevents later transmission of TB, not testing.”

## High Completion Rate for 12 Weekly Doses of Isoniazid and Rifapentine

Kristine M. Schmit, MD; Mark N. Lobato, MD; Simona G. Lang, MPH; Sherri Wheeler, DNP; Newton E. Kendig, MD; Sarah Bur, MPH

[https://journals.lww.com/jphmp/fulltext/2019/03000/High\\_Completion\\_Rate\\_for\\_12\\_Weekly\\_Doses\\_of.18.aspx](https://journals.lww.com/jphmp/fulltext/2019/03000/High_Completion_Rate_for_12_Weekly_Doses_of.18.aspx)

Correctional facilities proved unique opportunities to diagnose and treat persons with latent tuberculosis infection (LTBI). Studies have shown that 12 weekly doses of Isoniazid and rifapentine (INH-RPT) to treat LTBI resulted in high completion rates with good tolerability. The primary objective was to evaluate completion rates and clinical signs or reported symptoms associated with discontinuation of 12 weekly doses of INH-RPT for LTBI treatment. During July 2012 to February 2015, 7 Federal Bureau of Prisons facilities participated in an assessment of 12 weekly doses of INH-RPT for LTBI treatment among 463 inmates. Results showed that out of the 463 inmates treated with INH-RPT, 424 (92%) completed treatment. Reasons for discontinuation of treatment for 39 (8%) inmates included the following: 17 (44%) signs/symptoms, 9 (23%) transfer or release, 8 (21%) treatment refusal, and 5 (13%) provider error.

The LTBI completion rates were high for the INH-RPT

regimen, with few inmates discontinuing because of signs or symptoms related to treatment. This regimen also has practical advantages to aid in treatment completion in the correctional setting and can be considered a viable alternative to standard LTBI regimens.



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## Upcoming Events and Courses

### **\*\*Clinical and Pediatric TB Intensive \*\***

**Course: Clinical TB Intensive**

**Date: July 15—17, 2019**

**Location: Houston, Texas (University of Texas Health Science Center McGovern Medical School)**

This course is intended for physicians, nurse practitioners, and registered nurses with direct experience in the management of patients, with, or at risk of TB. This is not an introductory course. It is required that nursing participants have a minimum of one-year experience in TB case management and attend the TB Nurse Case Management course prior to attending TB Intensive. For more information and to register, see the [brochure](#). Sponsor: Heartland National TB Center

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**Course: Clinical Pediatric TB Intensive**

**Date: July 18, 2019**

**Location: Houston, Texas (University of Texas Health Science Center McGovern Medical School)**

This course is designed for physicians, nurses and public health staff who are actively engaged in the identification, case management, and treatment of pediatric and adolescent patients with tuberculosis infection or disease. The agenda includes topics such as: Evaluation and Management of the Exposed Child; Advocacy for Pediatric TB; TB Meningitis and Adolescent TB. For more information and to register, see the [brochure](#). Sponsor: Heartland National TB Center.

### **\*\*Clinical Pediatric TB Intensive - Live Webcast\*\***

If you are not able to join us for the Clinical Pediatric TB Intensive in Houston, you can now view the presentations live via computer during the session . Register [Here!](#)

## Publications / Achievements / Acknowledgments

Our very own Dr. Armitige was recently acknowledged by the Oxford University Press for her contribution in the new edition of *Fundamentals of HIV Medicine*. Dr. Armitige, in collaboration with Dr. Karen J. Vigil, constructed a chapter titled *Opportunistic Infections*, which focuses on recognizing and managing the most common opportunistic infections found in persons infected with HIV.

For more information about *Fundamentals of HIV Medicine*, please visit:

<https://global.oup.com/academic/product/fundamentals-of-hiv-medicine-2019-9780190936044?q=meisner&lang=en&cc=us>



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## Publications / Achievements / Acknowledgments

### Andrea Moreno-Vasquez

**CDC E-Learning Institute fellowship (ELI)** - We would like to congratulate Andrea on completing her 6 month long CDC E-Learning Institute fellowship. Andrea was 1 of 14 applicants selected out of 100 applicants to complete this fellowship. Andrea constructed an online interactive dose counting quick learn, which will benefit TB nurses and healthcare staff. Andrea had the opportunity to learn various aspects of the e-learning process, including project management, instructional design, and accessibility compliance. At the end of the fellowship, all fellows were invited to present their product at the ELI Fellowship ceremony. To learn more, please visit: <https://www.cdc.gov/elearninginstitute/about/index.html>



### Jacqueline Maldonado

**San Antonio Metropolitan Health District** - Jacqueline is a Public Health Nurse at the City Chest Clinic who has been with the City for five years. She was nominated for the incredible level of caring and professionalism she displayed when dealing with a discharged and extremely infectious Tuberculosis patient who was threatening to board a bus and travel to Minnesota. Jacqueline spoke at length with the patient to discuss his options and urge him to stay at the hospital; he was admitted the very next day. It took a professional, caring, and committed public health nurse to convince this young man to voluntarily enter treatment when many of our other public health tools were not going to make a difference

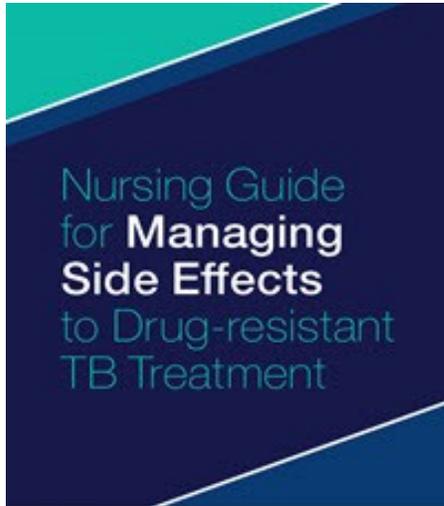


### Jerry Taggert

**World TB Day** - We would like to acknowledge and show our upmost appreciation to Jerry, who has been a great supporter and advocate for TB .



## 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](http://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](mailto:Alysia.Wayne@uthct.edu)\*\*\*

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# Trainings

## 2019 HNTC Training Calendar

Date(s)	Course	Location
July 15 - 17	Clinical TB Intensive	Houston, Texas
July 18	Clinical Pediatric TB Intensive	Houston, Texas
July 18	Clinical Pediatric TB Intensive - Live Webcast	San Antonio, Texas
August 20 - 22	TB Nurse Case Management	San Antonio, Texas
August 23	TB Skin Testing - A Practical Approach	San Antonio, Texas
September 11 - 12	MDR Case Management: Skills Immersion	San Antonio
October 10, 17, 24, 31	Introduction to Nurse Case Management: Online Course	Online
October 2 - 6	2019 ID Week **conducted by the Infectious Disease Society of America <a href="https://idweek.org/">https://idweek.org/</a>	Washington, DC

\*\*Heartland National TB Center offers a variety of mini-fellowship experiences tailored to the need of participants. For additional information, dates or to register for a training, please visit our website.\*\*

\*\*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**



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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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