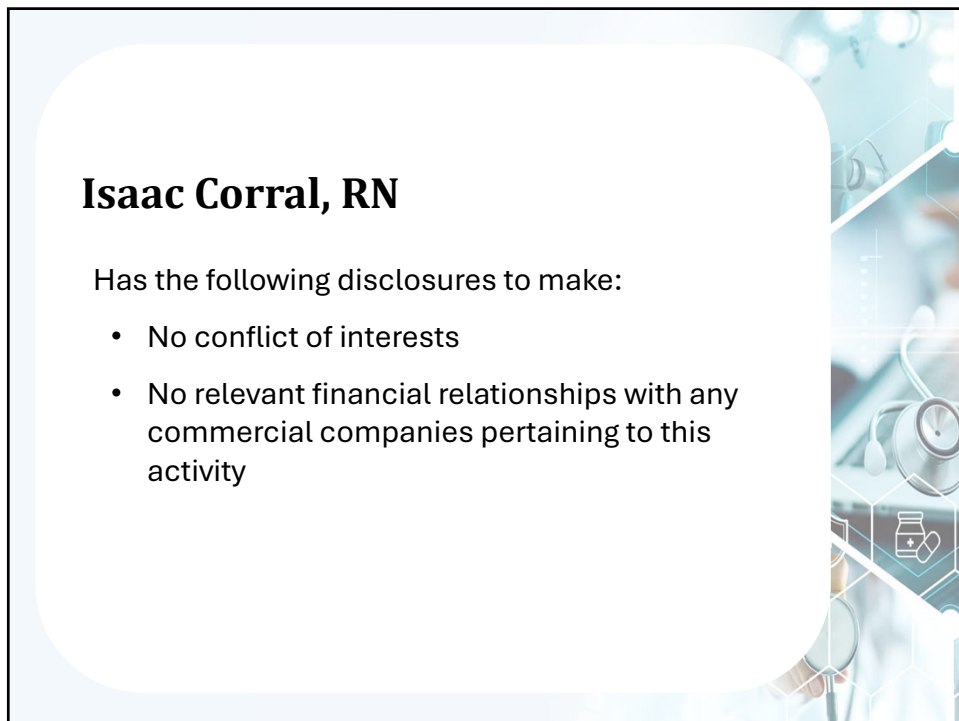




Partnering with Public Health

Isaac Corral, RN
April 16, 2026

Screening and Treating Tuberculosis Infection · April 16, 2026 · Midland, Texas



Isaac Corral, RN

Has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this activity



Texas Department of State
Health Services

Partnering with Public Health

Isaac Corral, RN
Texas Department of State Health Services
Public Health Region 9/10
April 16, 2026


Objectives



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- Identify the role of public health in Tuberculosis (TB) prevention and care.
- Opportunities for collaboration
 - Medical consultation
 - Referral of cases
 - Training and education






Public Health Role in TB Prevention and Care

- Evaluate, diagnose, and treat patients
 - Person being evaluated for TB & Cases
 - Contacts
 - LTBI*
- Contact Investigation
- Evaluate CDC’s Electronic Disease Notification (EDN) system referrals
- Reporting
- Education, Training, & Outreach

*Only recent contacts, children under 5, and those patients at high-risk for converting to TB disease are routinely treated. Others are treated for LTBI as resources allow

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PHR 9/10 Statistics 2023-2026

	2026* <small>(as of 04/13/2026)</small>	2025	2024	2023
Active TB Cases	7	15	16	10
Suspected ¹ of TB	3	4	5	3
Treated LTBI	12	56	56	50
EDN Referrals	45	185	112	41

¹Patients treated for suspected TB & Cases counted in another jurisdiction

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Opportunities for Consultation

Clinical

- Complex comorbidities
- Appropriate treatment regimen
- Diagnostics
- Suspecting TB
- Expert Consultation

Guidance

- Current recommended TB screening practices

Surveillance


- Reported TB history and/or treatment

Interjurisdictional Transfer (IJN)

- Patients that move out of jurisdiction
- Needing evaluation and/or treatment

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Once Cases are Referred






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Regional TB staff should manage the patient's TB treatment in tandem with the referring provider.

Services provided to patient

- Education about TB
- Directly observed therapy
 - Including VDOT
- TB medications
- Specimen collection
 - Monthly labs
 - Sputum
- Case management
- CXR referral








CDC recommends **video directly observed therapy (vDOT)** as equivalent to in-person DOT.

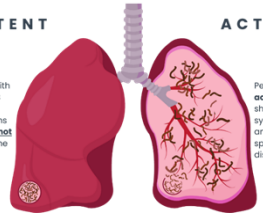
Learn more about CDC recommendations on the use of vDOT during TB treatment.
www.cdc.gov/tb

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Evaluation of Contacts



LATENT TB


People with latent TB show no symptoms and **cannot** spread the disease.

ACTIVE TB

People with active TB show symptoms and **can** spread the disease.

- Infectious TB patient requiring C.I.
 - Interviewed to identify at-risk contacts
- At-risk contacts are offered
 - Education about TB
 - Diagnostic Testing
 - Treatment (if appropriate)
 - Active TB
 - LTBI
 - Window prophylaxis

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Referral Process

for suspected or confirmed TB disease & high-risk TB infection

1. For referral, please provide the following information
 - a. Current CXR
 - b. Mycobacteriology results (if collected)
 - c. IGRA or TST results
 - d. Other applicable tests and records
2. Regional TB staff are required to follow **ALL** confirmed TB cases
 - a. Case management
 - b. Ensure appropriate treatment
 - c. Contact Investigation
 - d. Reporting

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State Mandated Reporting

- Reporting TB disease or infection is required by state statute*
 - Suspected or confirmed TB disease within **1 work day**
 - TB infection within **1 week**
- Secure Fax: (512)323-1929
- 24/7 Reporting Line: (888)847-6892
- Main: (432)683-9492

*[Health & Safety Code, Chapters 81, 84, and 87](#)
[Chapter 97, Title 25, Texas Administrative Code](#)*

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Information to be Reported

1. Positive IGRA or LTBI without treatment
 - a. EPI-2 form - Indicate REPORTING ONLY
 - b. Positive IGRA report or TST documentation
 - c. CXR (if completed)
2. LTBI with Treatment
 - a. Documents listed above AND
 - i. TB-400A or documentation of treatment completion
 - ii. Must include country of birth, if not US born, date of entry
 - iii. Medical and social risk factors

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Reporting Only Without Public Health Follow-up

1. Positive IGRA or TST
 - a. No risk factors
 - b. Normal CXR
 - c. Arrived in US greater than 5 years ago
 - d. No signs and symptoms
2. LTBI diagnosis without treatment
3. LTBI with Completed Treatment
 - a. Documents listed above AND
 - i. TB-400A or documentation of treatment completion
 - ii. Country of birth, if not US born, date of entry

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Public Health Follow-up

- Confirmed Cases
- Contacts to Infectious TB patients
- Suspects
- Children under 5
- Persons living with HIV
- Immunocompromised patients
- Resident of congregate setting
- New or recent US arrivals (5 years or less)
- *Other

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Opportunities for Training and Education

- Evaluation and diagnostic process
- Appropriate testing
- Isolation guidelines
- Reporting
- TST training for corrections staff
- Resources for patient education
- Community presentations






TB Toolkit

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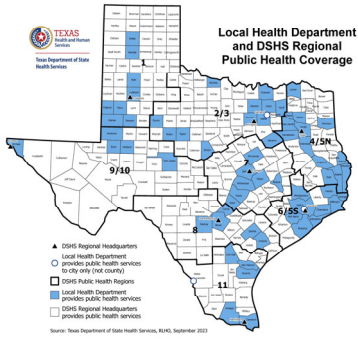
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How You Can Help Us

- Explain TB infection, treatment options, and importance of treatment
- Inform your patient they will be contacted by the state health department TB program if they were referred to the program
- Report & refer



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What the health department DOESN'T do

- Take your patient away from you
- Treat the patient for other medical ailments
- Indiscriminately test for TB infection
- Force treatment for TB infection
- Indiscriminately lock up patients to force them to take TB medications

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Conclusion

- **The TB program of DSHS PHR 9/10 is here**
 - To manage and treat patients with ***suspected or confirmed*** TB disease and their contacts;
 - To treat those with latent TB infection at ***high-risk for progression*** to active disease;
 - As a ***resource*** for TB related questions and problems that arise; and
 - To build a solid foundation for public and private health ***partnership***.

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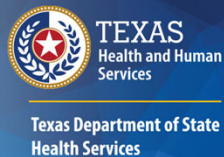
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TB Nurse Case Manager



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Thank you

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