



TBeat

A newsletter produced by the
Heartland National TB Center

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Taking TB Education Across Texas and Beyond

From January through August 2026, Heartland National TB Center connected healthcare professionals with practical TB education through trainings for physicians, nurses, nurse practitioners, contact investigators, and other public health professionals.

2026 highlights included: **World TB Day Webcast, TB Contact Investigation Skills, and Clinical Management of TB for Physicians** - newly piloted

Together, these trainings helped expand access to TB expertise, strengthen clinical and public health skills, and support TB programs across Texas.

Following a *TB Nurse Case Management* course, participants shared how the training helped their teams strengthen case management practices, improve their TB clinic, and connect with colleagues for practical ideas and support.

2026 World TB Day Webcast Successes



Heartland's [2026 World TB Day Webcast](#) brought together **676** participants for a look at the *new age of TB*. Key highlights included:

- Texas TB experts sharing insights and experience
- Emerging TB research and developments
- The debut of Texas' new TB Isolation and Restrictions Guidelines
- A look at progress in TB elimination and what's ahead

The webcast showcased the expertise, innovation, and collaboration driving TB efforts in Texas and beyond.

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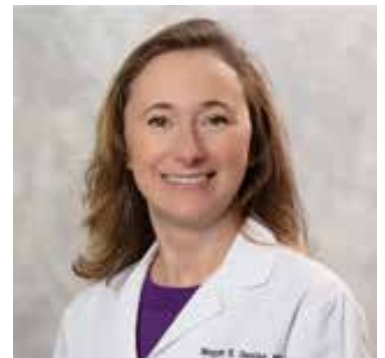
Celebrating Dr. Megan Devine's Clinical Excellence

Congratulations to Dr. Megan Devine!

Heartland is proud to celebrate Dr. Megan Devine, recipient of the Award for Clinical Excellence from the UT Tyler School of Medicine.

A valued Heartland partner and consultant, Dr. Devine has made a lasting impact on patients, trainees, and the East Texas medical community, including through her commitment to TB care.

The award recognizes her dedication to UT Tyler's clinical mission and to providing high-quality care while creating meaningful learning experiences for students and trainees. During the ceremony, she was recognized as someone who *"truly exemplifies the model physician,"* combining exceptional patient care with current medical knowledge. Congratulations, Dr. Devine, on this well-deserved recognition!



A New TB Training for Physicians

Three days condensed into one—without losing the essentials.

This year, Heartland piloted *Clinical Management of TB for Physicians*, a new one-day course designed to make essential TB training more accessible to busy clinicians.

The course brought together 39+ physicians and advanced practice nurses from across Texas and the Binational TB Program with Mexico for focused learning on TB epidemiology, diagnosis, treatment, and management.

Beyond the training itself, participants had the opportunity to connect, share experiences, and strengthen professional relationships across the TB community. The pilot was a success—and we're looking forward to bringing it back!

Making Connections Across Texas Public Health

Heartland National TB Center team members got to experience the inaugural Texas Public Health Association San Antonio Mixer held in April at The Cove Restaurant and Beer Garden! It was a great opportunity to connect, collaborate, and strengthen our public health community across Texas.



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Heartland Kicks Off Texas Public Health Association Conference



Heartland helped kick off the **102nd Annual Texas Public Health Association Conference** in Houston, joining public health professionals from across Texas around this year's *"Boots on the Ground"* theme.

Heartland staff connected with public health organizations, highlighted the continued importance of TB, and learned about initiatives happening across Houston and Texas. As a member of the conference planning committee, Heartland also helped shape the conference program and keep TB part of the conversation.

We're already looking ahead to 2027!

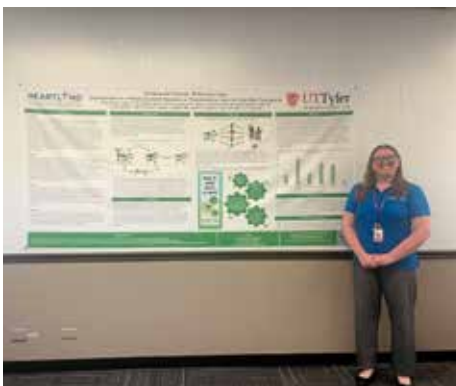
Heartland Takes TB Expertise to the National Stage

Four posters. National visibility. One shared goal: improving TB prevention and care.

In June, Heartland joined TB leaders and colleagues from across the country and around the world at the **30th National TB Coalition of America (NTCA) Conference** in Palm Springs, California.

Heartland team members were honored to serve as NTCA faculty and present four posters highlighting our work in nursing, medical consultation, and education. The presentations showcased resources, strategies, and innovations supporting TB programs and patient care.

The conference was also an opportunity to share expertise, build partnerships, and bring Heartland's work to the national TB community. See pages 4-5 for our four poster presentations.



A horizontal strip of six images showing various microorganisms. From left to right: 1. A cluster of purple, rod-shaped bacteria. 2. A green, elongated, filamentous structure. 3. A brown, spherical, fuzzy cluster of microorganisms. 4. A yellow, rod-shaped bacterium. 5. A red, rod-shaped bacterium. 6. A red, rod-shaped bacterium.

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Strengthening Texas Tuberculosis Programs Through Needs Assessment Feedback, Medical Consultation, and Targeted Training

Brown, Halbert Jr., DBA(c), MBA, Sánchez, Delphina, MA, Davila, Debbie A., MSN, RN, Lerma, Salma D., MSN, RN, Navarro, Catalina B., BSN, RN, Warren-Fields, Lauren A., Med, Wayne, Alysia J., Seaworth, Barbara J., MD, Armitage, Lisa Y., MD, PhD



UT Tyler
HEALTH SCIENCE
CENTER

Abstract

Background: From December 2020 to December 2021, Heartland National TB Center (HNTC) in partnership with Texas Department of Health Services (TDSHS) conducted a statewide needs assessment to identify regional strengths and weaknesses in tuberculosis (TB) education and training across Texas. HNTC aimed to evaluate TB program readiness, understand educational and training needs, and provide educational resources to improve TB program readiness. Findings from the needs assessment will be used to develop targeted training and educational interventions to improve TB program readiness.

Methods: HNTC implemented a statewide needs assessment survey to evaluate TB program readiness across Texas. The survey was distributed to TB program directors and staff across the state. The survey included questions about TB program readiness, educational needs, and training needs. The survey was distributed to TB program directors and staff across the state. The survey included questions about TB program readiness, educational needs, and training needs.

Results: The needs assessment survey identified several key findings. First, TB program readiness was generally low across the state. Second, TB program readiness was lower in rural areas compared to urban areas. Third, TB program readiness was lower in non-English speaking populations compared to English speaking populations. Fourth, TB program readiness was lower in populations with limited access to healthcare services compared to populations with access to healthcare services. Fifth, TB program readiness was lower in populations with limited access to social services compared to populations with access to social services. Sixth, TB program readiness was lower in populations with limited access to mental health services compared to populations with access to mental health services. Seventh, TB program readiness was lower in populations with limited access to substance use services compared to populations with access to substance use services. Eighth, TB program readiness was lower in populations with limited access to housing services compared to populations with access to housing services. Ninth, TB program readiness was lower in populations with limited access to food services compared to populations with access to food services. Tenth, TB program readiness was lower in populations with limited access to transportation services compared to populations with access to transportation services.

Conclusions: The needs assessment survey identified several key findings. First, TB program readiness was generally low across the state. Second, TB program readiness was lower in rural areas compared to urban areas. Third, TB program readiness was lower in non-English speaking populations compared to English speaking populations. Fourth, TB program readiness was lower in populations with limited access to healthcare services compared to populations with access to healthcare services. Fifth, TB program readiness was lower in populations with limited access to social services compared to populations with access to social services. Sixth, TB program readiness was lower in populations with limited access to mental health services compared to populations with access to mental health services. Seventh, TB program readiness was lower in populations with limited access to substance use services compared to populations with access to substance use services. Eighth, TB program readiness was lower in populations with limited access to housing services compared to populations with access to housing services. Ninth, TB program readiness was lower in populations with limited access to food services compared to populations with access to food services. Tenth, TB program readiness was lower in populations with limited access to transportation services compared to populations with access to transportation services.

Background

Tuberculosis (TB) prevalence and rates in Texas require a rigorous public health intervention supported by a knowledgeable workforce. Given Texas' large geographic, diverse populations, and varying regional capacities, TB education and workforce development demands differ significantly across jurisdictions. To address these disparities, HNTC, in partnership with Texas Health, conducted a statewide needs assessment from December 2020 through November 2021 to better understand regional needs for TB education, workforce support, and program readiness.

The statewide assessment utilized TB knowledge and identified gaps in training, healthcare education, and infection control education at 11 Texas public health regions through electronic surveys and targeted telephone outreach to rural health departments. Findings provided insight into the workforce's educational, professional, and access needs, informing regionally tailored TB training programs designed with local practices. This data-driven approach strengthened tuberculosis programs, improved workforce competency, enhanced resource allocation, and supported sustainable strategies for long-term TB prevention and care across Texas.

Methods

HNTC developed a statewide needs assessment survey to evaluate TB readiness across jurisdictions, including needs, formal education needs, and medical consultation utilization across 10 local health departments representing all 11 Texas public health regions. A four-phase data collection strategy used a mix of survey participation, regional site consultations, and in-person training to provide opportunities for program feedback, discussion, case-based learning, and peer collaboration.

In Phase 1, electronic surveys collected quantitative and qualitative data on workforce challenges, training needs, formal education needs, and medical consultation utilization across 10 local health departments representing all 11 Texas public health regions. A four-phase data collection strategy used a mix of survey participation, regional site consultations, and in-person training to provide opportunities for program feedback, discussion, case-based learning, and peer collaboration.

Results

HNTC implemented a statewide needs assessment survey to evaluate TB program readiness across Texas. The survey was distributed to TB program directors and staff across the state. The survey included questions about TB program readiness, educational needs, and training needs. The survey was distributed to TB program directors and staff across the state. The survey included questions about TB program readiness, educational needs, and training needs.

Key findings from the needs assessment included significant variation in TB program staff education across jurisdictions and workforce readiness to grow and sustain, particularly among rural, non-English speaking, and program support staff. TB nurse case management remains a core function across programs, and all jurisdictions reported having program support for TB control case, although staffing levels ranged from full-time to part-time positions. Training methods were highly consistent across programs, relying heavily on CDC TB module-based certification and Heartland National TB Center trainings.

Major educational needs identified included educational management of TB and treatment-related competencies, additional physician training, and practical TB case management education. Programs expressed strong interest in training related to contact investigation, nurse case management, post-exposure, TB, and implementation of risk results. Participants also expressed the value of locally delivered, in-person trainings that provide opportunities for program feedback, discussion, case-based learning, and peer collaboration.

Overall, the needs assessment demonstrated ongoing workforce development needs across TB programs, consistent requests for healthcare trainings and consultation support, and sustained demand for practical, case-based educational education. Findings also highlighted a particular need for additional support to strengthen TB management and disease alert monitoring.

Results continued

During operational year 2024, HNTC delivered 127.36 hours of training to 1,818 participants, including 1,818 online and 236 in-person attendees. In operational year 2025, online and in-person program participation continued substantially. HNTC delivered 121.78 hours of TB training to 1,348 participants, including 1,788 online and 171 in-person attendees.

HNTC 2024 vs 2025: Medical Consultations and TB-related Training Participation

Medical Consultation: Data from medical consultation participation across regions from 2024 to 2025.

Region	2024	2025
Region 1	1,000	1,000
Region 2	1,000	1,000
Region 3	1,000	1,000
Region 4	1,000	1,000
Region 5	1,000	1,000
Region 6	1,000	1,000
Region 7	1,000	1,000
Region 8	1,000	1,000
Region 9	1,000	1,000
Region 10	1,000	1,000
Region 11	1,000	1,000
TOTAL CONSULTS	10,000	10,000

Medical Consultation Summary: Data from medical consultation participation across regions from 2024 to 2025.

Region	2024	2025
Region 1	1,000	1,000
Region 2	1,000	1,000
Region 3	1,000	1,000
Region 4	1,000	1,000
Region 5	1,000	1,000
Region 6	1,000	1,000
Region 7	1,000	1,000
Region 8	1,000	1,000
Region 9	1,000	1,000
Region 10	1,000	1,000
Region 11	1,000	1,000
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Medical Consultation Summary: Data from medical consultation participation across regions from 2024 to 2025.

Region	2024	2025
Region 1	1,000	1,000
Region 2	1,000	1,000
Region 3	1,000	1,000
Region 4	1,000	1,000
Region 5	1,000	1,000
Region 6	1,000	1,000
Region 7	1,000	1,000
Region 8	1,000	1,000
Region 9	1,000	1,000
Region 10	1,000	1,000
Region 11	1,000	1,000
TOTAL CONSULTS	10,000	10,000

Medical Consultation Summary: Data from medical consultation participation across regions from 2024 to 2025.

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Region 2	1,000	1,000
Region 3	1,000	1,000
Region 4	1,000	1,000
Region 5	1,000	1,000
Region 6	1,000	1,000
Region 7	1,000	1,000
Region 8	1,000	1,000
Region 9	1,000	1,



TB Poster Presentations at 2026 National TB Coalition of America Conference

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Bridging the Zoonotic TB Education Gap:
Development of a Patient-Centered Resource on *Mycobacterium bovis* for High-Risk Populations

Warren-Fields, Lauren A., MEd, Wayne, Alysia, Sanchez, Delphina, MA, Navarro, Catalina B., BSN, RN, Davila, Debbie A., MSN, RN, Lerma, Salma D., MSN, RN, Brown, Halbert Jr., DBA(c), MBA, Seaworth, Barbara J., MD, & Armitage, Lisa Y., MD, PhD

UT Tyler
THE UNIVERSITY OF TEXAS AT TYLER

Abstract

Introduction
Disease caused by *Mycobacterium bovis* (M. bovis), part of the *M. tuberculosis* (M. TB) complex, is an important public health concern. It often leads to severe, disseminated tuberculosis (TB) disease and has significant economic impact on agriculture. Heartland National TB Center (HNTC) recognized the need for expanded education because of rising cases, disease transmission, and ongoing spread in livestock and wildlife. In Texas, especially among agricultural and livestock-exposed populations, M. bovis poses unique transmission risks through unpasteurized dairy products and direct animal contact, complicating diagnosis and prevention. Treatment is longer because all strains are resistant to pyrazinamide, and many patients develop extrapulmonary disease such as meningitis, disfigurement, or disability. Recognizing this knowledge gap, HNTC developed an evidence-based resource to improve awareness, risk recognition, and targeted public health interventions for high-risk groups.

Methods
A literature synthesis using guidance from the Centers for Disease Control and Prevention and the United States Department of Agriculture, reviewed epidemiology, microbiology, and clinical differences between M. TB complex and M. bovis. Focus areas included zoonotic transmission (e.g., unpasteurized dairy consumption, livestock contact), pathophysiology, symptoms, and treatment recommendations. High-risk cohorts were identified using occupational health frameworks. Content development applied health literacy and risk communication principles. A patient-facing brochure was created using Adobe Illustrator and iStock and refined through multidisciplinary peer review, including clinical experts, to ensure accuracy, clarity, and cultural appropriateness.

Results
The finalized educational product is a rigorously edited, visually accessible brochure that translates complex clinical and epidemiological concepts into patient-friendly language without compromising scientific integrity. Internal review processes enhanced content validity, optimized layout and graphical elements, and ensured alignment with current TB guidelines. While external review processes opened the underlying goal and objectives of the educational resource through quality improvements, this resource will have the distribution of being one of the very few educational resources tailored specifically towards a patient audience as evidenced by a literature analysis of the top 50 Google search results shown below. The resource will be disseminated via the HNTC website and targeted for very contributions to public health stakeholders and community partners, facilitating broad accessibility nationwide and internationally.

Conclusion
This initiative highlights the importance of targeted, evidence-based education on less recognized TB forms for M. bovis. Evaluation will include digital analytics and dissemination tracking to measure reach and use. Stakeholder feedback will guide ongoing improvements and future resources. By addressing knowledge and clinical risks in vulnerable groups, HNTC supports a more comprehensive, inclusive TB elimination strategy.

Introduction

Disease caused by *Mycobacterium bovis* (M. bovis), part of the *Mycobacterium tuberculosis* (M. TB) complex, is an important public health concern. Infection from M. bovis often leads to severe, disseminated tuberculosis (TB) disease and has significant economic impact on agriculture. Heartland National TB Center (HNTC) is a regional leader in TB education, prevention, and workforce development. As such, HNTC recognized the need for expanded epidemiological education due to rising cases, clinical challenges, and the ongoing spread of M. bovis in livestock and wildlife.

Figure 1. Transmission of M. bovis among livestock

In Texas, especially among agricultural and livestock-exposed populations, M. bovis poses unique transmission risks through unpasteurized dairy products and direct animal contact, complicating diagnosis and prevention. Treatment is longer because all strains are resistant to pyrazinamide, a common first-line medication in TB therapy. Additionally, many patients develop extrapulmonary diseases, such as meningitis, disfigurement, or disability. Recognizing this knowledge gap, HNTC developed an evidence-based resource to improve awareness, risk recognition, and targeted public health interventions for high-risk groups.

Methods

A literature synthesis using guidance from the Centers for Disease Control and Prevention and the United States Department of Agriculture, reviewed epidemiology, microbiology, and clinical differences between M. TB complex and M. bovis. Focus areas for resource development included zoonotic transmission (e.g., unpasteurized dairy consumption, livestock contact), pathophysiology, symptoms, and treatment recommendations. High-risk cohorts (e.g., farmers, ranchers, hunters, butchers) were identified using occupational health frameworks. Content development applied health literacy and risk communication principles, which informed how to outline the research and information and determine the format of the educational resource.

Methods

Figure 2. Zoonotic transmission of M. bovis via animal products

This led to a patient-facing brochure that was created using digital publishing tools, such as Adobe Illustrator and iStock, and refined through multidisciplinary peer review including clinical experts, to ensure accuracy, clarity, and cultural appropriateness. External partners and other subject matter experts are then consulted to review and provide feedback on the educational resource's accuracy based on the current literature and accessibility towards the targeted demographic.

Figure 3. HNTC's multidisciplinary peer review process for educational resource development

Results

Chart 1. Breakdown of Top 50 Google Search Results for 'M. bovis educational resource' by Target Audience

Conclusion

This initiative highlights the importance of targeted, evidence-based education on less recognized TB forms like M. bovis. Evaluation will include digital analytics and dissemination tracking to continuously measure reach and use. Stakeholder feedback will guide ongoing improvements to the educational resource as well as future resource development. By addressing knowledge and clinical risks in vulnerable groups, HNTC supports a more comprehensive, inclusive TB elimination strategy.

Acknowledgements

HNTC would like to thank the Texas Department of State Health Services, Public Health Region 1 team for sharing their results and concerns amongst their communities, supporting the creation of this educational resource and our continued efforts to eliminate TB.

References

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Advancing Tuberculosis Nursing Practice in Texas: Outcomes and Impact of the Texas TB Expert Meeting

Davila, Debbie A., MSN, RN, Lerma, Salma D., MSN, RN, Navarro, Catalina B., BSN, RN, Seaworth, Barbara J., MD, Armitage, Lisa Y., MD, PhD, Brown, Halbert Jr., DBA(c), MBA, Warren-Fields, Lauren A., MEd, Wayne, Alysia J., Sanchez, Delphina, MA

UT Tyler
HEALTH SCIENCE CENTER

Abstract

Background
Heartland National TB Center is a leading global infection center of excellence and recently won 10 national awards in 2023. For COVID-19 disruptions have increased pressure in TB nursing, including increased incidence, and recognition of drug-resistant TB. Heartland National TB Center (HNTC) recognized the need for expanded education because of rising cases, disease transmission, and ongoing spread in livestock and wildlife. In Texas, especially among agricultural and livestock-exposed populations, M. bovis poses unique transmission risks through unpasteurized dairy products and direct animal contact, complicating diagnosis and prevention. Treatment is longer because all strains are resistant to pyrazinamide, and many patients develop extrapulmonary disease such as meningitis, disfigurement, or disability. Recognizing this knowledge gap, HNTC developed an evidence-based resource to improve awareness, risk recognition, and targeted public health interventions for high-risk groups.

Methods
A literature synthesis using guidance from the Centers for Disease Control and Prevention and the United States Department of Agriculture, reviewed epidemiology, microbiology, and clinical differences between M. TB complex and M. bovis. Focus areas included zoonotic transmission (e.g., unpasteurized dairy consumption, livestock contact), pathophysiology, symptoms, and treatment recommendations. High-risk cohorts were identified using occupational health frameworks. Content development applied health literacy and risk communication principles. A patient-facing brochure was created using Adobe Illustrator and iStock and refined through multidisciplinary peer review, including clinical experts, to ensure accuracy, clarity, and cultural appropriateness.

Results
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Conclusion
This initiative highlights the importance of targeted, evidence-based education on less recognized TB forms for M. bovis. Evaluation will include digital analytics and dissemination tracking to measure reach and use. Stakeholder feedback will guide ongoing improvements and future resources. By addressing knowledge and clinical risks in vulnerable groups, HNTC supports a more comprehensive, inclusive TB elimination strategy.

Methods

Heartland National TB Center partnered with Texas Department of State Health Services to develop a 1.5-day educational conference in San Antonio.

- 42 registered participants
- 10 attendees
- Public health nurses, nurse practitioners, and TB program staff across Texas

Education Strategies, Topics, and Evaluation Measures

Education Strategy	Topics	Evaluation Measures
Didactic	Current TB epidemiology, clinical presentation, and treatment recommendations	Pre-test/post-test knowledge assessment
Case Studies	Complex case management, emerging treatment, and patient engagement	Pre-test/post-test knowledge assessment
Simulation	Complex case management, emerging treatment, and patient engagement	Pre-test/post-test knowledge assessment

Results

Post-conference evaluation showed overall learning objectives were met, with 79% of participants reporting increased knowledge and 100% reporting increased confidence in TB management.

Results

MEETING EVALUATION SUMMARY

A four-month post-evaluation survey was distributed to nurses to assess the effectiveness of the training and the extent to which knowledge gained was applied in practice. A total of 24 respondents completed the evaluation.

Complex Case Management Knowledge Enhancement

Emerging Treatment Knowledge Enhancement

HBV TB Knowledge Enhancement

Results

Eighty-three participants completed the evaluation following the Texas TB Expert Meeting (100% attendance). The meeting was highly rated, with an overall rating of 4.5/5.0 and an average rating of 4.5/5.0 for topics. Participants reported high satisfaction with the meeting content and format, and a strong desire to continue learning and collaboration. Feedback also identified opportunities for additional case-based and interactive learning to further support skill development and workforce capacity building.

Background/Introduction

Tuberculosis (TB) remains one of the leading infectious causes of morbidity and mortality worldwide. In 2023, an estimated 10.8 million TB cases and 1.25 million deaths were reported globally.

Public Health Challenges

- Rising TB incidence
- Drug-resistant TB
- Stigma and discrimination
- Healthcare access barriers
- Increasing clinical complexity

Barriers to TB Care

- Lack of awareness
- Stigma and discrimination
- Healthcare access barriers
- Increasing clinical complexity

Conclusions

The Texas TB Expert Meeting strengthened statewide and national collaboration while advancing knowledge related to TB treatment. HNTC TB management, public health coordination, and patient-centered care. The conference reinforced the critical leadership role of nurses in TB prevention and control and highlighted the importance of continued education in specialized TB nursing education and workforce development across Texas.

Acknowledgements

The authors acknowledge the Texas Department of State Health Services for its partnership and collaboration with Heartland National TB Center in planning and supporting the Texas TB Expert Meeting.



Spotlight: Heartland's Extended Family

Featuring **Melissa Davis, RN, BSN, MS**

Melissa has worked in partnership with Heartland over the past 9 years, sharing her time and expertise with TB nurses. She has delivered 14 presentations and provided her knowledge and expertise to 11 Heartland National TB Center trainings. We thank Melissa for her dedication to the patients she has helped and her lasting impact in educating others about nursing and TB. The following are her responses to questions related to her TB career.



What inspired you to work with patients affected by TB, and what made you pursue a career in TB care?

I have always been interested in infectious disease and public health. Public health was my favorite class in nursing school. I've been an RN for over 30 years, with 27 years in public health in Texas at Public Health Region 11. From my first job in med surg to my first job in public health, I have been involved in TB care. I find TB care and program management very fulfilling and meaningful. I love advocating for patients with TB, being honored to help patients get treated and improve their health. I also love that there's so many facets to TB clinical care and program management; from direct care, case management, evaluating patients exposed to TB, surveillance, epidemiology, and training and education. There is never a boring day! I am also inspired to work in TB because of the vital role nursing plays in TB care. There is an expanded role for nurses in TB care. I am also passionate about decreasing stigma in TB care.

How has your role evolved since you first began working in TB care?

My role has evolved from treating patients with TB at an acute care hospital to supporting and supervising a clinic, where comprehensive public health services, including TB, were provided, to working full-time in TB as the PHR 11 TB Program Manager. I have been the TB program manager for DSHS PHR 11 for the last 13 years. My role as TB Program Manager has also evolved over the years; I also began overseeing the binational TB Program "Grupos Sin Fronteras" in 2016, where I have been helped so much by Dr. Seaworth, Dr. Armitige and Catalina Navarro. It's an honor. My role has also evolved from attending TB trainings to helping develop and provide the trainings, and from learning policies and procedures to helping develop them. I have also been so blessed to have a fantastic TB team in PHR 11, support from my manager, great physicians, and leadership in PHR 11, and the support and guidance from TB central office, pharmacy, lab, and TCID. It has also been amazing working with Heartland: from trainings, guidance, support, to the honor of learning from and collaborating with Dr. Seaworth, Dr. Armitige, and the nurse experts and educators/trainers.

What do you find most rewarding about working with TB patients?

I find it most rewarding helping patients and seeing their health improve so much from when they first start treatment to when they finish. I also love advocating for patients to help ensure that they get the best treatment and care available.

If readers take away one message about TB work, what would you want it to be?

It is so rewarding and interesting to work in TB and make a difference in people's lives. You will also be supported by amazing TB experts. It can be "hard," but if it wasn't everyone would be doing it.

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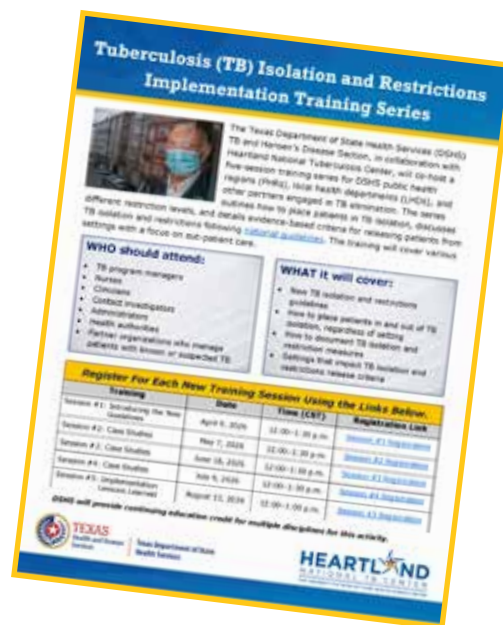


IMPORTANT UPDATE

NOW AVAILABLE

DSHS Tuberculosis Isolation and Restrictions Implementation Archived Webcast Series

The Texas Department of State Health Services (DSHS) in partnership with Heartland National TB Center (HNTC) is pleased to announce that the archived *Tuberculosis Isolation and Restrictions Implementation* webinar series is **now available**.



Resource [**TB Isolation and Restrictions Implementation Guide**](#)

Mar. 2026

Session 1 Video: [**Introducing the DSHS TB Isolation and Restrictions Implementation Guide**](#)
Presentation: [**Introducing the DSHS TB Isolation and Restrictions Implementation Guide**](#)

Apr. 2026

Session 2 Video: [**Placing Patients In and Out of TB Isolation and Restrictions**](#)
Presentation: [**Placing Patients In and Out of TB Isolation and Restrictions**](#)

May 2026

Session 3 Video: [**Settings and Contact Investigations**](#)
Presentation: [**Settings and Contact Investigations**](#)

Jun. 2026

Session 4 Video: [**Assessing and Educating the Patient**](#)
Presentation: [**Assessing and Educating the Patient**](#)

Jul. 2026

Session 5 Video: [**Frequently Asked Questions and Lessons Learned**](#)
Presentation: [**Frequently Asked Questions and Lessons Learned**](#)

Aug. 2026



TEXAS
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Texas Department of State
Health Services



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TRAININGS

HNTC Training Calendar

Date(s)	Course	Location
Dec. 3 - 4, 2026	<i>PILOT Immersive TB Training for Nurse Practitioners (By invitation only)</i>	San Antonio, TX
Dec. 11, 2026	<i>Pediatric TB Webcast Series 2: Pediatric TB Radiology 12:00 pm - 1:30 pm CT</i>	Online
Jan. 14, 2027	<i>Screening and Treating Tuberculosis Infection</i>	El Paso, TX
Jan. 19, 26, Feb. 2, 9, 2027	<i>LEVEL 1: Introduction to TB Nurse Case Management 12:00 pm - 1:30 pm</i>	Online
Feb. 4, 2027	<i>Pediatric TB Webcast Series 3: Practical Pediatric TB 12:00 pm - 1:30 pm CT</i>	Online
Feb. 18, 25, Mar. 4, 11, 2027	<i>LEVEL 2: Essentials of TB Nurse Case Management 1:00 pm - 2:30 pm CT</i>	Online

**** Please refer to the website for any future trainings and detailed information. ****

Please visit our website heartlandntbc.org/training/
Proposed topics are subject to change. Please check our website for the latest updates.

TRAININGS ARE POSTED TO THE WEBSITE AS THEY ARE CONFIRMED

RESOURCES

Centers for Disease Control and Prevention, Division of Tuberculosis Elimination — <http://cdc.gov/tb/>

TB COE's for Training, Education, and Medical Consultation — <https://www.cdc.gov/tb-programs/php/about/tb-coe.html/>

Find TB Resources — <https://findtbresources.cdc.gov/>

National TB Controllers Association — <http://www.tbcontrollers.org/>

Department of State Health Services — <https://www.dshs.texas.gov/tuberculosis-tb/>

*If your organization has any additional links for TB resources that you would like published, please send them to
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The MISSION of Heartland National TB Center is to collaborate with public health partners throughout Texas to reduce the impact of TB through state-of-the-art training, innovative educational and consultative resources.

The VISION of Heartland National TB Center is to be the most patient-conscious, professional healthcare organization focused on TB elimination while supporting public health and private partners in our communities.

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