

## TRIENNIAL REVIEW TOOL-TUBERCULOSIS

COUNTY:

ADMINISTRATOR:

DATE:

REVIEWER:

PARTICIPANTS:

Criteria for Compliance	Compliant		Comments / Documentation / Explanation/ Timelines
	Yes	No	
<b>I. Surveillance &amp; Reporting/Follow-up for TB Notification: REQUIREMENT: Reporting</b> <b>Citation: ORS 431.416(2), ORS 433.004(1), ORS 433.035, ORS 437.010, OAR 333-018-0000 - 0020, Investigative Guidelines (January 2005) pp. 1-2 (see Table 1 Reporting Forms &amp; Timelines, p. 2), 11-12, 14-15, 22-23, Cooperative Agreement: National Goals (8), and all Oregon Guidelines for Diagnosis &amp; Initial Management of Persons with Suspected TB.</b>			
a. The Local Public Health Authority (LPHA) accepts notification of tuberculosis (TB) cases & suspects from providers.			
b. The LPHA accepts and makes jurisdictional referrals (to other counties or other states).			
c. The LPHA accepts notification of A/B Waivers from the State TB Program and CDC			
d. The LPHA has the ability to generate TB reports.			
e. The LPHA demonstrates ability to locate & fully evaluate patients that are notified to the LPHA (either through home-visit or clinic).			
f. The LPHA demonstrates the ability to initiate & complete reports for latent TB infection (LTBI).			
g. Reports are submitted in a timely manner.			

h. Reports are submitted in a complete manner.			
Criteria for Compliance	Compliant Yes      No		Comments / Documentation / Explanation/ Timelines
<b>II. Assurance of Medical Care: REQUIREMENT: Disease Investigation &amp; Control</b> <b>Citation: ORS 433.006, 433.035, OAR 333-19-0000, Investigative Guidelines (January, 2005) pp. 3, 5-18, Oregon Guidelines for Diagnosis &amp; Initial Management of Persons with Suspected TB (all), ATS: Diagnostic Standards and Classification of Tuberculosis in Adults &amp; Children <u>AJCCM Vol. 161</u>. CDC: Treatment of TB <u>MMWR 6/20/03 Vol. 52, No. RR-11</u>, CDC: Targeted Testing &amp; Treatment of LTBI <u>MMWR 6/9/00 Vol. 49/No. RR-6</u>, Oregon Guidelines: Treatment of Latent TB Infection (2004), CDC Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis <u>MMWR 12/16/05 Vol. 54/No. RR-15</u>, CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, <u>MMWR 12/30/05, Vol. 54/No. RR-17</u>.</b>			
Medical care can be provided including:  a. Expert TB clinical consultation b. Laboratory services c. Chest Radiography d. Sputum collection e. Sputum induction f. Airborne infection isolation g. Hospitalization h. HIV counseling & testing i. Oversight of private medical physician care			
The Oregon State Public Health Laboratory is sent <u>isolate</u> from all initial culture -positive cases.			
Appropriate <u>TB treatment</u> is given to each active and latent TB case according to CDC & DHS guidelines.			

<u>Clinical Monitoring</u> is done according to CDC & Oregon DHS guidelines.			
<b>Criteria for Compliance</b>	<b>Compliant</b> <b>Yes      No</b>		<b>Comments / Documentation / Explanation/ Timelines</b>
The LPHA has demonstrated ability to liaison with local institutions for TB care –this would include such institutions as: Corrections Hospitals Nursing homes Schools Local Clinics Homeless shelters Private Medical Providers offices Hospice Non-traditional Long term care providers Others			
<b>II. A: TB Nurse Case Management: Investigative Guidelines (January 2005) pp. 14-22</b>			
TB Nurse Case Management Training is complete: (CDC Self Study Modules 1-9 or Medical Management of TB/Contact Investigation training provided by State TB Program or equivalent)			

<p>TB Nurse Case Management is followed according to the DHS guidelines, including:</p> <ul style="list-style-type: none"> <li>a. Ability to conduct initial patient assessment &amp; home visit.</li> <li>b. Arrange case holding (incentives &amp; enablers), develop &amp; implement a comprehensive care plan.</li> <li>c. Provision of Directly Observed Therapy (DOT).</li> <li>d. If necessary, initiate legal orders, detention or order to examine.</li> <li>e. Provision of on-going case management, in-person visits &amp; monitoring.</li> <li>f. Ability to close case</li> </ul>			
<p><b>II. B: TB Contact Investigation: Investigative Guidelines (January 2005) pp. 9-13 &amp; CDC Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis MMWR 12/16/2005, Vol. 54, No. RR-15.</b></p>			
<p>TB Nurse Case Management contact investigation is conducted according to CDC &amp; TB Investigative Guidelines.</p> <p>TB contact investigation includes the ability to:</p> <ul style="list-style-type: none"> <li>a. Conduct initial patient interview to elicit contacts.</li> <li>b. Locate contacts.</li> <li>c. Have access to/knowledge of local community.</li> <li>d. Provide clinical evaluation of contacts (especially children) including: TB skin test, chest x-ray, sputum testing.</li> <li>e. Start/complete treatment of contacts of LTBI, prioritizing high-risk contacts.</li> <li>f. Perform extended contact investigation (workplace, schools, etc.).</li> </ul>			

**III. Program Planning & Policy Development**

**Citation: ORS 433.006 - 0156, OAR 333-19-0000 - 0002, Oregon Guidelines for Diagnosis & Initial Management of Persons with Suspected TB (all), CDC: Treatment of TB MMWR 6/20/03 Vol. 52, No. RR-11, CDC: Targeted Testing & Treatment of LTBI MMWR 6/9/00 Vol. 49/No. RR-6, Oregon Guidelines: Treatment of Latent TB Infection (2004), Investigative Guidelines (January 2005) pp. 6-22. ATS/CDC/IDSA: Controlling Tuberculosis in the United States, MMWR 11/4/05, Vol. 54, No. RR-12.**

Criteria for Compliance	Compliant		Comments / Documentation / Explanation/ Timelines
	Yes	No	
a. The LPHA identifies providers serving high-risk communities (corrections, migrants, etc.) & networks with reporting sources.			
b. The LPHA allocates dedicated resources to conduct TB control activities.			
c. TB training & education materials are available for staff.			

**IV. REQUIREMENT: Program Evaluation**

**Citation: County Contracts, CDC Cooperative Agreement (current), CDC: Essential Components of a TB Prevention & Control Program MMWR 9/8/95. Vol. 44, No. RR-11.**

<p>National TB Program Goals are Reached:</p> <ul style="list-style-type: none"> <li>&gt;90% Completion of Treatment within 12-months</li> <li>&gt;1 contact identified in &gt;90% sputum smear+ cases</li> <li>&gt;95% contacts to sputum smear+ cases evaluated</li> <li>&gt;85% contacts on LTBI complete treatment</li> <li>&gt;85% adult TB cases tested for HIV</li> <li>&gt;70% A&amp; B waivers complete evaluation in 45 days</li> </ul>			
Criteria for Compliance	Compliant Yes      No		Comments / Documentation / Explanation/ Timelines
<p><b>V. REQUIREMENTS: Other</b>  <b>Citation: OAR 333-0010-0041, Nursing Practice Act (Division 45), ORS 433.019, 433.035, 433.106-156, Investigative Guidelines (January 2005) pp. 13-14, 19-24. CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, MMWR 12/30/05, Vol. 54/No. RR-17. CDC: Targeted Testing &amp; Treatment of LTBI. MMWR 6/9/00. Vol. 49, No. RR-6, pp. 22-23. ATS/CDC/IDSA: Controlling Tuberculosis in the United States, MMWR 11/4/05, Vol. 54. No. RR-12.</b></p>			
a. TB Exposure & Control Plan (TBECP) in place & updated.			
b. Standing Orders for TB are written, in place and updated as needed. Are signed and dated by current health officer.			
<p><b>VI. Targeted Testing &amp; Treatment of LTBI</b>  <b>Citation: County Contracts, CDC Cooperative Agreement (current), CDC: Essential Components of a TB Prevention &amp; Control Program MMWR 9/8/95. Vol. 44, No. RR-11, Investigative Guidelines (January 2005) pp. 23-24.</b></p>			
Targeted testing for LTBI is based upon accurate epidemiological evidence and after demonstrating successful treatment for TB cases & contacts.			

OSPHL = Oregon State Public Health Laboratory

LTBI = Latent Tuberculosis Infection

¶ CDC = Centers for Disease Control & Prevention,  
DHS = Oregon State Department of Human Services (Health Services)