Steve Sisolak Governor

MORLD TB DAY

Created Mar 2021



Richard Whitley Director

## State of Nevada Department of Health and Human Services



**Nevada TB Partners** 

Division of Public and Behavioral Health (DPBH) Tuberculosis (TB) Program

Susan McElhany, DMD, DPBH TB Program Manager Helping people. It's who we are and what we do.

## Nevada TB Partners



Agenda for today's brief presentation:

- DPBH TB program: Overview of TB in the World/US/NV
- Southern Nevada Health District (SNHD)- serving Clark Co.
  - Highlights of services and TB in Clark County
- Washoe County Health District (WCHD)- serving Washoe Co.
  - Highlights of services and TB in Washoe County
- Closing comments from DPBH TB



# WORLD TB DAY, March 24

World TB Day is observed each year on March 24, commemorating this day in 1882 Dr. Robert Koch announced his discovery of the bacillus that causes tuberculosis (TB).





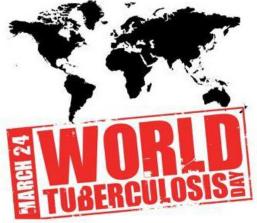




# TB in the World

• TB is the greatest *infectious killer worldwide* (pre-COVID).

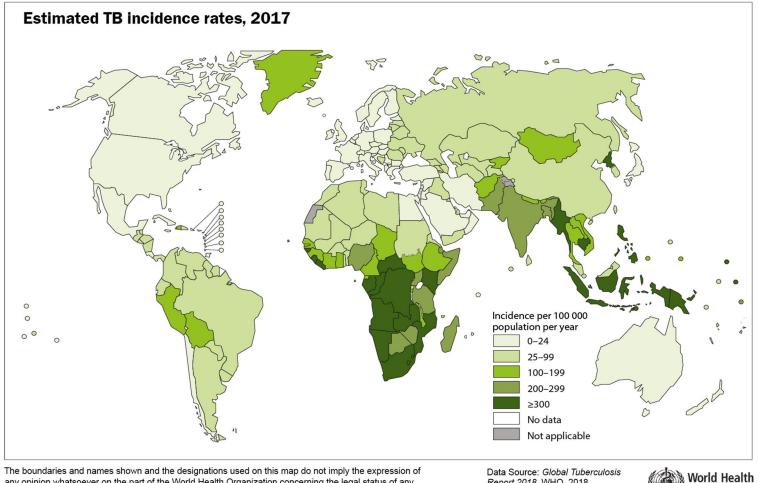
- TB is one of the top 10 causes of death worldwide.
- 10 million new cases of TB disease occur yearly.
- TB Infection (LTBI) in 25% of the world's population (a reservoir for TB disease).





### TB in the World TB is endemic in the world.

#### Most countries have incidences > 25 per 100,000 population.

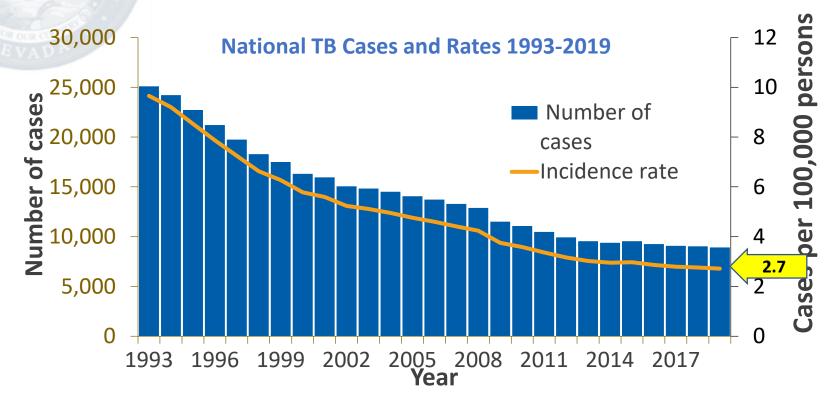


any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: *Global Tuberculosis Report 2018*. WHO, 2018. © WHO 2018. All rights reserved. World Health Organization



# TB in the United States (US)



2019 US TB Cases: 8,916 reported cases;

#### 2.7 per 100,000 Persons Incidence rate

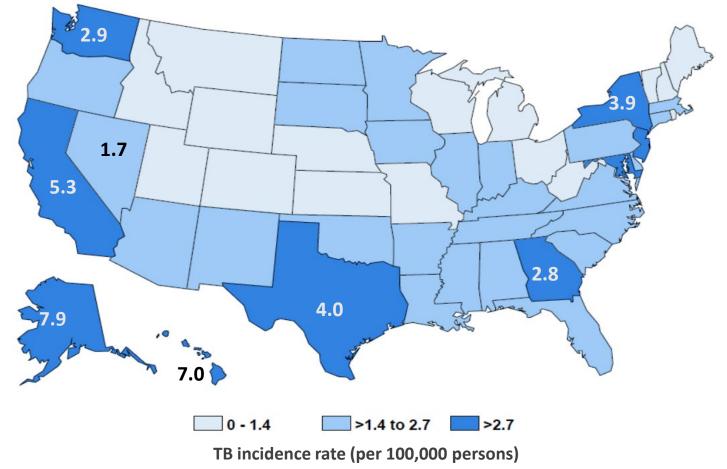
Decreasing trend over 2 decades; but the recent decade shows *Leveling trend. It's Time to End TB!* 



## **TB** in the United States

#### **TB Case Rates in the United States, 2019**

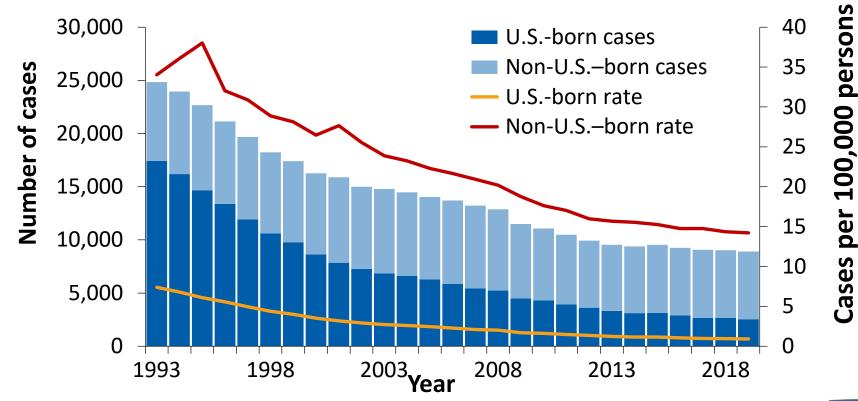
US Average 2019 Incidence Rate = 2.7 per 100,000 persons



Source: Centers for Disease Control and Prevention, National Tuberculosis Surveillance System

# TB in the United States

#### US TB Cases and Rates Among US-born versus Non-US-born Persons, 1993–2019

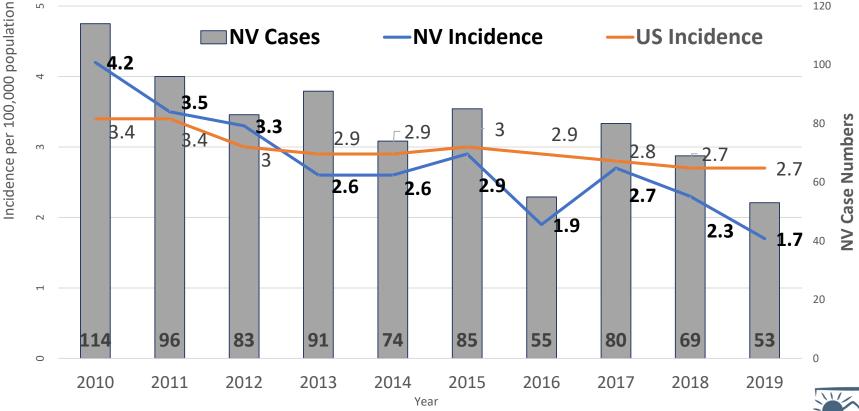


2019: US-born Rate = 0.9 per 100,000; Non-US-born Rate = 14.2



## **TB** in Nevada

### Nevada and US TB Incidences & Nevada Case Numbers, 2010 - 2019

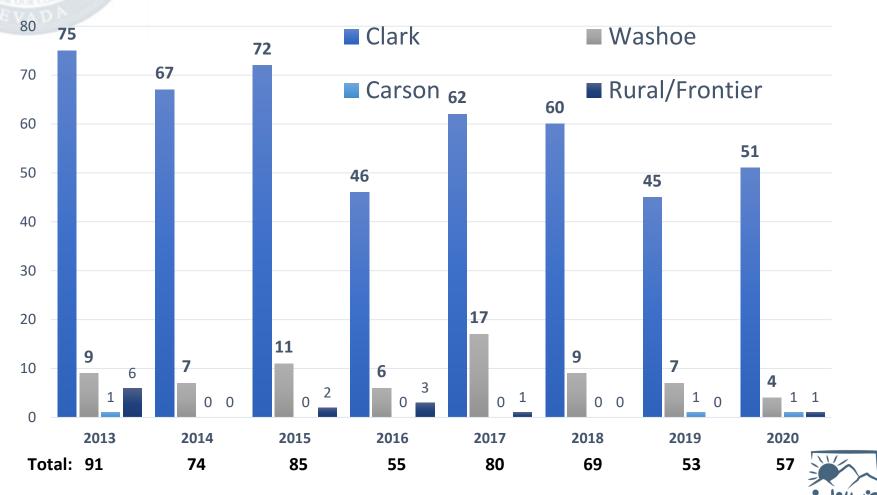


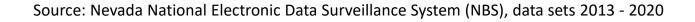
Data Source: Centers for Disease Control and Prevention, National Tuberculosis Indicator Project Data Sets 2010-2019



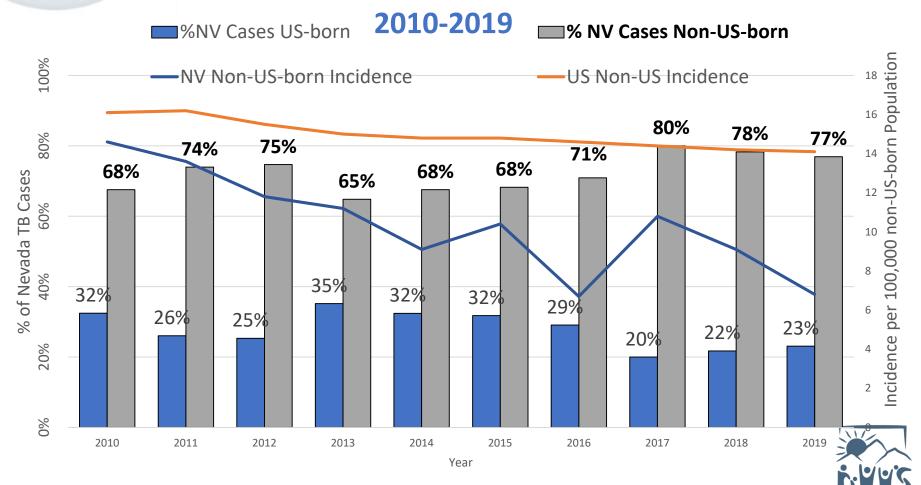
## TB in Nevada (NV)

**TB Case Numbers in Nevada by County, 2013-2020** 





### TB in Nevada Percentage of NV Cases US-born and Non-US-born; Incidence Rates NV Non-US-born and US Non-US-born,



### TB in Nevada Countries of Origin as Percentages of Total Nevada Non-US-Born TB Cases, 2010-2019

China **Ethiopia** 5% **6% Other\*** 30% Mexico 21% **Philippines** 38%

\*All other countries with less than 5% each.



Data Source: Centers for Disease Control and Prevention, National Tuberculosis Surveillance System, Data Sets 2010- 2019

## **TB** in Nevada

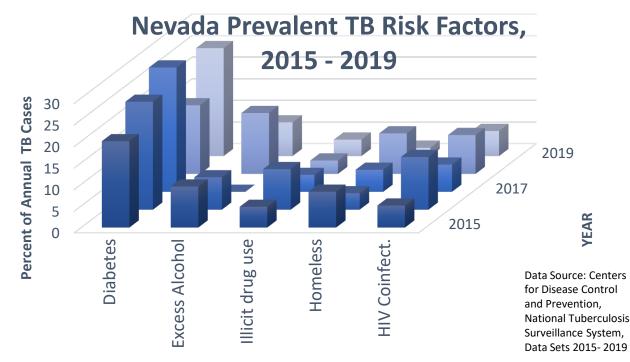
### **Risk Factors/Comorbidities in NV**

Total cases 2015-2019 (341), percent of cases with:

Diabetes 23% HIV Infection 7%

TNF antagonists1%Renal Failure1%

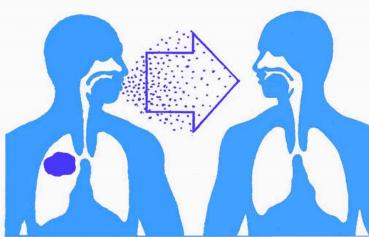
Immunocompromised 2%





# **TB** Transmission

- The TB bacteria are released and spread through the AIR when a person with active TB disease coughs, speaks or sings
  - to a person in close proximity, sharing the same air space.
- TB is **NOT** spread by:
  - sharing food/drink,
  - shaking hands,
  - touching bedding,
  - toilet seats,



• or, generally, touching a surface.



### TB Disease Differs from TB Infection (TB vs LTBI)

## **TB** Disease



## **TB Infection/LTBI**



#### Active Infectious/Contagious

Symptomatic Generally, sick, does not feel well **Chest X-ray Abnormal** 

#### Dormant/Latent Not Contagious, not infectious

No symptoms Feels fine, normal Chest X-ray Normal



## TB Disease Differs from TB Infection (TB vs LTBI)

#### **Active TB Disease:**

- About 3 out of 100,000\* people have active TB disease in the U.S.
- Most world countries have higher rates of active TB disease, > 10 out of 100,000.\*\* (excluding Western Europe, Canada, Australia, and New Zealand)

### **TB Infection/LTBI:**

- U.S. estimates for LTBI are 2-5% or 10-15 million people infected.\*
- World estimate: 1 out of 4 people in the world are infected with TB.\*

\*Source: CDC, <u>https://www.cdc.gov/tb/topic/basics/default.htm</u> \*\*Source: TBFACTS.org, <u>https://www.tbfacts.org/countries-tb/</u>



# A Need for Partnering

- There is a 5-10% risk of untreated LTBI progressing to active TB disease. This risk increases 20-30% in certain high-risk groups.
- In the US, most active TB disease cases, ~80%, come from progression from TB infection into active TB disease.
- Too many people still suffer from TB disease. We must continue to find and treat cases of active TB disease and test and treat latent TB infection to prevent progression to disease and turn TB elimination into a reality.





Source: CDC, <u>https://www.cdc.gov/tb/topic/basics/default.htm</u>

#### • Patients:

- Active (adult/pediatric)
- Contacts
- Class B
- Change of Status
- Refugees
- LTBI (High Risk)

### Consultation:

- Testing guidance
- Treatment guidance

### Educational Sessions:

- TB 101 for various audiences
- Screening for and treatment of LTBI
- Customized trainings





#### Current Actives: 32

- Pulmonary Multidrug Resistant: 2
- Pulmonary: 26
- Pulmonary/Lymphatic: 1
- Pulmonary/Potts: 1
- Meningitis: 1
- Pleural: 1

### Current Cases with Drug Resistance

- INH Resistance: 5
- PZA Resistance: 2
- Multidrug: 2



Slide courtesy of the Southern Nevada Health District TB Program.

#### Case Management:

- Complete Needs Assessment
- Housing
- Groceries
- Transportation
- Medication Compliance/ Completion
- Education

### Contact Investigation:

- Infectious Period Determination
- Exposure sites including medical offices/procedures
- Screening and referral for further testing/treatment

### • Surveillance:

- Active and suspected cases
- LTBI



Slide courtesy of the Southern Nevada Health District TB Program.

#### • Cohort Review:

• Quarterly – open to health care providers, infection control/prevention, case managers/social workers, etc.

#### • Reporting:

- Active and suspected cases, regardless of disease site
- LTBI
- Dispensing of two or more drugs used for treatment of TB
- Online: <u>https://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/</u>
- Fax: 702-759-1435
- Phone: 702-759-1015

#### Treatment Consultation:

• Phone: 702-759-1370



# Washoe County Health District <u>WCHD TB Program</u>

- ➤Where We Are
- ≻Who We Are
- What Is Our Mission
- ➤What We Provide
- ➤Who Do We Serve
- ► When Are We Available



# Where Are We



- 10 Kirman Avenue, Reno, NV 89502
- Corner of Kirman and 2<sup>nd</sup> Street. Same block as the main Renown Campus.
- 775-785-4785 Fax: 775-785-4737



# Who We Are

- Angela Penny, RN, PHN III
- Charles Krasner, MD

Program Manager

Infectious Disease Consultant

Sonia Budhecha, MD

Pediatric Pulmonology Consultant

• Cory Sobrio, RN, PHN II

**TB** Program Coordinator

- Judy Medved-Gonzalez, RN, PHN II TB Case Manager
- Lisa Iacoboni, RN, PHN II
- Lorena Solorio

**TB** Case Manager

#### **Office Assistant**



# What is Our Mission

To provide the most current expertise in TB services to our clients and providers with dignity and compassion.



# What We Provide

- Case management and treatment for all active TB cases in Washoe County, including DOT and contact investigations related to these cases.
- Case management and treatment for LTBI clients who have a high risk for disease progression in Washoe County.
- Evaluation, diagnosis, and treatment of class B immigrants referred from CDC's Division of Global Migration and Quarantine (DGMQ).
- Evaluate clients with signs and symptoms of TB.
  - Hospital referrals
  - Positive AFB lab reports
  - Sputum coaching and observation
  - Review abnormal chest x-rays for community providers
- Support for primary care providers in the diagnosis and treatment of LTBI in their own patients.
- Support for community providers in the screening of healthcare workers/patients in a variety of settings.
- Screening of high-risk populations who do not have access to a medical provider.
- Phone consultations-TB education to anyone requesting it.
- Direct communication with high-risk settings for enhanced TB control and prevention.



# Who Do We Serve

https://www.washoecounty.us/health/programs and services/cchs/tuberculosis/index.php

#### Washoe County Residents: Clinic services:

- · Provide directly observed therapy (DOT) to persons with active TB disease
- · Provide TB disease evaluation and consultation for clients referred by their physicians
- · Identify and test persons exposed to someone with active TB disease (contact investigation)
- · Evaluate new immigrants planning to reside in Washoe County for active TB disease
- Test household members of new immigrants
- · Evaluate symptomatic persons living at shelters
- · Test new group home residents referred by Washoe County Social Services
- · Provide TB education to all persons residing in Washoe County
- Provide Latent Tuberculosis Infection (LTBI) treatment to:
  - Infected contacts to active TB
  - · Children under 5 years of age and members of their household
  - · Immigrants and members of their household
  - Homeless persons
  - · Former inmates who are homeless upon release from jail or prison
  - · Persons with high medical risk for developing TB disease





# When are We Available

- 24/7 for active and suspect TB cases.
- Monday through Friday, 8-Noon and 1-5.
- We are flexible to meet the needs of our community and provide DOT services for active cases 7 days/week.



## Reach out to us for TB help

- If it is at all TB related, please don't hesitate to give us a call. A call to us first will alleviate problems going forward.
- If we don't know the answer, we will get the answer for you.
- For providers who ask themselves, what do I do next-one answer could be to call WCHD TB.



### Thanks to our community comrades helping us each day in fighting TB

- Our infection preventionists in the hospitals
- WC Infectious Disease and Pulmonology Providers
- Washoe County Primary Care Providers
- WC FQHC's- helping to establish care for our most vulnerable
- Davita Dialysis Center
- NSPHL
- NSHD TB Program
- WC shelter staff and treatment programs
- WC Detention Facility



# **Rural and Smaller Counties**

**Carson City Health and Human Services (CCHHS)** and the **DPBH Community Health Services (CHS)** serve the counties of Nevada excluding Clark and Washoe.

#### Services:

- Consultation on LTBI and suspected TB
  - Please *report* suspected TB or confirmed TB we're only a phone call away.
- Case management of individuals with TB disease

Surveillance/contact investigations as necessary
CCHHS: Phone 775-887-2190, Fax 775-887-2138
DPBH CHS: Phone 775-684-5911, Fax 775-684-5999
DPBH TB: Phone 775-684-5936, Fax 775-684-5999



# **Communicate and Collaborate**

#### It's time we all partner to END TB in Nevada.

# Please reach out to your local TB program, or state DPBH TB program; we are here to assist. (Only a call away.)



Home / Tuberculosis Treatment & Control Cl

<u>Tuberculosis Treatment &</u> <u>Control Clinic</u> Clinic Tour

#### Tuberculosis Treatment & Control Clinic

Home » Washoe County Health District » Programs and Services » Community and Clinical Health Services » Tuberculosis (TB) Prevention and Control Program (TBPCP)

## RESOURCES AVAILABLE ON WEBSITES

#### Tuberculosis (TB) Prevention and Control Program (TBPCP)

The Washoe County Tuberculosis Control Program is dedicated to controlling the spread of tuberculosis by ensuring effective treatment for persons with active TB disease, identification and



# **Communicate and Collaborate**

### DPBH TB Program Manager: email contact: <u>smcelhany@health.nv.gov</u>

Department of Health and Human Services Nevada Division of Public and Behavioral Health (DPBH) Q State Agenci Home - About - Jobs Programs - Community Providers Boards - Regulatory - Resources - Contact - Media Tuberculosis (TB) Prevention, Control and Elimination Program BIOSTATISTICS INFORMATICS Contact Us **General Information** COMMUNICABLE 4150 Technology Way Suite 300 The Tuberculosis Prevention, Control, and Elimination Program aims to reduce the incidence of GERMS Carson City, NV 89706 tuberculosis (TB) within Nevada's diverse communities and institutions. All individuals with newly Phone: (775) 684-5936 diagnosed TB disease are ensured patient-centered best practice treatment and case Programs Fax: (775) 684-5999 management. To reduce the morbidity and mortality of TB disease, identification of and Behavioral Health - Inpatient preventative treatment for individuals at high-risk for latent TB infection (LTBI) and progression Staff Listing to TB disease are actively promoted by the Program. Services Office Locations Behavioral Health Wellness TB and COVID-19 Resources (new 2/2021) General Information and Prevention • CDC Guidance Tuberculosis and Public Health Emergencies, for Patients and Professionals Statutes Chronic Diseases TB/COVID-19 Comparisons & Clinical comparisons and testing recommendations from Resources DPBH TB Clinical Services <u>TB Testing Around COVID-19 Vaccinations</u>, Interim guidance for Healthcare facilities and Community Community Services TB testing Forms Health Planning & Primary Providers Primary Functions of the Tuberculosis Prevention, Control and Care LTBI TOOLKIT Elimination Program TB DISEASE TOOLKIT Immunizations INFECTION CONTROL Identify every TB disease case in Nevada and assure rapid <u>TB disease reportings</u>. Maternal, Child & Adolescent TOOLKIT treatment, and prevention activities are conducted, as well as required surveillance and Health (MCAH) Publications genotyping data management; A 111 III Training & Education

# Thank You!

### • Questions?

### • Future Presentations/Education Outreach –needs?

Please email DPBH TB with requests, ideas (<u>smcelhany@health.nv.gov</u>)

Acknowledgement:

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