

## WV Division of Tuberculosis Elimination Standards of Care Protocol for Active Tuberculosis Disease

---

### WV DTBE Mission

The mission of the WV DTBE is to eliminate tuberculosis in West Virginia. This will be accomplished by assuring compliance with effective TB strategies and by implementing consistent quality standard of care to be provided by all WV DTBE clinics as well as coordinating the efforts of private providers with public health when providing care to TB patients.

### Standards of Care for all WV DTBE Clinics for Active TB Disease

*(A suspect case is to be treated as an active case until TB is ruled out)*

#### I. Intensive Phase of Active TB Case- Day 1 to 8 weeks

1. Once the LHD is first made aware of the case they need to obtain all the needed records on the case from the reporter. This includes:
  - a. A history and physical.
  - b. Demographic information.
  - c. Any radiographical procedure reports.
  - d. All lab results that were done pertaining to the diagnosis and where the labs have been sent.
  - e. A complete list of medication that was started for the diagnosis of TB.
  - f. Whether the case is still in the hospital or if they have been discharged.
    - i. If the case is still in the hospital find out if the case is in negative air flow isolation and if airborne precautions have been implemented. Also, inquire about an expected discharge date and inform them that you will need notified when the case gets discharged.
    - ii. If the case has been discharged inquire to where they were discharged and obtain a discharge summary.
2. Call WV DTBE to verbally report the case within 24 hours.
  - a. All documentation obtained about the case should be faxed to (304) 558-1825.
  - b. Consult with WV DTBE regarding any questions or findings.
3. Fill out all the initial forms that are needed for reporting. All forms can be found on the WV OEPS/DTBE website. Link to forms: [https://oeeps.wv.gov/tuberculosis/pages/tb\\_forms.aspx](https://oeeps.wv.gov/tuberculosis/pages/tb_forms.aspx) .  
The initial forms are:
  - a. TB-34 Individual TB Reporting Form- this form is used to report the case to CDC and should be faxed in as soon as possible. The form needs to be complete all information is required by CDC.
  - b. TB-80 Diagnostic Clinic Form- this form is used to set up a diagnostic clinic. The form is to be filled out completely and faxed to WV DTBE. All active cases are to be seen in clinic monthly during treatment and this form should be faxed in every time a clinic needs to be scheduled. Most counties are managed by WV DTBE however some counties have clinicians contracted by WV DTBE to manage cases.
    - i. For counties managed by the WV DTBE clinician once WV DTBE receives the form someone will contact you with dates and times for clinic.

## WV Division of Tuberculosis Elimination Standards of Care Protocol for Active Tuberculosis Disease

---

- ii. If it is a county that is managed by a contracted clinician this form still needs to be faxed to WV DTBE every time the patient is seen in clinic so that we can track the progress of the case. Please make sure that you always add the date of the clinic on the form.
  - c. TB-104 Risk Assessment Form- this form is to assess the cases risk factors for TB.
  - d. TB-18 Drug Supply Inventory and Order Form - this form is used to order the medication that will be used for treatment and some other medical supplies.
  - e. TB 109 Clinical Pathway for Managing an Active TB Case- this form is used to document when each task is done during treatment.
4. Develop a plan for doing Directly observed Therapy (DOT). When a case is started on medication only the DOT doses of the medication are counted towards treatment completion. Any medication the case takes without being done by DOT does not count towards the total number of doses required to complete treatment. Therefore, it is very important to begin DOT as soon as possible once a case has been discharged. Please refer to the Treatment Protocol for information on how DOT is to be done, by who it is to be done and why it is to be done. There are two different forms you will need to use for DOT. These two forms are:
  - a. TB-107 DOT Treatment Record- this form is used to document every dose given by DOT and to keep a recorded total of how many doses the case receives. This record will be faxed to WV DTBE at the end of treatment.
  - b. TB-150 Workers Log- this form is for billing purposes. WV DTBE is able to provide reimbursement for the time local health department nurses spend conducting DOT for TB cases. Please refer to the WV DTBE DOT/DOPT Reimbursement Breakdown for more details.
5. Contact the case and inform them of our role in their care for active TB. Work with the case and WV DTBE on setting up a date and time for clinic. It is very important that once a case is out of the hospital, we get them transferred to the care of the WV DTBE clinician or a WV DTBE contracted clinician.
6. During the initial clinic the case will get to talk to the clinician. WV DTBE has developed an order set that is to be used during clinic by the clinician.
  - a. For the counties with contracted clinician the order set is to be filled out and faxed to WV DTBE after each clinic. This is required to help WV DTBE stay in the loop with the clinical care of the case.
  - b. For the counties that will be seen by the WV DTBE clinician an order sheet will be filled out during clinic and faxed to you.
7. The following is a list of things that need to be done for all active cases:
  - a. Provide HIV counseling and testing if not already done. If it has been done find out where and obtain a copy of the results.
  - b. Provide Hepatitis C and Hepatitis B testing if not already done. If it has been done find out where and obtain a copy of the results.
  - c. Do any confirmatory testing if not already done. If it hasn't you will obtain a state funded T-SPOT for anyone over the age of 2, for cases under 2 years old place a PPD. If testing has been done find out where and obtain a copy of the results.
  - d. Obtain baseline labs. These include the following:

## WV Division of Tuberculosis Elimination Standards of Care Protocol for Active Tuberculosis Disease

---

- i. CBC- this is only done at the initiation of treatment unless ordered more frequently by the clinician.
- ii. CMP- this is only done at the initiation of treatment unless ordered more frequently by the clinician.
- iii. LFT- LFT's are done monthly to monitor for hepatotoxicity during treatment unless ordered more frequently by the clinician. Refer to the Standing Order for Hepatotoxicity at this link on how to interoperate the lab results:  
[https://oeps.wv.gov/tuberculosis/pages/tb\\_lhd.aspx](https://oeps.wv.gov/tuberculosis/pages/tb_lhd.aspx).
- iv. And any other labs the clinician will need to properly care for the case
- e. Obtained a chest xray. Contact WV DTBE to schedule a date and time for this to be done. A chest xray will be done every month during treatment until discontinued by the clinician. Clinicians should only discontinue chest x-rays once they have seen significant clinical improvement or stabilization on the films.
- f. Obtain baseline vision acuity testing and color blindness testing. This will be done monthly while the case is taking Ethambutol.
- g. Obtain the initial weight of the case. The weight is to be obtained monthly while the case is on treatment.
- h. 3 consecutive days sputum needs to be collected and sent to Office of Laboratory Services (OLS) for Acid Fast Bacilli (AFB) smear and culture testing. Collect the first one during clinic and then provide the case with 2-3 more sputum containers with instruction on how to collect and what to do with the specimen once it is obtained. If the case cannot produce sputum contact WV DTBE to see about setting up a sputum induction for the case.
  - i. Information on how often you will need to obtain sputa samples during treatment can be found under Standing Orders for Sputum Collection.
  - ii. Please refer to Health Care Worker Sputum Collection Instructions for instructions on how to properly collect, store and ship the sputum.
  - iii. Please give the case the Patient Sputum Collection Instructions form on how to properly collect and store the specimen until it is obtained by you.
- i. Educate the case on TB medications, hepatotoxicity and the side effects that they can cause. Provide contact information for the health department so that they know how to contact someone with any questions or concerns about treatment.
  - i. Read and review the Medication Fact Sheet for each medication the case is on and provide them with a copy. Link to Medication Fact Sheets:  
[https://oeps.wv.gov/tuberculosis/pages/tb\\_lhd.aspx](https://oeps.wv.gov/tuberculosis/pages/tb_lhd.aspx).
  - ii. Give the case a copy and review with them the Treatment Plan for Active Tuberculosis prior to consents being signed.
  - iii. Have the case read and sign a TB-106 Consent for Treatment Form.
- j. Administer their medication by DOT and document in the TB-107 DOT Treatment Record.
- k. Explain to them how DOT is done and why it is done. Take this time to discuss what time is best to do the DOT and schedule your DOT visits.
- l. Talk to them about clinic and that they will be seen every month by the clinician to evaluate the progress of their treatment.

## WV Division of Tuberculosis Elimination Standards of Care Protocol for Active Tuberculosis Disease

---

- m. Obtain information for your contact investigation. To help you with this document your findings on the TB-1001 Contact Sheet. Once completed the Contact Sheet should be faxed to WV DTBE.
- 8. For the rest of the Intensive phase:
  - a. Continue daily DOT.
  - b. Assess for adverse drug reactions and hepatotoxicity and contact WV DTBE or the clinician with any findings.
  - c. Continue monitoring of LFT's and fax them to WV DTBE to be put in the case file.
  - d. Continue monthly clinic visits with the clinician.
    - i. For counties with contracted clinicians continue to fax the TB-80 Diagnostic Clinic Form and the order set even if there are no changes to WV DTBE monthly.
  - e. Continue monthly chest x-rays until discontinued by the clinician.
  - f. Continue monthly vision acuity testing and color blindness testing.
  - g. Continue sputum collection per standing orders.
  - h. Follow the schedule of the Clinical Pathway.
  - i. Continue your contact investigation.
  - j. Observe for sputum conversion.
  - k. Obtain copy of drug sensitivity testing.
  - l. Obtain any missing information for the TB-34 Individual TB Reporting form and fax it to WV DTBE.

### II. Continuation Phase- Week 9-Completion of treatment

- 1. Sputum conversion should have occurred by now.
  - a. If it hasn't contact WV DTBE to discuss a plan of action.
  - b. If it has be sure to document the date of conversion.
- 2. For the Continuation Phase continue the following:
  - a. Daily DOT or Intermittent DOT if the regimen has been changed to intermittent treatment after the sensitivity testing results are reviewed and the case has completed the required number of doses for the regimen the clinician has ordered.
  - b. Assess for adverse drug reactions and hepatotoxicity and contact WV DTBE or the clinician with any findings.
  - c. Continue monitoring of LFT's and fax them to WV DTBE to be put in the case file.
  - d. Continue monthly clinic visits with the clinician until the completion of treatment.
  - e. Continue monthly vision acuity testing and color blindness testing until Ethambutol has been discontinued by the clinician.
  - f. Follow the schedule of the Clinical Pathway.
- 3. At the completion of treatment notify WV DTBE of the date the medication was stopped and fax in a copy of the completed DOT record for a dose count to be done.
- 4. Obtain LFT's 1 week after completion of treatment and fax to WV DTBE.
- 5. Go over the discharge orders with the case and fax a copy of the orders to WV DTBE.
  - a. All active TB cases will receive chest xray's every 6 months for 2 years.

## **WV Division of Tuberculosis Elimination Standards of Care Protocol for Active Tuberculosis Disease**

---

- b. The case should be instructed not to receive another TB test and why. When necessary they should provide the completion of treatment letter and a risk assessment should be completed instead and if necessary, a chest xray should be done.
6. Provide the case a Completion of Treatment Letter and fax it to WV DTBE.
7. Fax a copy of the completed Clinical Pathway to WV DTBE.
8. Fill out a cohort review form and fax it to WV DTBE.