

# Los Angeles County Tuberculosis Control Program



**Vision:** TB is eliminated from Los Angeles County.

**Mission:** To prevent the transmission of TB within Los Angeles County



# **TB Control Program & Community Health Services**

## **Joint Tuberculosis Control and Prevention activities**

- I. Core Functions/ TB CP Services**
- II. Collaborative Efforts**



# Assessment



- Collect and analyze epidemiological data
- Exchange information for an accurate registry of all TB suspects and cases
- Quality Assurance, to ensure Standards of Care
- Evaluation of LAC performance on National TB Indicators
- Consultation on Case Management & Contact Investigation
- TB reporting to State & CDC



# TB Referral Process

**LAC/TB Control Program** receives, reviews, and assesses incoming referrals from various sources-Hospitals (private and public), LAC/Jail, laboratories, private clinicians, Personal Health Care, other jurisdictions, etc...

**Forwards info to**



**Local Public Health Nurse Supervisor (PHNS)** receives, reviews, and assesses referrals from TBC and assigns the case (TB suspects/cases) to a district PHN for case management

**Forwards to**



**District PHN** receives, reviews, and assesses referral from PHNS;

- TB case management is conducted/PHN Standards of Care
- Works in collaboration with inter-disciplinary team



# Reporting of TB Suspects & Cases

- confirmed or suspect Tuberculosis is mandated by State Health and Safety Codes (HSC) Section 121362 and Title 17, Chapter 4, Section 2500 and must be done within one working day of diagnosis.
- HSC Section 121361 (“**Gotch Law**”) also mandates that prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written discharge plan approved by the Local Health Officer (i.e., TB Controller).



# Policy Development

- Expert consultation services to providers for TB, multi-drug resistant (MDR) TB patients management and infection control issues
- Establishing LAC standards of care
- Policies for targeted testing and treatment of persons with latent TB infection, DOT
- Standards of PH Nursing Practice
- TB Control Program Manual
  - TB ERN Standardized Procedures
- Local, state, CTCA, national, international Guidelines



# TB Cohort Review



**Goal:** Measurable improvement on National TB performance indicators in LAC

-implementation at each Health center.



# Assurance

- Reporting, investigation, follow-up, and treatment of all TB cases and contacts
- Legal authority to detain TB patients for examination, isolation, or treatment when necessary to protect the public's health
- Approves discharge plans for TB suspects/cases at private and county hospitals, Men's Central Jail and Twin Towers
- Consultation
  - Infection Control Issues
  - Employee Health Law
  - Nurse on Phones
- Co-Management of MDR/XDR Cases



# Education & Training

- TB CME-DPH Providers
  - TB Conference and Case Presentations / Journal Club
- Professional Staff in-services
  - Community Worker DOT-
  - TB 101 Class- CHS, CBO & EIC staff
  - TB/LTBI Screening- CHS & CBOs & EIC staff



# Assurance

- Coordinating TB screening of all newly arriving legal immigrants and all entering refugees
- Human Resource Development Strategic Planning - Develops, coordinates and provides resources/education for professionals
- Oversight of TB screening for HIV clinic providers/TST , IGRA training
- Community Outreach
- Homeless Shelter TB Testing/outreach



# LTBI / TB Disease Brochures & FACT Sheets

## Latent TB Infection

What you need to know to stay healthy



## Active TB Disease

Take control of your health




Public Health
Tuberculosis (TB)

- 1. What is TB?**

TB is a slow but infectious disease. There are two kinds of TB: TB infection and TB disease. TB infection means you have “latent” (inactive) TB germs in your body but not in other organs. These germs can live in your body without making you sick. TB infection can turn into TB disease when these germs “wake up” because of a weak and/or aging immune system. If you have TB disease, you can infect other people.
- 2. Who gets TB?**

Anyone can get TB. You are more likely to get TB infection if you spend time with someone with TB disease, especially those in the U.S. who recently took a lot of TB or if you spend time in a group living situation. You are more likely to get TB disease if you have TB infection and are HIV positive, are a substance abuser, are very young, are elderly, or have a condition that weakens your immune system, like diabetes or cancer.
- 3. How is TB spread?**

TB is spread through the air from one person to another. TB germs are passed when someone who is sick with TB disease or the lungs or throat stages, coughs, sneezes, sings or laughs. Anyone near the sick person can inhale the TB germs. You can't catch TB from clothes, dishes, food or body contact with someone who has TB.
- 4. How do you know if you have TB?**

A TB skin test is used to help detect TB infection. A small needle is used to put a liquid containing purified protein derivative (PPD) into your skin. Some people who will think they are ill have a reaction to the liquid. In some cases, a special TB blood test is given to test for TB infection.

Other tests are needed to check if you have TB disease. One part of your chest can be x-rayed to check for damage to your lungs from TB. The phlegm (sputum) you cough up can be tested to see if there are TB germs in your lungs.

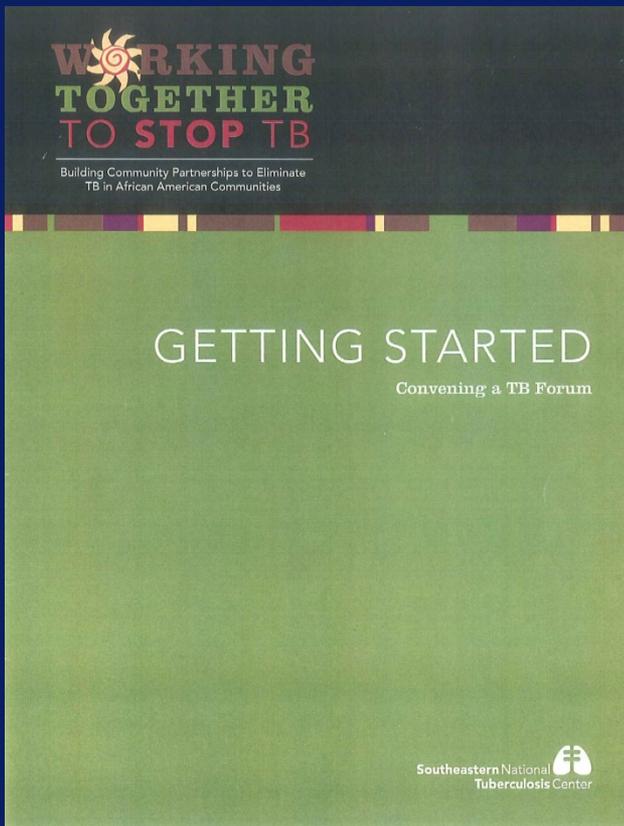
If TB disease is in your lungs, you may cough a lot, cough up phlegm, cough up blood, or have chest pain when you breathe. You may also feel weak, lose your appetite, lose weight, have a fever, or sweat a lot at night.

U.S. Food & Drug Administration (FDA) Approved. First Released 11/2008



# Community Outreach

(targeting those at high risk progression from LTBI to TB)  
Working Together to Stop TB Project-SPA 6-TB Coalition of LA



# Los Angeles County Department of Public Health Collaborates with Private Sector



**Los Angeles County Department of Public Health Collaborates with Private Medical Community to Present on Public-Private Partnerships to Control TB**

Sandra P. Bible, RN, BSN, MA; Frank Alvarez, MD, MPH, Director; April King-Todd, RN, BSN, MPH; Karen Y. Cho, RN, BSN; Robert Modovski, MPH; Chhandasi P. Bagchi, MPH

**Statement of Problem:**  
Completion of TB treatment (COT) within 12 months was 67% overall in Los Angeles County (LAC) in 2007, however it was 78.4% for cases managed by the private sector. An intervention was developed that focused on improved private sector provider outreach and TB education.

**Methods:**  
In 2008, the TB Education and Outreach workgroup of the LAC TB Planning Council (TBPC), a multidisciplinary collaborative committee with members from both the TB Control Program (TBCP) and Community Health Services (CHS), the direct service delivery arm of Public Health, conducted a needs assessment survey of private providers who have treated TB cases, to determine their educational needs regarding medical management of TB patients.

**Results:**  
In order to diagnose and treat TB and the role of Public Health were topics of interest identified in the 2008 survey. In 2009, the TBPC collaborated with a consortium of private hospitals in a high-TB morbidity area of LAC to present an educational symposium on World TB Day targeting the private providers in the area. 54 participants, including 18 physicians and 30 nurses attended. Continuing education credits were offered to participants. 50% of the participants felt that all of the objectives were fully met. Post-test analysis revealed a 13.4% increase in provider knowledge from the pre-test.

**Conclusion:**  
These outreach events appeared to be successful models for public-private educational partnerships in improving PMD attitudes and knowledge. Ongoing behavioral changes in PMD practice will be assessed and monitored.

**Speakers:**  
Joseph Kuan, MD, Private Physician (L)  
CTCA Private Provider  
Assistant (P)  
and Frank Alvarez, MD, Director, TBCP (P)

**Speakers:**  
April King-Todd, Nurse Manager, TBCP  
Vicky Soto-Velazquez, CPCC CMC, Coordinator, Presbyterian Intercommunity Hospital

**Speaker:**  
Condesa Carley, MD, TB Clinician, SFA 7 (L)  
Karen Y. Cho, PHN, Program Specialist, TBCP Education Unit (P)

**Speaker:**  
Heidi Lopez, PHN, SFA 7 (M&J)  
Frank Alvarez, MD, Director, TBCP

**Speaker:**  
Jasmine Scullup, Nurse Manager, TBCP

**Speaker:**  
Saverio Heang, MD, Assistant Medical Director, TBCP

**The Dream Team that created the event**

**A TB grand rounds event was held in 2010 at another private hospital in a different area of LAC. 31 physicians, 9 residents and 9 allied health staff attended. One-third of the participants stated that they intend to make changes in their practice as a result of this event.**



Mer Ruffalo, MD, Area Health Officer, SFA 7 (L); Joe Tadio, PHN, SFA 7 (2nd L)



# March 24 - World TB Day



# TBCP - CHS Collaboration

- Shared TB Performance Measures
- Shared TB Epi. data reports
- Resources for education & training in-services and & outreach to the private sector
- Contact Investigation/Outbreak management
- CHS PHNS, PACT, NAN meetings
- Interdisciplinary Policy review & guideline development
- TB Cohort Review
- Homeless Outreach



# Inter-disciplinary Collaboration

All members of the PH team assume a vital role in the on-going, comprehensive, collaborative effort to assure successful management, prevention and control of TB through patient centered care.

