

# NORTHEASTERN SPOTLIGHT

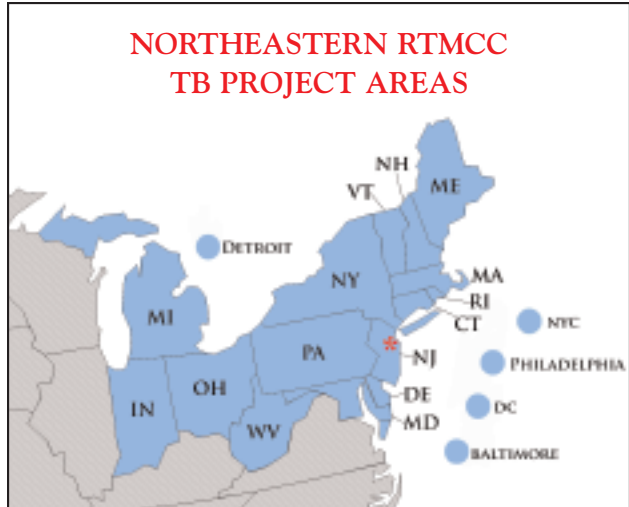
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Dear Colleague:

Welcome to our third edition of the Regional Training and Medical Consultation Consortium's (RTMCC) Northeastern Spotlight. We are excited to highlight some of the many quality and innovative activities – both training and medical consultation – occurring in our region.

On September 19-20 the Northeastern RTMCC hosted its first TB Medical Consultants Meeting in Newark. Twenty-one medical consultants from 18 TB programs attended the meeting. The primary goal of the workshop was to provide a networking opportunity to TB medical consultants from TB programs throughout the Region, to acquaint them with the latest guidelines for managing TB and LTBI, and to build capacity for appropriately responding to typical and challenging requests for TB medical consultation. By all accounts, the meeting was a resounding success, and I encourage you to read the article in this issue which describes some of the highlights.



If you have any feedback for us, I invite you to contact me or a member of the RTMCC staff at (973) 972-3270.

*Lee Reichman, MD, MPH*  
 Executive Director  
 Northeastern RTMCC and the Global Tuberculosis Institute

The Northeastern Regional Training and Medical Consultation Consortium is a collaborative effort of the Charles P. Felton National Tuberculosis Center at Harlem Hospital, the Massachusetts Department of Public Health, Division of Tuberculosis Prevention and Control, and the NJ Medical School Global Tuberculosis Institute and provides training, technical assistance, and medical consultation to health care professionals throughout the Northeastern United States.

RTMCC Communications Sub-Committee: Bill Bower, MPH • Chris Hayden • Erin Howe, MPH  
 Newsletter design by Judith Rew

We would like your feedback...please let us know what you think of this newsletter, future newsletter ideas, and/or article contributions you wish to make. Send an email to Chris Hayden, Newsletter Editor at [haydench@umdnj.edu](mailto:haydench@umdnj.edu). Thanks!

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## RTMCC Hosts Its First TB Medical Consultants Meeting

The Northeastern RTMCC is tasked by the CDC with strengthening medical consultation in the Northeastern Region. Last year's RTMCC needs assessment revealed that nearly all TB programs have their own well functioning medical consultation systems in place. However, many areas indicated that the RTMCC could help develop and enhance medical consultation capacity through:

- Identifying and building a network of consultants within the region to share expertise
- Providing continuing medical education, so consultants remain up to date on new guidelines and enhance expertise on complex issues
- Expanding and enhancing training opportunities for community providers
- Developing a system of tracking medical consultations for project area use

To help build this capacity, the RTMCC held a TB Medical Consultants Meeting September 19-20, 2006 in Newark. Twenty-one medical consultants from 18 TB programs attended the meeting. The primary goal of the workshop was to provide a networking opportunity to TB medical consultants from TB programs throughout the Region, to acquaint them with the latest guidelines for managing TB and LTBI, and to build capacity for appropriately responding to typical and challenging requests for TB medical consultation.

The meeting commenced with a dinner on September 19, followed by a presentation by Dr. John Sbarbaro, Professor of Medicine at the University of Colorado School of Medicine on Engaging Primary Care Providers in the Diagnosis and Management of TB. In this spirited and highly interactive session, Dr. Sbarbaro challenged

participants to consider basic principles that motivate physician behavior and to exploit these in designing approaches to reach and influence community providers who serve populations with or at risk for TB.

Dr. Lee Reichman, Executive Director of the Global TB Institute, led off the next morning's program with a presentation summarizing the findings and recommendations of the RTMCC's medical consultation needs assessment conducted last year. He then gave an overview of the RTMCC's current medical consultation system (the TB InfoLine), characteristics of TB InfoLine calls received during the first 6 months of 2006, and plans for evaluation. Next, Dr. Philip LoBue, Chief of the Medical Consultation Team at CDC's Division of Tuberculosis Elimination, guided

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**Dr. Sbarbaro challenged participants to consider basic principles that motivate physician behavior and to exploit these in designing approaches to reach and influence community providers who serve populations with or at risk for TB.**

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participants on a well-organized, concise whirlwind tour of What's New in the TB Guidelines (9 total) that have been published recently. To complement this talk, the RTMCC provided participants with hardcopies and a CD-ROM of these guidelines and other Core TB Resources for reference. In his presentation, Improving Communication with Community Providers and Among Medical Consultants, Dr. Bernardo, TB Control



*Dr. Lee Reichman*

Officer for Massachusetts, summarized the results of an in-depth needs assessment conducted among community providers in Massachusetts and how the state has used these results to develop and implement training and medical consultation interventions.

These talks were followed by two in-depth case presentations with discussion. First, Dr. George McSherry, Associate Professor of Pediatrics, NJ Medical School, described an outbreak in a daycare center in which nine children developed TB within six months of exposure. Throughout the presentation, Dr. McSherry highlighted common errors and missed opportunities in the identification, treatment, and management of TB cases among children and how these might be prevented through effective medical consultation. Then Dr. Reynard McDonald, Medical Director of the GTBI, presented a case which illustrated the challenges and appropriate approaches in diagnosing, treating, and managing patients with MDR-TB.

In the next session, participants were divided into four groups and each group was given a typical case scenario (e.g., a community physician

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## Consultants *continued from previous page*

prescribing an in appropriate drug regimen) and asked how they would respond. Following a brief discussion of the appropriate clinical recommendations, the group facilitator asked participants to address several issues or challenges in providing consultation for the case. For example, questions dealt with how to deal with potential defensiveness on the part of the community physician, how to ensure that sufficient information has been obtained to make appropriate recommendations, and what to do if the physician chooses to reject recommendations. The process stimulated lively discussion and concluded with each group giving a summary presentation to all participants.

In the last formal presentation, Dr. Alfred Lardizabal Assistant Professor of Medicine, NJ Medical School, spoke on Strengthening Consultation Capacity through Medical Education Opportunities. Following a summary of training courses, products, technical assistance, and mini-fellowships likely to be of interest to medical consultants, Dr. Lardizabal described the RTMCC's plans to conduct a series of Region-

wide web-based discussions of complex cases. All project areas will be encouraged to participate and will be provided opportunities to present cases. The RTMCC will broadcast the webinars, provide a template and technical assistance for developing case presentations, and arrange for CME

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**Dr. Lardizabal described the RTMCC's plans to conduct a series of Region-wide web-based discussions of complex cases.**

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credits. At the end of the meeting, Dr. Reichman led a discussion on other ways to strengthen consultation capacity. There was overwhelming consensus that a similar type of meeting should be held next year.

In their evaluations, participants rated the meeting as "very useful" and relevant to their role as a TB medical consultant and indicated that they especially valued the networking aspects of the meeting. All of the

participants "agreed" or "strongly agreed" that the objectives of the meeting were met and all indicated that they would recommend this type of meeting to other TB medical consultants. To improve future meetings for consultants, participants recommended increased time for discussion after presentations as well as more detailed discussions on a variety of topics, such as QuantiFERON-TB Gold, managing drug resistance, new TB guidelines, genotyping, x-ray interpretation, and communicating effectively with primary care providers. Some providers also indicated that they would have liked the opportunity to present difficult cases from their program areas.

In December, a brief on-line follow up survey will be sent to participants to help assess the impact of the meeting and provide direction on how the RTMCC can further assist in strengthening their role as medical consultants.

*Submitted By Chris Hayden  
Consultant, Evaluation Activities  
Northeastern RTMCC*

## TB Trivia - Who is it?

What nineteenth century American writer who inspired generations of naturalists and civil rights activists died of tuberculosis at the age of 44? Though he was well known in literary circles in his hometown of Concord, Massachusetts, he only gained widespread acclaim years after his death.

For the answer, click on  
<http://www.poets.org/poet.php/prmPID/601>



# Staff Profile: Nikki Pritchett, MPH

## City of Philadelphia Department of Health TB Control Bureau

### Big City Training Focal Point

*Each TB control program funded by the CDC has a designated 'training focal point' – but these people usually have other roles besides training. What is it like being designated as training focal point in a big city? How do you balance the rest of your job with the training responsibilities? Let's visit Philadelphia and find out.*

Originally from Delaware, Nikki Pritchett, MPH says she “wanted to stay local while working in a large, urban area with an underserved population.” Consequently, she chose Philadelphia and has been contributing in many ways to the success of its Department of Public Health Tuberculosis Control Program. Nikki finds that a career in public health combines her professional commitments. “I have always wanted to serve disadvantaged populations, and I have always had a great interest in health. Public health fused my two interests together.” Her primary interest was in infectious diseases that have

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**Listening to the front line staff is Nikki's greatest source of inspiration; she works together with the team to solve every day problems and occasional crises, learning what is needed and how to make things work.**

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social and behavioral dimensions, such as sexually transmitted diseases and TB. Since she had already worked in the Sexually Transmitted Disease Program at the Philadelphia Health Department, she was eager to gain experience in TB when she joined this program in 2004.

During her two years in TB Control she has helped develop, coordinate, and evaluate several programmatic activities. This has involved her in overseeing contact investigations, assisting with conducting extended contact



*Nikki Pritchett (seated) with Jennifer Beck, TB Program Intern.*

investigations, analyzing data for cohort review and other research projects. She also writes and edits a quarterly newsletter for staff of the city's TB control program. Clearly, “education and Training Focal Point” is only one of the many roles she fulfills.

#### CONTACT INVESTIGATIONS

Nikki is involved in oversight of all contact investigations and expanded field investigations in Philadelphia. She works closely with the teams that do this, even though she is not always out there in the field finding people and doing the interviews herself. Together with Disease Surveillance Supervisor Tony Lloyd, she makes sure that staff appropriately prioritize contacts, plan how best to approach them, ensure their medical evaluations if TST positive, and follow up until treatment for LTBI is completed. Sometimes she does assist in the field work herself, as part of the team. Listening to the front line staff is Nikki's greatest source of inspiration; she works together with the team to solve every day problems and occasional crises, learning what is needed and how to make things work. It is also a chance to identify training needs and develop

skills-based training that will build teamwork and help staff to be more effective.

#### COHORT REVIEW

For over a year Philadelphia has been using cohort reviews to assess outcomes of treatment completion and contact investigations. Under the leadership of Program Director Barry Dickman, MPA and CDC Public Health Advisor Dan Dohony, MPH, the TB Control Program has embraced this process – finding that it builds teamwork and improves performance. Each quarter, Dan generates a list of TB patients reported in a previous 3-month cohort. Then the case managers and supervisors review the cases for completeness, before they prepare short presentations of the outcomes for each case and contact. These are reviewed together at a quarterly meeting. As the Director calls each case, the case manager presents it, and Medical Director David Schlossberg, MD, adds his perspective. The case manager also summarizes information about the contacts identified, tested, evaluated, and treated. Nikki pays close attention, verifying

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## Staff Profile *continued from page 2*

that the spreadsheet used to track the cohort is up to date, tallying any new information, and listing occasional issues for follow up. At the end of the meeting, she calculates the cohort's outcomes to compare with national and local objectives. Steady improvement has been the name of the game, and the staff can see their own results. For the Philadelphia team, the cohort review represents a big improvement over the lengthy case review process which was used in the past.

From October 18-19, 2006, together with the RTMCC, the program hosted a course on The TB Cohort Review Process for 13 participants from around the US, Canada, and Guam. As one of the main instructors, Nikki introduced the elements of the process and led exercises in entering data, analyzing results, and making reports on the outcomes.

### TRAINING

In the past year, Nikki has organized two training courses for about ten TB Control staff members. One was a replication of training on contact investigation that she and a colleague had attended at the Northeastern RTMCC. The second was an in-depth exercise on work prioritization, also from the NJMS Global TB Institute. Both courses were successful in getting staff together, building teamwork, and developing skills they can apply immediately in their work.

### RESEARCH FINDINGS AFFECT TRAINING

As an epidemiologist, Nikki is of course involved in research, but she finds that this can have interesting, immediate application to training and everyday TB control efforts. For example, the Genotyping Project includes in depth re-interviews of patients about their contacts. She finds that how a question is asked can lead to very different answers. When asked "Who do you spend most time with?" patients list only a few names. When asked "Where do you go during the

day?" patients often end up naming many more people. So she translates these findings into training by teaching disease control investigators to use the more effective question and follow up with probes to elicit more contacts.

In this Genotyping Project the interviewers also ask about how people think they got TB. Most people answer in one of two ways: they say they got it from 'so-and-so', naming a person who had infectious TB from whom they think they got it – or they think they

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**How can a busy training focal point keep training efforts relevant to local needs? Nikki's advice is to "Listen to the field staff. They are on the frontline and can provide the most insight into where the training needs are in regards to both patients and staff."**

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got it from the cold or from being out in the rain. The first group is correct, the second group could benefit from patient education that starts with what they know and builds on that. That's a subject for another staff training!

Nikki has also used her epidemiology expertise to analyze data on hepatotoxicity among patients taking treatment for LTBI and 4-drug treatment for TB disease. The Philadelphia Department of Public Health recently submitted a manuscript on this topic for journal publication.

### NEWSLETTER

Nikki took the initiative to produce a quarterly newsletter for city TB control staff. So far, two issues have been released. Nikki coordinates production, getting colleagues to write some articles and writing some herself. The most recent issue features articles such as "All about contact investigations," "Preventing future TB cases," "A TB case on an airplane

flight," "TB among New Orleans evacuees," and "An outbreak in a Philadelphia day care setting."

She explains that "eventually, I hope to increase community outreach, particularly in the foreign-born population. Currently, we have an intern working with recent Mexican immigrants in order to identify key contacts in the community and to gain an understanding of their healthcare beliefs and practices." That is why cultural competency is the main topic for the next issue of the newsletter.

An additional goal is "to facilitate better communication with private physicians and hospitals. The quarterly newsletter is an attempt at making this connection; it is intended to be a practical resource for clinicians, infection control personnel, and laboratories who diagnose, treat, and/or report TB."

### TIPS FOR TRAINING FOCAL POINTS

How can a busy training focal point keep training efforts relevant to local needs? Nikki's advice is to "Listen to the field staff. They are on the frontline and can provide the most insight into where the training needs are in regards to both patients and staff." In addition, she stays abreast of new guidelines and recommendations by using a variety of sources: researching articles for the newsletter, CDC's website, conferences, and emails from other staff members.

Nikki admits that "the greatest highlight (of my public health career) has been working with a team of dedicated, knowledgeable, and compassionate workers." Don't we all wish for that!

Nikki, we wish you the best of luck in all of your efforts – and the same to all of the training focal points in the Northeast Region.

*Submitted by Bill Bower, MPH  
Director of Education and Training  
Charles P. Felton National Tuberculosis  
Center*

# An Expanded Needs Assessment: New Hampshire's Customized Efforts to Improve Education & Training

An integral part of successful education and training programs is determining the appropriate audience and planning programs relevant to their work. The Northeastern RTMCC's needs assessment process began to gather this information by surveying end-users of training, education and medical consultation services. By participating in this process, New Hampshire state TB program staff saw a future opportunity to gain information about health care providers in their state. They modified the Northeastern RTMCC's survey to reflect the unique program structure in their project area which consists of a centralized organization with no county health departments, clinics or outreach workers. Private providers diagnose and treat active and latent tuberculosis (TB), and case management is conducted through the state and two local public health departments. New Hampshire has the twelfth lowest TB case rate in the United States, and has had an average of nineteen cases per year over the last fifteen years.

In modifying the end-user survey, New Hampshire's Evaluation Work Group identified two objectives to address: program evaluation and education and training. They decided to target private providers (physicians (MDs), physician assistants (PAs), and nurse practitioners (NPs) in the four highest incidence counties of the state with specialties in family practice, internal medicine, pediatrics, infectious disease (ID), and pulmonology. Providers could respond using an online survey tool (Zoomerang), mail or fax. 398 completed surveys were received from a total sample of 1,230 for a response rate of 32%. Responses were entered into Zoomerang and analyzed in Epi-Info 2004. Provider satisfaction and training needs were analyzed in aggregate and by provider specialty.

The majority of respondents' primary work setting was private practice (76%),

with significant but smaller percentages from community health centers (7%) and hospitals (8%). Seventy percent of respondents were MDs, 20% were PAs and 88% were NPs. In the past five years, more than half (64%) of respondents encountered 1-10 cases of LTBI, while 31% saw 1-10 cases of active TB. Twenty-two percent of respondents had not encountered a case of LTBI and 68% had not seen a case of active TB.

Ninety-five percent of surveyed providers who had sought information/consultation or assistance (e.g., paying for TB drugs) from the New Hampshire



TB (NHTB) program were highly satisfied with the quality of services they received. Topics most frequently addressed by the NHTB program were appropriate candidates for treatment of LTBI, treatment regimens, and financing TB medications. The survey revealed that 64% of respondents had never sought information/consultation from the NHTB program, while 53% had never sought assistance. When asked why they were not accessing the NHTB program for information, consultation or assistance the three top responses were they were: unaware of the program, had no TB patients or utilize an ID consult.

Top training needs identified by survey respondents overall included: treatment regimens for active TB disease or latent TB infection, multi-drug resistant TB, HIV/TB co-infection, pediatric TB and legal issues related to TB. Preferred training formats were: in-person training courses/workshops/conferences, in-service meetings, and written/self-study materials. The majority of respondents' specialties were family practice (n=122), internal medicine (n=86) and pediatrics (n=65). All of these groups identified the following topics as top training needs: treatment regimens for active TB disease or latent TB infection and completion of therapy/patient adherence. Providers specializing in internal medicine and family practice also cited multi-drug resistance and legal issues related to TB as additional training needs, while providers specializing in pediatrics cited pediatric TB.

In conclusion, the survey results will enable the NHTB program to target limited resources towards improving program interactions with medical providers and focus training and education. The NHTB program survey is also an example of how technical assistance from the Northeastern RTMCC for program-initiated evaluation projects can improve understanding of program needs and facilitate program initiatives. Next steps for the NHTB program include developing marketing strategies to promote the program and its' resources and coordinating provider trainings based on survey feedback. The initial training to address provider needs emerging from this survey took place September 29, 2006. For more information about this needs assessment survey focused on private providers, please contact Lisa Roy, New Hampshire Health Educator at Lisa.B.Roy@dhhs.state.nh.us.

*Submitted By Erin Howe, MPH  
Health Educator  
Northeastern RTMCC*

# TB Basics for Health Care Workers— An Ohio/RTMCC Training Collaboration

With current budget restraints and travel restrictions, TB programs are finding it increasingly difficult to provide their staff with much needed training. To help address one of the identified TB training needs in Ohio, the Northeastern RTMCC collaborated with the Ohio TB program in planning and conducting a *TB Basics for Health Care Workers* course, held August 11, 2006 in Columbus. The RTMCC took the lead in designing and coordinating the training and the Ohio TB Program took the lead in marketing the course and selecting participants. Both the RTMCC and the Ohio TB program provided faculty.

The course was designed to provide an overview of TB transmission, pathogenesis, diagnosis and treatment of latent TB infection and disease, contact investigation, and personal respiratory protection. Melinda Diaz, a nurse consultant and the training focal point for Ohio, took great care in inviting health care workers from the various counties who would benefit the most from the training. Originally, half the seats in the course were reserved for other TB programs in the Northeastern RTMCC region, but for a variety of reasons, only one other program area was able to send a participant. However, the Ohio TB program was happy to take advantage of this opportunity, and all 40 slots were easily filled.

The prerequisite for the first twenty seats was that the health care workers had to have had little to no experience in working with TB, either because they

were new to TB control or because they worked in a low incidence county. However, the larger TB programs, which see a number of TB cases, were also eager to send some of their inexperienced staff to the course. When additional seats were opened to the state of Ohio, these workers were also invited. Though the course was open to a variety of health care workers in TB control (e.g., nurses, disease investigators, public health advisors, and health representatives), only nurses applied.

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**The success of the course was due to the team effort made by the RTMCC, Ohio TB Control Program, and the course participants who came eager and ready to learn. The RTMCC plans to conduct a follow-up survey in three months to determine if participants have been able to apply the information taught in the course to their day-to-day TB work situations.**

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Dr. Lee Reichman, Executive Director of the Global TB Institute was the keynote speaker and also presented on most of the topics for the course. Dr. Reichman is an internationally renowned TB expert, but his quick wit and down-to-earth persona made for a

comfortable learning atmosphere. This atmosphere was continued with an informative session led by Melinda Diaz on contact investigation. Rebecca Groves, another nurse consultant with the Ohio Department of Health, concluded the day with a session on the use of personal respiratory protection.

The participants were encouraged to ask questions throughout the day to ensure clarity and understanding of the information being presented. The faculty also asked questions of the participants to ensure that they were grasping the information, since receiving so much information in a short span of time may make it more difficult to understand and retain. Course facilitators checked in with the participants periodically to make sure they got it.

They got it! Post-test scores increased a minimum of 15% compared with pre-test scores. The success of the course was due to the team effort made by the RTMCC, Ohio TB Control Program, and the course participants who came eager and ready to learn. The RTMCC plans to conduct a follow-up survey in three months to determine if participants have been able to apply the information taught in the course to their day-to-day TB work situations. The information will be used to further develop and refine the course. For more information about this course, contact Melinda Diaz at 614-644-8150.

*Submitted By Valerie Gunn  
Health Educator  
Northeastern RTMCC*

# QuantiFERON-TB Gold Education – Responding to the National Need

On June 26, 2006, the 4 RTMCCs joined forces to present a web-based seminar, or Webinar, entitled *QuantiFERON-TB Gold – Putting New Technologies into Practice*. This national educational offering had an estimated 800 persons participating, some as individuals while others listened together in conference rooms. The conference was funded by Cellestis, the company that developed QuantiFERON-TB Gold. Although there was corporate funding for this program, there was also a clear public health focus.

The RTMCC used the *systematic health education process* to develop this web-based program. The combined needs assessment data from all four RTMCCs was essential to the planning process. This data revealed that there was both an interest in this topic and an ability to access web-based technology at a national level. Faculty members provided input on key topic areas for presentation and discussion. Finally, the program was evaluated to assess the impact of its content and format.

The Southeastern National Tuberculosis Center facilitated the provision of continuing education credits for physicians, nurses, and health educators to increase marketability of the program. The RTMCCs marketed the program to their standard public health based audiences while Cellestis was instrumental in reaching non-traditional audiences such as laboratory personnel, who may not normally be targeted for education and thus may not typically participate in RTMCC courses. The Northeastern Regional Training

and Medical Consultation Consortium, which had prior experience with web-based training coordinated the program and speakers.

The seminar featured talks on the science behind QuantiFERON-TB Gold, a summary of the CDC guidelines, and practical uses of the test in the field. The majority of participants were nurses, followed by lab staff, and physicians. Presenters included Dr. Alfred Lardizabal from the Northeastern

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RTMCC at the NJMS Global Tuberculosis Institute, Dr. Phil LoBue from the Division of TB Elimination at CDC, and Dr. Masae Kawamura from the Francis J. Curry National Tuberculosis Center. Dr. David Lakey from the Heartland National Tuberculosis Center moderated the program.

During the question and answer session at the end of the program,

participants were able to either ask questions verbally or submit them electronically utilizing the web-based format. Participants were not only interested in how QuantiFERON-TB Gold works, but also in its practical applications. Written and verbal questions ranged from the sensitivity and specificity of the test to how it can be accessed by TB control programs. Participants demonstrated an eagerness to learn more about QuantiFERON-TB Gold and as well as other potential future advances in diagnosing latent TB infection.

The course was evaluated via the Internet-based survey service, Zoomerang,<sup>®</sup> set up by the Southeastern National Tuberculosis Center. There were 435 responses to the evaluation. The conference was well rated in terms of knowledge of the speakers, practical uses of the information, and the method of providing education via the web. Due to requests from participants, the audio and slides from the Webinar were posted on the Northeastern RTMCC Website. The success of this joint event was a result of the close collaboration and the wealth of experience in training and innovative technology at the four RTMCCs.

To access the archived presentation and copies of the presenters' slides, visit <http://www.umdnj.edu/globaltb/audioarchives/qftweb.htm>.

*Submitted by Rajita Bhavaraju, MPH, CHES  
Training and Consultation Specialist  
Northeastern RTMCC*



# What's New

**Notice to Readers: Revised Definition of Extensively Drug-Resistant Tuberculosis** Morbidity and Mortality Weekly Report. 2006 Nov 3; Volume 55, Number 43: 1176; <http://www.cdc.gov/mmwr/PDF/wk/mm5543.pdf>

In a report published on March 24, 2006 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5511a2.htm>), MMWR reported that CDC, in collaboration with the World Health Organization (WHO) and participating supranational reference laboratories, had agreed to define extensively drug-resistant tuberculosis (XDR TB) as cases of TB disease in persons whose *Mycobacterium tuberculosis* isolates were resistant to isoniazid and rifampin and at least three of the six main classes of second-line drugs (aminoglycosides, polypeptides, fluoroquinolones, thioamides, cycloserine, and para-aminosalicylic acid). On October 8-9, 2006, WHO organized the first meeting of the Global XDR TB Task Force, held in Geneva, Switzerland. This meeting was called by WHO to develop a rapid response to the emerging problem of XDR TB. As a result of the meeting, participants agreed upon a revised case definition of XDR TB: the occurrence of TB in persons whose *M. tuberculosis* isolates are resistant to isoniazid and rifampin plus resistant to any fluoroquinolone and at least one of three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin).

Health-care providers and local health departments in the United States should collect all second-line drug-susceptibility results obtained at diagnosis and during treatment of persons with TB disease and report these results to their local and state health department TB programs. Complete capture of these results will allow health departments and CDC to accurately identify XDR TB cases and monitor trends. Additional information about XDR TB is available at <http://www.who.int/tb/en>.

**New CDC Website: Stop TB in the African-American Community** (September 29, 2006) The Division of Tuberculosis Elimination (DTBE) of CDC has launched the new *Stop TB in the African-American Community* website (<http://www.cdc.gov/nchstp/tb/TBinAfricanAmericans/default.htm>), which provides quick, any-time access to information and resources related to tuberculosis (TB) prevention, control, and elimination in the African-American community. This resource has been developed for people who have an interest in the topic of TB in the African-American community, and serves as a central repository for information related to this issue. There are no subscription requirements for visitors to this site. All materials that have been developed by CDC on this website are free of charge. In addition, DTBE has launched the *Stop TB in the African-American Community* listserv ([http://www.cdcnpi.org/scripts/listserv/tb\\_aa.asp](http://www.cdcnpi.org/scripts/listserv/tb_aa.asp)).

**Slide Set — Guidelines for Preventing the Transmission of *M. tuberculosis* in Health-Care Settings, 2005** (September 19, 2006)

<http://www.cdc.gov/nchstp/tb/pubs/slidesets/InfectionGuidelines/default.htm> CDC's Division of Tuberculosis Elimination developed this slide set as an accompaniment to the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005 (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>). This slide set provides an overview of the updated TB infection control recommendations.

**2005 TB Surveillance Slides** (September 12, 2006)

The CDC 2005 TB Surveillance Slide Set and accompanying text are posted on the DTBE website at <http://www.cdc.gov/nchstp/tb/pubs/slidesets/surv/surv2005/default.htm> This slide set was developed by CDC's Division of Tuberculosis Elimination as an accompaniment to the full annual surveillance report, "Reported Tuberculosis in the United States, 2005." The full annual surveillance report will be posted on the DTBE website soon and hard copy reports will be available in November 2006.

**Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC; Endorsed by the Advisory Council for the Elimination of Tuberculosis, the National Commission on Correctional Health Care, and the American Correctional Association.** Morbidity and Mortality Weekly Report: Recommendations and Reports. July 7, 2006; 55(RR09); 1-44.

<http://www.cdc.gov/mmwr/PDF/rr/rr5509.pdf>

Recommendations were developed on the basis of the most recent set of published guidelines and a review of the scientific literature. This document covers effective TB prevention and control measures in correctional facilities including early identification of persons with TB disease through entry and periodic follow-up screening, successful treatment of TB disease and latent TB infection, appropriate use of airborne precautions (e.g., airborne infection isolation, environmental controls, and respiratory protection), comprehensive discharge planning, and thorough and efficient contact investigation.

**Revised Adult HIV Treatment Recommendations**

On October 10, 2006, the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents released a new revision of the *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*. Although there are no new recommendations to the *Mycobacterium Tuberculosis (TB)/HIV Co-Infection* section (p. 38-39), the Panel revised, among other things, its recommendations for preferred and alternative antiretroviral components when initiating antiretroviral therapy in treatment-naïve patients.

The full version of the revised Guidelines is available at <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. A summary of what's new in the Guidelines is listed on page i.

# NE RTMCC Training Courses Planned for 2006/2007

(Click on Name of Course for Details)

NAME OF COURSE	TARGET AUDIENCE	DATE(S)	LOCATION
Effective TB Interviewing and Contact Investigation <a href="http://www.umdnj.edu/globaltb/courses/effectivetbinterviewing.htm">http://www.umdnj.edu/globaltb/courses/effectivetbinterviewing.htm</a>	Disease investigators and public health nurses in Maryland, Washington, DC, and Virginia (by invitation)	Nov 16	Columbia, MD
Regional TB Conference <a href="http://www.umdnj.edu/globaltb/courses/regionaltbconf-nov.htm">http://www.umdnj.edu/globaltb/courses/regionaltbconf-nov.htm</a>	Clinical and TB Control Staff	Nov 16	Western MA
Field Staff Webinar: The Congregate Setting Contact Investigation <a href="http://www.umdnj.edu/globaltb/courses/fieldstaffweb-congregate.htm">http://www.umdnj.edu/globaltb/courses/fieldstaffweb-congregate.htm</a>	Disease investigators and staff involved in TB contact investigations	Dec 6	WEBINAR
Medical Update Webinar: TB and Corrections	Health care workers in corrections and TB programs	Jan	WEBINAR
Medical Update Webinar: Infection Control	Health care workers who have primary responsibility for infection control in their setting	Feb 8	WEBINAR
Effective TB Interviewing & Contact Investigation	Disease investigators and public health nurses	Feb or Mar	Newark, NJ
TB Intensive	Physicians & Nurses	Mar	Newark, NJ
TST Train-the-Trainer	Nurses who train HCWs who perform skin testing	June	Newark, NJ
Effective TB Interviewing & Contact Investigation Workshops (2 Workshops)	Disease investigators and public health nurses	Spring Spring	Rochester, NY Kingston, NY
Pediatric Update	Physicians and nurses	Spring	Michigan
Cohort Review Methodology	Lead TB Program Staff	Spring	New York, NY
TB Clinician's Update	Physicians and Nurses	Spring	MA

# NE RTMCC Training Courses Planned for 2006/2007

(Click on Name of Course for Details)

NAME OF COURSE	TARGET AUDIENCE	DATE(S)	LOCATION
Best Practices in TB Control (Series of 3)	TBD based on "Best Practice" topics selected	Spring Summer Winter	WEBINAR
Medical Consultant Quarterly Web-based Grand Rounds	TB program medical consultants	Spring Summer Fall Winter	WEBINAR
The TB Laboratory's New Tools for Diagnosing TB and LTBI: A Primer for TB Control Staff (Series of 2)	Health care workers in TB programs	TBA	WEBINAR
TB in Correctional Settings Updates (Series of 2)	Corrections staff	TBA	MA
TB Updates	TBD based on topic selected	TBA	CT
Medical Update Webinar: MDR TB	Physicians and nurses	Summer	WEBINAR
Effective TB Interviewing & Contact Investigation Workshop	Disease investigators and public health nurses	Fall	MD
TB Case Management and Contact Investigation for Nurses	Nurse case managers	Fall	Newark, NJ
TB Field Investigation	Disease investigators	Fall	Newark, NJ
Program Manager's Workshop for Regional and Local Staff	TB program staff in a management or supervisory role	Fall	Newark, NJ
TB Intensive	Physicians and nurses	Fall	Newark, NJ
TB Among Ecuadorian Migrants in the Northeast: The Cultural Competency Response	Nurses, disease investigators, and translators serving Ecuadorian migrants	Fall	NY State
Medical Consultants Update	TB program medical consultants	Fall	TBD
Medical Update Webinar: TB in the Elderly	Physicians and nurses	Fall	WEBINAR

# TB Program Training Courses Planned for 2006/2007

TB PROGRAM SPONSOR	NAME OF COURSE	TARGET AUDIENCE	TARGET AREA	DATES	LOCATION	CONTACT PERSON
PA	Southeastern Health District TB Clinician Conference	Private physicians with clinical responsibility for patients with TB or LTBI	PA	Nov 29	King of Prussia	Terri Wilson 717-787-6267 <a href="mailto:terwilson@state.pa.us">terwilson@state.pa.us</a>
NY City	Tuberculin Skin Test Administration	Non-NYC HD staff	NYC & Vicinity	Jan 23-26 May 22-25 Sept 11-14	253 Broadway, NYC	Elvy Barroso 212-676-2914 <a href="mailto:ebarroso@health.nyc.gov">ebarroso@health.nyc.gov</a>
MI	Tuberculin Skin Test -Train the Trainer	TST Trainers	MI & Vicinity	Jan 11 March 5 June 8	Lansing Lansing Lansing	American Lung Association of Michigan (800) 678-LUNG
MI	Contact Investigation for TB	Public Health Personnel	MI & Vicinity	Nov 13	Lansing	Gail Denkins (517) 335-8165 Julie McCallum (616) 583-0647
MI	Directly Observed Therapy Seminar	Public Health Personnel	MI & Vicinity	Nov 14	Lansing	Gail Denkins (517) 335-8165 Julie McCallum (616) 583-0647
MI	TB Case Management	Public Health Personnel	MI & Vicinity	Nov 14	Lansing	Gail Denkins (517) 335-8165 Julie McCallum (616) 583-0647
MD	TB Skin Testing	Licensed Clinicians	MD	Mar 13 Mar 28 Apr 10 May 24	Baltimore Easton Salisbury Columbia	Arlene Hudak 410-767-6698



# Audio/Web Archives

(Click on Conference Title for Details)

CONFERENCE TITLE	TARGET AUDIENCE	CONFERENCE DATE
An Introduction to Cultural Competency in TB Prevention & Control <a href="http://www.umdnj.edu/globaltb/audioarchives/culturalcompetency.htm">http://www.umdnj.edu/globaltb/audioarchives/culturalcompetency.htm</a>	Health care workers serving culturally diverse patients with or at risk for TB	April 25, 2005
Monitoring Patient on Anti-TB Medication <a href="http://www.umdnj.edu/globaltb/audioarchives/monitoring.htm">http://www.umdnj.edu/globaltb/audioarchives/monitoring.htm</a>	Health care workers serving patients on anti-TB medication	May 18, 2005
Pediatric Tuberculosis Update <a href="http://www.umdnj.edu/globaltb/audioarchives/pedtupdate.htm">http://www.umdnj.edu/globaltb/audioarchives/pedtupdate.htm</a>	Physicians, physician assistants, nurse practitioners, and public health nurses	July 27, 2005
Addressing HIV/AIDS Issues for TB Program Staff <a href="http://www.umdnj.edu/globaltb/audioarchives/addressinghiv.htm">http://www.umdnj.edu/globaltb/audioarchives/addressinghiv.htm</a>	Health care workers serving patients with HIV-related TB	November 30, 2005
TB Testing Update <a href="http://www.umdnj.edu/globaltb/audioarchives/tbtesting.htm">http://www.umdnj.edu/globaltb/audioarchives/tbtesting.htm</a>	physicians, physician assistants, nurse practitioners, and public health nurses	December 5, 2005
TB Transmission and Infection Control for TB Program Staff <a href="http://www.umdnj.edu/globaltb/audioarchives/tbtransmission.htm">http://www.umdnj.edu/globaltb/audioarchives/tbtransmission.htm</a>	Public health nurses, field staff, outreach workers, and disease investigators	December 13, 2005
Diagnosis & Management of TB in the HIV-Infected Patient <a href="http://www.umdnj.edu/globaltb/audioarchives/diagnosis&amp;management.htm">http://www.umdnj.edu/globaltb/audioarchives/diagnosis&amp;management.htm</a>	Medical providers	December 14, 2005
Working with TB Patients with Mental Health Issues <a href="http://www.umdnj.edu/globaltb/audioarchives/mentalhealth.htm">http://www.umdnj.edu/globaltb/audioarchives/mentalhealth.htm</a>	TB control staff who work in clinical or field settings	May 2, 2006
QuantiFERON-TB Gold: Putting New Technologies into Practice (A Web-Based Seminar) <a href="http://www.umdnj.edu/globaltb/audioarchives/qftweb.htm">http://www.umdnj.edu/globaltb/audioarchives/qftweb.htm</a>	Physicians, nurses, lab staff	June 26, 2006
2006 Northeast TB Controllers Meeting <a href="http://www.umdnj.edu/globaltb/audioarchives/2006ntca.htm">http://www.umdnj.edu/globaltb/audioarchives/2006ntca.htm</a>	TB controllers, program managers, clinicians, & other health care workers serving patients with or at risk for TB	October 24, 2006

## Other TB Resources

### Division of Tuberculosis Elimination

The mission of the Division of Tuberculosis Elimination (DTBE) is to promote health and quality of life by preventing, controlling, and eventually eliminating tuberculosis from the United States, and by collaborating with other countries and international partners in controlling tuberculosis worldwide.

<http://www.cdc.gov/nchstp/tb/default.htm>

### TB Education and Training Resources Website

This website is a service of the Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination. It is intended for use by TB and other healthcare professionals, patients, and the general public and can be used to locate or share TB education and training materials and to find out about other TB resources.

<http://www.findtbresources.org/scripts/index.cfm>

### TB Education & Training Network (TB ETN)

The TB Education and Training Network (TB ETN) was formed to bring TB professionals together to network, share resources, and build education and training skills.

<http://www.cdc.gov/nchstp/tb/TBETN/default.htm>

### TB-Related News and Journal Items Weekly Update

Provided by the CDC as a public service, subscribers receive:

- A weekly update of TB-related news items
- Citations and abstracts to new scientific TB journal articles
- TB conference announcements
- TB job announcements

To subscribe to this service, visit:

[http://www.cdcnpin.org/scripts/listserv/tb\\_update.asp](http://www.cdcnpin.org/scripts/listserv/tb_update.asp)

### TB Behavioral and Social Science Listserv

Sponsored by the DTBE of the CDC and the CDC National Prevention Information Network (NPIN), this Listserv provides subscribers the opportunity to exchange information and engage in ongoing discussions about behavioral and social science issues as they relate to tuberculosis prevention and control.

[http://cdcnpin.org/scripts/tb\\_behavioral\\_science.asp](http://cdcnpin.org/scripts/tb_behavioral_science.asp)

### OTHER RTMCCS

**The Francis J. Curry National Tuberculosis Center** serves: Alaska, California, Colorado, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming, Federated State of Micronesia, Northern Mariana Islands, Republic of Marshall Islands, American Samoa, Guam, and the Republic of Palau.

<http://www.nationaltbcenter.edu>

**The Heartland National Tuberculosis Center** serves: Arizona, Illinois, Iowa, Kansas, Minnesota, Missouri, New Mexico, Nebraska, North Dakota, Oklahoma, South Dakota, Texas, and Wisconsin.

<http://www.heartlandntbc.org>

**The Southeastern National Tuberculosis Center** serves:

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, Puerto Rico, and the U.S. Virgin Islands.

<http://sntc.medicine.ufl.edu>