

NORTHEASTERN SPOTLIGHT

SPRING 2006

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Dear Colleague:

It is with great pride and pleasure that I look back over the past year at our activities and accomplishments, since we were funded by CDC as one of the four Regional Training and Medical Consultation Centers (RTMCCs). During 2005, in conjunction with our funded partners—the Charles P. Felton National Tuberculosis Center and the Massachusetts Department of Public Health—we carried out an assessment of training and medical consultation needs in each of the 20 TB project areas comprising the Northeastern Region, while continuing to conduct training courses, develop education and training products, and provide medical consultation. Through this newsletter, we plan to highlight training and medical consultation activities in the region that we hope will be both interesting and useful to you. Toward that end, we invite your feedback about this first newsletter and encourage you to tell us about the types of articles or information that you would like to see appear in future issues.

To clearly reflect our work with TB partners in the Region, we have adopted the name Northeastern Regional Training and Medical Consultation Consortium (still RTMCC). The

RTMCC will function as a discrete entity under the recently renamed New Jersey Medical School Global Tuberculosis Institute at the University of Medicine and Dentistry of New Jersey (previously named the New Jersey Medical School National Tuberculosis Center). While the Global Tuberculosis Institute (GTBI) reflects our Medical School's expanding role in international TB control activities, the RTMCC will focus exclusively on strengthening training and medical consultation efforts in the 20 TB project areas we serve. At the same time, successes achieved by the GTBI will help inform RTMCC strategies to control TB among foreign-born population in the Region.

I realize the challenges of TB prevention and control in our region are great. I trust our activities and collaboration will help in your role. Many thanks for your interest in our program. I sincerely hope you enjoy this newsletter. If you have any concerns or suggestions, you can call me directly at (973) 972-3270.

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

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RTMCC COMMUNICATIONS SUB-COMMITTEE

Bill Bower, MPH • Chris Hayden • Erin Howe, MPH

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
Thanks!

Northeastern Regional Training and Medical Consultation Consortium Needs Assessment: The Results are in!!

BACKGROUND

In our first year, the RTMCC staff conducted an assessment to identify training and medical consultation needs in each project area. The entire assessment consisted of 2 components – to identify needs from the perspectives of TB program staff as well as providers and local health departments at the service delivery level.

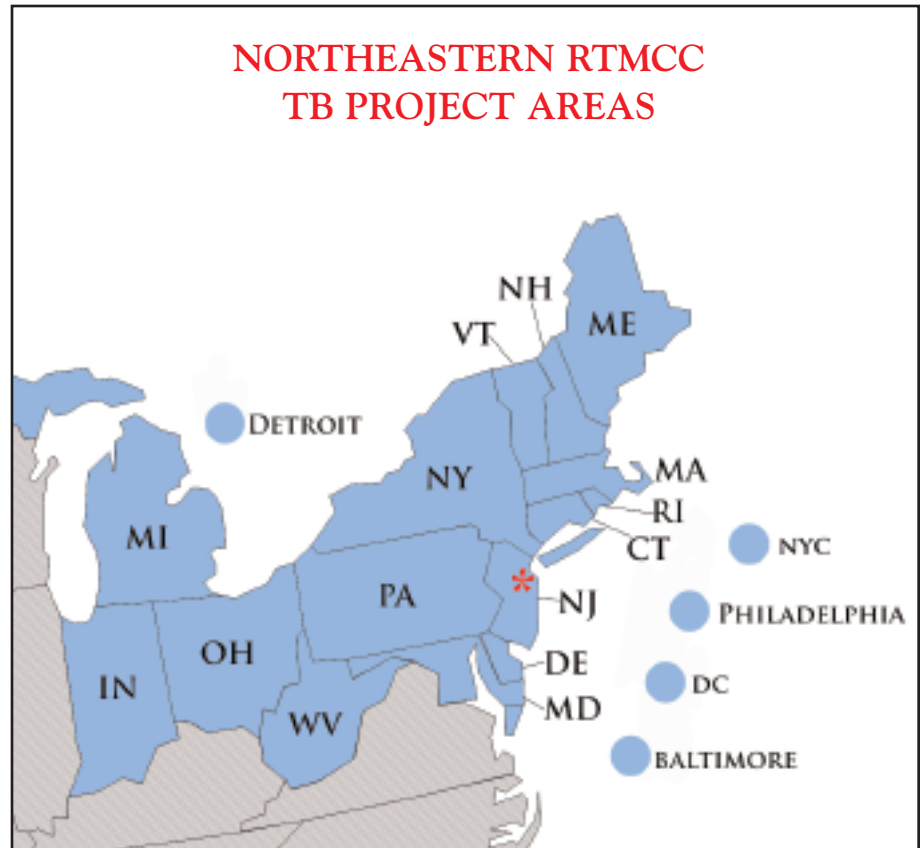
Many of you contributed to this assessment process by answering survey questions or spending extensive time with our staff. This article highlights what we learned from people in our region. A full Region-wide report and individual project area's report will be sent to each area soon!

OUR FINDINGS: TRAINING AND EDUCATION

Not surprisingly, training varies greatly within the region based on size of program, number of staff, morbidity, partnerships with outside organizations, and geographic location. We were happy to see that each program, at a minimum, provides comprehensive basic TB training for new staff and non-TB program staff who work with at-risk persons. There are also many who are pioneering great initiatives in training, both small and large, and there are many partnerships between programs.

There was a wide range of topics identified as needed for training. This varied based on the morbidity of the area, specific staff responsibilities, and status of meeting national program objectives. The topics most frequently mentioned were: case management, tuberculin skin testing, HIV counseling and testing, all aspects of contact investigation, TB in the elderly and TB fundamentals. We also asked “end users” to rate their own training needs. The three most needed trainings from this group included legal issues related to TB, MDR-TB, and working with patients from diverse cultural backgrounds.

We also asked key program staff



about target audiences for training opportunities. Their answers focused on private sector physicians, correctional facility providers, and local public health staff, mostly nurses. Other audiences mentioned included other community providers, medical consultants, private sector nurses, training focal points, outreach workers, immigration health authorities, respiratory therapists, and hospital emergency department staff. Special populations for whom staff training and patient education were needed included foreign-born patients, patients at risk for HIV infection, patients with substance abuse issues, Somali and Hmong refugees, and homeless patients.

Regarding training formats, all of our colleagues clearly value face-to-face training, especially on site in their project areas. However, they also mentioned the successful use of distance learning

technologies including CD ROMs, Internet conferences, and video/DVDs, with satellite programs being least preferred. Since travel is difficult for some staff, there was interest in brief on-site or distance learning opportunities, particularly for frontline workers.

PRODUCTS AND RESOURCES

When we talked about products and resources, program staff stated they preferred quick reference materials and videos and brief, user-friendly versions of any new guidelines. The topic areas and audiences identified for products are fairly similar to those identified for training programs, with an emphasis on patient-centered materials. Audiences also included homeless shelter staff, emergency department personnel, and infection control staff. The emphasis for private providers was to make materials

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Results *continued from previous page*

user friendly and simple. Topic areas mentioned for future products include: cultural competency, improving adherence and treatment completion, tuberculin skin testing and dealing with BCG vaccine history, new employee orientation, tracking system for private physicians, QuantiFERON-TB Gold®, infection control, contact investigation, interpretation of chest radiographs, MDR-TB, pediatric tuberculin skin testing, and sputum induction and collection.

OUR PLANS FOR TRAINING

After learning about training needs in our region, we will market trainings well in advance to provide programs ample time to plan for travel and staff coverage. Since this will not resolve reaching staff who cannot leave their areas for various reasons, on site and distance learning-based training will need to be more extensively provided.

We will also work with programs to conduct specific needs assessments, develop better relationships for partnering to cross train staff, provide a forum for dialogue between project areas, assist training focal points, expand successful training initiatives, and adapt new CDC patient education materials. We also plan to develop more extensively train-the-trainer programs, seminars for public and private providers, mini-fellowships for clinical and TB prevention and control staff, and TB fundamentals courses for new and experienced staff.

THE STATE OF REGIONAL MEDICAL CONSULTATION

Medical consultation services, like training in the region, vary widely in structure, availability, and expertise. The critical components desired for an ideal system were availability coupled with knowledge about TB as well as knowledge about local and state programs, resources, policies, and regulations. Most end user providers

indicated that they currently approach health department TB specialists for medical consultation. The characteristics they look for are personal contact/ previous interaction and a health department affiliation.

One way we hope to increase the capacity of medical consultation services in areas where this was desired is to develop continuing medical education for existing consultants. Case presentations or didactic training were identified as being particularly helpful. Developing and/or providing systems for tracking consultation services was identified as another way to strengthen capacity so that TB programs can document the issues most affecting the providers in their areas.

The critical components desired for an ideal system were availability coupled with knowledge about TB as well as knowledge about local and state programs, resources, policies, and regulations.

A number of TB programs, particularly those with a low incidence of TB that may be less likely to see large numbers of complex patients, indicated that their services would benefit from additional consultation expertise in managing MDR-TB patients and contacts, TB/HIV co-infected patients, pediatric and elderly patients, treatment failures, co-morbidities, drug toxicity and medication side effects, drug absorption issues, drug levels, and surgical management of TB.

All TB programs currently have resources and systems in place to provide medical consultation to providers in their areas. Reliance on experts from local TB clinics, major

hospitals, and the state/city program is working well and helps build capacity at the level where TB services are provided or programs carried out. Our goal is to have providers feel comfortable to call an appropriate consultation service in their project area because the clinical advice they receive will be provided in the context of local TB policies, procedures, and services.

For consultation requests that come directly to the RTMCC, we plan to answer the questions and then strongly encourage callers to use TB program consultation resources in their own areas. We will provide specific contact information. For consultation requests on more complicated cases, or potentially serious topics, we will consult with the TB program before responding to the provider.

We will send periodic aggregate reports to the TB program about the subject and type of caller to our consultation service.

CONCLUSION

The needs assessment process was an excellent way to understand the needs of programs for training and medical consultation. While there were some limitations, we were able to hear from a variety of healthcare staff, and obtained a snapshot of how programs in our region operate, what challenges exist, and how we can all work together. The most important result of this process, however, was the face-to-face contact the RTMCC staff had with key program staff. This provided a learning opportunity for RTMCC staff, as well as helped us get to know the people we will serve and work with for many years to come.

Thanks to all of you who helped us to get to know you and your programs better!

*Rajita Bhavaraju, MPH, CHES
Program Director, Education and Training
Northeastern RTMCC*

Program Staff Profile: Carmen Priddy, RN

How does Carmen Priddy keep a team of healthcare workers on top of their TB game in a low TB incidence state like West Virginia? Does she speak loudly and carry a very big stick? We at the Northeastern RTMCC wanted to know, so we asked.

Carmen is the Program Director of West Virginia Tuberculosis Control Program and also serves as the State's TB Training Focal Point. Surprisingly, we learned that she in fact speaks quite softly and her biggest, most effective weapons are a quick smile and an infectious laugh. Carmen beams and her voice resonates as she pins accolades on the other members of her team: Dr. Walker, Medical Director and Consultant; Carolyn Winkler, Surveillance Nurse; Joyce Duncan and David Frush, Radiology Technicians; Linda Fox, Office Assistant; and Barbara Simpkins, Program Secretary. Carmen finds the team members' combined years of experience an invaluable resource. Carmen was the "baby" in the operation when she started in her present position in 2001, and feels that her newness to the position was an asset. "I saw myself as new blood that revitalized some parts of the program; but most of the program was working fine," she added.

Carmen was no stranger to TB when she assumed her current position. Previously, she worked at the state's largest local health department in Charleston. Although overseeing the TB clinics was her primary focus, she also helped in Family Planning, STD, HIV Testing and Counseling, Immunization, Overseas Travel, and Breast and Cervical Cancer Screening clinics. Carmen started her career in the hospital as a surgical-medical staff nurse. She then became a school health nurse where her duties included administering and reading skin tests.

Carmen clearly admires and respects the frontline TB worker. Her experience in the TB clinic gives her good insight into what frontline staff members face on a daily basis and how her decisions impact them. "They are the ones who do all of the work," says Carmen. She always ensures that frontline staff members are apprised of current trends and guidelines,



so they can make informed decisions. She also informs private providers of current recommendations and encourages them to participate in training activities. She was instrumental in marketing and achieving high attendance at the web-based TB Skin Testing conference conducted by the Northeastern RTMCC in December 2005, targeted specifically to providers in West Virginia.

Carmen sees one of West Virginia's major accomplishments as the formation of a partnership with a local health department and an employer who had hired undocumented immigrants among which a number of TB cases were being reported. The public health nurses at the local health department, along with support from the State TB Control Program, convinced the company to agree to future TB education, screening, and treatment for its employees.

Another major accomplishment was the reactivation and expansion of the West Virginia TB Advisory Committee. The committee has successfully updated the State's TB laws and regulations to reflect current guidelines and recommendations and will soon be reviewing its training plans and TB elimination strategy. Carmen feels that the needs assessment recently conducted by Northeastern RTMCC will help her and the advisory committee with developing and implementing their training plan.

Carmen also serves on the West Virginia Emergency Response Team, which was created in response to the smallpox scare earlier this decade. She and other nurses attended smallpox vaccination training at CDC in Atlanta and, upon their return, taught what they learned to

hundreds of nurses across the State. The Emergency Response Team recently helped Katrina evacuees who arrived in West Virginia receive medical services.

Carmen is concerned about the diminishing pool of public health nurses (PHNs) which, she believes, are needed more than ever to effectively respond to bioterrorism threats and natural and man-made disasters. "The amount of information you get about public health in nursing school is very limited," she said. She believes that experienced PHNs should help educate nursing school students about public health and arrange to give them first-hand field experience. Carmen loves the teaching and prevention aspects of public health and believes tomorrow's nurses would too if they were exposed to it.

Originally from Cuba, Carmen's love for medicine and public health started with her father who was a doctor. She remembers when, at the age of seven, she and her mother flew to Miami to join her two older brothers who had arrived a month earlier. Her father escaped nine months later and soon relocated his family to West Virginia. Before long Carmen came to love the state and has been a loyal West Virginian ever since.

Carmen's loyalty waxes passionate when she speaks about NCAA basketball. She and her husband are both West Virginia University alums and avid Mountaineers fans.

Carmen and her husband also have a passion for refurbishing their home, often taking on challenging projects like laying new hardwood floors and building sheds. It is no wonder her favorite television channel is Home and Garden TV. During her quiet time, Carmen enjoys reading J. K. Rowling's Harry Potter and readily admits to having read every book in the series.

Perhaps Carmen keeps the West Virginia TB team on top of their game by staying on top of hers and serving as an enduring role model. She clearly loves her work!

*Submitted By Valerie Gunn
Health Educator
Northeastern RTMCC*

The TB Cohort Review Process

Dr. Karl Styblo of the International Union Against Tuberculosis and Lung Disease developed the theory and practice of the cohort review method. The process he pioneered analyzes treatment outcomes of every TB case documented in a given area during one quarter. This method was modified by the New York City Department of Health and Mental Hygiene (NYC DOHMH) to also review outcomes of contact investigations and examine program-specific process indicators. Based on this experience, in 2002 the Charles P. Felton National TB Center and NYC DOHMH Bureau of TB Control developed a training course on the *TB Cohort Review Process*.

Twelve participants from around the nation attended the most recent course in New York City, September 15-16,

2005. Teams of two or three participants came from the states of California, New York and New Jersey, Fairfax County (VA), Rockland County (NY), the city of Columbus (OH), and the CDC. Learning from those who practice the method and observing a cohort review first hand is the best way to learn the process. The course was enhanced as guest speaker Kim Field, Washington State TB Controller, explained how she adapted the process to her state to improve its TB program.

It takes teamwork to conduct a cohort review: case managers and supervisors prepare case presentations, the director calls for each case and makes sure standards for treatment and contact investigation were followed, medical experts determine if treatment was correct and complete, and a data

analyst or epidemiologist tabulates the outcomes to analyze how the program performed for that quarter. Cohort Reviews are regularly being done by TB programs in the cities of Chicago, New York, and Philadelphia, Fulton County (GA) and several counties in NY State, and in the states of Massachusetts, Utah, and Washington. Managers find the approach useful to motivate staff, improve accountability, assess training needs, and improve program performance.

This RTMCC course will be offered twice in 2006, once March 9-10 in New York City and again October 18-19 in Philadelphia.

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

TB Today Course: A Success in Regional Collaboration

One of the key goals of the Northeastern RTMCC is to build capacity of TB program staff and direct care providers to improve TB services through training programs. The Massachusetts Division of TB Prevention and Control, a partner of the regional consortium, has been a key contributor towards meeting these goals. The largest classroom education course to take place in Northeastern region last year was the *TB Today* course held in Natick, MA on November 9-10, 2005. Seventy-one attendees from eleven states attended the course (Connecticut, Delaware, Indiana, Maryland, Massachusetts, Michigan, New Hampshire, New York, Ohio, Pennsylvania, and Vermont). Participants from these eleven states make this course one of the most geographically diverse RTMCC-sponsored training in the Northeastern region.

Kathy Hursen, Director of Communication & Education at the Massachusetts Division of TB Prevention and Control, has been the primary organizer of *TB Today*. Her connections to programmatic staff and healthcare providers throughout the region make

her invaluable to the process of regionalizing TB education services. This is the fourth time that Kathy has planned a comprehensive *TB Today* course for Massachusetts and other interested states. This year, with the support and resources of the regional center, *TB Today* was able to reach a broader audience.

Key faculty for the course included Dr. John Bernardo, Dr. C. Robert Horsburgh, Dr. Mark Lobato, Dr. Kay McGowan, Dr. Marie Turner, Dr. Lee Reichman, and Sue Etkind. Sue Etkind, Director of the TB Division of Prevention & Control, included information on the new recommendations for *Controlling Tuberculosis in the United States*, which had just been released in the *MMWR* on November 4, 2005. Dr. Lee Reichman gave an informative presentation on the development and role of the Northeastern RTMCC in regionalizing TB education and medical consultation services.

Topics addressed included: epidemiology & immigration (class A/B status), TB pathogenesis and transmission, diagnostic testing, targeted testing & screening, management of LTBI, high-risk

populations & LTBI, contact investigation, case management, role of outreach staff, skin testing, pediatric tuberculosis, TB/HIV co-infection, treatment failure, and MDR-TB. A lively case presentation titled, "And the Band Played On," presented by a panel of six medical and public health professionals, demonstrated a spirit of teamwork that is vital to success in the field of public health.

Evaluations submitted by course participants indicated that over 90% of attendees rated faculty in the highest categories for knowledge of the subject, handouts provided, and presentation style. Many positive comments were received about course topics, location, and networking opportunities. Pre- and post-test scores demonstrate an overall average improvement in knowledge of 42%. In June 2006, this type of comprehensive clinical course will be held at the Global Tuberculosis Institute in Newark, New Jersey.

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

Tuberculin Skin Test Administration Training

Since 1994, The Bureau of Tuberculosis Control (BTBC) in the New York City Department of Health and Mental Hygiene (NYCDOHMH) has twice a year conducted a course called *Tuberculin Skin Test (TST) Administration Training* for non-DOHMH staff. The most recent training was held February 7 and 9, 2006. The goal of the course is to train and certify nurses and other healthcare professionals in the proper administration and reading of TSTs. The objectives for the course are: to review TB transmission, pathogenesis, and diagnosis; to review targeted TB testing principles; and to develop skills in the proper TST administration and reading techniques.

The training consists of two parts: didactic and practical. The didactic (classroom) portion takes place from 8:00 am - 4:00 pm on two separate days. On the first morning, the basics of transmission, pathogenesis, and diagnosis are covered in a lecture format. In the afternoon, participants are instructed in

the administration of the TST and are given a chance to practice on artificial arms and on each other. Following a day off, participants return in the morning to practice reading TST results. The afternoon session involves a video, classroom training, a review, and a written exam. Games are interspersed throughout to keep participants invigorated.

The practical portion of the training occurs over a two to three day period. Under the supervision of Elvy Barroso, Professional Development Coordinator, candidates are observed and critiqued for correct techniques in the administration and reading the TST at one of the NYC DOHMH Chest Centers. During this period participants must plant and read a minimum of 25 TSTs. If needed, more tests are required to achieve proficiency.

At the successful completion of the course, participants are given a certificate indicating that they are certified by the BTBC to administer and read TSTs. No continuing education credits are offered at this time, but

continuing nurse education credits may be offered in the future.

Most of the non-DOHMH participants are nurses, infection control staff, case managers, medical assistants, and other healthcare workers. They are accepted for the course if they have some background in the sciences and if their jobs require TST administration.

Although most participants are from New York City-based facilities, applicants are accepted from the surrounding areas.

In 2006, for the first time, the BTBC is increasing the number of TST courses offered to non-DOHMH staff from two to three. The course instructors, Elvy Barroso and Xiomara Dorrejo, are both from the Education and Training Unit in the BTBC. For more information about this course, contact Elvy Barroso at (212) 676-2914.

*Submitted By Martha Alexander, MHS
Public Health Educator III
Bureau of Tuberculosis Control
New York City Department of Health and
Mental Hygiene*

Vermont TB Field Investigation Course

The Vermont Department of Health implemented the *TB Field Investigation* course, which was held on December 2, 2005 in Burlington, Vermont. Since Vermont is a low incidence state with a total of 6 cases (for a case rate of 1.0 per 100,000) reported for 2004, the majority of the public health nursing staff will rarely participate in the case management of an active TB case or in the care of a person with latent TB infection. With so little opportunity to practice their skills, maintaining the TB competency level of the public health nursing staff has been challenging for the Vermont TB Program. This course was provided to address the need for ongoing training for these essential public health staff.

The Vermont Department of Health utilized course materials and related resources which were developed by the Northeastern RTMCC and, with technical assistance from Consortium staff, tailored the materials to local needs. The teaching methods for the one-day

course included a combination of didactic lectures and group discussions. The curriculum incorporated various topics such as the basics of TB, skin testing issues, infection control, documentation, the basics of field investigation, safety in the field, and communication. The section on skin testing served as a discussion of frequently asked questions and issues relevant to this specific topic. The presentation on the basics of TB contained information on transmission, diagnosis, progression of latent TB infection to active disease, and treatment. In addition, the TB program utilized the course as an opportunity to provide training on new State forms for documentation of TB control activities. Although a majority of the speakers were from the Vermont Department of Health, the opening presentation was done by an infectious disease specialist who serves as the State's TB medical consultant. Since medical consultation services are provided primarily by telephone communication,

the training afforded an opportunity for the public health nurses to meet face to face with the medical consultant.

The course was attended by 25 public health nurses from local district offices, which are located in counties ranging from rural to well-populated. Participants were required to attend the training in its entirety. The evaluations were very positive and the attendees reported that the day was well spent. In addition, the course provided a forum for networking and relationship building among local level staff from various districts. Due to the success of the course, it is likely to be offered in the future (on an as needed basis) to orient new public health staff or as a refresher course for existing staff. For more information on how this course was adapted to local needs, contact Sally Cook at (802) 863-7240.

*Submitted by Sally Cook, RN
Public Health Nursing Specialist/
TB Training Focal Point
Vermont Department of Health*

Staff Profile: Dr. Reynard J. McDonald

Dr. Reynard J. McDonald is one of the principal figures who helped to establish the New Jersey Medical School Global Tuberculosis Institute and its Northeastern RTMCC. As the Medical Director, he heads the Institute's medical consultation team and provides oversight for all aspects of patient care. In addition, Dr. McDonald serves as the Chairman of the New Jersey TB Medical Advisory Board and is the medical consultant for the State's regional chest clinics. He is also a Professor of Medicine at the New Jersey Medical School and often supervises the rotation of medical residents and students at the Institute.

Dr. McDonald's aspiration to pursue a career in medicine began at an early age and was motivated by the desire to follow in his father's footsteps and to help others. His interest in tuberculosis was first kindled while working under the guidance of his mentor, Dr. Julia Jones, a recognized expert in pulmonary medicine and the management of tuberculosis. After residency training, Dr. McDonald was drafted into the army and his mentor arranged for him to serve at the Army's chief pulmonary referral center, Fitzsimmons Army Hospital in Denver, Colorado, where he spent two years caring for TB patients. While in Denver, Dr. McDonald had an opportunity to attend weekly case conferences at National Jewish Medical and Research Center. This was clearly an invaluable educational experience that would prompt him to apply a similar approach here at the Global TB Institute, where staff and faculty gather for weekly TB Grand Rounds to discuss the challenging management of various cases.

When asked about career highlights, other individuals might recall personal achievements or accolades. Not so with Dr. McDonald, who remarks "one of the highlights, certainly from the standpoint of the treatment of tuberculosis, was the introduction of rifampin. With the advent of rifampin, the duration of



treatment became progressively shorter and equally successful." As the Chair of New Jersey's Medical Advisory Board, his top priority is to review all MDR-TB cases in the state in order to establish a more standardized treatment approach. Regarding the management of MDR-TB cases on a national level, Dr. McDonald envisions a collaborative relationship among clinical staff from each RTMCC, including the sharing of information and joint management of cases. "Hopefully, we can extend current recommendations for standardized treatment to a greater number of cases nationally, which will certainly enhance the overall treatment of tuberculosis."

Since the name Lee B. Reichman has become synonymous with the TB Institute, one might be curious about the nature of the relationship that Dr. McDonald has with Dr. Reichman. The connection between them dates back more than thirty years – to the days of their pulmonary fellowship training at Harlem Hospital in New York. Upon completion of this training, Dr. McDonald joined Dr. Reichman as a faculty member at UMDNJ and has remained here since. Dr. Reichman recalls, "When I first came to the New Jersey Medical School as Chief of Pulmonary Medicine in 1974,

the first colleague I recruited to come with me was Rey McDonald. Rey was always a solid clinician and, most importantly, a compassionate person. Bringing him to New Jersey, and having him as my partner in building our Global Institute was, I always thought, my most prescient decision." One only has to see the way in which these two individuals engage in a friendly banter to guess at the type of mutual respect and appreciation they have for one another as friends and colleagues.

Of course, Dr. McDonald is not all work and no play. Once an avid down-hill skier, Dr. McDonald now participates mostly in cross-country skiing. In his spare time, he also enjoys reading mystery novels written by Walter Mosley, and listening to music. A little known fact about Dr. McDonald is that he collects coins and paper currency, both foreign and domestic. But, perhaps his most cherished title is that of grandfather, in that one of his greatest joys comes from two rambunctious grandsons.

It is very evident that Dr. McDonald cares deeply about people and tries very hard to relieve suffering whenever it is possible. In spite of all the advances that have taken place during his career, he strongly believes that we have a long way to go in the elimination of tuberculosis. He says, "In this day and time, you would expect that the deaths due to TB would be a thing of the past because of the various first-line and second-line drugs that we have for treatment of TB in the United States. But clearly we continue to lose patients who have been infected with these difficult strains of MDR-TB and that's unacceptable." Dr. McDonald's humble and compassionate nature, combined with a thorough approach to treatment has earned him a unique reputation among patients and colleagues alike.

*Submitted by Anita Khilall
Health Educator
Northeastern RTMCC*

Designing a Drug-O-Gram: A Tool for Monitoring and Adjusting TB Therapy

The Centers for Disease Control and Prevention (CDC), American Thoracic Society (ATS), and Infectious Diseases Society of America (IDSA) issued revised TB treatment guidelines in 2002, which state that frequent monitoring of the patient's treatment regimen and response to treatment is critical. Monitoring should include review of the drugs in use, response to therapy, smear and culture status, and adherence. One of the best ways to conduct this monitoring is through the use of a drug-o-gram.

The Northeastern RTMCC has developed an electronic tool for ease of use of this treatment aid. This electronic tool allows clinicians to graphically monitor a patient's treatment regimen and bacteriologic status over time to help guide clinical decisions. From the patient's medical record, the following

information is entered through a user-friendly computer screen:


- Drug names with start and stop dates for each drug
- Mode of treatment, i.e., directly observed vs. self-administered
- Smear, culture identification, and drug susceptibility results, by dates of specimen collection
- DOT adherence rate for each month

The clinician now has a month-to-month picture of how specific drug regimens and patient adherence have correlated with bacteriologic results and drug susceptibility patterns. This information can promote early problem identification and guide adjustments to the treatment regimen to prevent the development or furtherance of drug resistance. The DOT adherence rate can be useful in assessing patient's barriers to

adherence and determine individualized strategies which can be implemented to achieve successful treatment outcomes. Additionally, this electronic summary can facilitate and strengthen medical consultation services that are provided by telephone or through email for the management of challenging TB cases. It can also be used as a teaching tool for live or written case presentations.

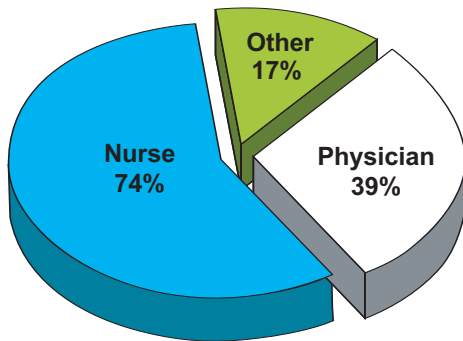
This product will be soon available for downloading from our website at www.umdj.edu/globaltb (click on "Products and Resources"). An accompanying instruction booklet provides instructions, graphics, and teaching points.

*Submitted by Anita Khilall
Health Educator
Northeastern RTMCC*

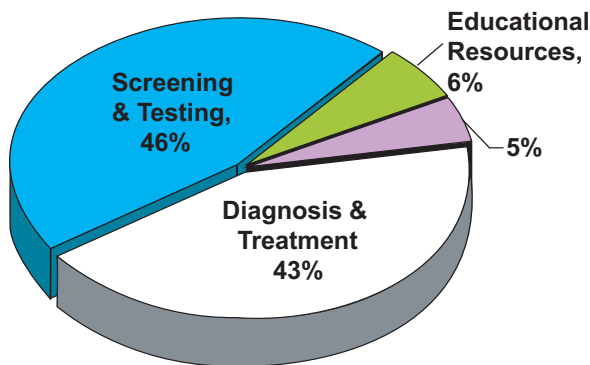
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5 RIF 5/Week										
5 EMB 5/Week										
5 PZA 5/Week										
Smears	5 +1	18 +2	9 -	7 -	4 -	31 -	22 -		5 -	
Cultures	+	+	+	-	-	-	-		-	
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Monthly DOT Adherence	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Medical Consultation – How the RTMCC Serves the Region

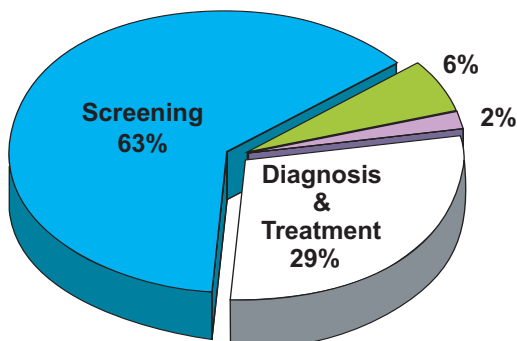
**Callers by HC Profession, 2005
Northeastern Region**
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**HC Professional Calls by Topic, 2005
Northeastern Region**
(n=167)



**General Public Calls by Topic, 2005
Nationwide**
(n=151)



Since 1994, the Northeastern RTMCC has been operating a TB information and medical consultation service ("TB InfoLine") via a toll-free telephone line, 1-800-4TB-DOCS. Calls are answered during business hours on weekdays, and voicemail is available to record messages at all other times. The TB Info-line has been available, without restriction, to healthcare providers, the media, and the public. Since the launch of this program, over 8,000 calls have been answered. Calls are logged and are categorized by the caller's profession, geographic area, general topic area of inquiry, use of specific guidelines or literature, and whether the question called for an interpretative answer. A satisfaction survey is sent to callers in a random sequence. All results are entered into a database and feedback is used to improve services.

The main goal of the TB Info-line is to ensure that accurate information and consultation is provided in a timely manner. The TB Info-line offers expert case consultation on all aspects of TB prevention and control including issues related to screening and testing, prevention, diagnosis, and treatment, contact investigation, pediatric TB, infection control, institutional transmission, and employee screening. The first two charts (from top, left) represent types of calls received in 2005 from healthcare professionals in the Northeastern RTMCC project areas, and the third categorizes all calls received from the general public.

The RTMCC needs assessment conducted last year revealed that medical consultation provided in the 20 TB project areas of the Northeastern Region differs widely in terms of procedures, organization, ease of access, and expertise. Information gathered during the needs assessment and continued discussions with project areas will help shape the direction by which a regional medical consultation network can be developed. The Northeastern RTMCC is planning ways to facilitate greater communication with TB programs and project area medical consultants and to ensure that the concerns of all callers are treated with equal priority and precision.

*Submitted By DJ McCabe, RN, MSN
Trainer & Consultant, Clinical Programs
Northeastern RTMCC*

Cultural Competency Newsletter Issue #3: “Brother to Brother”

To respond to the need for cultural competency resources specific to TB care, the Northeastern RTMCC launched a newsletter entitled *TB & Cultural Competency: Notes from the Field*. The first issue, “Striving Towards Cultural Competence: An Outreach Perspective” (2004) provided an overview of cultural competency, suggested practical steps, and provided a self-assessment tool. Issue #2, “Dose by Dose” (June 2005) explored in detail the management of a TB patient from Ecuador and considered the health needs of asylum seekers and refugees.

Issue #3, “Brother to Brother” (December 2005) focuses on immigrants from Africa, using an example of a case from the West African country of Mali. This patient’s treatment under DOT went rather smoothly with the assistance of a case manager who could speak French. It was the contact investigation that became more complicated and brought out issues that may be common to immigrants in general, and certainly

apply to African-born clients of our TB control programs. The program staff encountered inaccurate addresses, unclear relationships between case and contacts, and extensive networks of work and social contacts. In particular, communal meals were a time when many people would congregate and spend time together, facilitating the spread of TB germs. Contacts often wondered why they should take medicine when they did not feel sick at all. Together they had to overcome barriers of language, trust, understanding latent infection vs. disease, and accepting responsibility for preventing TB. The newsletter explores these issues and discusses resources for gaining insight into the situation affecting African immigrants who face TB in our country.

The newsletter can be downloaded and reproduced at: www.umdnj.edu/globaltb (click on “Products and Resources”). To contribute cases to the newsletter, please contact Bill Bower at blb3@columbia.edu or (212) 939-8258.



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

LTBI Materials for Primary Care Practitioners

The Northeastern RTMCC collaborated with the Division of Tuberculosis Elimination (DTBE), Centers for Disease Control and Prevention (CDC) to develop educational materials for healthcare professionals. Three different formats were used to highlight the main points of the latent TB infection guidelines for the primary care practitioner.

Guide for Primary Health Care Providers: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection is a 35-page booklet that covers targeted tuberculin testing, diagnosis and treatment of LTBI, risk assessment, skin test guidelines, and documentation. The booklet may be viewed and downloaded at <http://www.cdc.gov/nchstp/tb/pubs/LTBI/default.htm> It can also be ordered

through the DTBE's online ordering system:

https://www2.cdc.gov/nchstp_od/PIWeb/TBorderform.asp

Three ready reference fact sheets were developed to complement the Guide:

- *Treatment of Latent Tuberculosis Infection: Maximizing Adherence*
- *Treatment Options for Latent Tuberculosis Infection*
- *Targeted Tuberculin Testing and Interpreting Tuberculin Skin Test Results*

They can be downloaded from the DTBE website and printed <http://www.cdc.gov/nchstp/tb/pubs/dtbefax.htm>

In addition, a PowerPoint® slide presentation, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis

Infection, 2005 – Applying CDC/ATS Guidelines in Your Clinical Practice was developed as a resource for practitioners who wish to make a presentation to colleagues, for example, at a hospital Grand Rounds lecture or at a professional organization meeting. Content includes: Brief history of LTBI treatment, Concept of targeted testing, Risk factors for LTBI, Tuberculin skin testing, Treatment guidelines for LTBI, and case studies.

The slides can be downloaded and adapted by the presenter to meet their individual needs at <http://www.cdc.gov/nchstp/tb/pubs/slidesets/LTBI/default.htm>

Submitted By DJ McCabe, RN, MSN
Trainer & Consultant, Clinical Programs
Northeastern RTMCC

New TB Patient Education Materials

As U.S. tuberculosis rates remain highest in foreign-born populations, the need for targeted educational materials has become more apparent. Research demonstrates that materials developed according to the principles of health literacy and targeted to specific populations can effectively change health behaviors in those populations. The Centers for Disease Control and Prevention (CDC) and the Northeastern RTMCC have recently produced a collection of culturally-appropriate patient education materials.

To initiate this process, the Northeastern RTMCC and the CDC conducted population-based focus groups in geographically diverse regions of the U.S. to gather data on TB-related cultural beliefs and behaviors and on preferred content and format which guided the development of six new culturally-appropriate TB patient education materials in four languages. Furthermore, the materials were field tested with preferred populations to assess comprehension of key concepts,

appropriateness of language and photographs, as well as the overall visual appeal. The English language materials are currently being distributed nationally by CDC. Spanish, Tagalog, and Vietnamese materials are expected to be distributed by the end of this year.

The English version of these materials can be ordered or downloaded in PDF format through the DTBE's online ordering system (scroll down to the "For Patients and the General Public" section): https://www2.cdc.gov/nchstp_od/piweb/tborderform.asp

Get the Facts About TB Disease (item #99-8218). A booklet about TB transmission, treatment for TB disease, and how to communicate with family and friends about TB.

What You Need to Know About TB Infection (item # 99-8219). A booklet on TB infection, including the TB skin test, treatment, and adherence to medication.

What You Need to Know About the TB Skin Test (item # 99-8220). A fact sheet on the basics of the TB skin test.

Protect Your Family and Friends from TB – The TB Contact Investigation (item # 99-8221).

A booklet on how to protect family and friends from TB and how to talk to a healthcare worker during a contact investigation.

Take Steps to Control TB When You Have HIV (item # 99-8222).

A booklet about the importance of treating TB infection and TB disease when a person is also infected with HIV.

Staying on Track with TB Medicine (item # 99-8223). A booklet about treatment and ways to adhere to medication regimens for TB infection and TB disease.

*Submitted By Lauren Moschetta-Gilbert, MA
Training and Consultation Specialist
Northeastern RTMCC*

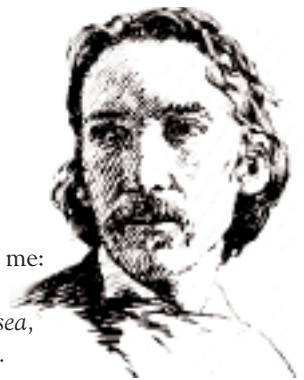
TB Trivia - Who is it?

This Scottish author, poet, and essayist suffered all of his life from pulmonary tuberculosis. While condemned to periods of immobility, he dreamt of adventure and escape which drove him to a number of rest cures abroad, first in France and later in the South Seas (the Marques Islands, Tahiti, Honolulu, Samoa). Poetry, essays, travel writings and novels mark the different stages of his dream of escape. "Treasure Island" and "The Strange Case of Dr. Jekyll and Mr. Hyde" are among his best-known works.

His resolve to keep on working and produce some of his best works can be reflected by the following quote: "It is better to lose health like a spendthrift than to waste it like a miser. It is better to live and be done with it, than to die daily in the sickroom. By all means begin your folio; even if the doctor does not give you a year, even if he hesitates about a month, make one brave push and see what can be accomplished in a week" (from 'Aes Triplex'). Perhaps that is why, near the end of his life, he was able to write with no regrets this haunting Requiem which appears on his sarcophagus atop Mount Vaea in Western Samoa:

Under a wide and starry sky
Dig the grave and let me lie:
Glad did I live and gladly die,
And I laid me down with a will.

This is the verse you'll 'grave for me:
*Here he lies where he long'd to be;
Home is the sailor, home from the sea,
And the hunter, home from the hill.*



For the answer and more information on TB and the arts, click on: <http://www.cdc.gov/ncidod/EID/vol8no11/02-0549.htm>.

*Submitted By Anita Khilall
Health Educator
Northeastern RTMCC*

New TB Guidelines

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents - (p. 37-38 for TB/HIV coinfection treatment). U.S. Department of Health and Human Services. 2005 October 6.

<http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>

These updated guidelines were developed by the Panel on Clinical Practices for Treatment of HIV Infection convened by the US Department of Health and Human Services. Pages 37-38 of these guidelines specifically address important issues with respect to the use of antiretroviral drugs in patients with tuberculosis (TB) co-infection.

Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *Morbidity and Mortality Weekly Report*. 2005 Nov. 4; Volume 54, RR-12: 1-81.

<http://www.cdc.gov/MMWR/PDF/rr/rr5412.pdf>

The American Thoracic Society (ATS), the Centers for Disease Control and Prevention (CDC), and the Infectious Diseases Society of America (IDSA) recently proposed recommendations to improve control and prevention of tuberculosis in the U.S. with a view toward eliminating the disease. The plan integrates recent scientific advances with current epidemiologic data, other recent guidelines, and other sources to form a practical approach to TB control.

Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: Recommendations from the National Tuberculosis Controllers Association and CDC. *Morbidity and Mortality Weekly Report: Recommendations and Reports*. 2005 Dec. 16; Volume 54, RR-15: 1-37.

<http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf>

This statement provides expanded guidelines concerning investigation of TB exposure and transmission and prevention of future cases of TB through contact investigations.

Guidelines for Using QuantiFERON-TB Gold Test for Detecting Mycobacterium Tuberculosis Infection. *Morbidity and Mortality Weekly Report: Recommendations and Reports*. 2005 Dec. 16; Volume 54, RR-15: 49-55.

<http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf>

CDC recommends that QFT-G may be used in all circumstances in which the tuberculin skin test is currently used, including contact investigations, evaluation of recent immigrants, and sequential-testing surveillance programs for infection control (e.g., those for healthcare workers). This report provides specific cautions for interpreting negative QFT-G results in persons from selected populations.

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Settings, 2005. *Morbidity and Mortality Weekly Report: Recommendations and Reports*. 2005 Dec. 30; Volume 54, RR-17: 1-141.

<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>

This report updates TB control recommendations reflecting shifts in the epidemiology of TB, advances in scientific understanding, and changes in healthcare practice that have occurred in the United States during the preceding decade. In the context of diminished risk for healthcare-associated transmission of *M. tuberculosis*, this document places emphasis on actions to maintain momentum and expertise needed to avert another TB resurgence and to eliminate the lingering threat to healthcare workers, which is mainly from patients or others with unsuspected and undiagnosed infectious TB disease.

Other TB Resources

Division of Tuberculosis Elimination

The mission of the Division of Tuberculosis Elimination 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, 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>

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>

NE RTMCC Training Courses Planned for 2006*

NAME OF COURSE	TARGET AUDIENCE	DATE(S)	LOCATION
Cohort Review Methodology	Program Management Staff	Mar 9-10	New York City
Effective TB Interviewing & Contact Investigation	Disease Investigators, Public Health Nurses	April 4-6	Newark, NJ
TB Clinical Conference	Physicians	April 8	Salem, M
Field Staff Webinar: Working with Patients with Mental Health Needs	Disease Investigators, Public Health Nurses, Outreach Staff	May 2	Web-based
TB Case Management for Nurses Course	Nurse Case Managers	May 3-4	Indiana
First-Line Supervisor's Course	Supervisors	May 9-11	Newark, NJ
Regional TB Conference	Clinical and TB Control Staff	May 25	Southeast MA
Medical Update Webinar: QuantiFERON TB Gold	Clinical Staff TB Lab Staff	May	Web-based
TB Field Investigation	NYC Public Health Advisors	June 6-7	New York City
TB Clinical Intensive	Physicians, Nurses	June 27-28	Newark
Medical Update Webinar: TB and HIV	Physicians, Nurses	July 20	Web-based
TB Fundamentals	All TB Staff	August 11	Columbus, OH
Training Focal Points Workshop	Training Focal Points	August 14	Atlanta - TB ETN Meeting
Field Staff Webinar: Risk Communication	Disease Investigators, Public Health Nurses, Outreach Staff	September	Not applicable
Contact Investigation Updates Webinars	All TB Control Staff	Throughout Year	Not applicable
TB Case Management for Nurses Course	Nurse Case Managers	September	NE TB Controllers Meeting, New Jersey
Medical Update Webinar: Pediatric TB	Physicians, Nurses	October 4	Web-based
TB Field Investigation	Disease Investigators, PH Nurses, Outreach Staff	October 10-11	Newark, NJ
Cohort Review Methodology	Program Management Staff	October 18-19	Philadelphia, P
Infection Control Course	Infection Control Practitioners, Program Management Staff	November 15-16	Newark, NJ
Regional TB Conference	Clinical and TB Control Staff	November 16	Western MA

* Check our website for full information and to confirm dates: www.umdny.edu/globaltb (click on "Education and Training")

TB Program Training Courses Planned for 2006

TB PROGRAM SPONSOR	NAME OF COURSE	TARGET AUDIENCE	TARGET AREA	DATES	LOCATION	CONTACT INFORMATION
MD	QuantiFERON Testing	Health Professionals	MD	January 10	MD State HD, Baltimore	Arlene Hudak 410-767-6698
MD	TB Skin Testing Trainings	Licensed Clinicians	MD	March 7 March 22 May 3 May 9	Baltimore Co. HD Cecil Co. HD Howard Co. HD Kent Co. HD	Arlene Hudak 410-767-6698
MD	TB Today	Nurses, and Health Professionals	MD, DE, PA, DC	April 25- April 27	Bon Secours Spiritual Cente, Marriotsville, MD	Arlene Hudak 410-767-6698
MD	Annual TB Meeting	TB Clinicians	MD	September 14	Clarksville, MD	Arlene Hudak 410-767-6698
MA	Regional TB Conferences	TB Control & clinical staff	New England	March 23 September 28	North Central MA Northeast MA	978-851-7261 X4075 978-851-7261 X4049
New England TB Programs	Eliminating TB Case by Case	Providers and Clinicians	New England	April 11	Web-based	https://www.mymeetings.com/nc/join/ Conference #: PG1678747 Passcode: 2006 Toll Free Number 888-552-9191 Leader: Dr. Mark Lobato
NY City	Tuberculin Skin Test Administration	Non-NYC HD staff	NYC & Vicinity	Spring Summer	253 Broadway, NYC	Elvy Barroso 212-676-2914 ebarroso@health.nyc.gov
NY City	New Staff Training	Recently Hired HD Staff	NYC & Vicinity	March 27- April 14	253 Broadway, NYC	Yvette Cambry 212-442-6940 ycambry@health.nyc.gov
PA Public Health Institute	TB Update	Public Health Staff	PA Vicinity	May 25 8:30-11:30 am	State College, PA	PA Public Health Institute www.health.state.pa.us/phievent