

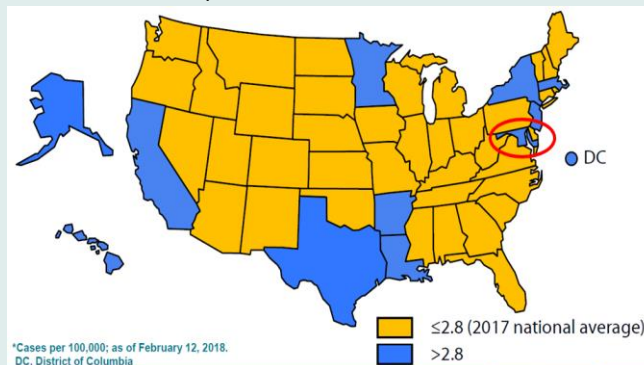
Making Latent Tuberculosis Infection (LTBI) a Reportable Condition in Maryland

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Background

- In the US, ~13 million individuals have LTBI.
- 85% of US TB cases are due to reactivation of LTBI.
- TB disease rates in the US are stabilizing.
- Maryland is one of only 11 states where TB rates are higher than the national average (Figure 1).
- Reaching TB elimination (1/1,000,000 per year) requires identifying and treating persons with LTBI.
- Developing surveillance for LTBI is critical to:
 - Determine the true burden of LTBI in a population
 - Identify which high-risk populations are and are not being appropriately screened and treated

To further statewide TB control goals, the Maryland Figure 1: TB Case Rates, United States 2017 Department of Health (MDH) proposed inclusion of LTBI as a reportable condition in 2018.



Official Regulation Language

Maryland Code of Annotated Regulations (COMAR)
10.06.01.03

- A positive result on an Interferon Gamma Release Assay, or Tuberculin Skin Test, or any other test indicating tuberculosis infection, and
- Active or suspected tuberculosis has been ruled out.

LTBI was added to COMAR on April 23, 2018 with program designated start date of July 1, 2018.

Stakeholder Outreach

MDH identified stakeholders such as local health departments, schools/ universities, federally qualified health centers, state/local corrections, and hospital occupational health clinics.

Stakeholders were asked about:

- Support for LTBI Reporting
- Concerns
- Current LTBI evaluation and treatment practices

A pilot survey was conducted to gauge the ability of stakeholders to provide complete and accurate LTBI data. The survey included:

- Total number of patients
- Number screened for LTBI in one year
- Screening test used
- Number diagnosed with LTBI
- Number starting LTBI treatment
- Number completing LTBI treatment
- Number of patients by selected risk factors

Surveillance System

Surveillance variables were adapted from the active TB surveillance system and proposed national LTBI surveillance system (TBLISS). Variables included:

- Screening test used
 - Medical evaluation steps
 - TB risk factors
 - Type of reporting facility
 - LTBI treatment outcomes
- Surveillance database was developed using Page Builder within Maryland NEDSS system.
 - The Tennessee Department of Health LTBI template was modified with Maryland identified variables.
 - The established electronic laboratory reporting system for interferon-gamma release assays was used to supplement provider reporting.

Figure 2: Maryland LTBI Reporting Form

Outcomes to Date

- The process of making LTBI reportable gave MDH:
 - A better understanding of LTBI screening practices.
 - Immediate onsite education opportunities on screening and treatment guidelines.
- Stakeholder outreach with community providers:
 - Developed and strengthened relationships with community partners for LTBI efforts.
 - Identified lack of knowledge and current education for LTBI screening and treatment.
 - Developed partnerships that will improve compliance with the new regulation.
- The pilot survey among stakeholders identified:
 - Estimates of patients receiving LTBI services
 - Wide variety of screening practices and knowledge.
 - Common challenges in accessing LTBI data, particularly treatment completion information.
 - Little to no monitoring occurring for LTBI treatment completion and other outcomes.

Outcomes to Date Continued

- Developing surveillance database in NEDSS:
 - Allows integration into an existing well-known state-wide surveillance system.
 - Eliminates need to teach a new system to local health department staff.
 - Enables editing, using Page Builder, for future modifications consistent with national developments.

Beyond Reporting

LTBI reporting will allow MDH to:

- Identify who is and is not being screened and treated
 - Learn which treatment regimens are being utilized
 - Analyze LTBI treatment completion rates
 - Partner with stakeholders for outreach to high-risk populations
- MDH has already partnered with a state-wide university system to provide education on LTBI screening and treatment to both administrators and health staff.**

Conclusions

- MDH identified widespread non-recommended screening practices among stakeholders across the state
- The introduction of LTBI surveillance has already furthered the discussions across the state about the critical role of LTBI services in TB control.
- Continued engagement with community stakeholders allows for LTBI to be addressed beyond the services of local health departments.
- The engagement of stakeholders both in the process and future outreach efforts will only strengthen TB control and prevention in Maryland.