

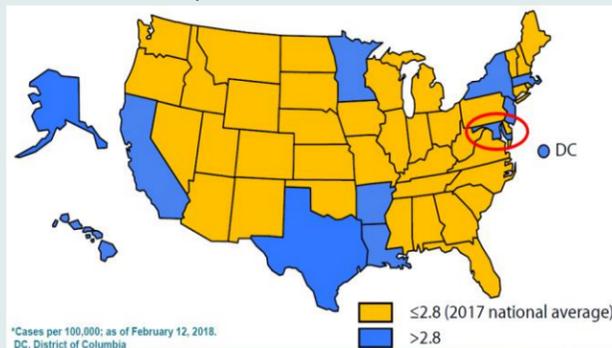
# Making Latent Tuberculosis Infection (LTBI) a Reportable Condition in Maryland

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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.