



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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Division of Public Health

October 27, 2020

TO: Local Health Department TB Staff  
FROM: Jason Stout, MD, MHS, TB Controller/Medical Director  
RE: Revisions to the NC TB Control Manual

The TB manual has been revised and updated in accordance with current evidence-based practice. A number of revisions have been made and are summarized below. These changes have been posted to our website (<https://epi.publichealth.nc.gov/cd/lhds/manuals/tb/toc.html> )

Chapter I Introduction

1. Updated some of the references
2. Added contact information for TB Staff. Took this out of selected resources chapter.

Chapter II Tuberculin Skin Testing and IGRA's

1. On page 1 re-worded the section about training healthcare providers on how to place and read TSTs, stating that CDC guidelines recommend that healthcare providers be observed placing and reading tuberculin skin tests (as opposed to the previous prescriptive recommendation that healthcare providers be observed placing/reading TSTs
2. Took out the statement that RNs cannot delegate the placement of PPDs to non-licensed persons since this is a nurse practice issue, not a TB Control issue.
3. Deleted the recommendation to place a TST on initial presentation to healthcare for individuals with certain conditions that increase the risk of progression to TB disease but are not associated with an elevated risk of TB infection. Conditions include:
  - diabetes mellitus
  - chronic renal failure
  - chronic malabsorption syndrome
  - leukemia, lymphomas, Hodgkin's disease
  - cancer of the head or neck
  - silicosis
  - weight loss of > 10% ideal body weight
  - gastrectomy or intestinal bypass
4. Added current CDC guidance that unexpected positive tests (TST/IGRA) should generally trigger a repeat test (usually with an IGRA), and LTBI treatment should only be provided if the second test is also positive.
5. Updated information about IGRAs to reflect the updated tests.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH; EPI/CD/TB CONTROL**

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6. All the Class A/B information was taken out and moved to its own chapter.
7. Updated standing orders for PPDs and IGRA's

Chapter III      Diagnosis and Treatment of Latent TB Infection

1. Renamed this chapter (was Targeted Testing)
2. All the Class A/B information was taken out and moved to its own chapter.
3. Changed the age of a child to less than 12 and adult to 12 and over to match the CDC Guidelines.
4. Pulled the targeted testing paragraph apart and included what it said in the standards of managing LTBI.
5. Put all the chest X-ray information in C. Previously it was scattered. Also, re-worded sentence about getting a X-ray with a remote positive TST.
8. Added statement: When a patient is treated for active tuberculosis with rifampin, isoniazid, pyrazinamide, and ethambutol for eight weeks and active tuberculosis gets ruled out, the patient can be considered adequately treated for latent TB infection.
6. Changed the rifapentine dosage to match dosage chart in the CDC guidelines which is based on weight ranges.
7. Added a LTBI drug dosage chart.
8. Updated recommendations for treating LTBI, including the statement that not all individuals with a positive TST or IGRA need to be treated for LTBI. Low risk individuals should be evaluated by a health care provider to determine if the benefit outweighs the risk for treating these low risk individuals.
9. Changed the recommendation to treat with INH for 6 months instead of 9 months in HIV negative individuals.
10. Added the statement that if using INH twice weekly there should be 72 hours between doses.
11. Updated how to report treatment of LTBI adverse events to the CDC.
12. Moved closure of record for nonadherence to the new non-adherence chapter.
13. Updated standing order samples and moved them to the end of the chapter.

Chapter IV      Diagnosis and Treatment of TB Disease

1. Renamed this chapter. Previously called Tuberculosis Disease
2. Moved airborne precautions and home isolation section to before the treatment section.
3. Moved the components of TB management section that was at the end of the chapter previously to the Standards of TB Disease Management at the beginning of the chapter.
4. Pulled the video DOT from the selected resources chapter and added it to this chapter.
5. Re-worked the monitoring chart and moved it from the end of the chapter to the section on monitoring.
6. Moved the common adverse reactions chart.
7. Re-worded the first sentence under reporting cases.

8. Moved all the non-adherence information (isolation orders, etc.) to its own chapter.
9. Changed the drug dosage chart. Took out the once-weekly column since that was only used for treatment of LTBI and we now have a treatment of LTBI dosage chart in chapter III. No dosage for rifapentine is listed on the TB disease chart since the once weekly isoniazid and rifapentine regimen for treatment during the continuation phase is no longer being recommended. Moved recommendations for pediatric dose calculation and use of syrup to the drug dosage section.
10. Added a section on how to count dot.
11. Clarified that isolation should continue until there are 2 negative sputum smears and no other sputum smears during that week (Sunday – Saturday) are positive.
12. Indicated that a patient with sputum smear negative pulmonary tuberculosis should remain in isolation for the first two weeks of treatment if the patient is in a hospital setting.
13. Indicated that when using intermittent therapy, doses must be given at least 48 hours apart.
14. Changed the reporting tool requirement to say that it is due within 7 business days. Previously it did not indicate if it was calendar or business days.
15. Clarified when Molecular Detection Drug Resistance (MDDR) testing should be done.
16. Took out the international classification system section since this was outdated.
17. Updated the sample standing orders.

Chapter V. HIV and AIDS and Tuberculosis

1. Pulled the statement from Chapter IV about TB being an AIDS defining illness and added it here.
2. Took out some of the redundant information and refers to other chapters instead of repeating this information.
3. Recommended that a CD4 count be obtained within 6 months of starting TB treatment instead of 3 months, given current trends to perform CD4 counts less frequently for many patients with HIV.

Chapter VI. Patient Non-Adherence

1. Moved all the information regarding patient non-compliance and put it in this chapter.
2. Changed the name of the order that does not limit freedom of movement to Compliance Order instead of Isolation Order to clarify the purpose of the order.

Chapter VII. TB Drugs

1. Added a phone number for Eric Davis
2. Took out some of the outdated information and provided links to the most up-to-date information regarding drug-drug interactions.

Chapter VIII. Contact Investigation

1. This whole chapter has been re-arranged and a new chart replaces the algorithm.

- Chapter IX. American Lung Association Funds
1. Edited the instructions for the incentive funds to include that a new application must be completed each year and that all funds must be spent, and receipts turned in to the regional nurse consultant by December 31st each year.
  2. Updated language in the instructions to be in-line with ALA guidance.
- Chapter X. Selected Resources
1. Many of the items that were included in selected resources in the past have been moved to other chapters.
  2. Updated the educational resources.
- Chapter XI. Infection Control
1. This chapter has been updated to reflect the CDC recommendations regarding testing health care personnel published in May 2019, including the need to only test health care personal for TB upon employment. Annual testing is not necessary.
- Chapter XII. Laboratory Services
1. Made laboratory services its own chapter
  2. Added a sentence at the beginning of the sputum collection procedure about when to collect sputum.
  3. Clarified/updated the section about PCR/NAA results
- Chapter XIII Class A/B Notification of Arrival
1. Now has its own chapter
  2. Re-worded a few things to make it clearer.
- Chapter XIV TB Related Laws
1. All the laws/rules were reviewed and if there were any updates, even if the update was not related to TB and copy of the new rule was entered.
  2. Daycare rules changed and now says TST or screening
  3. Foster Care ruled changed to say that the Foster Parent's children do not have to have a TST unless the Foster Parent is found to have a positive TST.
  4. The PHN drug dispensing rule added some drugs that the PHN can dispense (opioid antagonists, epinephrine, and nicotine replacement therapy)
  - 5.
- Chapter XV Record Management
1. Added the minimum requirements expected to be found in an active TB case medical record.
  2. Updated the link to the LHD record retention schedule.