

MARYLAND DEPARTMENT OF HEALTH CENTER FOR TB CONTROL AND PREVENTION EMERGENCY TB PROGRAM RESPONSE TO SARS-COV-2 (COVID-19) CRISIS

Center for TB Control and Prevention Core Services:

Due to the rapidly evolving COVID-19 public health emergency several change in the operations of the MDH Center for TB Control and Prevention (CTBCP) and new recommendations for local health department (LHD) TB programs have been made. These changes are in effect until further notice.

Most employees within the CTBCP are teleworking. The program has determined that to the extent it is possible to do so at least one professional staff member will be available on-site for limited hours Monday –Friday to answer incoming phone calls and receive incoming correspondence. **The best way to reach a CTBCP staff member is through email or by calling 410-767-6698.**

The following items remain critical priorities for CTBCP and LHD staff

- **Surveillance** of ELRs and other laboratory reports to ensure that no new case of TB is overlooked or “missed”.
- Review and updates of **NEDSS** TB data daily.
- Daily reviews of **vDOT** submissions.

- **Processing and ordering of TB medications.**
 - Medication orders should be emailed to BOTH nurse consultants Cherie Helfrich at cherie.helfrich@maryland.gov and Dottie Freeman at Dorothy.Freeman@maryland.gov and cc'd to Towanda Williams at Towanda.williams@maryland.gov
 - Attach an order form to the email or list what you require in the email itself.
 - Every effort will be made to fill requests as quickly as possible pending shortages or other delays secondary to the public health emergency.

- **Consultations:**
 - Follow CTBCP Consultation Protocol
 - **Physician consultations** will continue every Tuesday according to the Maryland Guidelines for TB Prevention and Control (page 34) https://phpa.health.maryland.gov/OIDPCS/CTBCP/CTBCPIimages/2019_November_Revised.pdf
 - **Nurse Consultations** should be emailed to BOTH Cherie Helfrich and Dottie Freeman and cc'd to Towanda Williams.
 - Consultations with either the nurse consultants or physicians can be arranged any time Monday -Friday by emailing the nurse consultant staff or by contacting the main number at 410-767-6698.

- Consultations are also available through the CDC Rutgers's Global Tuberculosis Institute at <http://globaltb.njms.rutgers.edu/aboutus/COE.php>

- **Case Reviews:**

- Case lists will be sent to LHD programs, with due dates for submission of case review forms.
- CTBCP staff will internally review the forms during the Tuesday morning consultation meetings. If CTBCP staff need to discuss a case further with the jurisdiction, arrangements will be made (conference call, email, etc.).
- At this time, we will **not** be holding the 2nd/3rd Tuesday multijurisdictional case review calls.

Recommendations for LHD TB Programs:

- **In-person clinic visits:** **Must be prioritized for those with the highest acuity of need.**
 - New Diagnoses for Active TB: Medical evaluations should be considered when appropriate
 - Adverse reactions or delayed or inadequate treatment response
 - When preparing or scheduling appointments for home visits the following is recommended: **The day prior to a scheduled visit contact the patient to verify the visit and assess how the person is feeling. Ask if they are experiencing any SARS-COV-2 symptoms** SARS-COV-2 is characterized by symptoms including: fever of greater than 100.4 degrees Fahrenheit (99.6 degrees Fahrenheit in individuals over the age of 60), coughing, shortness of breath or trouble breathing, chills, muscle aches, sore throat, and new loss of sense of smell or taste. More information can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
 - If the person is experiencing symptoms of SARS-COV-2 consult with the treating physician immediately to determine the most appropriate course of action.
 - Additional guidance regarding non-COVID-19 clinical care visits can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html>
- **Telehealth:** In-person visits should be limited and the use of electronic and/or on-line chat platforms should be explored, in addition to phone consultations. TB programs should find out if their LHD administration is pursuing telehealth options for other programs and/or has preferred or recommended platforms for this activity. The Maryland Department of Health supports and prefers the use of *Google Meet* for telehealth use at this time.
- **Essential Service Home Visits:** If you must meet a patient or client in-person, provide the individual with a mask, ask them to put it on and move to a place where you can maintain a distance of 6 feet. When closer proximity to the individual is required, ask the client to mask, turn their head away from you and place a mask on yourself as well.
 - **Be aware that some LHDs are prohibiting outreach staff from entering individual patient homes during this public health emergency** which is something TB outreach staff often do

when providing DOT and patient assessments. **Check with your administration regarding your LHD policies.**

- **Medication verification:**
 - Directly observed therapy remains a cornerstone of TB programs to monitor treatment adherence, and document progress towards treatment completion.
 - Video-DOT may be considered for all patients.
 - In-person visits for DOT should be reduced to highest priority individuals only (those needing in-person adherence support, children, or anyone requiring closer clinical monitoring).
 - In-person visits in clinic or in the home may be required to provide TB medications. In stable patients, programs can consider providing one-month treatment supplies, or as determined by the treating provider.
 - Please note that consideration for self-administration with peer review is no longer recommended.
- **Contact tracings** should be carried out as the situation permits. IGRAs and TSTs can be done in the field if LHD employees are appropriately protected. Please contact CTBCP for consultation regarding any large-scale investigations and contact tracings for infectious cases who reside at LTCF or other congregate settings. **Any contact with symptoms of TB, a contact who has other co-morbidities or a child under 5 years of age MUST be evaluated as soon as possible.**
- **B-waiver evaluations:** should be resumed and carried out as the situation permits. Guidelines for in-person visits should be followed. If clinic is closed efforts should be made to verify locating information as soon as possible so evaluations can be completed as soon as it is feasible to do so.
- **LTBI evaluation and treatment:** Programs should prioritize treatment in those at highest risk for progression to active TB, namely children under five, immunosuppressed patients, or close contacts of individuals with active TB. Consider referring individuals who are not contacts to an active TB case to their primary care provider when necessary.

Please be aware that medication shortages continue to be sporadic. While rifapentine and rifampin stock were previously limited; the current situation is that the availability of isoniazid is limited and rifabutin is not available. Please check with CTBCP for a medication update before starting patients on treatment for LTBI. If stock is available, consider ordering a full treatment course when placing a med order, especially for 3HP. Programs may consider prescribing treatment for LTBI if the patient can access medications through alternative local pharmacies when necessary. Plans and arrangements for follow-up on completion of treatment should be discussed with the patient and/or primary care provider.

Individuals with symptoms of SARS-COV-2 infection may be referred or seek care at TB clinics given the primary symptoms of fever, cough, and shortness of breath. Patients with TB can become infected with SARS-COV-2 which should be considered if a TB patient under treatment unexpectedly deteriorates. TB patients who are at ≥ 65 years old, with other co-morbidities, and those with

immunocompromising conditions are at greater risk for severe SARS-COV-2 disease. Individuals who repeatedly test negative for SARS-COV-2 and who also have symptoms consistent with pulmonary TB should be considered for evaluation for possible tuberculosis. Primary care providers should be encouraged to consult with LHD TB program staff and/or CTBCP consultant staff with questions regarding TB screening and testing and/or interpretation of test results.

MDH TB Laboratory:

On-site staffing at MDH TB has been reduced to help with mitigation of Covid-19. If you need to speak with someone at the lab, please call:

(443) 681-3942,
(443) 681-3950,
443) 681-3944 as a last resort

If there is no answer, you may leave a voicemail message and a laboratory staff member will return your call as soon as available. If the message is urgent and you are unable to access anyone by phone, please email the TB Laboratory supervisor Rich Oatis at richard.oatis@maryland.gov, as he will be checking email regularly.

Effective immediately and until further notice:

- **The MDH TB laboratory will suspend** all processing of second request GeneXpert tests on *negative* sputum specimens unless the ordering physician contacts CTBCP consulting staff. Approval for second GeneXpert testing of negative sputum specimens must go through CTBCP.
- **Testing Delays:** There may be delays in QuantiFERON® (QFT) test results, as this testing will be batched for efficiency. QFTs are currently being run once per week until specimen volume increases.
- **Therapeutic drug monitoring (TDM) will be limited** at this time. Requests for TDM should be discussed with CTBCP consulting staff prior to submission. Shipments to Florida will likely be delayed and limited to once a month.

Additional information on responding to TB during public health emergencies is available on the CDC website at <https://www.cdc.gov/tb/education/public-health-emergencies.htm>