Tuberculosis Epidemiologic Studies Consortium (TBESC) Update

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Prevention and Health Promotion Administration

Center for TB Control and Prevention

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MISSION AND VISION

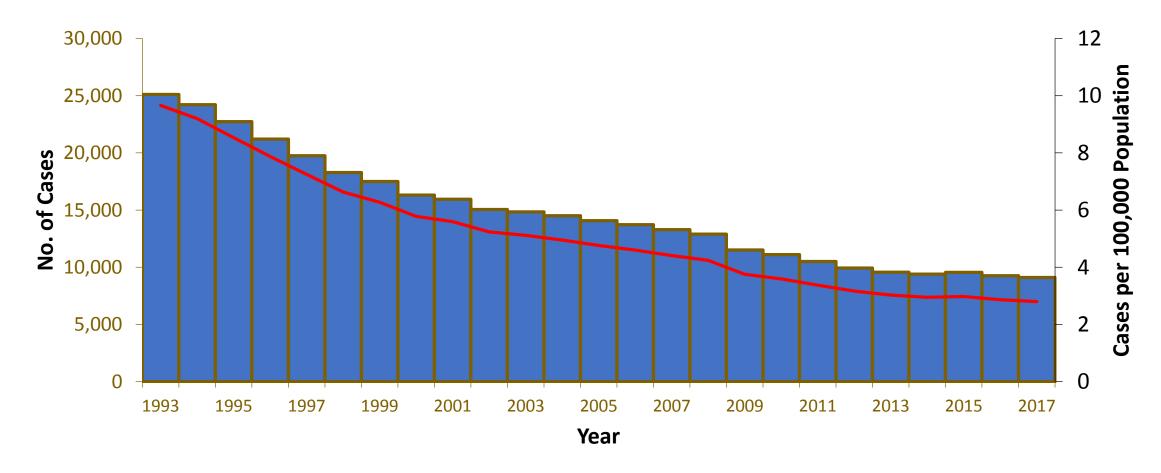
MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

Reported Tuberculosis (TB) Cases and Rates United States, 1993–2017



No. of Cases

—Incidence Rate

- Partnership of CDC Division of TB Elimination (DTBE) with TB control programs and academic institutions in 11 states
- TBESC-II: Striving to Prevent, Control, and Eliminate Tuberculosis (2011-2021)
- Strategies to improve diagnosis and treatment of LTBI in high-risk individuals





Maryland TBESC Staff

Study Nurse Coordinators	Other Study Staff	Maryland TBESC Site Manager and Epidemiologist	Co-Principal Investigators
Gina Maltas Bee Munk	Samuel Holzman	Alexandra Pyan	Maunank Shah Paul Saleeb

Summary of TBESC-II Activities

- Part A Prospective comparison of TST, QFT-GIT, and T-SPOT for diagnosis of LTBI and predicting disease progression (Baltimore City, Baltimore County, Montgomery County)
- Part B Describe and quantify LTBI Cascade (Baltimore City and Baltimore Counties)
 - January-June 2017: LTBI activities in two LHDs
 - Fall 2017 early 2018: LTBI activities with community providers serving high risk populations
- Part C LTBI implementation research in 2 community clinics
- **Part D** –TBTC Study 37, a clinical trial of 6-week regimen of daily, selfadministered rifapentine

USPSTF Recommendation (2016)

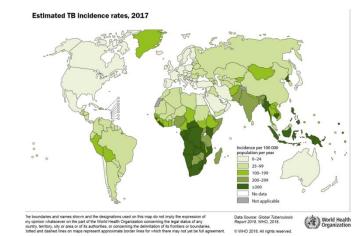
 Screen for latent TB infection in asymptomatic individuals at increased risk for tuberculosis infection

Contacts

Non-US-Born

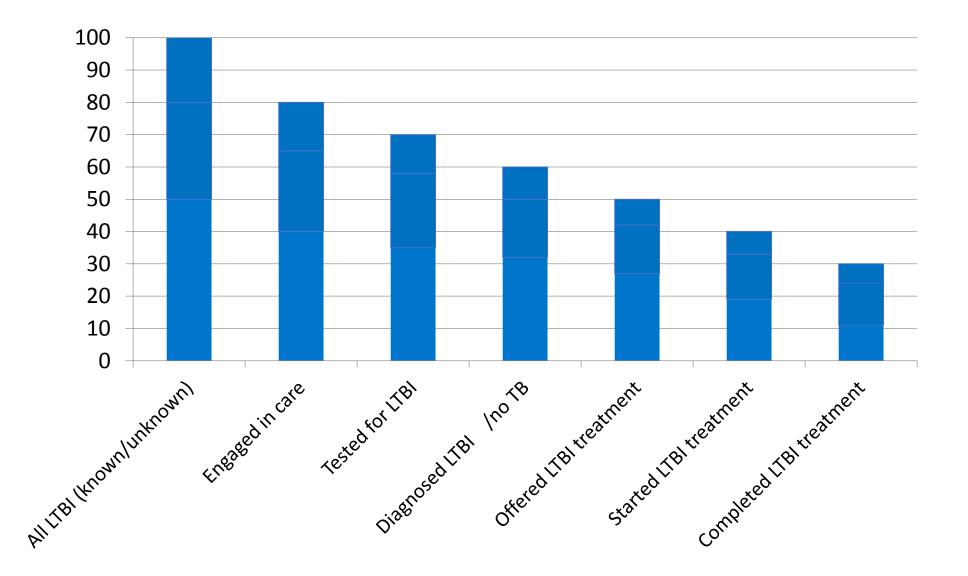
Medical risks







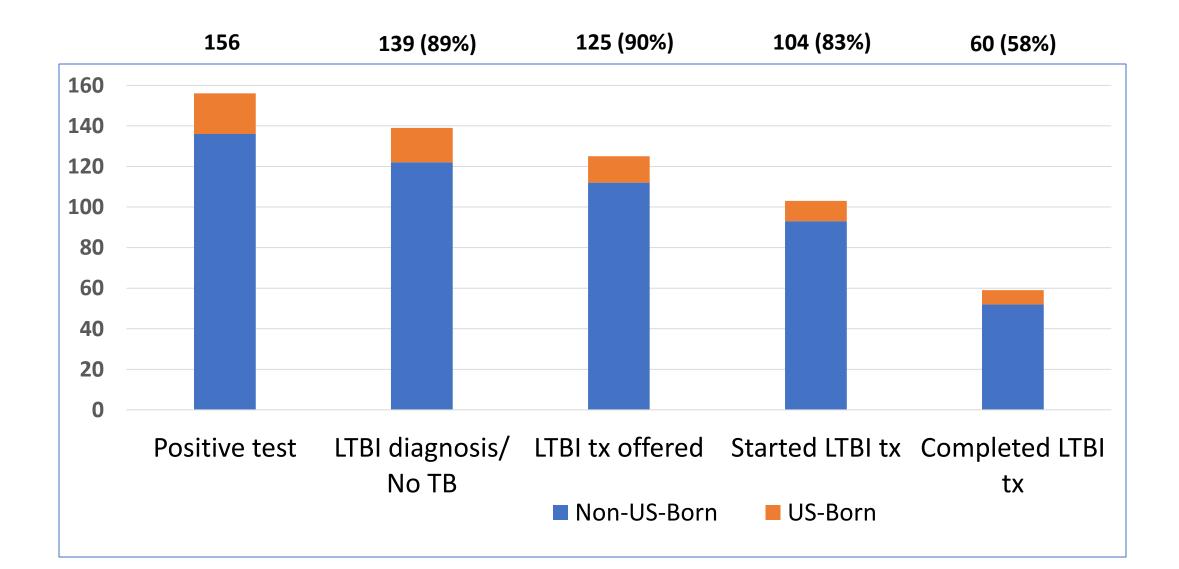
Part B. TB Prevention Cascade to Cure



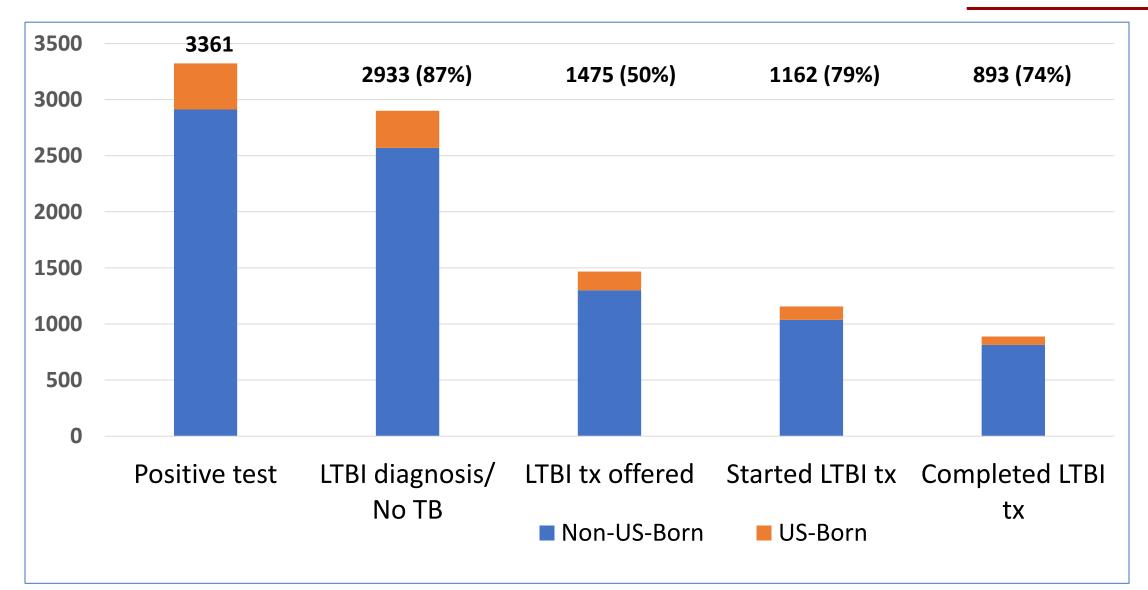
Part B: Latent Tuberculosis Infection Cascade to Cure

- Local health departments: Baltimore City and Baltimore County
- Community Clinics serving High Risk Populations
 - St. Clare Medical Outreach, UM St. Joseph Medical Center) (community clinic)
 - ⁻ Chase Brexton Health Care (FQHC)
 - ⁻ CCI Health and Wellness Services (FQHC)
 - University of Maryland Baltimore County (UMBC) (student clinic)
 - Towson University (student clinic)

Part B: Maryland Sites



Part B: All US Sites



Things to consider for LTBI services in Community Clinics in MD_____

- Country of birth commonly unavailable
- Screen high risk populations only
- Need for improved monitoring and follow-up for anyone with a positive test through to treatment completion
- Treatment completion: Need to be able to capture treatment outcomes from EMR data extraction

Part C: Closing the Gaps in the TB Prevention Cascade

- Partner with 2 community clinics (St. Clare, Esperanza) serving large population of non-US-born individuals
- Quantify current levels of LTBI testing and treatment at partner clinics
- Identify barriers to scale-up of LTBI testing and treatment
 - Baseline provider surveys
 - In-depth interviews with providers, clinic leadership, support staff
- Focus group discussion with providers and clinic leadership to discuss potential interventions addressing the identified barriers to LTBI testing and treatment
- Study approved by CDC IRB; awaiting local IRB approvals

Part D: Safety, Tolerability, and Effectiveness of 6 Weeks of Daily Rifapentine

- LTBI with increased risk for disease progression, including HIV
- Control arm: 12-16 weeks of rifamycin-based regimen (3HP, 4R, 3HR)
- 2 year follow-up
- Baltimore City Health Department, Montgomery County Health Department—Dr. Mohan Amlani
- Approved by CDC and local IRBs



Maryland Department of Health Prevention and Health Promotion Administration

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