Innovations
Case Detection
A. Streamlined test and treat referral systems (e.g. f/u scheduled in advance w/o copay or prior approval; telemedicine; nurse lines)
Case Management & Treatment
B. Expanded healthcare access (e.g. Medi-Cal COVID program with no copays or prior approvals regardless of health plan; community- and patient-located services)
C. Maintaining expanded access to telehealth services (e.g. reimbursement policies)
D. Expanded staff access to Language Line
E. Out-of-hospital triage and monitoring algorithms (e.g. risk stratified level of case management, post-hospital care package)
Expedited processes, location and funding for food, shelter, incentives, and enablers:
F. New sites for respiratory isolation of infected household members (e.g. Project RoomKey and community sites)
G. Food provision and delivery for those isolated and quarantined (e.g. Great Plates)
H. Rent vouchers and eviction prohibitions for those in isolation and quarantine
I. Cash support during isolation (e.g. wage replacement)
J. Job guarantee during work exclusion for isolation
Contact Investigation
K. CalConnect: monitoring of contact investigation data for decision-making (e.g. dashboards and custom reports to direct program activities; interjurisdictional coordination)
Laboratory capacity
L. Rapid scale-up of lab testing capacity for both active and latent TB (e.g. new large-scale public health testing facility)
M. Xpert scale-up for multiplexing with SARS-CoV-2 testing (i.e. can these be used for TB in jurisdictions where Xpert did not exist previously?)
N. Novel assays for TB detection stimulated by pandemic innovations
O. Rapid multiplex assays for respiratory pathogens including TB
LTBI Testing & Treatment
P. Community-based testing (e.g. pop-up testing for LTBI)
Q. Service delivery to communities disproportionately affected by both COVID-19 and TB (e.g. networks established for COVID-19 vaccine delivery)
R. Targeted education campaigns, especially to providers of disproportionately affected populations, regarding respiratory diseases of importance including TB (e.g. building on parallels between asymptomatic COVID-19 and latent TB to motivate patients for testing and treatment)
Surveillance
S. CalCONNECT: detailed case and contact information and surveillance portal
T. Electronic health record (EHR) tools to flag clinical decision-making around TB (e.g. routine inclusion of country of origin and travel history)
U. EHR interoperability with public health surveillance (e.g. more complete data capture for cases and efficient capture of LTBI care cascade)
V. Improve reporting systems from labs (i.e. better completeness, timeliness, and accuracy)
W. Rapid reporting from hospitals
X. Surveillance analyses focused on disproportionately affected populations

Infection Control
Y. Increased hospital isolation capacity; Dedicated hospital beds for complex, high acuity respiratory illness
Z. Increased non-hospital isolation capacity (e.g. maintain expanded COVID-19 isolation capacity in SNFs)
AA. Improved mask and respiratory supply
BB. Reinvigorated respiratory fit testing programs
CC. New scientific evidence to reduce nosocomial transmission of respiratory pathogens
Workforce Development
DD. Building and maintaining staff for communicable disease response (e.g. case investigators) and prevention (e.g. contact tracers)
EE. Building and maintaining skills for communicable disease response (e.g. surge capacity for contact investigations and outbreaks)
FF. Building and maintaining referral coordination (e.g. social workers, nurses)
GG. Large-scale training efforts to expand trained public health workforce with expertise responding to respiratory diseases (e.g. Virtual Training Academy)
Advocacy & Policy
HH. Regulation changes regarding healthcare worker screening for TB
II. Negotiated standard price for IGRA
JJ. Centralized procurement for TB drugs and diagnostics, namely IGRA
KK. Universal payment for IGRA testing