

## **TB Prevention and Linkage to Care**

### Prior CTCA CCLHO Budgetary Action Request

In 2016, the California TB Controllers Association (CTCA) submitted a CCLHO Budgetary Action Request Form entitled “TB Elimination Challenge,” which requested \$2.3 million per year for five years. The request, approved by the CD Committee, was to provide tiered funding to create capacity at the local level for TB prevention efforts, providing staff to assist in finding, testing and treating those at high risk for having TB infection which left untreated may develop into TB disease and spread to others in the community. Unfortunately, this request was not funded.

### Current CTCA CCLHO Budgetary Action Request

Public Health currently receives TB local assistance funding directed at finding, testing, and treating active TB disease in order to protect the public from the threat of TB that can be spread from a person who is infectious. There is no funding directed at prevention of active TB disease, which would not only prevent a person from suffering from TB but would also prevent spread to their family and in their community. We are requesting new funding for TB prevention, working towards TB elimination.

Effective October 1, 2018, a change is expected in Centers for Disease Control and Prevention (CDC)/Division of Global Migration and Quarantine Technical Instructions for Civil Surgeons. Civil Surgeons provide medical examinations for persons residing in the United States seeking to adjust their immigration status from temporary to permanent resident. The revised Technical Instructions will require that the medical examinations include testing for LTBI using the TB blood test and reporting of positive results to the local health jurisdiction of residence. CDPH/TBCB estimates that the changes in Technical Instructions will result in an additional 17,000 reports of LTBI to California local health jurisdictions each year. Currently, there is minimal to no staffing capacity in health departments for contacting these individuals, linking them to care, and tracking initiation and completion of treatment. Funding this request will enhance Public Health infrastructure to address the service gaps from this added workload, which can help to prevent cases of active TB and reduce associated morbidity, mortality, and healthcare costs across California.

Per our request for ongoing funding, CDPH/TBCB will award TB local assistance funds to jurisdictions utilizing a formula developed in consultation with CTCA. This investment in public health infrastructure will assure jurisdictions have resources to pursue prevention activities in their at-risk communities and among the Civil Surgeons and other providers that serve them through outreach, training, linkage to care, and use of new diagnostic tests and new, effective short course treatment options.

There were over 2,000 people with TB disease in California last year. Even with our outstanding medical care, 10% of all people with TB disease will die. Treating people with TB infection prevents them from progressing to active TB disease, prevents death and lost productivity, and eliminates spread of TB in our communities.

There remain approximately 2.5 million California residents with LTBI not linked to care, including the estimated 17,000 persons with LTBI applying for permanent resident status. Preventing TB in high-risk groups through targeted testing and treatment is cost-effective and consistent with guidelines from numerous bodies including the CDC. CDPH/TBCB estimates that, over their lifetime, each additional 20,000 persons with latent TB infection reported to local health jurisdictions will give rise to approximately 1,000 cases of active TB disease and 100 TB-related deaths. Not treating these individuals will result in \$41 million in direct medical costs and \$97 million in societal costs in California annually. Therefore, there is a tremendous opportunity for local health jurisdictions throughout California to provide outreach to newly reported residents with LTBI, assist with linkage to medical care, and encourage treatment of LTBI to prevent TB disease in the future

#### Mike's thoughts on the formula

Estimate of IGRA positive status adjustors in California annually:

- Less than 480: 50 local health jurisdictions, part-time position, \$65,000 each, \$3,250,000 total
- 480 or more: 11 local health jurisdictions, full-time position, \$159,000 each, \$1,749,000 total

Total funding: \$4,999,000

## Reference information from CDPH/TBCB

### **Introduction**

A diagnosis of latent tuberculosis infection means a person is infected with *Mycobacterium tuberculosis*, but is not ill and does not yet have tuberculosis disease. Treatment of latent tuberculosis infection prevents TB infection from developing into TB disease. The Centers for Disease Control and Prevention (CDC) and the United States Preventive Services Task Force (USPSTF) recommend testing populations that are at increased risk for TB infection and treating those who are infected. The California Department of Public Health and local health departments assure that latent tuberculosis infection screening, testing and treatment is accessible with effective practices among public health and community healthcare providers throughout the state. In California, more than 2 million have latent TB infection, creating an important opportunity for TB prevention efforts. The three main risk factors are birth in countries with high TB burden, medical conditions or medications that impair the immune system, and known contact with someone ill with TB.

### **What are the steps for latent TB infection screening, testing and treatment?**

- **Screening** involves conducting outreach and identifying persons at risk for tuberculosis. Those who are found to have a risk factor for TB infection are then connected to care. Because people feel well with latent TB infection, motivating and raising awareness about TB infection and the benefit of latent TB infection detection and treatment is a crucial part of successful linkage to care.
- **Testing** is done with either a blood test or a tuberculin skin test. If the TB test is positive, then a chest xray is done in all people to make sure there is no active disease.
- **Treatment** Once the diagnosis of latent TB infection has been made, health care providers select the most effective treatment regimen. Treatment with a combination of drugs for three to six months is necessary to completely eliminate the infection. To ensure persons complete the entire course of treatment safely, the public health or clinical team provides monitoring through follow-up communication and visits throughout treatment. Direct observation of persons taking each treatment dose may be performed to aid adherence. Documenting treatment completion is the last step.

### **Role of Public Health Departments**

Most clinicians in California have little experience treating TB disease or latent infection and as a result have a low comfort level and knowledge about treatment. TB program staff can provide linkage to care and facilitate treatment and consultation and many can provide treatment in public health department clinics. Persons born outside of the U.S., migrant workers, those with multiple medical conditions, substance users, the homeless, the elderly and the uninsured may benefit from steps to aid treatment initiation and completion including language interpreters, transportation, incentives, access to medications without cost-sharing, and consultation with TB experts on complex medical issues.