

Tuberculosis Elimination and Laboratory Cooperative Agreement

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State of Kansas

Program Narrative

Table of Contents

Prevention and Control

Project Description	1
NTIP Summary	6
Program Outcome Progress	7
Work Plan 2017 Report 2018 Progress and 2019 Plan	12
Program Evaluation Plan Report	19

Human Resource Development

Human Resource Development 2017 Report	25
Human Resource Development 2018 Progress	26
Human Resource Development 2019 Plan	27

Laboratory Component

Organizational Chart	29
Laboratory Strengthening	29
Work Load	32
Priority Activities	33
Strategy 7: New Activities	40

Kansas Tuberculosis Work Plan CY 2017 Report 2018 Progress and 2019 Plan

Strategy 1: Improved TB Case Detection and Management				
Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	Case management for all persons with TB disease will be performed by local health department staff who will be trained and monitored by the State TB Nurse Consultant and the TB Controller. The NTCA/NTNC Nursing Manual is used as a resource and guide for these activities.	100% of all TB suspects and confirmed cases were case managed through local health departments. The state TB Nurse Consultant monitored each case providing technical assistance and guidance as needed.	Ongoing successfully with the same 100% compliance of case management activities performed by the local health departments. There are some challenges with timely oversight at the state level due to TB Nurse Consultant retirement. The Health Educator and TB Controller are supporting local staff as much as possible.	No change to activity
1	All persons diagnosed with active TB disease will receive DOT.	96.5% of patients with active TB disease in 2017 received DOT. Video Directly Observed Therapy (VDOT) was implemented with certain cases following the initiation stage in some health departments.	All 2018 cases are receiving DOT or VDOT in local health departments. Cases from 2017 which continue treatment into 2018 are also receiving DOT/VDOT.	No change to activity except to continue expanding use of VDOT where appropriate; based on resources and patient selection.
1	The TB Nurse Consultant will provide ongoing monitoring of all cases through the web-based electronic disease surveillance and case management system (EpiTrax).	The Health Educator and TB Controller provided this monitoring in 2017 with assistance when needed by an experienced local health department case manager.	The Health Educator and TB Controller are providing this monitoring in 2018 with assistance when needed by an experienced local health department case manager.	No change to activity unless a TB Nurse Consultant is not found. If this occurs, the same substitute activity used in CY 2017 and 2018 will be used.

Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	The treatment guidelines as published in the MMWR by the ATS/IDSA/CDC are used to guide appropriate TB treatment regimens.	All patients were managed based on the guidelines. When special situations required additional expert opinion, the state medical consultant assisted, or guidance was sought from the Heartland National TB Center.	Ongoing with no change in practice.	No change to activity
1	The program will seek expert consultation on treatment of difficult, unusual presentation, or drug-resistant TB through the Heartland National TB Center.	Active consultation was used with three complex cases (one ongoing MDR from 2015 for completion of treatment, one new pre-XDR case and one TB meningitis diagnosis from 2016).	Ongoing with no change in practice.	No change to activity
1	Daily interactions with HIV Surveillance and Ryan White HIV Part B Care programs will continue to assure co-morbidity diagnosis are identified.	There were no confirmed cases of TB/HIV co-infection in 2017.	There have been no confirmed TB/HIV diagnoses to date in 2018.	No change to activity

Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	The TB Program will be actively engaged with partners in STI/HIV programs, Hospital Acquired Infections and Infection Preventionist groups, Corrections, local health departments, FQHCs and representative organizations, colleges and universities, and homeless shelters and organizations.	Collaborations with colleges and universities encouraged successful contact investigations in three institutions. There were no large contact investigations which required the assistance of the STI/HIV program in 2017.	Daily collaborations with local health departments, FQHCs and hospital infection preventionist have allowed for meeting program goals.	No change to activity

Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
2	<p>All persons moving into Kansas with a diagnosis of active TB who have not completed therapy will be fully engaged in TB case management at the local health department level and monitored at the state level.</p> <p>Ongoing collaborations with TB NET and Cure TB assist in assuring treatment continuation and completion for those coming into Kansas as well as any who leave Kansas for another country while on treatment.</p>	<p>Three cases have moved into Kansas after being diagnosed and initiating treatment in a previous state. One from New Jersey was initially difficult to locate but has been continuing on treatment after being served with a treatment order by the local health officer. The second transferred from Alabama and is also HIV-positive. The state of Alabama was unaware of the patient and the local health department had failed to follow guidelines for treatment, resulting in a complete restart of treatment for this patient in Kansas. The third was from NYC and was restarted on appropriate treatment for pre-XDR TB.</p>	<p>Two cases have moved into Kansas near the end of treatment and are successfully completing treatment under local health department case management. The 2017 pre-XDR patient continues treatment under VDOT, including a period of time the patient returned to NYC for a college class.</p>	<p>No change to activity</p>

Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
3	TB Cohort Reviews are held quarterly in conjunction with Nebraska using a plan modified from the New York City model of TB Cohort Review.	There were no Cohort Reviews held in 2017 due to staff shortages and this not being a required Tier One activity.	There have been no Cohort Reviews held to date in 2018 due to staff shortages and this not being a required Tier One activity.	The intent is to resume Cohort Reviews upon hiring a new TB Nurse Consultant.
<i>Strategy 2: Surveillance of TB Cases and Reporting</i>				
1	Complete Report of Verified Case of Tuberculosis (RVCT) for all TB cases will be submitted by stated deadlines through the National TB Surveillance System Case Reporting (NTSSCR). Follow-up 1 and 2 data will be submitted in the same manner as available.	All RVCTs for 2017 were submitted to the NTSSCR.	All RVCTs for the first six months have been submitted to the NTSSCR.	No change to activity
1	An isolate from all culture confirmed cases of TB in Kansas will be sent to the CDC-funded TB genotype contracting lab. TBGIMS will be maintained and monitored by the TB Controller.	All culture confirmed cases in 2017 have been submitted and matched in TBGIMS.	All culture confirmed cases in 2018 have been submitted and are being matched in TBGIMS.	No change to activity

Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	TB Controller will have frequent contact with the CDC Program Consultant to specifically identify any unusual cases of TB, cases which may bring media attention, as well as any ongoing patterns of TB transmission which may be leading to an outbreak.	The TB Controller maintained contact with the consultant through challenging cases in 2017.	Ongoing communication related to potential media worthy activity has continued.	No change to activity
1	TB Nurse Consultant and TB Controller will continue frequent contact with a variety of providers and those who work with or house high-risk populations.	The TB Controller and Health Educator had ongoing contact with providers to assist in case management activities and surveillance requirements.	The TB Controller and Health Educator have had ongoing contact with providers to assist in case management activities and surveillance requirements.	No change to activity
1	The Bureau of Disease Control and Prevention has developed, and will maintain, a comprehensive data security and confidentiality guideline modeled after the PCSI data security and confidentiality guideline document.	The Security Advisory Council met and updated the guidance in 2017.	The Security Advisory Council has updated the guidance in 2018.	No change to activity

Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	Quality assurance of the TB data will be conducted by the TB Controller prior to all submissions of data. The TB Nurse Consultant will monitor all data as it is entered into the state web based surveillance system.	Quality assurance activities were maintained as planned.	Quality assurance activities continue to be maintained as planned.	No change to activity

Strategy 3: Contact Investigation

Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	In all cases where TB is found to be infectious or potentially infectious a contact investigation will be initiated immediately by the local health department.	All persons diagnosed with infectious TB in 2017 had prompt contact investigations completed. There was one significantly large investigation in 2017 resulting in 67 high-risk contacts, and no incidents of transmission identified. There were a total of 12 contact investigations in 2017.	There have been no significant contact investigations of size to date in 2018. There have been 7 contact investigations initiated in 2018.	No change to activity
1	The state TB Contact Investigation Coordinator/TB Health Educator will assume lead and be directly involved with any contact investigation involving a school, correctional facility, homeless shelter, or other large or high profile setting.	The TB Contact Investigation Coordinator/TB Health Educator was on-site to assist with the large investigation in 2017.	There are no significant contact investigations of size to date in 2018.	No change to activity

Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	State-level staff will assure that all contact investigations are monitored to assure an appropriate number of contacts are identified in each investigation.	The TB Contact Investigation Coordinator/TB Health Educator monitored all investigations and validated completion with appropriate numbers of contacts based on CDC best practice guidance.	The TB Contact Investigation Coordinator/TB Health Educator monitored all investigations and validated completion with appropriate numbers of contacts based on CDC best practice guidance.	No change to activity
1	The TB Controller will monitor TBGIMS for any indication of transmission, particularly unexpected transmission identified based on genotype results.	There was no evidence of unexpected clustering or outbreaks identified in TBGIMS in 2017.	There has been no evidence of unexpected clustering or outbreaks identified in TBGIMS in 2018.	No change to activity
1	The TB Controller will continue to review ARPE data to assure continued identification of infected contacts and their subsequent treatment start and completion rates remain ahead of the national averages and expectations.	2015 ARPE Final and 2016 ARPE Preliminary data have been submitted in NTIP prior to August 15, 2017 with outcomes well above the national average and goals.	2016 ARPE Final and CY 2017 ARPE Preliminary data have been submitted in NTIP prior to August 15, CY 2017 with outcomes well above the national average and goals.	No change to activity
<i>Strategy 4: Evaluation of immigrants and refugees with TB or TB Infection</i>				
	Kansas is a Tier 1 jurisdiction. These activities are not required.	N/A	N/A	N/A

<i>Strategy 5: Program Evaluation (PE)</i>				
Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	A formal Program Evaluation project will be conducted annually.	The 2017 – 2019 PE is on schedule according to the timeline proposed.	The CY 2017 – 2019 PE is on schedule according to the timeline proposed.	No change in activity.
<i>Strategy 6: Human Resource Development (HRD)</i>				
Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	A HRD training plan will be developed and followed annually.	Completed as planned and reported in this APR.	On target for completion as planned.	A 2019 HRD plan is included in detail within this report
<i>Strategy 7: Public Health Laboratory Strengthening</i>				
Priority Level	Activity	CY 2017 Report	2018 Progress	2019 Plan
1	Please refer to the laboratory section of the application.	See laboratory section of this report		

