

Congregate Settings Program: IGRA and Targeted Testing

Raiza M. Ruiz, BAAS, CPM

Congregate Settings Coordinator



Objectives

- * Provide an overview of DSHS Congregate Settings Program focusing on IGRA and targeted testing activities and responsibilities
- * Share resources and contact information with new employees from local health departments and health service regions

Congregate Settings Program

Congregate Settings Program

- * Institutional Corrections
- * Community Corrections (New Program)
- * **IGRA Testing**
- * **Target Testing**

Congregate Settings Team

Raiza M. Ruiz
Congregate Settings Coordinator
512-533-3154
Raiza.ruiz@dshs.state.tx.us
*Team Lead

Janie Hamilton
Public Health and Prevention Specialist
512-533-3131
Janie.Hamilton@dshs.state.tx.us
*Institutional Corrections

Daniel Castillo
Public Health and Prevention Specialist
512-533-3134
Daniel.Castillo@dshs.state.tx.us
*Institutional Corrections & PHIN technical support
Shared position with Finance

Daniel Coy
Public Health and Prevention Specialist
512-533-3150
Juan.Coy@dshs.state.tx.us
*Community Corrections
Shared Position with Program Evaluations

Johna May
Public Health and Prevention Specialist
512-533-3160
Johna.May@dshs.state.tx.us
*Target Testing

[Program email: CongregateSettings@dshs.state.tx.us](mailto:CongregateSettings@dshs.state.tx.us)

Interferon-Gamma Release Assays (IGRAs)

- * IGRAs are blood tests for TB infection
 - * They do not help to differentiate between TB infection and disease.
- * There are two IGRAs that have been approved by the U.S. Food and Drug Administration (FDA)
 - * QuantiFERON®-TB Gold In-Tube test (QFT-GIT);
 - * T-SPOT® TB test (T-Spot)

IGRA Testing in Texas

- * IGRA testing is now the standard method to screen for TB infection in Texas
 - * TST should still be offered to individuals that refuse IGRA testing and children less than 5 years of age
- * State funding is currently available for high-risk populations IGRA testing (except in correctional facilities)
- * TB Programs have the option to do QFT or T-Spot

IGRA Testing Updates

- * The state goal for FY 14-15- 44,000 tests (22 per year)
 - * Goal was exceeded in 2014 with 24,917 test performed
- * As of March 2015, 92% of DSHS contracting jurisdictions were using IGRA testing

IGRA Providers

QIAGEN (QFT-GIT)

Brian Barron
Specialist
Public Health and Corrections
QuantiFERON Sales, West
Phone: 817-586-5408
brian.barron@qiagen.com
www.qiagen.com
www.quantiferon.com

Oxford Laboratories (T-Spot)

Candy Meador-Fox
Regional Sales Manager
Primary Texas DSHS
Contact
913-953-7832
cmeador-fox@tspot.com

Targeted Testing

Target testing is a key strategy to TB control

- * The CDC *Guidelines for Essential Components of a TB Prevention Control Program* list the following priorities:
 - 1st priority: identify and treat persons with active TB
 - 2nd priority: finding and screening contacts
 - 3rd priority: Screening for TB disease and infection in high-risk populations
 - 4th priority: identify high risk congregate settings and equip them with infection control equipment and principles.



TB Disease

TB Infection

DSHS Guidelines: Congregate Settings Target Testing

DSHS supports IGRA testing in congregate settings for at-risk and/or vulnerable group that fall in the following categories:

- * contacts of someone known or suspected to have active TB
- * persons with medical risk factors known to increase the risk of disease if infection has occurred
- * foreign born persons from countries having a high prevalence of TB
- * persons with history of substance abuse
- * residents and employees of places where TB is more common health care employees that provide TB services

Considerations for Targeted Testing Projects

- * A decision to test is a decision to treat
 - * Necessary medical evaluation and treatment resources need to be identified before testing activities begin
- * Screening activities among high risk populations are based the TB risk and the availability of resources
 - * Targeted testing programs should be conducted only among groups at high risk, and testing should be discouraged for groups at low risk
 - * TB programs decide the frequency of the target testing
 - * Collaboration with community health care providers is necessary to access some high high-risk groups when the health department lack sufficient resources

Targeted Testing Project Assessments

- * Targeted testing programs outcomes should be assessed periodically based on three elements that need to be balanced simultaneously:
 - * TB infection yield (reconsider if under 10%)
 - * The likelihood of identified infected individuals to progress from TB infection to disease
 - * TB treatment completion rates

Congregate Settings Program Website and Program Email

- * Website: texastb.org
- * Program email: CongregateSettings@dshs.state.tx.us



Don't email confidential information.
Please use the PHIN.

References

- * Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection
MMWT 2010, 59 (RR-05)
- * Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection
MMWR 2000; 49 (No. RR-6)
- * Screening for Tuberculosis and Tuberculosis Infection in High-Risk Populations (ACET)
MMWR 1995; 44 (No. RR-11)
- * Homelessness and TB Toolkit, Curry International Tuberculosis Center, 2014

