



Drug Resistant TB Monitoring and Control Program

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Mission Statement

- The mission of the drug resistant (DR-TB) Monitoring and Control Program is to collect, analyze, describe and respond to data used to prevent, control and eliminate DR-TB.
- To accomplish this, the DR-TB Monitoring and Control Program will monitor and coordinate health departments, health care providers and communities to assure compliance with strategies, standards, and policies.



Functional Elements

- Monitor, evaluate and promote programs and activities
- Promote prevention
- Ensure successful identification, location and treatment of DR-TB
- Provide technical assistance and education to health professionals.
- Collect, analyze, report and respond to data on DR-TB cases
- Develop relationships and promote communication among health departments, private providers, consultants and laboratories.

DR-TB Policy

- **Policy Number** TB-4002 <http://www.dshs.state.tx.us/idcu/disease/tb/policies/>

- **Purpose**

The purpose of this policy is to define drug resistance for Mycobacterium tuberculosis complex and to specify the concentrations of first- and second-line antituberculous drugs tested at DSHS laboratories.

- **Policy**

The DSHS laboratory will perform antimycobacterial susceptibility testing for Mycobacterium tuberculosis complex as specified by national standards

These standards specify that antituberculous drugs be tested at a single critical concentration of the drug. The result of testing at the critical concentration defines whether the organism is considered resistant or susceptible.

For isoniazid, an additional higher concentration of that drug will also be tested. However, isoniazid resistance is defined as resistance at the critical concentration.



DR-TB Reporting

TX DSHS TB Work Plan – Unit G

- Complete and submit form TB-400 on all newly diagnosed drug resistant cases within five (5) days of notification to the DSHS Tuberculosis Services Branch.
- Submit an updated form TB-400 every ninety (90) days for all drug resistant cases until completion of treatment to DSHS Tuberculosis Services Branch.
- Submit within seventy-two (72) hours of notification any changes in case management, drug resistance patterns, or change of residence of all drug resistant TB cases to DSHS Tuberculosis Services Branch.



DR-TB Reporting

TX DSHS TB Work Plan – Unit C

Medical Consults

- Obtain consultation from a DSHS recognized expert physician consultant within 3 days of laboratory notification for all TB cases whose *M. TB* organisms are resistant to isoniazid and/or rifampin or shows a resistance to any drug on the drug susceptibility panel in accordance to TB 4002 policy.
- Provide written documentation the consultation occurred and the consultant's recommendations were followed or a justification for deviations from the advice of the consultant shall be maintained in the patient's record and a copy of the consult must be sent to the DSHS Tuberculosis Services Branch within twenty-four hours.



DR-TB Reporting

Submit all lab reports and TB expert consults to the Drug-Resistant Program via the PHIN:

HIV and TB Files/Central-TB/Drug Resistance folder
email Julia Ramirez, Julia.ramirez@dshs.state.tx.us
with the file name and password

If you do not have access to PHIN

Please contact Julia Ramirez at (512) 533-3147



DR-TB Monthly Report

Monthly Report

- The Drug-Resistant TB Monthly Reports have been uploaded to PHIN: HIV and TB Files/Central-TB/Drug Resistance folder
- A notification is sent to each local and regional TB program manager and registrar
- Please review the Drug-Resistant TB Monthly Report for complete and accurate patient information

Program Managers, please acknowledge review of this report via email to Shelly.Robichaux@DSHS.state.tx.us

Second Line TB Medications

levofloxacin (NDC 50458092050)

Levaquin 250 mg tablet 50

levofloxacin (NDC 50458092550)

Levaquin 500 mg tablet 50

levofloxacin (NDC 50458093020)

Levaquin 750 mg tablet 20

linezolid (NDC 00009513502)

Zyvox 600 mg tablet 20

moxifloxacin (NDC 00085173301)

Avelox 400 mg tablet 30

capastat sulfate (NDC 17478008050)

Capreomycin 1 gm/10ml vial

amikacin sulfate (NDC 00703904003)

Amikan vial 250 mg/ml vial

Must have medical expert consult
and TB program
approval on first order

Second Line TB Medication Approval Process



- Provider enters the initial order(s) for second line tuberculosis drug in DSHS Pharmacy system
- DSHS Pharmacy will contact the TB Branch for second line drug approval
- TB Service Branch will consider the approval and medication will be released once we have the required patient information
- If the patient is Drug-Resistant the Provider will upload to the PHIN a copy of the DSHS Pharmacy order, TB400 A & B Report, and a copy of the TB expert medical consult letter/email recommending a second line drug medication
- If patient is not drug-resistant the Provider will upload to the PHIN a copy of the pharmacy order and a copy of a doctor's note indicating the medical necessity for the second line drug(s)



Questions?