

Texas Department of State Health Services
Tuberculosis and Hansen’s Disease Branch
Updates to Tuberculosis Action Plan to Minimize Exposure to COVID-19

The *Tuberculosis (TB) Action Plan to Minimize Exposure to COVID-19*, created March 20, 2020, outlines recommended changes-in-practice for Department of State Health Services (DSHS) public health regions (PHRs) and local health department (LHD) TB programs when performing routine TB activities during the COVID-19 outbreak. **This document outlines updates to the March 20th plan and remains in effect until further notice.**

Activity	Updated Recommendations
<p>Performing directly observed therapy (DOT) and directly observed preventive therapy (DOPT) services.</p>	<p>Modified</p> <ul style="list-style-type: none"> • Enhanced self-administered therapy (ESAT) may be extended during CovID-19 for clients in whom video-enabled DOT (VDOT) is not an option. • Programs may continue to provide medications to clients with known or suspected TB disease in one-month increments. • The decision to count any self-administered doses towards completion of therapy after one month may be made on a case-by-case basis by the local TB program. Considerations to count or not count self-administered doses include but are not limited to: <ul style="list-style-type: none"> ○ Client compliance history prior to ESAT. ○ Client compliance during ESAT. ○ Risk for relapse (including low body mass index [BMI], poorly controlled diabetes, sub-optimally treated HIV/AIDS, slow bacteriologic response). ○ Intermittent dosing schedules (counting ESAT doses is not recommended for adult clients taking less than daily [at least 5x weekly] dosing). • A current medical order is required for every patient who was originally prescribed DOT but qualifies for ESAT due to CovID-19 constraints.
<p>Evaluating new patients suspected of having TB disease (Class V) based on any report (fax, phone call, walk in, etc.).</p>	<p>Unchanged with emphasis: Services for clients for whom medical management cannot be delayed or interrupted:</p> <ul style="list-style-type: none"> • Initial evaluation and treatment of patients with suspected or confirmed TB disease <p>From: https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-covid-19-client-interaction.html</p>

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Evaluating new patients with known TB infection (Class II).	<p>Unchanged with emphasis:</p> <ul style="list-style-type: none"> • Patients reported to the public health program after a diagnosis of TB infection should be evaluated to determine risk for developing TB disease. • If risk cannot be assessed from the referral, then patients should be first contacted by phone. If the patient cannot be reached by phone, a decision to defer a home visit should be made on a case-by-case basis. • If patient is high risk, delaying treatment is not recommended. Follow steps outlined in <i>Performing Monthly Assessments</i> section and consider phone visits and mailing medications in lieu of in-person visits after initial evaluation. • If patient is low risk, maintain a system of tracking new referrals for when the program can offer case management services.
Evaluating patients reported through the Electronic Disease Notification (EDN) system.	<p>Modified:</p> <ul style="list-style-type: none"> • Services for clients that could be continued or delayed depending on local resources and response to CovID-19: <ul style="list-style-type: none"> ◦ Evaluation of Class B immigrants and refugees. <p>From: https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-covid-19-client-interaction.html</p>
Evaluating hospitalized patients in whom TB is suspected or known.	<p>Unchanged</p>
Performing monthly assessments on patients with probable or confirmed TB disease.	<p>Unchanged</p>
Performing monthly assessments on patients with TB infection.	<p>Modified:</p> <ul style="list-style-type: none"> • The TB program may continue to order medications to mail to clients who do not require in-person exams. • Medications may be mailed or provided to clients in one-month increments (ordering in two-month increments is no longer allowed.)
Performing initial, follow-up and end of treatment CXRs.	<p>Unchanged</p>
Performing sputum collection, natural or induced.	<p>Unchanged, with addition:</p>

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	<ul style="list-style-type: none"> The treating physician may consider decreasing frequency of sputum collection. For example, after initial specimens, the two-week samples may be deferred with the next three samples collected monthly. Considerations include if patient has no high-risk contacts in the same airspace.
Performing TSTs, IGRAs and <u>any</u> blood draws.	Unchanged
Performing physical assessments/examination (may/may not require hands on evaluation).	Unchanged
Conducting contact investigations (CI).	Unchanged
Targeted Testing.	Unchanged, with addition: <ul style="list-style-type: none"> May continue to defer. Considerations to re-open or continue targeted testing: <ul style="list-style-type: none"> When an epidemiologic assessment determines the selected facility is considered high risk for TB and targeted testing is a reasonable response to prevent a recurrence of TB disease transmission, and When there is no longer a risk to staff and patients for exposure to CovID-19, as determined locally.
Personal Protective Equipment (PPE) Required for Infection Control Precautions.	Unchanged, with updated resource: <ul style="list-style-type: none"> Determined by the local or regional public health department. Refer to the Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
Home Visits (HV) Protocol	Unchanged, with updated resource: <ul style="list-style-type: none"> Refer to the CDC, specifically "Protections that Pertain to Field-Based Public Health Staff" located at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-covid-19-client-interaction.html#protections-public-health-staff
Clinic Visits (HV) Protocol	Unchanged, with updated resource: <ul style="list-style-type: none"> Refer to the CDC, specifically "Protective Measures That Pertain to Public Health Clinical Settings" located at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-covid-19-client-interaction.html#protective-measures-public-health-settings