



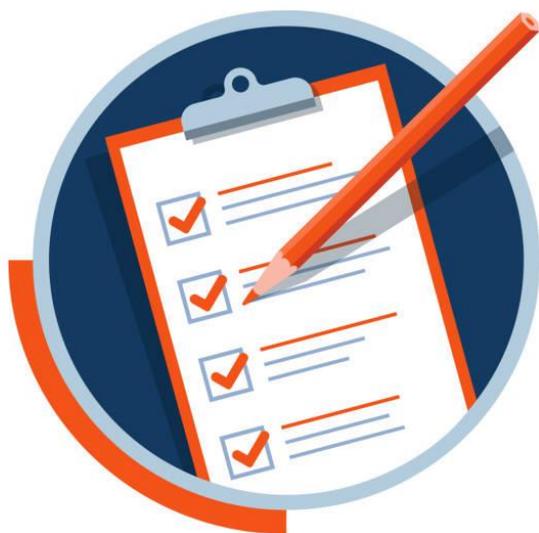
Coalition to End TB in Los Angeles County



August 21st, 2024



Agenda



- Welcome and Introductions
- Organizational Updates
- Community Partner Presentation
- Reminders
- Adjourn



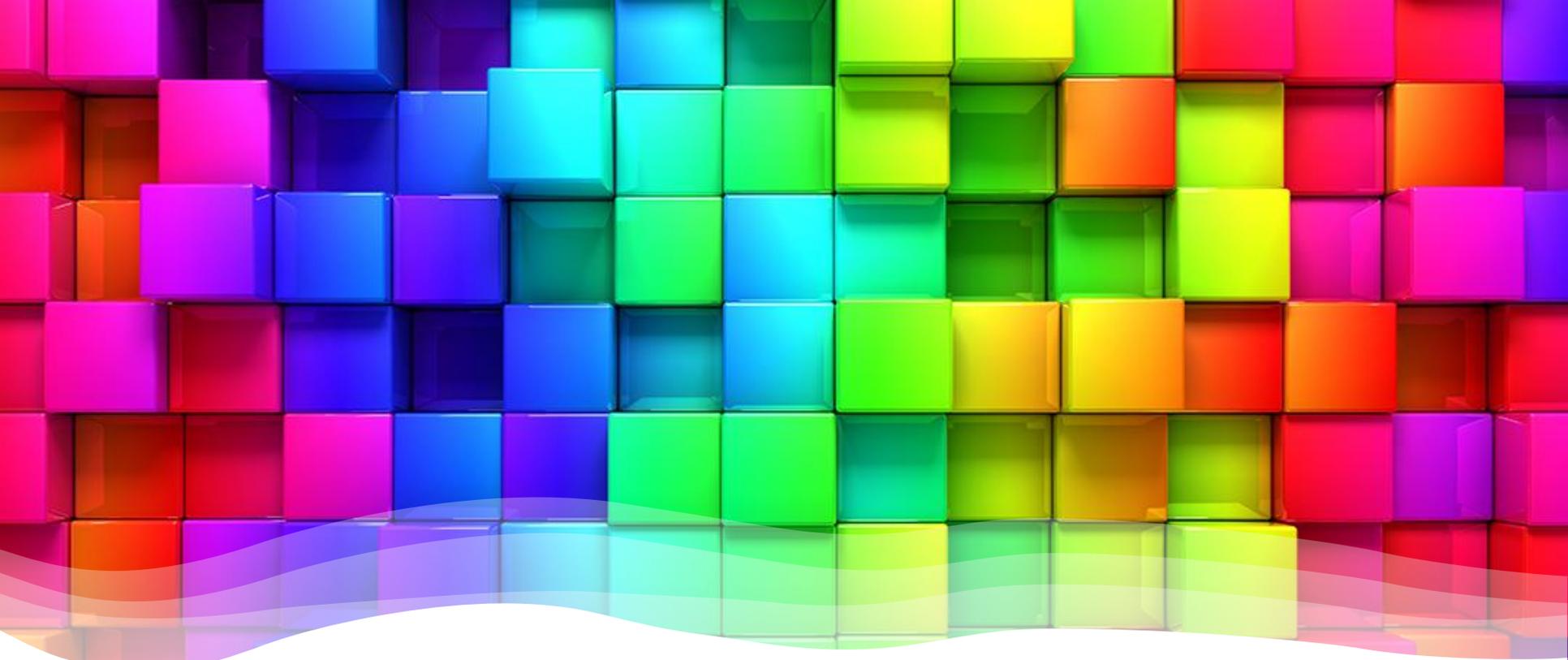
Welcome!

- Please state your organization you are representing in the chat box
- New members? Introduce yourself
- If able, we ask that you turn on your cameras for engagement

New Staff!

- Thea Chimilio - I am pleased to inform you that TBCP has a new contract Health Educator Thea Chimilio! She received her Bachelor's in Public Health Policy from UC Irvine and her Master's in Public Health-Concentration in Community Health from USC.
- She will be supporting all TB Elimination activities with Education and Training, health fairs, U4U Outreach, World TB Day planning, and the Coalition to End TB.
- Please join us in welcoming her to the TBCP!





Icebreaker!

What is your favorite color!?



Announcements



Organizational Updates



- Let us know what's new at your organization (trainings events, resources, staff changes, etc.)
 - Are there events you will be hosting or attending?
 - What resources and/or assistance may be needed from any of those represented here, can we provide a training/present?

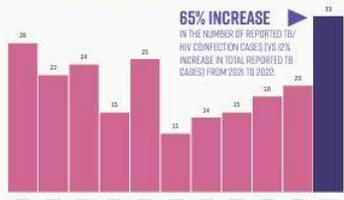


HIV TB Flyer

Tuberculosis and Human Immunodeficiency Virus (HIV) Coinfection in Los Angeles County, 2018-2022

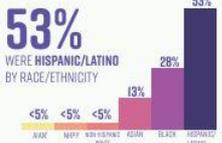
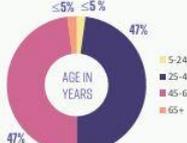
FREQUENCY OF TUBERCULOSIS CASES COINFECTED WITH HIV IN THE PAST 11 YEARS

Tuberculosis (TB) disease is a life-threatening opportunistic infection for people living with HIV. A trend of increased TB cases with HIV coinfection has been seen in Los Angeles County (LAC) since 2017. Left untreated, TB infection¹ in individuals with poorly controlled HIV carries a 30% increase risk of progressing to active TB disease.



SUMMARY DATA OF TUBERCULOSIS CASES COINFECTED WITH HIV, 2018-2022 (N=100)

DEMOGRAPHICS



COUNTRY OF BIRTH

63% WERE NON-US BORN INDIVIDUALS



43% OF NON-US BORN WERE BORN IN MEXICO

SITE OF DISEASE

117% INCREASE IN DISSEMINATED/MILIARY/CENTRAL NERVOUS SYSTEM* TB FROM 2018 TO 2022



OUTBREAK



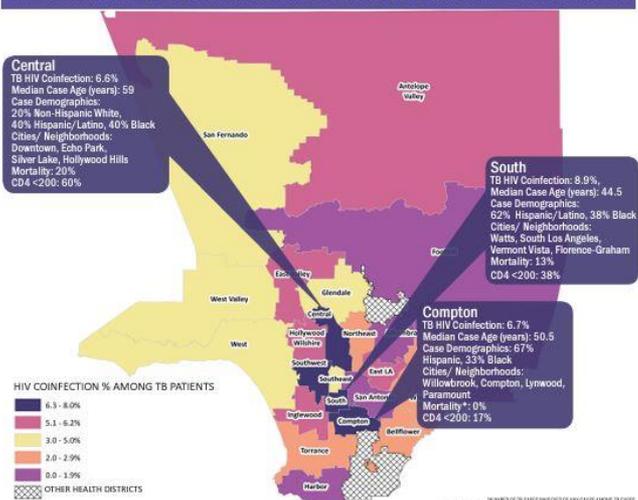
OTHER NOTABLE CHARACTERISTICS

- 47%** OF CASES REPORTED CD4 COUNT <200 (N=47)
- 41%** OF CASES REPORTED INJECTION OR NON-INJECTION DRUG USE (N=41)
- 27%** OF CASES REPORTED HOMELESSNESS WITHIN THE 12 MONTHS PRECEDING TB DIAGNOSTIC EVALUATION (N=27)
- 20%** OF CASES REPORTED HEAVY ALCOHOL USE (N=20)
- 15%** OF CASES DIED BEFORE COMPLETING TREATMENT (N=15)
- 8%** OF CASES WERE RESIDENTS OF A CORRECTIONAL FACILITY AT DIAGNOSIS (N=8)

¹ LATENT TUBERCULOSIS, ² DISSEMINATED/MILIARY/CENTRAL NERVOUS SYSTEM TUBERCULOSIS CASES THAT HAVE INCREASED IN SEVERITY AND COMPLEXITY FOR TB TREATMENT, ³ OFFICE OF AN OUTREACH LAC TB OUTREACH SINCE 2018 (N=20) ⁴ PEH IS DEFINED AS PERSONS EXPERIENCING HOMELESSNESS WITHIN THE 12 MONTHS PRECEDING TB DIAGNOSTIC EVALUATION. ⁵ CD4 COUNT INDICATOR OF IMMUNE FUNCTION WITH A MEDICAL RANGE BETWEEN 500 TO 800 CELLS/mm³.

Tuberculosis and Human Immunodeficiency Virus (HIV) Coinfection in Los Angeles County, 2018-2022

TB HIV COINFECTION RATES BY HEALTH DISTRICT, 2018-2022 (TOP 3 DISTRICTS WITH HIGHEST RATES HIGHLIGHTED)



TB CONTROL PROGRAM HIGHLIGHTS

- Attained a 90% (N=65) treatment completion rate for TB/HIV coinfecting individuals between 2018 and 2022.
- Implemented enhanced active surveillance for disseminated and central nervous system (CNS) TB, which are forms of TB that are difficult to diagnose and more likely to have a poor treatment outcome.
- Strengthened coordination efforts within the Department of Public Health to ensure seamless linkage of TB/HIV coinfecting individuals not engaged in HIV care to essential antiretroviral (ARV) treatment services.
- Launched a pilot program for directly observed therapy, encompassing both anti-TB and ARV medications, to provide comprehensive support and foster adherence to treatment regimens for both TB disease and HIV.
- Distributed a total of 2338 nights of housing and 4889 grocery or restaurant gift cards to 40 PEH with HIV/TB coinfection and 273 of individuals exposed to TB.
- Completed contact tracing in 15 Single Resident Occupancy settings between 2020 and 2023.
- Assured genotyping for an average of 98% of TB isolates from 2020 to 2022.
- Facilitated professional development by training over 300 healthcare professionals in 2023, offering vital updates on HIV medicine, combination ARV therapy, and the nuances of care coordination.

For more info on TB, please call 213-745-0800 or visit the QR code →



Pediatric Evaluation of TB-Exposed Kids

Evaluation of Children Exposed to Infectious Tuberculosis (TB): Recommendations for Pediatric Primary Care

Background

Children are at increased risk of progression from latent tuberculosis infection (LTBI) to tuberculosis (TB) disease compared to adults and are at higher risk of developing severe TB disease. This risk is especially high for children <5 years old. Studies have shown that on average 5% of children screened for TB after an exposure are found to have TB disease at the time of screening. Outcomes of TB disease for young children can be particularly devastating – including death and lifelong disability, especially among those with central nervous system (CNS) disease.

Risk for progression of LTBI to TB disease is especially high for children <5 years old.

Therefore, children identified as having been a close contact to someone with infectious tuberculosis are a priority for testing. **The goals of evaluation are to identify and treat children with both active or asymptomatic TB disease and asymptomatic LTBI.**

TB evaluation overview

The essential components for evaluation of pediatric contacts to TB include:

1. Evaluate for signs/symptoms of TB disease
2. Review vitals and weight and perform a complete physical exam
3. Review results of Interferon Release Assay (IGRA) or Tuberculin Skin Test (TST)
4. Review a chest x-ray (CXR) (posteroanterior [PA] and lateral for kids <5 years old)
5. Treat TB disease and LTBI, as determined by the above results

Evaluate for signs/symptoms of active TB disease

The clinical presentation of TB can be subtle and similar to common pediatric infectious diseases, especially early in the disease process. It is important to remember that TB can manifest in any organ system and young children are more likely to have disseminated TB disease. Common signs or symptoms include fever, poor weight gain or weight loss, cough or respiratory distress, and lymph node enlargement. Signs of meningitis, encephalitis, and hydrocephalus must also be evaluated. Less common, but potentially important clues of TB in children include prolonged or unexplained general irritability, abdominal symptoms such as pain or diarrhea, headache/confusion, dysuria/hematuria, or extremity or back pain. **Signs or symptoms potentially consistent with TB disease, especially for children with a known TB exposure, warrants further investigation.**

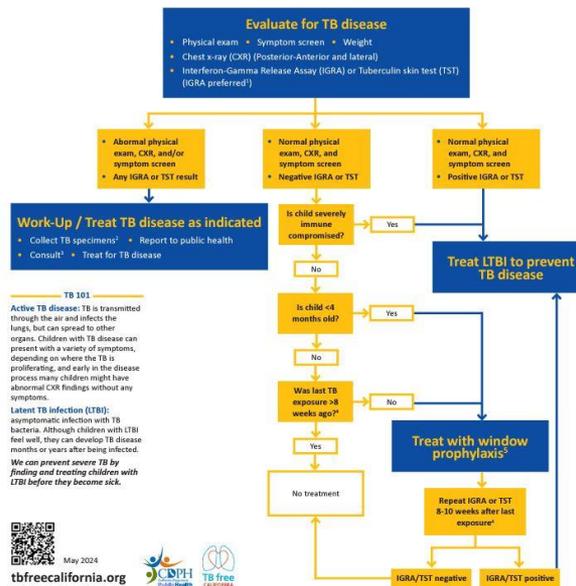
Physical exam

TB can present in any organ system, so a thorough exam is important. In young children poor weight gain is often a marker of TB disease in a TB-exposed child. The exam should include all organ systems with focus evaluation on the child's lungs, abdomen, central nervous system, and lymph nodes. Some TB-associated physical exam findings include crackles/decreased air movement, stridor/hoarseness, muffled heart sounds, hepatosplenomegaly, abdominal pain to palpation, peripheral lymph node enlargement (especially cervical chain, axillary, or

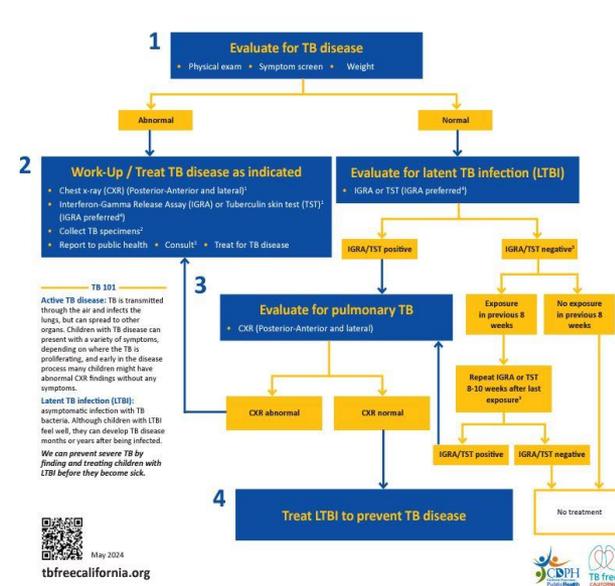
For a child with known TB exposure, signs or symptoms potentially consistent with TB disease warrant further evaluation.



Tuberculosis (TB) Exposure of Children <5 Years Old: A Guide for Medical Providers



Tuberculosis (TB) Exposure of Children ≥ 5 Years Old: A Guide for Medical Providers





Elimination Plan 2020 – 2024 Final Review

- Preparations for Elimination Plan 2026 – 2030
 - Revised recommendations – feedback to TBCP by August 31
 - Please confirm you or your organization’s participation in the TB elimination plan by August 31; survey sent
 - Launching LAC Community of Practice 2025!

Los Angeles County TB
Elimination Plan
2020-2024



Outreach at San Fernando Health Center TB Information & Food Distribution – September 5th



WALK-UP EVENTS – PLEASE BRING YOUR OWN REUSABLE BAG
(A CART IS RECOMMENDED FOR EASIER TRANSPORT)

LOCATION
SAN FERNANDO HEALTH CENTER
1212 PICO ST.
SAN FERNANDO, CA 91340

LOCATION
MID-VALLEY COMPREHENSIVE HEALTH CENTER
7515 VAN NUYS BLVD.
VAN NUYS, CA 91405

THURSDAY-9:30AM-12:00PM
(UNTIL SUPPLIES LAST)
JANUARY 4
MARCH 7
MAY 2
JULY 11
SEPTEMBER 5

THURSDAY-9:30AM-12:00PM
(UNTIL SUPPLIES LAST)
FEBRUARY 1
APRIL 4
JUNE 6
AUGUST 1

Additional Food Resources
WIC for Moms, Babies and Kids under 5 Call 1-888-WIC-WORKS or call 2-1-1
Cal Fresh for Individuals or Families Call 1-866-613-3777 or visit GetCalFresh.org

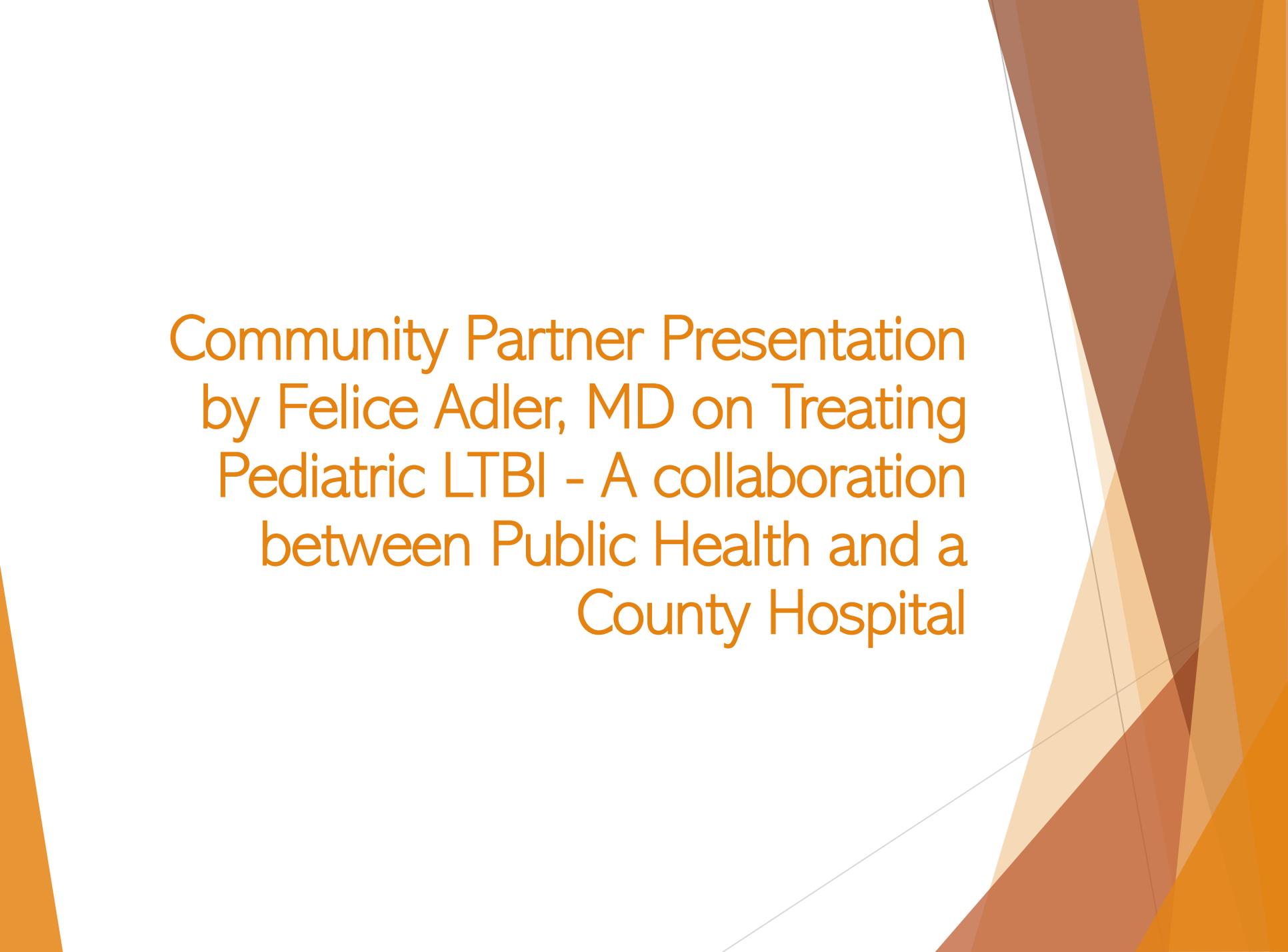
Call 2-1-1 for walk-up food distribution sites

For more information, classes and resources, scan the QR code!



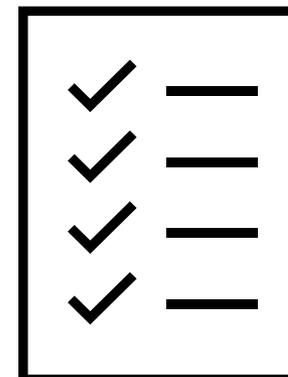
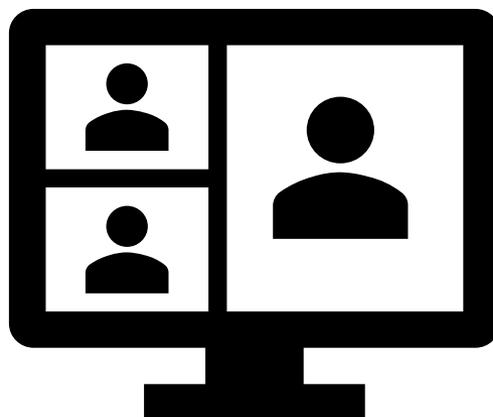
CONTACT US!
 (818) 904-8953
 SPA2@ph.lacounty.gov
 <http://publichealth.lacounty.gov/chs/SPA2/index>





Community Partner Presentation
by Felice Adler, MD on Treating
Pediatric LTBI - A collaboration
between Public Health and a
County Hospital

Next Meeting





**Department of Public Health TB Control Program
Coalition to End TB in Los Angeles County
Revised 2024 Meeting Schedule**
Microsoft Teams 10:00 am-11:30 am
Save the Dates

Date	Topics
January 17 th	Elimination Plan/World TB Day Planning
February 21 st	Elimination Plan/World TB Day Planning
March 20 th	-
April 17 th	-
May 15 th	-
June 12 th	-
July 31 st	TB Elimination Plan Review
August 21 st	General Meeting - Community Partner Presentation
September 18 th	
October 16 th	World TB Day Planning
November 20 th	General Meeting - Community Partner Presentation
December 18 th	

Topics are subject to change

For more information, please contact Ashley Randle, MPH at
arandle@ph.lacounty.gov

