

Coalition to End TB in Los Angeles County



July 31st, 2024





Agenda

- Welcome and Introductions
- Organizational Updates
- Elimination Plan 2020-2024 Review
- 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

Icebreaker!

- What is your favorite outdoor activity!?
- Please unmute to answer or answer in the chat



Announcements



COUNTY OF LOS ANGELES Public Health

Updates

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?



New Guidance on K-12 School Entry TB Screening in California



CTCA POSITION ON TB EVALUATION OF SCHOOL-AGE CHILDREN – 2024 update

Introduction

Pediatric tuberculosis (TB) continues to cause significant morbidity and mortality throughout the world. In California, TB cases in children have generally declined since the early 1990's, but there is some indication of cases increasing over the last two to three years.

- Promote health equity for children from at risk populations by supporting linkage to primary care. Local health jurisdiction to decide whether to require universal TB risk assessment
- Children can complete risk assessment from 1 year prior to after 90 days post school entry if asymptomatic
- Destigmatize TB if no TB symptoms, children should be in school

https://ctca.org/wp-content/uploads/CTCA-TB-Testing-of-SchoolAgeChildrenPosition-Statement-5.21.24-FINAL.pdf



Healthcare Personnel TB Testing in California



TB Screening, Testing and Treatment of Health Care Personnel in California March 2024

California TB Controllers Association (CTCA) acknowledges the evidence-based recommendations in, "<u>Tuberculosis Screening, Testing and</u> <u>Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association (NTCA) and CDC, 2019</u>". This guidance endorses a departure from universal annual tuberculosis (TB) testing of health care personnel (#HCP). A companion document was issued by the <u>American College of Occupational and Environmental Medicine (ACOEM) and NTCA</u> to guide the practical implementation of this strategy. In California, state regulatory requirements in the California Health and Safety Code, California Code of Regulations and the CalOSHA Aerosol Transmissible Disease Standard all require a variety of screening for specific occupations and settings, these include:

- Title 8: California Department of Industrial Relations (CalOSHA) Aerosol Transmissible Diseases Standard, <u>California Code of Regulations, Title 8,</u> Division 1, Chapter 4, Subchapter 7, Group 16, Article 109, Section 5199
- Title 22 regulations are based on the licensure of the facility (rather than the employee) and many health care facilities are licensed under <u>Title</u> <u>22</u> with <u>these TB testing requirements</u>.
- <u>California Health and Safety Code Division 2, Chapter 1, Section 1226.1 (Primary Care Clinics)</u>
- California Code of Regulations, Title 9, Division 1, Chapter 3.5, Section 784.12 (Mental Health Rehabilitation Centers) <u>https://www.dhcs.ca.gov/services/MH/Documents/95-05.pdf</u>

The following serves as a reminder about how to implement the evidence-based recommendations in the context of the regulatory requirements in California. CTCA recommends annual TB testing for certain HCP whose regular job duties may place them at higher risk for repeated TB exposure. These duties include performing high hazard procedures (e.g. sputum induction, bronchoscopy, endoscopy, intubation, autopsy), working in pre-triage patient care areas in urgent care and emergency medicine settings, mycobacteriology sections of clinical microbiology laboratories, and correctional/detention settings.

Healthcare facilities that have Title 22 mandated annual TB testing requirements must continue to test HCP working in their facilities unless granted Title 22 Program Flexibility or obtain approval from the local Health Officer to relax Title 22 annual TB testing.

: <u>https://ctca.org/wp-content/uploads/HCP-screening-032924jmh.pdf</u>



TBCP Updates

•Staffing updates: Welcome Catherine Lapointe! Welcome Thea Chimilio!

- •Attended National TB Coalition of America Conference in April 2024
- Abstracts related to TB elimination presented:

UPDAT

- •TB testing in the Armenian Ukrainian arriver population
- •Incentive and enabler program for TB disease and TB infection
- –Julie Higashi "TB Controller of the Year; 2024"
- •TB Control Program continues on in interim headquarters
- -Limited inventory, but have educational materials, swag for testing/tabling events.
- •Applying for next 5 years of CDC funding provide summary of new TB elimination plan for 2026-2030



Elimination Plan 2020 – 2025 Review

• Preparations for Elimination Plan 2026 - 2030



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Secure Revenue

Recommendation 7: Secure sufficient resources for implementing the LACTB elimination plan.

- Meet with DHS My Health LA to address IGRA gap in LTBI treatment cascade.*
- Fully expend TB augmentation fund to support housing and incentives/enabler support that is not utilized for TB disease to complete LTBI.
 - Work with the CDPH to develop template and optimize submitting grant funding applications at federal, state, and local level. Potential funding opportunities include the CDC DTBE Community Outreach Grants and LAC Productivity Investment Fund Grants.
- Support improvement of DPH revenue generation through billing for TB services in DPH clinics.
- Engage TB survivors and their associated communities/community leaders to engage and advocate to decision makers to support increased funding at the federal, state, and local level.
- Leverage and utilize new COVID-19 infrastructure to support TB elimination.*
- Secure drug supply of rifamycins for short course therapy in the setting of FDA nitrosamine contamination manufacturing requirements.*

Successes:



- •Measure H Funding for interim PEH housing for disease control (isolation, quarantine, treatment) FY2425
- \$400,000
- •DPH Clinic Services focused on billing revenue to support infrastructure
- •Coalition for a TB Free California AB 2312 "Tuberculosis Screening"
- •COVID-19 inspired Clinic Services Mobile Vaccine Treatment Team is providing TB testing services
- •Uniting for Ukraine funding and partnership with Clinic Services Refugee Health Program provided monthly community TB testing events in 2023 and 2024
- -Secured drug supply of rifapentine



Revenue Opportunities

- Measure H renewal is competitive and based upon prior performance (funding PEH housing and MVT team)
- •Clinic Services billing revenue
- Productivity Investment Fund Grants
- -Silicosis and Tuberculosis Testing
- •TB Elimination Alliance Grants (Community)
- •DPH Community Engagement Grants (fund TB elimination summit)
- •Other?



Research

Recommendation 8: Increase TB research.

- Establish business case for LTBI screening and treatment completion.*
 - Include cost analysis for the following: health care utilization (e.g., ambulatory visits, emergency department visits, hospitalizations), TB contact investigations, screening and treatment (e.g., number of TB suspects being treated, number of individuals waiting to be tested, cost difference between treatment of TB and LTBI) and incentives and enablers for the providers and patients (e.g., transportation benefits, incentives based on provider performance). *
 - o Partner with Southern California Kaiser Permanente based on model used in Northern California.*
- Work with CDPH to develop targets for the LTBI care cascade.*
 - Set aggregate target for LAC.
 - Develop targets for groups with health disparities.
 - Work with CHLA to describe performance along the pediatric LTBI cascade across different local care settings (DPH versus FQHC/outpatient primary care versus in-patient/pediatric subspecialty care)
- Apply for research funding that addresses health equity and apply to TB elimination.



 Observational Study
 > J Pediatr. 2023 Aug:259:113419. doi: 10.1016/j.jpeds.2023.113419.

 Epub 2023 Apr 11.

Variation in Treatment of Pediatric Tuberculosis Infection in Different Provider Settings

Sanchi Malhotra ¹, Shom Dasgupta-Tsinikas ², Josephine Yumul ², Kelli Kaneta ³, Annika Lenz ⁴, Richard Kizzee ³, Dustin Bihm ³, Christina Jung ⁵, Michael Neely ⁶, Ramon E Guevara ², Julie Higashi ², Jeffrey M Bender ⁶



Innovation

- •Grupo population 10 years of partnership with Central City Community Health Center
- •Clinic based TB testing/treatment for refugees
- –Afghan evacuees
- -Ukrainian arrivers
- Housing for TB infection treatment
- •Health equity?



Recommendation 9: Promote equitable access and outcomes for the diagnosis and treatment of LTBI and TB disease for all residents of LAC.

- Develop overlay comparison of TB case hotspots and COVID-19 case hotspots within LAC.
- Advance ability to understand, in a geographic unit in LAC, the overlay of health conditions and demographics to prioritize DPH interventions for program coordination.
- Engage voices that represent the populations with disparities for TB outcomes in the Coalition to End TB in LAC.
- Apply for research funding that addresses health equity and apply to TB elimination.
- Leverage and utilize new COVID-19 infrastructure and access to populations to support TB elimination.*
- Fully expend TB augmentation fund to support housing and incentives/enablers support that is not utilized by TB disease to complete LTBI.
- Work with My Health LA to fully resource TB care cascade by supporting access to IGRAs.*
- Execute epidemiology geospatial analyses to highlight DPH opportunities for advancing TB elimination in race/ethnic groups and other populations (e.g., people experiencing homelessness).
- Establish targets for elimination for the Asian and Pacific Islander, Latinx, and Black population; establish targets for people experiencing homelessness, and people living with HIV.
- Utilize qualitative data from CDC's LTBI Communication Campaign and various focus groups to create effective and tailored messaging for high-risk populations.*
- Develop TB educational materials that are at the appropriate literacy level and in the appropriate languages that
 providers may review with their patients to increase willingness to initiate and complete TB/LTBI treatment.*
- Improve Class B1 and status adjustor tracking of LTBI treatment cascade outcomes.*
- Consider cross match of contact with untreated or incomplete evaluation for LTBI/COVID-19 positive database with notification of potential risk for progression and education about preventive treatment for LTBI.*



- •Geomapping interferon gamma release assay (IGRA) results can support analyses to address health equity
- Recruit and support TB survivors to advocate for TB elimination resources
- Establish objectives for testing and treatment outcomes for TB infection
- Engage communities disproportionately impacted by TB to support effective messaging and leverage resources for TB elimination
- •Other?



Next steps: Elimination Plan

- Recommendations Draft sent out week of August 5 with one week to provide feedback
- •Draft of Summary Plan sent out week of August 12 with one week to provide feedback
- •Complete revision plan to be submitted December 31, 2025



Outreach at Mid-Valley CHC TB Information & Food Distribution – August 1st





Outreach at Mid-Valley CHC TB Information & Food Distribution – August 1st





World TB Day 2024 – Social Media Posts



Look for LA landmarks lit red: LA City Hall, 6th Street bridge, Union Station, and LAX entrance columns.

TB is still one of the world's most common and deadly diseases. One-fourth of the world's population is infected, and more than 10 million become ill.

Last year in LA County, **542 new cases** of TB were identified, a **3.4% increase** from 2022.

Learn more

Public Health

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WORLD TB DAY

Test your TB knowledge with 3 questions!

1. TB is not curable?

- 2. I have permanent protection because I received the Bacille Calmette-Guerin (BCG) vaccine in my former country?
- (the United Kingdom, Spain, France, Norway, Ukraine, Nigeria, Sierra Leone, Kazakhstan, Uzbekistan, Armenia, Czech Republic Russia, Philippines, Latin American countries including Mexico and Guatemala + many other national.
- 3. You can get tuberculosis by which of the following?
 - Sharing a fork or spoon
 - Kissing someoneEating unpasteurized cheese
- A handshake

- False, tuberculosis is curable! There are drugs that can cure TB. But first you must get tested to confirm it. And you must take all the drugs prescribed to you.
- 2. False, the BCG vaccine does not provide lifelong protection against TB. BCG is typically given to children under age 5 and not generally recommended for U.S. because it's not always effective against adult pulmonary TB, and it can cause a false positive result with other TB tests. The BCG vaccine is also for a particular TB strain with a low risk of infection here.

CPublic Healt

3. You can get a form of Tuberculosis (M. Bovis) by eating unpasteurized cheese. This cheese may be found in Mexico; be sure to look at the label to make sure your cheese is pasteurized. TB is NOT spread by sharing utensils, kissing, or a handshake.

Public Health

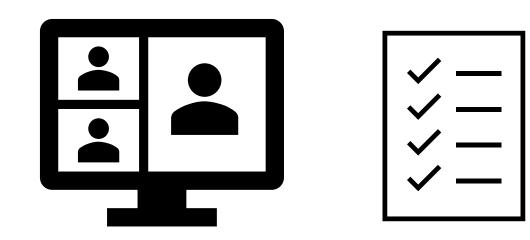
#EndTB #WorldTBDay #YesWeCanEndTB

Answers

Public Health



Next Meeting





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

Topics are subject to change

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



