Texas Department of State Health Services
Tuberculosis and Hansen's Disease Branch

Tuberculosis Action Plan to Minimize Exposure to COVID-19

The Tuberculosis (TB) Action Plan 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. It is intended to minimize exposure to COVID-19 in the delivery of TB services and prioritize program management activities. These recommendations may be modified by PHR and LHD TB programs when safer options are more reasonable. Refer to PHR and LHD requirements for additional use of personal protective equipment (PPE) when performing TB services. **This plan remains in effect unless modified by the TB and Hansen's Disease Branch.**

Activity	Recommendations

Performing directly observed therapy (DOT) and directly observed preventive therapy (DOPT) services.	**Options listed by preference**
	
	Option 1: Video DOT (VDOT) or other locally allowed Electronic DOT (EDOT)* as determined by the PHR or LHD medical director.
	
	Option 2: Enhanced** self-administered therapy (ESAT) for:
	• Patients with documented compliance to therapy for drug susceptible TB as determined by the nurse case manager or treating physician. Considerations include:
	  ○ Patients with documented culture conversion.
	  ○ Patients in the continuation phase of therapy.
	  ○ Patients who are clinically responding to therapy.
	  ○ Patients who are off isolation.
	• Patients under age five (5) being treated preventively for TB infection by DOPT.
	• Patients on any regimen for TB infection that requires DOT, including intermittent regimens (i.e. three months of Isoniazid/Rifapentine [3HP]).
	• Any other patient determined by the PHR or LHD TB program.
	NOTE: A one-month supply of ESAT doses may be counted towards completion of therapy as determined by the treating physician.
	
	Option 3: DOT via clinic visits (CV) for patients who do not meet criteria in Option 1 or 2; Health care personnel (HCP) must:
	• Prepare for each visit as outlined in Attachment 1; this includes a phone call prior to CV asking about current symptoms including any exposure to COVID-19.
	• Maintain six feet distance between patient and DOT worker when possible.

	• Sanitize hands in front of patient and provide sanitizer for patient's hands. Do not hand patients the sanitizer. • Verify medication in packet. • Open the DOT packet and use *at minimum,* universal precautions when handing medication to the patient. • Sign and document the DOT log; do NOT have patient sign DOT log. **Option 4:** DOT/DOPT via home visits (HV) • Consideration for HV may be made locally on a case-by-case basis. • Refer to HV protocol in Attachment 1. • Follow the process outlined in Option 3. **may include synchronous or asynchronous videos or other electronic methods, preferably HIPAA (Health Insurance Portability and Accountability Act) compliant.* ***enhanced SAT (ESAT) includes providing patients with a one or two-month supply of medications (depending on diagnosis) to keep securely at home and take daily or as prescribed. The HCP makes daily or as needed phone calls to patient to ask questions about medication toxicity and instructs patient whether to take their dose. The HCP documents on the DOT log or equivalent and place their initials and comments regarding patient's adherence/non-adherence to ESAT.*

Evaluating new patients suspected of having TB disease (Class V) based on any report (fax, phone call, walk in, etc.).	Prioritize new patients based on information gathered in the initial report:
	• **For the following high priority patients, *screen as usual at the CV or HV:***
	  ○ Acid Fast Bacilli (AFB) smear positive, Nucleic Acid Amplification Test (NAAT) positive or not done, abnormal chest x-ray (CXR) consistent with TB, negative or positive Tuberculin Skin Test (TST)/Interferon-Gamma Release Assay (IGRA), may be symptomatic.
	  ○ AFB smear negative, NAAT negative or not done, abnormal CXR consistent with TB, positive TST/IGRA, may be symptomatic.
	  ○ Anyone NAAT or culture positive.
	  ○ Anyone with signs or symptoms of TB with a positive TST/IGRA and/or abnormal CXR and need more diagnostics.
	  ○ Any other report that is consistent with suspicion for TB disease as determined by the PHR or LHD TB program.

Tuberculosis Action Plan to Minimize Exposure to COVID-19

	• **For the following low priority patients, *consider deferring CV/HV while further diagnostics are performed*.** PHR and LHD TB programs may mail sputum canisters, send CXR referrals or perform symptoms screening questionnaire over the phone to gather more diagnostic information before a classification is made. o Any patient reported to the PHR or LHD and there is low suspicion of TB disease based on current diagnostics and as determined by the treating physician.
Evaluating new patients with known TB infection (Class II).	Prioritize risk for progression: • **For the following high-risk patients, *evaluate as usual via CV/HV*** o Patients under age five, contacts to cases, immunocompromised individuals (i.e. those on TNF therapy, HIV, organ transplant, diabetes); those with documented screening test conversion (from negative to positive in the past two years); individuals who live or work in a setting where consequences of exposure would make a large impact (i.e. individuals living in shelters, ICU health care workers, etc.) • **For the following low risk patients, *defer evaluation and treatment until resources allow.*** Instruct patient to call their PHR or LHD TB program if they develop any symptoms. o Individuals with no known risk factors for TB who were tested as part of administrative protocols. o Individuals with low risk of progression from infection to disease. o Individuals whose primary care provider may treat for TB infection.
Evaluating patients reported through the Electronic Disease Notification (EDN) system.	• During COVID-19 response, timelines for EDN evaluation may be extended. • Prioritize evaluations based on risk for progression to TB disease and as resources allow. • Those at lower risk for progression to TB disease can be deferred until resources allow. • Make phone contact where possible; depending on EDN work-up, may defer evaluation when resources are available. • Instruct patient to contact their PHR or LHD TB program if they develop symptoms. • Consider mailing to the patient's residence, specimen canisters and CXR referrals. • If patient is high risk for progression to TB disease, perform evaluation as usual following HV/CV protocols.

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Branch

Tuberculosis Action Plan to Minimize Exposure to COVID-19

Evaluating hospitalized patients in whom TB is suspected or known.	• Health Authority Warning Letters (HAWLs) can be deferred from being served in the hospital if patient is not a flight risk; coordinate with discharge hospital nurse. • When possible, the PHR/LHD may call the hospitalized patient to obtain address and notify patient of instructions upon discharge; document on the HAWL the date it was explained to the patient if over the phone. • After initial diagnosis, every effort should be made to coordinate a safe discharge plan; considerations as to where the patient is being discharged to (i.e. homeless shelter, young children in the home, etc.) can be weighed and the decision made to remain hospitalized in airborne infection isolation (AII) or recommend discharge. Hospital beds should be made available *where possible* if currently held by patients with TB who do not require acute care and for whom the health department has developed a safe discharge plan. • If a hospital visit is deemed necessary, adhere to hospital policy for COVID-19.
Performing monthly assessments on patients with probable or confirmed TB disease.	• Monthly toxicity exams may be performed over the phone by the nurse case manager asking toxicity screening questions to minimize patient interaction prior to CV/HV. • Refer to sections regarding blood draws and vital signs/physical exams for in-person assessments that are needed.

Performing monthly assessments on patients with TB infection.	• If bloodwork or physical assessments are needed, follow process specified in those sections.
	• If no bloodwork is needed, toxicity assessments can be done over the phone and considerations may be made to provide a **two-month** supply of medications at a time.
	  ○ Develop revised care plans with the treating physician prior to decreasing frequency of in-person assessments.
	  ○ HCP should coordinate plan with the patient to call them at least monthly for toxicity assessments.
	  ○ Instruct the patient to contact the PHR/LHD if any concerning symptoms of medication toxicity occur.

Performing initial, follow-up and end of treatment CXRs.	• Contact contracted radiology sites or sites where the PHR or LHD sends patients and identify if there are any changes to radiology services for COVID-19 response; relay any changes to the treating physician and patients. • Initial CXR is required, ideally prior to starting treatment for active disease or TB infection.

	• Decisions to delay follow-up CXRs can be made by the treating physician.
	  ○ Clinician should document the rationale for deferring the CXR such as improvement in symptoms, bacteriology, and overall clinical course suggesting positive response to therapy.
	  ○ If end of treatment CXR is deferred due to concerns about COVID-19, it must be completed once the Coronavirus crisis passes.
	• Clinicians should order a CXR whenever clinically indicated and deemed essential.

Performing sputum collection, natural or induced.	• **Initial sputum specimen collection**:
	  ○ Continue to observe first specimen *if patient can come in for a CV or if the observation can be safely done at a HV*; perform where possible: outside with PPE, inside the clinic with PPE, or in a sputum induction booth with a window between patient and observer. If outside, patient privacy should be maintained. Follow CV/HV protocols.
	  ○ May be collected unobserved if CV is not possible; send canister to patient's home.
	  ○ If a HV is necessary, staff should collect sputum outside maintaining a six feet distance from patient and following protocol for HV with appropriate PPE.
	
	• **Follow-up sputum collection**:
	  ○ When possible, all subsequent sputum collection should be performed by the patient alone. Canisters may be mailed to the patient with a laboratory slip already filled out and patient can place in the mail.
	  ○ <u>Do not collect more specimen than necessary</u>. For example, the DSHS Standing Delegation Orders (SDOs) recommend initial sputum collection x3, then every other week until three consecutive negative smears. Do not collect weekly just to have more specimen, unless an extenuating circumstance is needed to get patient off isolation. Extra testing drains DSHS laboratory resources.

Performing TSTs, IGRAs and <u>any</u> blood draws.	• Continue **bloodborne precautions along with PPE** as specified under CV/HV protocols (Attachment 1). • Decisions to defer TSTs or blood draws should be made on a case-by-case basis by the treating physician. • Follow CV/HV protocols when bloodwork is needed.

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Branch

Tuberculosis Action Plan to Minimize Exposure to COVID-19

Performing physical assessments/examination (may/may not require hands on evaluation).	• May defer hands-on physical examinations for individuals with pulmonary or pleural TB, unless specified by the treating physician or as clinically indicated. If an examination is indicated, practice hand hygiene before and after assessment and **use PPE** as necessary. • If patient is thought to have extrapulmonary TB, a physical examination may be required, especially if the medical record does not support a specific site of infection. This is commonly seen in lymphatic TB where examination of the cervical, supraclavicular, and axillary regions can be high yield. • Clean any equipment used (i.e. stethoscopes).
Performing vital signs, visual acuity examinations, weights, assessments using equipment (i.e. EKGs).	• Follow CV/HV protocols for monthly toxicity assessments. • Clean equipment after each patient encounter, including any equipment the patient touches.

Conducting contact investigations (CI).	• Visiting primary residences for CIs may be delayed more than three days. Patients may be interviewed on the phone to elicit contacts initially. Any further delays should be done on a case-by-case basis considering safety of staff and patients, and resource allocation.
	• Prioritize CIs*** and perform testing based on prioritization of contacts:
	  ○ **High priority CI**- sputum smear positive and or NAAT positive cases
	  ▪ Prioritize contacts; evaluate and test **high** and **medium** risk contacts individually and not in a group setting.
	  ▪ Evaluate and test **low** risk contacts if expansion is indicated by positivity rate.
	  ○ **Medium priority CI**- sputum smear negative, culture positive cases; cavitation on CXR despite negative sputum smear results.
	  ▪ Evaluate and test contacts individually and not in a group setting.
	  ▪ Follow prioritization as specified in high.
	  ○ **Low priority CI**- sputum smear negative, NAAT negative, non-cavitary.
	  ▪ Conduct evaluation and testing of **high** risk contacts *if resources allow.*
	***https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a1.htm

Targeted Testing.	• Defer until further notice

Created March 20, 2020

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

Personal Protective Equipment (PPE) Required for Infection Control Precautions.	**Airborne Precautions:** https://www.cdc.gov/infectioncontrol/pdf/airborne-precautions-sign-P.pdf • N95 respirator or higher **Droplet Precautions:** https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf • Surgical Mask • Face shield or eye shield **Contact Precautions:** https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf • Disposable gown • Gloves **Standard Precautions:** https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html • Used for all patients • Assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting • Based on a risk assessment and making use of common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient **Universal Precautions:** https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html • Universal precautions apply to blood and to other body fluids containing visible blood

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

Attachment 1: Protocols to Minimize Staff and Patient Exposure to COVID- 19

Home Visits (HV) Protocol

HVs during the COVID-19 outbreak require additional precautions. Consider HV as an option if it is not possible for the patient to come into the clinic. If a HV occurs, all efforts should be made to meet outside, maintaining six feet distance, using PPE as necessary, and minimizing passing of pens, papers, or other potential fomites when possible. Limit patient signing of consents or other forms unless absolutely necessary (HAWLs, medication consents, etc. NOTE: Daily DOT logs do not have to be initialed by the patient during this time but should be signed each month by the patient). Leave pen with patient if they must sign if sanitizing pen is not possible after HV. ***Follow any PHR/LHD recommendations for PPE in response to COVID-19.***

Prior to HV

1. Call patient/guardian and ask about any new symptoms that have changed from any TB symptoms they had at baseline (if first visit, this is the baseline). Use the questions below, unless otherwise directed by PHR/LHD COVID-19 questionnaire:

    1) Have you been exposed, that you know of, to COVID-19? This may include any travel in the past 14 days.
    2) Has anyone in the household been exposed to COVID-19 or is anyone in the household experiencing any of the symptoms (fever, shortness of breath, or cough) or is currently under Quarantine for COVID-19?
    3) Do you have a new/worsening cough?
    4) Do you have difficulty breathing or shortness of breath?
    5) Do have you fevers? What degree? _____F

    Response to Answers 1-2

    If YES:
    - **Stop** and do not proceed with HV; contact treating physician and supervisor for individual plan of care

    If NO:
    - Proceed to next questions.

    Response to Answers 3-5

    If YES:
    - **Stop** and do not proceed with HV; contact treating physician and supervisor for individualized plan of care (consider if this is an active TB case vs. LTBI vs. contact).
    - If proceeding with HV, follow any local protocols for COVID-19 disease screening or reporting and for recommendations on PPE prior to visit.

    If NO:
    - Use *at* minimum, standard precautions if health care worker can maintain six feet distance (if patient is still in TB airborne isolation, use an N95 or higher). Use *at* minimum, an N-95 or higher anytime sputum collection is required, as this is an aerosolizing procedure. Sputum collection should be done outside when possible.

2. If proceeding with HV, supervisor should view documentation of ***Self Observation Log*** (Attachment 3) to ensure staff member is able to make a HV.

When performing a HV:

- Enter home, taking in the minimum necessary supplies; avoid touching anything upon entry.
- Use hand sanitizer and offer to patient (do not hand them the bottle).
- Put on PPE as specified by PHR/LHD protocols.
- When HV is complete, remove gloves appropriately if worn (inside-out).
- Remove and discard PPE as specified by PHR/LHD protocols.
- Leave home.
- Use hand sanitizer.
- Wipe down any surfaces that may have touched something in the home.
    - Consider placing folders, papers, and pens in a zip-lock baggie that may be wiped down before and after visit.
- Reminder: wash hands regularly, do NOT touch face, mouth, nose.

Clinic Visit (CV) Protocol

CVs are preferred during the COVID-19 outbreak. Staff may have more control of environmental factors and can limit exposure risk by planning visit with the patient. When CVs occur, all efforts should be made to meet the patient prior to entering the clinic, maintaining six feet distance, using PPE and minimizing any passing of pens, papers, or other potential fomites when possible. Before and after the CV, the clinic room and any equipment used should be cleaned and/or sanitized. ***Follow any PHR/LHD recommendations for PPE in response to COVID-19.***

Prior to CV

1. Call patient/guardian to ask about any new symptoms that have changed from any TB symptoms they had at baseline (if first visit, this is the baseline). Use the questions below unless otherwise directed by PHR/LHD COVID-19 questionnaire:
    1) Have you been exposed, that you know of, to COVID-19? This may include any travel in the past 14 days.
    2) Has anyone in the household been exposed to COVID-19 or is anyone in the household experiencing any symptoms (fever, shortness of breath, or cough) or currently under Quarantine for COVID-19?
    3) Do you have a new/worsening cough?
    4) Do you have difficulty breathing or shortness of breath?
    5) Do have you a fever? What degree? _____F

Response to Answers 1-2

If YES:

- **Stop** and do not proceed with CV; contact treating physician and supervisor for individual plan of care.

If NO:

- Proceed to next section.

Response to Answers 3-5

If YES:

- **Stop** and do not proceed with CV; contact treating physician and supervisor for individualized plan of care (consider if this is an active TB case vs. LTBI vs. contact).
- If proceeding with CV, follow any local protocols for COVID-19 disease screening or reporting and for recommendations on PPE prior to visit.

If NO:

- Use *at minimum*, standard precautions if health care worker can maintain six feet distance (if patient is still in TB airborne isolation, use an N95 or higher). Use *at minimum*, an N-95 or higher anytime sputum collection is required, as this is an aerosolizing procedure. Sputum collection should be done outside or in sputum induction booths when possible.

2. If proceeding with a CV, the supervisor should view documentation on the ***Self Observation Log*** (Attachment 3) to ensure the staff member is able to work in clinic.

When arranging a CV:

- Coordinate with patient prior to entering clinic. Meet at the entrance of the clinic and escort to clinic room to avoid waiting.
- Ensure those accompanying patients are screened per local protocols.
- Perform visit with PPE as determined by the PHR/LHD.
- Wipe down any surfaces that may have been touched during visit.
- Reminder: wash hands regularly, do NOT touch face, mouth, nose.

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Branch

Tuberculosis Action Plan to Minimize Exposure to COVID-19

Attachment 2: COVID-19 Screening Logs for Patients Prior to TB Home or Clinic Visit

Patient Name:	**DOB:**
Telephone:	
Call patient/guardian to ask about any new symptoms that have changed from any TB symptoms they had at baseline (if first visit, this is the baseline). **Call prior to each scheduled visit.**	

Signs/Symptom Screen: (Y) = Yes (N) = No To be completed prior to each visit

MONTH/YEAR:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
1. Have you been exposed, that you know of, to COVID-19? This may include recent travel* (Y/N)																
2. Has anyone in the household been exposed to COVID-19, is currently under Quarantine for COVID-19, or is experiencing cough, shortness of breath or fever**? (Y/N)																
3. Do you have a new/worsening cough? (Y/N)																
4. Do you have difficulty breathing or shortness of breath? (Y/N)																
5. Do have you a fever**? (Y/N) What degree? _____F																
Employee Initials																
Interpreter Initials																

	17	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
1. Have you been exposed, that you know of, to COVID-19? This may include recent travel* (Y/N)															
2. Has anyone in the household been exposed to COVID-19, is currently under Quarantine for COVID-19, or is experiencing cough, shortness of breath or fever**? (Y/N)															
3. Do you have a new/worsening cough? (Y/N)															
4. Do you have difficulty breathing or shortness of breath? (Y/N)															
5. Do have you a fever**? (Y/N) What degree? _____F															
Employee Initials															
Interpreter Initials															

* https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html

**Fever is either measured temperature ≥100.0°F or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue).

Preparing for the Visit

Response to Answers **1-2**

If YES:

- **Stop** and do not proceed with visit; contact treating physician and supervisor for individual plan of care.

If NO:

- Proceed to next section.

Created March 20, 2020

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Branch

Tuberculosis Action Plan to Minimize Exposure to COVID-19

Response to Answers **3-5**

If YES:

- **Stop** and do not proceed with visit; contact treating physician and supervisor for individualized plan of care (consider if this is an active TB case vs. LTBI vs. contact).
- If proceeding with visit, follow any local protocols for COVID-19 disease screening or reporting and for recommendations on PPE prior to visit.

If NO:

- Prepare for the visit by coordinating with patient prior to visit; instruct them on any changes to expect.
- Use *at minimum* standard precautions if health care worker can maintain six feet distance (if patient is still in TB airborne isolation, use an N95 or higher). Use *at minimum* an N-95 or higher anytime sputum collection is required, as this is an aerosolizing procedure; preferably collect outside or in sputum induction booths when possible.
- Follow process on DOT visits to include maintaining six feet distance, using *at minimum* universal precautions for handing over of medications, and do not have patient sign DOT log.
- Follow local protocols on PPE prior to visit.
- **Reminder: practice frequent hand hygiene; do not touch nose, eyes, or mouth**.

Date	Notes/Comments on Responses
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Signature(s) of Staff: **Date:**

COVID-19 Screening Logs for Patients Prior to TB Home or Clinic Visit, continued from previous page

Created March 20, 2020

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Branch

Tuberculosis Action Plan to Minimize Exposure to COVID-19

Attachment 3: COVID-19 Self-Observation Log for TB Staff

Name:	**Program:**	**Telephone:**

Take your temperature (oral or temporal) ***as frequently as recommended by Local/Regional Medical Director***: Temperatures should be taken before brushing teeth if in the morning or evening, and prior to drinking hot/cold liquids. Document temperature and signs and symptoms listed below. If you have a sign or symptom, mark "+" on the day and report to your manager. Each column represents the day at the top of the column (for example, information for the 13th of the month is marked in the column with the "13" at the top). Please print and sign your name at the bottom and turn in to supervisor at the end of the month. **Frequency Needed (supervisor check all that apply):** ☐ Morning ☐ Noon ☐ Evening

Signs/Symptom Screen: + = Yes - = No ** If temperature is greater than 100.4ºF, notify your supervisor

MONTH/YEAR:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
Morning assessment																
Temperature (oral or temporal), in ºF**																
Cough (+/-)																
Subjective fever (feeling flush) (+/-)																
Shortness of breath (+/-)																
Fatigue (+/-)																
Noon assessment																
Temperature (oral or temporal), in ºF**																
Cough (+/-)																
Subjective fever (feeling flush) (+/-)																
Shortness of breath (+/-)																
Fatigue (+/-)																
Evening assessment																
Temperature (oral or temporal), in ºF**																
Cough (+/-)																
Subjective fever (feeling flush) (+/-)																
Shortness of breath (+/-)																
Fatigue (+/-)																

MONTH/YEAR:	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
Morning assessment															
Temperature (oral or temporal), in ºF**															
Cough (+/-)															
Subjective fever (feeling flush) (+/-)															
Shortness of breath (+/-)															
Fatigue (+/-)															
Noon assessment															
Temperature (oral or temporal), in ºF**															
Cough (+/-)															
Subjective fever (feeling flush) (+/-)															
Shortness of breath (+/-)															
Fatigue (+/-)															
Evening assessment															
Temperature (oral or temporal), in ºF**															
Cough (+/-)															
Subjective fever (feeling flush) (+/-)															
Shortness of breath (+/-)															
Fatigue (+/-)															

Signature of staff: **Signature of Supervisor:** **Date:**

Created March 20, 2020

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Branch

Tuberculosis Action Plan to Minimize Exposure to COVID-19

Attachment 4: Prioritization of TB Program Activities

Activities that must CONTINUE
Evaluate high priority suspects (class V)
Evaluate new cases (class III)
Manage TB cases on therapy
Evaluate high risk patients with TB infection
Manage patients on treatment for TB infection, with modifications as outlined above (i.e. defer in-person monthly examinations when possible)
Administer medications to cases, contacts and children on window prophylaxis- VDOT, ESAT, or DOT following HV/CV protocols
Perform CIs for cases with positive smear, NAAT, and culture positive cases, limiting contact testing in groups
In-person assessments for patients with TB infection who need monthly laboratory specimen collected
Reporting new cases, suspects, and contact to DSHS Central Office
Submission of the Annual Progress Report
Activities that may continue AS RESOURCES ALLOW
EDN in-person screenings within 30 days, unless EDN documentation is concerning for immediate evaluation or patient is high risk to progression
Low Priority CIs
In-person assessments for patients with TB infection who do not require monthly specimen collection
Cluster investigations
Sending in Incident Reports on CIs
Treating and evaluating low-risk patients with TB infection
Activities that may be placed on HOLD until resources allow
Targeted testing
Collecting monthly jail reports
Collecting annual jail plans
Cohort review
Administrative reports