Health Service Directive

Tuberculosis Management

Purpose
To ensure a standardised approach for:

• the management of tuberculosis (TB) and
• the minimisation of the risks of emergent multi-drug resistant tuberculosis (MDR-TB) and extensively-drug resistant tuberculosis (XDR-TB) cases in Queensland.

Scope
This directive applies to all Hospital and Health Services (HHS).

Principles

• **Access** – patients with suspected or confirmed TB have state-wide access to an efficient, effective, equitable and high quality TB service.

• **Appropriateness of Treatment** – patients receive standardised diagnostic and treatment regimens that ensure full cure whilst minimising TB transmission within the community.

• **Effectiveness of Treatment** - minimisation of the risk of drug resistance, treatment failure and relapse through a case management model.

• **Information management** – case management information is collected, stored and used for strategic, operational and service improvement purposes.

• **Stewardship** – systems and processes are implemented and monitored to mitigate the risks of healthcare associated infection including tuberculosis.

• **Workforce planning & management** – ongoing learning and development programs to ensure the competence of TB service providers.

Outcomes
HHS’s included in the scope of this directive shall achieve the following outcomes:
• Adherence to statewide standardised diagnosis, treatment and ongoing management regimens to minimise the risk of drug resistance, treatment failure and/or relapse.

• Case management of all persons diagnosed with TB utilising the Tuberculosis and Related Diseases Information System (TARDIS) Database (adapted for use in Queensland Health) to enable service improvement

• Timely reporting and notification of known or suspected cases of TB to enable effective contact tracing

• All HHS staff who perform Tuberculin Skin Test (TST) and Bacille Calmette-Guerin (BCG) vaccination services are appropriately trained.

• Systems are implemented and monitored to ensure that staff, new recruits, health care students and other clinical personnel are assessed and screened for TB.

**Mandatory requirements**

• Contract tracing and screening of all TB cases in accordance with the Health Service Directive Protocol for the Management of Contact Tracing and Screening

• Accreditation and re-accreditation of all staff performing BCG vaccination and TST

• Adherence to the Health Service Directive Protocol – Roles and Responsibilities for Tuberculosis Control for processes provided by the Tuberculosis Control Units within the HHS.

• Adherence to the Health Service Directive Protocol - Diagnosis and Treatment of Tuberculosis

• Notification of all cases of TB in accordance with the legislative obligations of the *Public Health Act 2005*

• Submission of TB surveillance data in accordance with Health Service Directive – Data collection and provision of data to the Chief Executive (QH-HSD-019:2012).

**Related or governing legislation, policy and agreements**

• *Public Health Act 2005*

• Health Service Directive (QH-HSD-019:2012) ‘Data collection and provision of data to the Chief Executive’ – Schedule One, group 1, notifications data, group 2, tuberculosis surveillance
Supporting documents

- Health Service Directive Protocols
  - Protocol - Roles and Responsibilities for Tuberculosis Control
  - Protocol - Diagnosis and Treatment of Tuberculosis
  - Protocol - Tuberculosis Contact Tracing and Screening
- Queensland Department of Health Guidelines
  - Guideline for the Management of Tuberculosis
  - Guideline for the Management of Latent Tuberculosis Infection (LTBI)
  - Guideline for the Management of Tuberculosis with HIV Co-Infection
  - Guideline for the Management of Tuberculosis in Pregnancy
  - Guideline for the Management of Tuberculosis in Renal Disease
  - Guideline for the Respiratory Protection of Healthcare Workers
  - Standing Orders for Queensland Tuberculosis Control Program

Business area contact
Centre for Healthcare Related Infection Surveillance and Prevention
& Tuberculosis Control
Communicable Diseases Unit
Chief Health Officer Branch

Review
This Health Service Directive will be reviewed at least every three years.

Date of last review: 01/07/2013
Supersedes: New Directive

Approval and Implementation

Directive Custodian
Dr Jeannette Young
Chief Health Officer
Approval by Chief Executive
Dr Tony O’Connell,
Director-General, Department of Health

Approval date: 27 June 2013

Issued under section 47 of the Hospital and Health Boards Act 2011

Definitions of terms used in this directive

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>MDR-TB</td>
<td>MDR-TB is TB resistant to at least isoniazid and rifampicin (and possibly other drugs). MDR-TB treatment is based on susceptibility results and should only be treated by clinicians experienced in managing TB.</td>
<td>Centers for Disease Control &amp; Prevention (CDC)</td>
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<tr>
<td>XDR-TB</td>
<td>Extensively drug-resistant TB (XDR-TB) is a type of MDR-TB that is resistant to isoniazid and rifampicin, plus any fluoroquinolone and at least one of three injectable second-line drugs.</td>
<td>Centers for Disease Control &amp; Prevention (CDC)</td>
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