Health Service Directive – Tuberculosis Management

Protocol for Roles and Responsibilities for Tuberculosis (TB) Control

1. Purpose

This protocol describes the roles and responsibilities for the control of Tuberculosis (TB) in Queensland.

2. Scope

This Protocol applies to all Hospital and Health Service (HHS) employees and organisations and individuals acting as an agent for HHS (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

3. Process for Roles and Responsibilities

3.1 Hospital and Health Service (HHS)

Hospital & Health Services shall:

- ensure universal access to diagnosis and treatment for patients suspected of having TB, where no patient will incur out of pocket expenses as a result of direct costs of diagnosis or therapy,
- ensure contacts of patients with active TB are assessed and managed appropriately as outlined in the Health Service Directive Protocol for Contact Tracing and Screening,
- ensure regimen adherence within the health facility’s inpatient settings, and a patient centric approach by implementing a case management framework for every TB patient that includes the provision of directly observed therapy where appropriate and/as recommended by Tuberculosis Expert Advisory Group (TEAG),
- ensure adherence for community based patients who reside within the HHS jurisdiction and must provide a mechanism of treatment supervision which satisfies the requirements of the linked Tuberculosis Control Unit (TBCU).
Protocol for Roles & Responsibilities for TB Control

- ensure all cases of pulmonary TB which are smear positive at the time of diagnosis are discussed with a clinician from the designated TBCU prior to hospital discharge and/or return to the workplace, or place of study.
- ensure that TB patients are tested for co-infection with human immunodeficiency virus (HIV) with appropriate pre and post test counselling and subsequent management as indicated,
- ensure that systems and processes are implemented to mitigate the risks of healthcare associated infection including tuberculosis,
- ensure the mandatory competencies of their TB service providers associated with vaccination and screening processes such Bacille Calmette-Guerin (BCG) and Tuberculin Skin Test (TST) and advise the Centre for Healthcare Related Infection and Surveillance & Tuberculosis Control (CHRISP & TB) of re-credentialling requirements, and
- ensure that TB surveillance data is submitted in accordance with Health Service Directive – Data collection and provision of data to the Chief Executive (QH-HSD-019:2012)

3.2 Tuberculosis Control Unit (TBCU)

TBCUs are distributed throughout Queensland and provide a centralised service within and across many HHSs. TBCUs include Metro South Clinical Tuberculosis Service (MSCTBS), Cairns, Townsville, Rockhampton and Toowoomba. For specific locations of TBCUs and associated HHSs, see Appendix 1 and Appendix 2.

TBCUs provide:
Diagnostics, treatment, assessment, management, follow up and screening for TB, non-tuberculous mycobacteria (NTM) and leprosy related clinical service.

3.2.1 Health Undertakings, Health Manifests, Medibank Solutions & Detention Centre Referrals

Tuberculosis Control Units shall:
- Receive documentation in regards to Health Undertakings, Health Manifests, Medibank Health Solutions & Detention Centre referrals directly from the Department of Immigration and Citizenship (DIAC), their subsidiaries or CHRISP & TB
- Perform triaging and providing quality TB diagnostic and management services to all Health Undertakings, Health Manifests, Medibank Solutions and Detention Centre referrals that fall within their geographical referral area
- Ensure the timely notification of all ‘failures to present’ of Health Undertakings to DIAC and of Medibank Health Solution referrals from Liverpool Diagnostics to both DIAC and Liverpool Diagnostics
- Ensure that all clinicians managing tuberculosis are aware of
o the requirement to notify all multi-drug resistant tuberculosis (MDR-TB) (including extensively-drug resistant tuberculosis (XDR-TB)) cases and cases where rifampicin is not used in the regimen to the TEAG following diagnosis for oversight of regimen choice and public health issues

o TEAG as a resource to obtain expert advice and guidance on complicated tuberculosis issues

### 3.2.2 Information Management

- All data required to provide effective case management is to be inputted into the Tuberculosis and Related Disease Information System (TARDIS) or other electronic case management database as recommended by CHRISP & TB. TARDIS has the capacity to cover all facets of TB treatment including treatment for NTM and Latent TB Infection.

- Access to and training of TARDIS will be provided to all clinicians treating TB in Queensland Health via QHEPS. If a clinician is employed outside of a TBCU and requires access to TARDIS, they are advised to make a request to CHRISP & TB.

- Case manager nurses, CNs or CNCs within the TBCU assigned to the care of a client are responsible for ensuring that all fields within each client’s patient health record is complete.

- Case management medical officers, clinicians, case management nurses, CNs, CNCs and other supporting administrative staff are required to update the patient health record within the TARDIS as and when updates occur.

- There is a defined responsibility for CHRISP & TB to collect data under Health Service Directive – Data collection and provision of data to the Chief Executive (QH-HSD-019:2012). Data required by the National Notifiable Diseases Surveillance set will be collected and analysed by CHRISP & TB based on information provided by the regional TB control units. Some TBCUs will enter data directly to the Notifiable Conditions System (NOCS) whereas CHRISP & TB will perform this function for others as agreed by negotiation.

### 3.2.3 Notification

- All HHSs are to notify the TBCU within one working day of all cases of TB or suspected TB when anti-tuberculous therapy is prescribed.

- TB is a notifiable disease and must be reported to NOCS. TB and adverse events must be reported in accordance with the requirements of the Public Health Act 2005 (see supporting and related documents).

- TBCUs must comply with notifiable diseases legislative requirements regarding pulmonary, NTM diseases and leprosy. Individual patient management should be determined by local operational requirements.
3.3 Department of Health

The Department of Health shall work with HHSs in a facilitative and collaborative manner to ensure the safe and effective provision of tuberculosis services.

3.3.1 Chief Health Officer Branch

The Department of Health – Chief Health Officer Branch undertakes State coordination functions including:

- strategic planning and policy implementation,
- provision of clinical and program expertise and advice, and
- provision of necessary education, competencies, capabilities, technology and systems to enable all tuberculosis service providers to identify, respond appropriately to and prevent tuberculosis.

3.3.2 Centre for Healthcare Related Infection Surveillance and Prevention & Tuberculosis Control (CHRISP&TB)

CHRISP & TB provides a statewide service that includes:

- infection prevention and control interventions that result in improved outcomes for patients and staff,
- custodianship, epidemiological and economic analysis of healthcare associated infection (HAI) and TB surveillance data,
- quality assurance initiatives and research that results in evidence based clinical practice change or a change to methodologies/frameworks used to prevent, identify, manage or minimise infection events from occurring,
- monitoring of State and Commonwealth regulatory and legislative obligations that may impact on tuberculosis control services,
- facilitation of learning and development strategies including an e-learning accreditation package to ensure sufficient workforce competeny to perform BCG vaccinations and screening processes such as TST,
- custodianship and maintenance of a competency register for service providers trained to perform BCG vaccination and TST, and
- custodianship and maintenance of a contact tracing officer register.

3.3.3 Tuberculosis Expert Advisory Group (TEAG)

Established and convened in 2013, the Tuberculosis Expert Advisory Group:

- Provides expert guidance on TB prevention and control in Queensland including critical review of current epidemiological data, review of specialised cases and patient management, development of best practice standards, and escalation of issues of concern to the Department of Health. Provides cross sectoral advice to
clinicians and the department regarding the management of complex TB cases such as co-morbid TB such as TB/HIV co-infection, immunosuppression including organ transplant etc.

- Provides programmatic review of individual cases of tuberculosis due to MDR-TB and XDR-TB strains, including oversight of individual patient management.

- Monitors surveillance outcomes in accordance with Health Service Directive – Data collection and provision of data to the Chief Executive (QH-HSD-019:2012) to evaluate findings, provide feedback and trigger an immediate local and/or departmental response when required.

- Will review all cases of MDR-TB and XDR-TB and cases where rifampicin cannot be used in a regimen to provide oversight and as required, guidance, to individual clinicians following the mandated referral of such cases to TEAG

- Will review any cases of complicated tuberculosis referred for expert opinion at the discretion of the attending clinician or clinician from a TBCU.

4. Supporting and related documents

Authorising Health Service Directive

- Health Service Directive – Tuberculosis Management

Legislation

- Public Health Act 2005
- Financial Administration and Audit Act 1977
- Health Services Act 1992
- Freedom of Information Act 1992

Department of Health Forms

- Adverse Event Following Immunisation – Initial Report Form
- Notifiable Conditions Report Form for Queensland Clinicians

Queensland Department of Health Service Documents

- Appendix 1: HHS Boundaries Map
- Appendix 2: TB Control Unit Areas of Responsibility
## 5. Definition of Terms

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<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tr>
<td><strong>BCG</strong></td>
<td>Bacille Calmette-Guerin</td>
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<tr>
<td><strong>Case Management Medical Officer</strong></td>
<td>A clinician with appropriate knowledge and expertise to provide support and oversight to a clinician treating a patient.</td>
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<td><strong>Case Management Team</strong></td>
<td>Consists of the treating clinician, case manager nurse, case management medical officer, and others as required</td>
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<td><strong>Case Manager Nurse</strong></td>
<td>A health care worker, often a CN or a CNC, with appropriate knowledge and expertise who supports and advocates for a patient during their treatment regimen.</td>
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<td><strong>CHO</strong></td>
<td>Chief Health Officer</td>
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<td><strong>Clinician</strong></td>
<td>A medical officer or nurse with appropriate knowledge and expertise to diagnose and treat patients.</td>
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<td><strong>CNC</strong></td>
<td>Clinical Nurse Consultant: A specialised nurse with appropriate knowledge and expertise who supports and advocates for patient care during their association with a TBCU. The CNC also provides leadership and mentoring to all nurses within a TBCU and is responsible for managing high level TB service delivery from a nursing perspective.</td>
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<tr>
<td><strong>CN</strong></td>
<td>Clinical Nurse: A health care worker with appropriate knowledge and expertise who supports and advocates for patient care during their association with a TBCU.</td>
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<td><strong>CHRISP &amp; TB</strong></td>
<td>Centre for Healthcare Related Infection Surveillance &amp; Tuberculosis Control</td>
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<td><strong>Detention Centre</strong></td>
<td>A facility used to detain non-Australians who are unlawfully in Australia.</td>
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<td><strong>DIAC</strong></td>
<td>Department of Immigration &amp; Citizenship</td>
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<td><strong>Health Manifests</strong></td>
<td>A manifest provided by DIAC to manage refugees who require screening.</td>
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<td><strong>Health Undertakings</strong></td>
<td>An agreement that is made between the Australian Government and an immigrant/visa holder to ensure that visa holders with a history or an increased risk of tuberculosis do not develop active TB while in in Australia.</td>
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<td><strong>HHS</strong></td>
<td>Hospital and Health Service</td>
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<td><strong>KPI</strong></td>
<td>Key Performance Indictor</td>
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<td><strong>MDR-TB</strong></td>
<td>Multi-drug Resistant Tuberculosis</td>
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<td><strong>Medibank Solutions</strong></td>
<td>A company that provides services for DIAC.</td>
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<tr>
<td><strong>NHRA</strong></td>
<td>National Health Reform Agreement</td>
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### Term | Definition / Explanation / Details | Source
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RN | Registered Nurse |  
TB | Tuberculosis |  
TEAG | Tuberculosis Expert Advisory Group |  
TBCU | TB Control Unit. These include the regional tuberculosis control units located in Cairns, Rockhampton, Toowomba and Townsville, as well as Metro South Clinical Tuberculosis Service. |  
TST | Tuberculin Skin Test |  
XDR-TB | Extensively-drug Resistant Tuberculosis |  

### 6. Approval and Implementation

**Protocol Custodian**

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

**Approving Officer:**

Dr Michael Cleary
Deputy Director-General
Health Service and Clinical Innovation

**Approval date:**
01/07/2013

**Effective from:**
01/07/2013
Appendix 2

## TB Control Unit Areas of Responsibility

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<tr>
<th>TB Control Unit</th>
<th>Hospital &amp; Health Service</th>
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<tbody>
<tr>
<td>Cairns Regional TB Unit</td>
<td>Cairns and Hinterland&lt;br&gt;Cape York&lt;br&gt;Torres-Strait and Northern Peninsula</td>
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<tr>
<td>Rockhampton Regional TB Control Unit</td>
<td>Central Queensland&lt;br&gt;Central West</td>
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<tr>
<td>Metro South Clinical TB Service¹</td>
<td>Gold Coast&lt;br&gt;Central North&lt;br&gt;Central South&lt;br&gt;Sunshine Coast&lt;br&gt;West Moreton&lt;br&gt;Wide Bay</td>
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<tr>
<td>Toowoomba Regional TB Control Unit²</td>
<td>Darling Downs&lt;br&gt;South West</td>
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<tr>
<td>Townsville Regional Control Unit</td>
<td>Mackay&lt;br&gt;North West&lt;br&gt;Townsville</td>
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1. Services also provided to Cherbourg and Kingaroy
2. Services also provided to Laidley and Gatton