Tuberculosis Control

Purpose

Tuberculosis (TB) is a nationally notifiable disease. The purpose of this health service directive is to ensure a consistent and best practice approach to the control of TB in Queensland through:

- Implementation of standardised clinical management of TB patients
- Public health strategies for the prevention and control of TB
- Appropriate epidemiological surveillance for TB
- Prevention of Multi-Drug Resistant TB (MDR-TB) including Extensively-Drug Resistant TB (XDR-TB) cases in Queensland

Scope

This directive applies to all Hospital and Health Services.

Principles

- **Access** - patients have access to a state-wide efficient, effective and equitable TB service with no out of pocket expense to the patient.
- **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.
- **Surveillance** - all TB cases are notified to the Department of Health with mandatory data stored in the statewide notifiable diseases database and analysed to ensure disease control is being achieved.
- **Information management** - case management information is collected, stored and used for strategic, operational and service improvement purposes.
- **Prevention of disease transmission** - systems and processes are implemented and monitored to mitigate the risks of healthcare and community associated infection.
- **Workforce planning & management** - ongoing learning and development programs to support the competency of TB service providers and encourage participation in TB services.
• **Communication** – appropriate and timely communication between Hospital and Health Services and the Department of Health (Communicable Diseases Branch (CDB)) to ensure the Department of Health is informed of TB cases that pose an increased public health risk, where there is potential for involvement or implication of another jurisdiction, country or other governmental department or non-governmental organisation, and where there is potential for heightened community concern.

• **Strategic vision** - align activities to support the National Strategic Plan for TB Control as endorsed by the National Tuberculosis Advisory Committee.

### Outcomes

Hospital and Health Services included in the scope of this directive shall achieve the following outcomes:

- All cases of suspected and confirmed TB are managed in co-operation with an established TB Control Unit (TBCU)
- Implementation of statewide standardised diagnosis, treatment and ongoing management protocols to minimise the risk of drug resistance, treatment failure and/or relapse.
- Follow endorsed state and national guidelines for preventing the transmission of TB in healthcare and community settings and to prevent TB in at-risk children through Bacille Calmette-Guerin (BCG) vaccination.
- Notify the Department of Health of all cases of TB in accordance with the legislative obligations of the Public Health Act 2005.
- Inform the Department of Health (CDB) within one business day of TB cases that pose an increased public health risk, where there is potential for involvement or implication of another jurisdiction, country or other governmental department or non-governmental organisation, and where there is potential for heightened community interest in accordance with the Protocol for the Control of TB.

### Mandatory requirements

Each Hospital and Health Service shall:

- Adhere to the Health Service Directive Protocol for the Control of TB.
- For those HHSs that do not host a TBCU, have in place a formal arrangement with a TBCU for the provision of essential TB services including but not limited to screening, vaccination and case and contact management.
- Provide timely access to assessment, treatment and follow up, with no out of pocket expenses to those with suspected or confirmed TB and to the following persons who require TB screening for exclusion or diagnosis of latent TB infection:
  - current and prospective employees in healthcare facilities in Queensland,
students undertaking placements in Queensland healthcare facilities,
  o migrants on health undertakings,
  o migrants (and their families) from high TB burden countries and,
  o contacts of identified cases.

- Ensure contact tracing and screening meets standards and time stipulations outlined in the Protocol for the Control of TB.
- Develop and maintain an infection control management plan which deals with TB in accordance with National Guidelines.
- Implement and monitor systems to ensure that staff, new recruits, health care students and other clinical personnel from high TB burden countries or likely to work in high risk clinical areas are assessed and screened as appropriate for TB in accordance with the Protocol for the Control of TB.
- Ensure that all staff who perform Tuberculin Skin Test (TST) and BCG vaccination services have completed the BCG & TST e-learning theoretical training package and have been assessed as clinically competent by a senior TB clinician before administering the test and vaccination.
- Notify the Department of Health (CDB), within five business days, of all clinically diagnosed, non-laboratory confirmed cases of TB.
- For those HHSs that host a TBCU, they shall:
  o Ensure that the TBCU is staffed by a medical officer with appropriate specialist college qualifications or who is otherwise trained and experienced in TB management. In times where appropriate medical staff are not available, have in place a formal arrangement with another HHS TBCU to ensure adequate medical specialist cover for TB management.
  o Ensure that the TBCU utilises the Tuberculosis and Related Diseases Information System (TARDIS) or other suitable electronic database, entering data for the purpose of monitoring case and contact management, enhanced surveillance and to inform service improvement.

Related or governing legislation, policy and agreements

- Hospital and Health Boards Act 2011
- Public Health Act 2005
- Public Health Regulation
Supporting documents

- Health Service Directive Protocol
  - Protocol – Control of Tuberculosis
- Communicable Diseases Network Australia National Guidelines for the Public Health Management of TB
- The Strategic Plan for the Control of Tuberculosis in Australia 2011-2015
- The BCG vaccine: information and recommendations for use in Australia
- Position statement on interferon-y release assays in the detection of latent tuberculosis infection
- Australian Immunisation Handbook
- Infection Control Guidelines for the Management of Patients with Suspected or Confirmed Pulmonary Tuberculosis in Healthcare Settings (NTAC endorsed)
- National position statement for the management of latent tuberculosis infection (publication pending)
- Queensland Health Guideline: control of TB in Queensland
- Queensland Health Guideline: treatment of TB in adults and children
- Queensland Health Guideline: management of latent TB in children
- Queensland Health Guideline: treatment of TB in patients with HIV co-infection
- Queensland Health Guideline: treatment of TB in pregnant women and newborn infants
- Queensland Health Guideline: treatment of TB in renal disease

Business area contact

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Communicable Diseases Branch
Chief Health Officer & Deputy Director-General
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Review

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

Date of last review: 28/10/2015
Supersedes: QH-HSD-040:2013
Approval and Implementation

Directive Custodian
Dr Jeannette Young
Chief Health Officer and Deputy Director-General
Prevention Division

Approval by Chief Executive
Mr Michael Walsh
Chief Executive
Approval date: 11 November 2015

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-B</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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<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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<td>TBCU</td>
<td>Tuberculosis Control Unit</td>
<td>Queensland Department of Health</td>
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<td>Health Undertaking</td>
<td>A Health Undertaking is an agreement that is made with the Australian Government. Health Undertakings are primarily designed to help ensure that visa holders with a significant health condition are followed up by onshore health providers when necessary.</td>
<td>Australian Government, Department of Immigration and Border Protection</td>
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<td>No out of pocket expenses</td>
<td>There will be no costs directly charged to the patient, however costs can be indirectly recovered from a third party (such as a health insurer), with the service provider arranging this, and ensuring that no costs are passed onto the patient.</td>
<td>Queensland Department of Health</td>
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### Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
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<td>1</td>
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<td>Communicable Diseases Unit, Chief Health Officer Branch</td>
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<td>2</td>
<td>11/11/2015</td>
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