

Health Service Directive

Directive #QH-HSD-040:2018
Effective Date: 14 December 2018
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Supersedes: QH-HSD-040:2015

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 including Multi-Drug Resistant TB (MDR-TB) and Extensively-Drug Resistant TB (XDR-TB) cases in Queensland.
- Appropriate epidemiological surveillance for TB.

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 promotes cure whilst minimising TB transmission within the community.
- **Effectiveness of Treatment** - patients receive treatment through a case management model that minimises the risk of drug resistance developing, as well as treatment failure and relapse of disease.
- **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 and 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, or 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 of disease.
- 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, or 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 have 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,
 - migrants on health undertakings,
 - migrants (and their families) from high TB burden countries and,
 - 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 that deals with TB in accordance with National Guidelines.
- Implement and resource 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) or BCG vaccination services have completed the relevant e-learning theoretical training package and have been assessed by a senior TB clinician as clinically competent in the procedure to be performed (BCG and/or TST), as outlined in the Protocol for the Control of TB.
- Ensure staff administering BCG and/or TST are working within an appropriate, current and approved legislative framework.
- Develop and maintain a site specific endorsed vaccine management protocol (VMP) that is in accordance with current state and national vaccine management guidelines, as outlined in the Protocol for the Control of TB.
- Notify the Department of Health (CDB), within five business days, of diagnosing all non-laboratory confirmed cases of TB (i.e. clinically diagnosed).
- For those HHSs that have a TBCU, they shall 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 when 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
 - that the TBCU is staffed with appropriately skilled staff to meet the requirements of TB control

- 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.

Supporting documents

- Protocol for the Control of Tuberculosis

Legislation

- *Financial Accountability Act 2009*
- *Health (Drugs & Poisons) Regulation 1996*
- *Hospital and Health Boards Act 2011*
- *National Health Securities Act 2007*
- *Public Health Act 2005 and Public Health Regulation 2018*
- *Right to Information Act 2009*
- *Work Health and Safety Act 2011*
- *Queensland State Archives Health Sector (Clinical Records) Retention and Disposal Schedule*

Queensland Health Guidelines (<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/tuberculosis/guidance/guidelines>)

- Treatment of TB in adults and children
- Management of latent tuberculosis in adults
- Management of latent tuberculosis in children up to 16 years
- Treatment of tuberculosis in patients with HIV co-infection
- Treatment of tuberculosis in pregnant women and newborn infants
- Treatment of tuberculosis in renal disease
- Management of contacts of multi-drug resistant tuberculosis

National Tuberculosis Advisory Committee guidelines and position statements

(<http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-ntac-pubs.htm>)

- The strategic plan for the control of tuberculosis in Australia (2011-2015).
- Essential components of a tuberculosis control programme within Australia
- The BCG vaccine: information and recommendations for use in Australia
- Management of tuberculosis risk in healthcare workers in Australia
- Position statement on interferon- γ release assays for the detection of latent tuberculosis infection
- National position statement for the management of latent tuberculosis infection
- Infection control guidelines for the management of patients with suspected or confirmed pulmonary tuberculosis in healthcare settings
- CDNA National Guidelines for the Public Health Management of TB
- Australian Immunisation Handbook

Other resources

- Health Protection Branch-Environmental Health Training Program
- Contact Tracing Officer – Application for Appointment
- Adverse Event Following Immunisation Reporting Form
- Form PHA s70 Notifiable Conditions Report Form (1) for Queensland clinicians (Clinical and Provisional diagnoses)
- Post notification information (Form 1)
- Post notification Form 2
- Torres and Cape Hospital and Health Service: Management of Papua New Guinea traditional inhabitants presenting to Queensland Health facilities within the Australian islands of the Torres Strait Protected Zone
- Torres and Cape Hospital and Health Service: Management of Papua New Guinea Nationals accessing healthcare within the Australian islands of the Torres Strait Protected Zone, presumed to have or diagnosed with tuberculosis.

Business area contact

Communicable Diseases Infection Management (CDIM)

Communicable Diseases Branch, Prevention Division

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Review

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

Date of last review: 30/11/2018

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Approval and Implementation

Directive Custodian

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Chief Health Officer and Deputy Director-General

Prevention Division

Approval by Chief Executive

Dr Michael Walsh

Chief Executive

Approval date: 14 December 2018

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

Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
MDR-TB	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.	Centers for Disease Control & Prevention (CDC)
XDR-TB	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.	Centers for Disease Control & Prevention (CDC)
TBCU	Tuberculosis Control Unit	Queensland Department of Health
Health Undertaking	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.	Australian Government, Department of Immigration and Border Protection
No out of pocket expenses	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.	Queensland Department of Health

Version Control

Version	Date	Prepared by	Comments
1	01/07/2013	Communicable Diseases Unit, Chief Health Officer Branch	New document
2	11/11/2015	Communicable Diseases Branch	Reviewed document
3	30/11/2018	Communicable Diseases Branch	Reviewed document