

**MCHENRY COUNTY
TUBERCULOSIS CARE AND TREATMENT BOARD MEETING
2200 N. SEMINARY AVE. BUILDING A
WOODSTOCK, ILLINOIS 60098
September 19, 2017
8:00 AM**

AGENDA

1. Call to Order
2. Public Participation
3. Minutes from May 2017 meeting
4. Consent Agenda
 - A) Disbursements; May-June 2017, July-August 2017
 - B) Income and Expense Report; May- August 2017
5. Monthly Report
 - A) TB Nurse Report
 - B) Statistics
 - C) IDPH Report
6. Program Highlights
 - Video DOT
7. Old Business (For Discussion)
8. New Business (For Discussion)
9. Board Issues (For Discussion)
10. Information and Communication (For Discussion)

Holzschuh EL, Province S, Johnson K, et al. (2017, April 14). Use of Video Directly Observed Therapy for Treatment of Latent Tuberculosis Infection — Johnson County, Kansas, 2015. *MMWR Morbidity Mortality Weekly Report* 2017;66:387–389. DOI: <http://dx.doi.org/10.15585/mmwr.mm6614a3>
11. Executive Session
12. Adjournment

MINUTES AND CONSENT AGENDA

MCHENRY COUNTY TUBERCULOSIS AND TREATMENT BOARD

MEETING MINUTES

MAY 16, 2017

CALL TO ORDER:

Marylou Ludicky RN MPH called the meeting to order at 8:00am; TB Board Members present were: Rebecca Rockwood M.T and Marylou Ludicky RN MPH; Staff present were: Michael Hill MPH, MPA, FACHE, CHES, Administrator, Pamela Morzos MS RN Director of Nursing, Susan Karras RN, BSN, MBA, Assistant Director of Nursing, Sara Boline MPH Communicable Disease Coordinator, Keri Zaleski Community Information Coordinator, Karen Stephenson TB RN, and Siobain Daughenbaugh TB RN.

MINUTES:

Rebecca Rockwood M.T made motion to approve TB Board Minutes for March/April 2017; second by Marylou Ludicky RN MPH.

FINANCIAL STATUS:

Marylou Ludicky RN MPH reviewed the Disbursements as well as the Income and Expense report for March/April 2017. Rebecca Rockwood M.T made motion to approve; second by Marylou Ludicky RN MPH.

MONTHLY REPORTS:

Karen Stephenson TB RN, reviewed TB Nurse Report for March/April 2017.

Skin Testing

- In March, 18 clinics were held with 58 clients tested
- In April, 15 clinics were held with 52 clients tested

Doctor Clinic

- On March 6th, Doctor's clinic was held with 20 chest x-rays and 18 charts reviewed.
- On April 10th, Doctor's clinic was held with 14 chest x-rays and 2 charts reviewed.

Patient Update

Activities

Head Start Health Advisory Committee meeting 4/19/17

PADS testing evening sites 4/10/17 & 4/12/17

Outreach testing at Three Oaks on 4/10/17 & 4/13/17

Updated Fit testing TB staff 4/5/17

Webinars/Trainings:

March Webinars
- Testing for TB infection
- Essentials of TB prevention: TB infection

- Mycobacteriology Laboratory
- Enhancing Immigrant Communication
- TB Immune Response in Children May Predict Later Disease
April Webinars
- TB News Good and Bad: CDC
- U Shaped Curve
- Pesticide Poisonings Are You Ready
- Breaking Research in IGRA Use in Pediatric TB Testing

Upcoming Events

Outreach Old Firehouse Assistance Center for TB testing

CPR training

TB for the Primary Care Provider event at Rush Copley Heart Institute June 14, 2017

OLD BUSINESS:

A) Future plans for Annex B Building in 2019

The County is continuing talks for reconfiguring Building A and absorbing Building B staff and services. Building B is still planned to be demolished in 2019.

B) Future plans to bill insurance companies for TB treatment

Brandt's is onboard with billing insurance, but still have to talk with Mercy regarding CXR billing possibilities. We still have to review referendum to see if billing insurance is possible. We would be able to cover co-pays for patients if needed.

BOARD ISSUES:

TB tax levy and budget reduction is still in talks, but continuing to stress that TB is a necessary service to continue. Michael Hill MPH, MPA, FACHE, CHES, Administrator stresses to keep prior talking points sheets should they be approached on the subject.

INFORMATION:

Wisconsin Tuberculosis Cases by Public Health Region and County 2005-2015

Tsang CA Langer AJ, Navin TR, Armstrong LR. (2017, March 24). Tuberculosis Among Foreign Born Persons Diagnosed > 10 Years After Arrival in the United States, 2010-2015. *MMWR Morbidity and Mortality Weekly Report*, 66,295-298. DOI: <http://dx.doi.org/10.15585/mmwr.mm6611a3>.

ADJOURNMENT:

Rebecca Rockwood M.T. made motion to adjourn meeting at 8:20am; second by Marylou Ludicky RN MPH.

MCHENRY COUNTY HEALTH DEPARTMENT

TB - DISBURSEMENTS

May - Jun 2017 (FY17) as of 7/6/2017

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>	
Acevedo, Lola	3010	\$	5,700.00
Cazares, Maria	3020	\$	3,531.87
Daughenbaugh, Siobain	3010	\$	8,331.03
Schoen, Faith	3010	\$	8,172.00
Stephenson, Karen	3010	\$	5,249.17
	3025		Included in above
FICA	3105	\$	2,962.91
IMRF	3110	\$	3,989.31
INSURANCE	3146	\$	7,164.72
			Feb, Mar, & Apr INS posted to May
Total			\$45,101.01

<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>	
Contractual Services	4001	\$	5,000.00
Assoc. Dues/Memberships	4005		
Training	4006		
Subscriptions	4008		
Printing	4055		
Telephone	4096	\$	55.88
Rent	4101		
Maint Agreements	4130	\$	18.19
Maint Office Equipmt	4131		
Medical	4246	\$	2,306.00
Repair & Maintenance of Heavy Machinery	4320		
Special Consultants	4435		
Private Lab Services	4442	\$	44.82
Refuse disposal	4449	\$	50.00
Contingent	4570		
Office Supplies	5010	\$	94.33
Office Equipment	5020		
Mileage	5040	\$	206.51
Meeting Expenses	5050		
Supplies	5070		
Medical Supplies	5080	\$	0.16
Medication	5085	\$	1,101.35
Publications	5210		
TOTAL EXPENSES		\$	8,877.24
Grand Total			\$53,978.25

MCHENRY COUNTY HEALTH DEPARTMENT
TB - DISBURSEMENTS as of 7/6/207
May 2017 (FY17)

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>
Acevedo, Lola	3010	\$2,850.00
Cazares, Maria	3020	\$1,767.84
Daughenbaugh, Siobain	3010	\$4,165.50
Schoen, Faith	3010	\$4,086.00
Stephenson, Karen	3010	\$2,624.59
	3025	Included in above
FICA	3105	\$1,185.28
IMRF	3110	\$1,595.88
INSURANCE	3146	\$5,373.54
		Feb, Mar, & Apr INS posted to May
	Payroll Total	\$23,648.63

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
VD314434	VERIZON WIRELESS	4096 \$	28.05
VD314142	ANSERCALL 24 LLC	4130 \$	18.19
VC281085	METRO INFECTIOUS DISEASE CONSULTANTS	4246 \$	500.00
VC281195	METRO INFECTIOUS DISEASE CONSULTANTS	4246 \$	500.00
VC281194	METRO INFECTIOUS DISEASE CONSULTANTS	4246 \$	500.00
VC281193	MERCY HEALTH SYSTEM CORP OMI	4246 \$	186.00
VC281147	ACL LABORATORIES	4442 \$	9.96
VD314140	WAREHOUSE DIRECT INC	5010 \$	94.33
VD314364	PEREZ ANGELICA	5040 \$	44.94
VD314364	ACEVEDO LOLA	5040 \$	17.12
VD314364	DAUGHENBAUGH SIOBAIN	5040 \$	63.13
VD314565	R&S NORTHEAST LLC	5080 \$	0.16
VC280566	BRANDT PHARMACY INC	5085 \$	140.32
VC280567	BRANDT PHARMACY INC	5085 \$	52.62
VC281084	BRANDT PHARMACY INC	5085 \$	105.24
VC281197	BRANDT PHARMACY INC	5085 \$	105.24
VC281196	BRANDT PHARMACY INC	5085 \$	133.25
	Expense Total		\$2,498.55
	Grand Total		\$26,147.18

MCHENRY COUNTY HEALTH DEPARTMENT
TB - DISBURSEMENTS
June 2017 (FY17) as of 7/7/2017

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>	
Acevedo, Lola	3010	\$2,850.00	\$1,425.00 6/30/17 Payroll Not Booked as of 7/7/17
Cazares, Maria	3020	\$1,764.03	\$883.92 6/30/17 Payroll Not Booked as of 7/7/17
Daughenbaugh, Siobain	3010	\$4,165.53	\$2,082.75 6/30/17 Payroll Not Booked as of 7/7/17
Schoen, Faith	3010	\$4,086.00	\$2,043.00 6/30/17 Payroll Not Booked as of 7/7/17
Stephenson, Karen	3010	\$2,624.58	\$1,312.30 6/30/17 Payroll Not Booked as of 7/7/17
	3025	Included in above	
FICA	3105	\$1,777.63	
IMRF	3110	\$2,393.43	
INSURANCE	3146	\$1,791.18	
		Payroll Total	\$21,452.38

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
JE217436	HD Admin Charge - Q2	4001	\$ 5,000.00
VD314831	VERIZON WIRELESS	4096	\$ 27.83
VC282043	MERCY HEALTH SYSTEM CORP OMI	4246	\$ 620.00
VC281581	ACL LABORATORIES	4442	\$ 34.86
VC281888	HEALTHCARE WASTE MANAGEMENT	4449	\$ 50.00
VD314647	ACEVEDO LOLA	5040	\$ 51.36
VD314647	PEREZ ANGELICA	5040	\$ 29.96
VC281294	BRANDT PHARMACY INC	5085	\$ 17.54
VC281582	BRANDT PHARMACY INC	5085	\$ 185.87
VD315031	BRANDT PHARMACY INC	5085	\$ (16.02)
VC282039	BRANDT PHARMACY INC	5085	\$ 168.33
VC282040	BRANDT PHARMACY INC	5085	\$ 105.24
VC282041	BRANDT PHARMACY INC	5085	\$ 17.54
VC282042	BRANDT PHARMACY INC	5085	\$ 86.18

Expense Total \$6,378.69

Grand Total \$27,831.07 \$35,578.04 Total w/ 6/30 Payroll

**MCHENRY COUNTY HEALTH DEPARTMENT
TB - DISBURSEMENTS
July-August 2017
SUMMARY**

PERSONAL SERVICES:	ACCT#	PAYROLL	
Acevedo, Lola	3010	5,700.00	
Cazares, Maria	3020	3,535.68	
Daughenbaugh, Siobain	3010	2,686.78	Term 7/12/2017
Schoen, Faith	3010	8,172.00	
Stephenson, Karen	3010	5,253.35	
	3025	Included in above	
FICA	3105	1,939.11	
IMRF	3110	2,610.85	
			Aug-17 INS posted to Sept- 17
INSURANCE	3146	1,791.18	
TOTAL PAYROLL		31,688.95	

DESCRIPTION:	ACCT #	AMOUNT
Contractual Services	4001	
Assoc. Dues/Memberships	4005	130.00
Training	4006	
Subscriptions	4008	
Printing	4055	
Telephone	4096	65.20
Rent	4101	
Maint Agreements	4130	19.52
Maint Office Equipment	4131	
Medical	4246	1,124.00
Special Consultants	4435	
Private Lab Services	4442	39.84
Refuse disposal	4449	
Contingent	4570	
Office Supplies	5010	196.24
Office Equipment	5020	
Postage	5030	
Mileage	5040	238.61
Meeting Expenses	5050	
Supplies	5070	
Medical Supplies	5080	447.04
Medication	5085	1,018.74
Publications	5210	
TOTAL EXPENSES		\$ 3,279.19
Grand Total		\$ 34,968.14

**MCHENRY COUNTY HEALTH DEPARTMENT
TB - DISBURSEMENTS
July 2017 (FY17)**

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>	
Acevedo, Lola	3010	\$2,850.00	
Cazares, Maria	3020	\$1,767.84	
Daughenbaugh, Siobain	3010	\$2,686.78	Term.7/12/2017
Schoen, Faith	3010	\$4,086.00	
Stephenson, Karen	3010	\$2,629.05	
	3025	Included in above	
FICA	3105	\$1,072.51	
IMRF	3110	\$1,444.04	
INSURANCE	3146	\$1,791.18	
	Payroll Total	\$18,327.40	

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
VD315387	ILLINOIS COUNCIL OF TUBERCULOSIS	4005	\$ 65.00
VD315387	ILLINOIS COUNCIL OF TUBERCULOSIS	4005	\$ 65.00
VD315171	VERIZON WIRELESS	4096	\$ 35.85
VD315369	ANSERCALL 24 LLC	4130	\$ 19.52
VC282749	MERCY HEALTH SYSTEM CORP OMI	4246	\$ 124.00
VC282336	ACL LABORATORIES	4442	\$ 9.96
VD315172	WAREHOUSE DIRECT INC	5010	\$ 20.74
VD315131	PEREZ ANGELICA	5040	\$ 44.94
VD315261	DAUGHENBAUGH SIOBAIN	5040	\$ 110.21
VD315261	ACEVEDO LOA	5040	\$ 17.12
VC282335	BRANDT PHARMACY INC	5085	\$ 168.33
VC282752	BRANDT PHARMACY INC	5085	\$ 443.59
VC282751	BRANDT PHARMACY INC	5085	\$ 35.08
VC282750	BRANDT PHARMACY INC	5085	\$ 178.80
	Expense Total		\$1,338.14
	Grand Total		\$19,665.54

**MCHENRY COUNTY HEALTH DEPARTMENT
TB - DISBURSEMENTS
August 2017 (FY17)**

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>
Acevedo, Lola	3010	\$2,850.00
Cazares, Maria	3020	\$1,767.84
OPEN	3010	\$0.00
Schoen, Faith	3010	\$4,086.00
Stephenson, Karen	3010	\$2,624.30
	3025	Included in above
FICA	3105	\$866.60
IMRF	3110	\$1,166.81
INSURANCE	3146	\$0.00
	Payroll Total	\$13,361.55

Posted in
September 17

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
VD315733	VERIZON WIRELESS	4096	\$ 29.35
VC282912	METRO INFECTIOUS DISEASE CONSULTANTS	4246	\$ 500.00
VC282913	METRO INFECTIOUS DISEASE CONSULTANTS	4246	\$ 500.00
VC283382	ACL LABORATORIES	4442	\$ 29.88
VD315872	WAREHOUSE DIRECT INC	5010	\$ 175.50
VD315523	PEREZ ANGELICA	5040	\$ 29.96
VD315556	ACEVEDO LOLA	5040	\$ 36.38
VC283287	MOORE MEDICAL LLC	5080	\$ 447.04
VC282914	BRANDT PHARMACY INC	5085	\$ 52.62
VC283237	BRANDT PHARMACY INC	5085	\$ 70.16
VC283017	BRANDT PHARMACY INC	5085	\$ 70.16
			<hr/>
	Expense Total		\$1,941.05
	Grand Total		\$15,302.60

TUBERCULOSIS CARE AND TREATMENT FY2017

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DECEMBER	TOTAL	ANNUAL BUDGET	BALANCE	%
7010-PROPERTY TAXES													\$136,540.10	\$ 250,000.00	\$ 113,459.90	54.6%
9090-FERS FOR SERVICE	\$360.00	\$220.00	\$110.00	\$230.00	\$460.00	\$480.00	\$270.00	\$425.20	\$540.00				\$3,295.20	\$ 19,000.00	\$ 15,704.80	17.2%
9405													\$0.00		\$ -	0.0%
9417-MEDICAD													\$556.00		\$ (56.00)	#DIV/0!
9510-INTEREST INCOME	\$204.50	\$236.49	\$203.71	\$253.49	\$266.88	\$260.03	\$335.88	\$405.18	\$395.88				\$2,166.16	\$ 600.00	\$ (1,566.16)	361.0%
9511-RET TAX DIST INT													\$0.00	\$ 25.00	\$ 25.00	0.0%
9990													\$0.00	\$ 106,451.00	\$ 106,451.00	0.0%
TOTAL REVENUE	\$664.50	\$466.49	\$513.71	\$487.49	\$726.88	\$17,440.10	\$11,924.71	\$3,552.64	\$6,390.94	\$0.00	\$0.00	\$162,057.46	\$ 376,076.00	\$ 234,018.54	37.8%	
3010-REGULAR SALARIES	\$17,745.79	\$9,436.28	\$13,724.11	\$11,039.81	\$12,728.07	\$13,716.59	\$19,703.84	\$11,152.94	\$9,560.30				\$120,875.73	\$ 166,215.00	\$ 45,339.27	72.7%
3020-PART TIME SALARY	\$2,449.99	\$1,473.71	\$1,766.22	\$1,680.21	\$1,680.21	\$2,560.32	\$1,680.21	\$1,767.84					\$16,736.73	\$ 20,665.00	\$ 3,928.27	11.0%
3025-Schedule	\$1,510.22	\$1,925.64	\$773.94	\$905.17	\$926.94	\$926.94	\$926.94	\$1,186.52					\$7,205.75	\$ 9,836.00	\$ 2,630.25	74.3%
3060-OverTime				\$270.76									\$270.76		\$ (270.76)	#DIV/0!
3060-MERIT POOL													\$0.00	\$ 3,934.00	\$ 3,934.00	0.0%
3105-SOC SEC RETRY SHARE	\$1,660.40	\$982.23	\$1,184.70	\$1,185.28	\$1,192.19	\$1,185.28	\$1,727.63	\$1,022.51	\$866.60				\$11,106.92	\$ 15,350.00	\$ 4,243.08	72.4%
3110-RET LIVING RETIREM	\$2,232.68	\$1,324.48	\$1,595.10	\$1,595.88	\$1,605.18	\$1,595.88	\$2,393.43	\$1,444.04	\$1,166.81				\$14,941.48	\$ 20,667.00	\$ 5,725.52	72.3%
3166-BENEF OVERS HEALTH		\$2,647.18	\$1,791.18			\$5,373.54	\$1,791.18	\$1,791.18					\$13,394.26	\$ 23,222.00	\$ 9,827.74	40.3%
PERSONNEL SUBTOTAL	\$25,580.18	\$17,291.52	\$20,057.21	\$18,275.12	\$18,381.58	\$23,648.63	\$29,199.24	\$18,227.40	\$13,361.55	\$0.00	\$0.00	\$184,631.63	\$ 269,889.00	\$ 85,257.37	68.4%	
4010-Contractual Services													\$10,199.00	\$ 25,000.00	\$ 14,801.00	40.8%
4050-ASSOC CONSULTANT													\$130.00	\$ 350.00	\$ 220.00	37.1%
4060-TRAINING													\$0.00	\$ 1,000.00	\$ 1,000.00	0.0%
4080-INSURANCE													\$0.00	\$ 1,000.00	\$ 1,000.00	0.0%
4085-PRINTING													\$0.00	\$ 400.00	\$ 400.00	0.0%
4096-TELEPHONE		\$28.30	\$27.29	\$30.45	\$28.53	\$28.05	\$27.83	\$35.85	\$20.35				\$235.65	\$ 1,800.00	\$ 1,564.35	13.1%
4101-RENT			\$24.29		\$1,347.75	\$18.19	\$19.52						\$0.00	\$ 562.00	\$ (584.73)	251.0%
4130-MAINTENANCE Agreement													\$38.28	\$ 500.00	\$ 461.72	7.7%
4131-MAINTENANCE OFFICE EQUIP													\$5,418.00	\$ 35,000.00	\$ 29,582.00	15.5%
4240-MEDICAL			\$179.00	\$1,120.00	\$496.00	\$1,086.00	\$620.00	\$124.00	\$1,000.00				\$0.00	\$ 2,500.00	\$ 2,375.50	5.0%
4320-Repair and Maintenance			\$14.94	\$14.94	\$9.96	\$9.96	\$4.86	\$9.96	\$29.88				\$124.50	\$ 850.00	\$ 725.50	11.8%
4400-REPAIR DISPOSAL													\$100.00	\$ 850.00	\$ 750.00	88.2%
4570-Contract-line Doc Expense													\$0.00	\$ 67,962.00	\$ 67,962.00	26.0%
CONTRACTUAL SUBTOTAL	\$0.00	\$28.30	\$438.52	\$1,882.24	\$6,253.67	\$17,42.20	\$5,732.69	\$319.23	\$1,059.23	\$0.00	\$0.00	\$17,656.18	\$ 1,700.00	\$ 1,409.43	17.1%	
5010-OFFICE SUPPLIES													\$290.57	\$ 1,500.00	\$ 1,209.43	0.9%
5020-OFFICE EQUIPMENT													\$0.00	\$ 1,000.00	\$ 1,000.00	0.0%
5020-Printing			\$21.27		\$99.92	\$125.19	\$81.22	\$172.27	\$66.24				\$21.27	\$ 1,000.00	\$ 778.73	21.3%
5050-MATERIALS													\$790.02	\$ 4,000.00	\$ 3,209.98	19.8%
5050-PRINTING EXPENSE													\$0.00	\$ 1,000.00	\$ 1,000.00	0.0%
5070-SUPPLIES													\$0.00	\$ 2,000.00	\$ 2,000.00	0.0%
5080-MEDICAL SUPPLIES						\$0.16	\$0.16	\$447.04					\$447.26	\$ 5,000.00	\$ 4,552.74	8.9%
5085-MEDICATION			\$532.73	\$157.86	\$361.28	\$175.40	\$536.67	\$525.80	\$129.94				\$3,547.26	\$ 20,425.00	\$ 16,877.74	17.4%
5115-Computer components under 55%													\$0.00	\$ 500.00	\$ 500.00	0.0%
5125-Computer Software under 55%													\$0.00	\$ 2,000.00	\$ 2,000.00	0.0%
5160-Vehicle													\$0.00	\$ 1,660.00	\$ 1,660.00	0.0%
5210-PUBLICATIONS													\$0.00	\$ 210.00	\$ 210.00	0.0%
5909-DIRECTY CASH													\$0.00	\$ 38,225.00	\$ 38,225.00	0.0%
COMMODITIES SUBTOTAL	\$0.00	\$687.17	\$279.71	\$621.20	\$204.52	\$726.54	\$646.00	\$1,018.81	\$881.82	\$0.00	\$0.00	\$5,096.58	\$ 38,225.00	\$ 33,128.42	13.3%	
TOTAL EXPENSES	\$25,580.18	\$18,306.99	\$20,975.54	\$25,149.99	\$20,469.34	\$26,147.18	\$35,578.03	\$19,665.54	\$15,302.60	\$0.00	\$0.00	\$207,384.29	\$ 376,076.00	\$ 168,691.61	55.1%	
NET INCOME	(\$25,024.68)	(\$13,050.50)	(\$20,461.83)	(\$34,662.50)	(\$19,742.46)	(\$8,707.08)	\$76,346.68	(\$16,112.90)	(\$8,911.66)	\$0.00	\$0.00	(\$85,326.53)				
BANK BALANCE:	\$436,038.81	\$417,910.31	\$397,448.48	\$373,990.38	\$353,583.22	\$337,945.93	\$421,624.29	\$404,450.22	\$396,224.92	\$0.00	\$0.00	(\$85,326.53)				

fund balance

\$ 376,076.00	\$ 168,691.61	55.1%
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MONTHLY REPORT

MCDH TB Nurse Report

May/June/ July/August 2017

Skin Testing

- In May, 17 clinics were held with 34 clients tested
- In June, 17 clinics were held with 36 clients tested
- In July, 16 clinics were held with 46 clients tested
- In Aug, 18 clinics were held with 93 clients tested

Doctor Clinic

- On May 8th, Doctors clinic was held with 9 chest x-rays and 13 charts reviewed.
- On June 6th, Doctors clinic was held with 10 chest x-rays and 19 charts reviewed.
- On July 17th Doctor clinic was held with 18 chest x-rays and 23 charts reviewed
- On Aug 14th Doctor clinic was held with 7 chest x-rays and 11 charts reviewed

Patient Update

No Active Cases

38 Y/O gentleman on 12 week LTBI program getting weekly DOT doing well

Activities

Old Firehouse testing 5/9/17 & 5/23/17

Presented inservice on skin testing at The Fountains 6/28/17 10am & 2:30pm

Pads TB testing 7/18/17

Attended ICOT conference Springfield IL 8/31/17

Webinars/Trainings:

May Webinars	TB and Tobacco
June	Help them (TB Patients) Quit Tobacco
	MDR TB
July	TB and Tobacco TB assessment and Counseling Skills
June Training	TB for the Primary Provider-Rush-Copley Aurora

Up-coming events

Outreach Old Firehouse Assistance Center TB testing- October

Pads Day and Evening site testing- October

TUBERCULOSIS PROGRAM MONTHLY REPORT FY 2017

EDUCATION

TB STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 17	YTD 16
PRESENTATIONS														
# of Presentations														2
# of Attendees														110
1:1 EDUCATION (PUBLIC & HCPs) (HOURS)														
Phone contacts	6.16	6.84	7.92	8.67	7.5	9.91	6.25	3.92	5.08				62.25	67.01
Face to Face contacts (@MCDH)	10.09	19.92	13.83	15.25	15.25	13.83	15.92	15.42	25.33				144.84	151.6
Case Mangement	5.25	7.09	10.75	4.75	8.17	7.75	7.67	5.75	6.5				63.68	75.41
TB Board Meeting Prep		2		2		2							6	2.75

TESTING

TB SKIN TEST STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 17	YTD 16
MCDH (Annex B)														
# of Clinics	18	16	16	18	15	17	17	16	18				151	148
# of IGRAs														
# of skin tests	53	87	46	58	52	34	36	46	93				505	554
Outreach Testing														
PADS / Old Firehouse														
RN time	5.5	4.5	6.5	5.5	7	7		2.5					38.5	30
# of site visits	2	2	3	2	2	2		2					15	11
# of skin tests	6	5	3	3	2	6		9					34	18
Contact Investigation Testing														
RN time														
# of site visits														
# of skin tests														
Total Skin Tests	59	92	49	61	54	40	36	55	93				539	595

POSITIVE SKIN TEST STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 17	YTD 16
Positive skin tests/Outside agency	4	2		1	6	1	6	1	1				22	23
Positive skin tests /MCDH clinics	1	1	1	1		1		1	1				7	4
Positive skin tests/PADS														
Positive skin tests /Outreach Sites														
Positive skin tests/Contacts														
Total	5	3	1	2	6	2	6	2	2				29	27
County Positive Skin Test Rate^A	1.63	0.98	0.33	0.65	1.95	0.65	1.95	0.65	0.65				9.44	8.78

DIAGNOSTIC STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 17	YTD 16
X-Rays Ordered	7	4	9	7	5	5	6	6	4				53	41
Sputum Collected		9	9			6	6		6				36	9
Laboratory Tests Ordered	4	1	3	10	2	4	1	2	6				33	13

MD CLINIC (HOURS)

MD CLINIC (HOURS)	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 17	YTD 16
Pre Clinic RN Prep Time		2.83	2.5	1	1	5.58	1	2.75	2.75				19.41	30.68
Pre Clinic Clerical Prep Time		14.25	16.75	3.5	2.5	2.75	3.5	1.5	1.25				46	140.3
Total Pre Clinic Prep Time		17.08	19.25	4.5	3.5	8.33	4.5	4.25	4				65.41	170.9
Total Clinic Time		2		2	3.25	2.17	1	1	1				12.42	20.83
Post Clinic RN Time		3		2.5	2.33	1.5	2	2.5	1				14.83	23.83
Post Clinic Clerical Time		18.75		13.25	11.5	9.25	10.25	8.75	4.5				76.25	137.5
Total Post Clinic Contact		21.75		15.75	13.83	10.75	12.25	11.25	5.5				91.08	161.3
Total		40.83	19.25	22.25	20.58	21.25	17.75	16.5	10.5				168.9	353.1

LTBI

PREVENTIVE STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 17	YTD 16
Positive clients transferred into county														
Positive Interviews	7	4	6	7	5	5	6	2	2				44	49
Clients Starting LTBI	3	1	3	10	1	2	2	1	2				25	21

^ARate is per 100,000 using the 2015 estimated census population of 307,357 from the US Census Bureau

IDPH TB report

Presented at last NIPHC call on 8/30/2017 from Elaine Darnall

I. Number of Cases

There have been 203 cases of active TB reported and confirmed as of Monday, Aug 28. Compared to the same week last year, there were 209 cases. We have 6 less cases than the number reported this week last year.

2017 to date

DuPage County	21
Kane County	13
Kendall	3
Lake County	7
McHenry	0
Will County	6
Winnebago	1
Suburban Cook	49
Chicago	81

II. Drug Resistance

Of the 203 cases reported thus far, 160 were culture positive. 124 (77.5%) had drug susceptibilities completed with 18 showing single drug resistance.

INH resistance: 11
PZA resistance: 6
Streptomycin resistance: 1

III. Dead at Diagnosis or Died on Therapy

Of the 203 cases reported thus far, 19 cases were either dead at dx, or died during therapy.

IV. ICOT (Illinois Council on Tuberculosis) Conference- August 31 in Springfield.

V. Regional TB Meetings

- A. Northern Illinois- Nov 16 at DuPage County HD
- B. Southern Illinois- Nov 29 at John A Logan, Carterville
- C. Central Illinois- Dec 6 at McLean County HD, Bloomington

PROGRAM HIGHLIGHTS

OLD BUSINESS

NEW BUSINESS

BOARD ISSUES

INFORMATION

Use of Video Directly Observed Therapy for Treatment of Latent Tuberculosis Infection — Johnson County, Kansas, 2015

Elizabeth Lawlor Holzschuh, MS¹; Stacie Province, MSN¹; Krystle Johnson, MSN¹; Caitlin Walls, MPH¹; Cathy Shemwell¹; Gary Martin, MPA¹; Amy Showalter¹; Jennifer Dunlay¹; Andrew Conyers, MPA¹; Phil Griffin²; Nancy Tausz, MPA¹

Tuberculosis (TB) is caused by the bacterium *Mycobacterium tuberculosis* and is spread from person to person through the air. TB can be spread in congregate settings, such as school environments, to varying degrees, based on factors including duration of contact and air ventilation (*1*); therefore, evaluating potential contacts and exposures can be challenging. In February 2015, a student at a Kansas high school received a diagnosis of active pulmonary TB disease. Screening of 385 (91%) school contacts, four (100%) household contacts, and 19 (90%) social contacts resulted in the identification of 50 persons with latent TB infection. Johnson County Department of Health and Environment (JCDHE) Public Health Emergency Preparedness personnel used their experience with points of distribution logistics to optimize testing clinic layouts and implement the incident command structure. Open communication with students, school staff members, the public, and the media about the investigation from the outset was imperative to reduce rumors and unease that can accompany a large communicable disease investigation. The large number of persons needing treatment for latent TB overwhelmed JCDHE's two TB nurses. As a result, JCDHE developed a policy and procedure to allow persons who met eligibility requirements to complete 12 weekly doses of isoniazid and rifapentine treatment using video directly observed therapy (VDOT) rather than traditional in-person directly observed therapy (DOT). This procedure facilitated treatment compliance and completion; among the eligible 15 persons who chose the 12-week VDOT option, 14 (93%) completed treatment. State and local health departments might consider use of VDOT to monitor treatment of persons with latent TB infection.

Index Patient

On February 27, 2015, JCDHE received notification from an area physician who suspected TB disease in a high school student. The patient had a 3-month history of cough, fatigue, night sweats, 25-pound weight loss, and an abnormal chest x-ray. The patient was immediately placed in home isolation and started on the standard four-drug therapy of isoniazid, rifampin, ethambutol, and pyrazinamide, pending confirmation and susceptibility testing. Sputum specimens were collected from the patient and tested by acid-fast bacilli (AFB)

microscopy and culture confirmed at the Kansas Health and Environmental Laboratories. The patient's sputum was AFB positive, grading 4+, indicating a potentially high level of infectiousness. The specimen was confirmed as TB through nucleic acid amplification testing on March 3, and reported as pansensitive (i.e., sensitive to all antibiotics usually administered in TB treatment) on March 30. Treatment was completed in August 2015.

Contact Investigation

Contacts of the index patient were identified through interviews with the patient and review of the patient's class schedule. All four household members tested positive for TB infection by interferon-gamma release assays (IGRAs) and were medically evaluated and determined to have latent TB infection. Twenty-one social contacts were identified, and 19 completed testing, five (26%) of whom had a positive IGRA result and were found to have latent TB infection.

The index patient's high school has an enrollment of approximately 2,000 students who are predominantly non-Hispanic white (77%) and Hispanic (10%). Initially, JCDHE recommended testing for 345 staff members and students who had at least one class with the index patient. Before the first school clinic, multiple information sessions led by JCDHE TB nurses and the state TB controller were conducted, allowing staff members, students, and parents to ask questions and voice concerns. Joint press releases from JCDHE and the high school were issued. Health department staff members and the school nurse coordinator were available for media interviews.

The first school testing clinic was held on March 11. Local and state health department personnel performed IGRA tests on 282 (81%) students and staff members for whom testing was recommended; all laboratory analyses were performed at the Kansas Health and Environmental Laboratories. After 26 (9%) persons tested positive for likely TB infection, it was learned that nine of the students who tested positive had a weight lifting class with the index patient. Further investigation revealed that 79 students in a second weight lifting class held in the same location had not been identified for the initial testing because the class had a different instructor; this increased the total number of contacts from 345 to 424. The additional 79 students were contacted for testing, information sessions were

held, and a second school clinic was conducted on April 8. A third school clinic was conducted on May 5 to ensure that all students and staff members were tested at least 8 weeks after their last exposure to the index patient, to allow sufficient time for seroconversion. During the second and third testing clinics, 15 students were found to have latent TB infection, five of whom were in the second weight lifting class. Overall, among the 424 students and staff members identified for testing, 385 (91%) completed testing, 27 (6%) were tested once but did not complete testing at least 8 weeks following their last exposure to the index patient, and 12 (3%) were never tested. A total of 50 (12%) contacts, including 41 (11%) students and staff members, four household contacts, and five social contacts had positive IGRA results (Table 1).

Use of Video Daily Observed Therapy

Medical evaluation ruled out active TB disease in all of the 50 persons who had a positive IGRA result. Therefore, all 50 latent TB patients were offered three treatment options: 1) 9 months of daily isoniazid, self-monitored, with monthly visits to the health department; 2) 4 months of daily rifampin, self-monitored, with visits to the health department every 2 weeks for the first month, and once per month thereafter; or 3) 12 weekly doses of rifapentine and isoniazid administered under DOT.

Sixteen persons selected and completed the 4-month daily rifampin treatment. Seven persons initiated 9-month daily isoniazid treatment, and six completed all 9 months of treatment; one person discontinued treatment for unknown reasons. Twenty-seven of the infected students opted for treatment with the 12 weekly doses of rifapentine and isoniazid under DOT (Table 2).

Because the investigation took place in the spring, treatment needed to occur over the summer, making it impossible for JCDHE to partner with the school to manage DOT for

TABLE 1. Testing results and treatment among contacts of a high school student with tuberculosis (TB) disease — Johnson County, Kansas, 2015

Testing results, treatment initiation, and completion	Identified contacts			
	Students and staff members (n = 424)	Household contacts (n = 4)	Social contacts (n = 21)	Total (N = 449)
	No. (%)	No. (%)	No. (%)	No. (%)
Completed testing*	385 (91)	4 (100)	19 (90)	408 (91)
Latent TB infections†	41 (11)	4 (100)	5 (26)	50 (12)
Initiated treatment‡	41 (100)	4 (100)	5 (100)	50 (100)
Completed treatment§	40 (98)	4 (100)	4 (80)	48 (96)

* Among identified contacts.

† Among contacts who completed testing.

‡ Among contacts who tested positive for TB.

§ Among patients who initiated treatment.

students. As a consequence, the number of patients would make it difficult for the two JCDHE TB nurses to provide DOT. Therefore, JCDHE, in consultation with the state TB controller, developed a procedure to implement VDOT. To be eligible for VDOT, patients had to meet specific eligibility requirements (Box).

Fifteen of the 27 persons opted for VDOT over conventional DOT. One of the persons being monitored via VDOT discontinued treatment because of an adverse medication reaction.* The remaining 14 persons completed treatment with 100% compliance. Use of VDOT saved JCDHE an estimated \$2,066 in mileage and staff time and allowed patients to continue treatment during international travel and family relocation. All 12 students undergoing conventional DOT completed treatment.

Discussion

The successful investigation and treatment of identified latent TB infection cases can be attributed to extensive collaboration with the school and community. Before laboratory confirmation of TB in the index patient on March 3, 2015, JCDHE developed an incident action plan in partnership with the high school and the state TB controller. JCDHE staff members involved included department leadership, Public Health Emergency Preparedness staff members, public information officers, an epidemiologist, and two TB nurses. The Public Health Emergency Preparedness unit provided expertise in risk communication strategies that were employed throughout the investigation. Communication with the media, high school, and community about the investigation was prioritized, with the first joint press release occurring on March 4. The same day, letters were sent home with all students indicating whether

* Reported adverse events from treatment included migraine, abdominal pain, hip pain, muscle pain, shortness of breath, and subjective fever.

TABLE 2. Treatment regimens and completion rates among latent tuberculosis (TB) infection contacts (N = 50) of a student with tuberculosis (TB) disease — Johnson County, Kansas, 2015

Treatment options for latent TB infection	No. who chose a treatment option	No. (%) who discontinued treatment	No. (%) who completed treatment
Daily isoniazid for 9 months, self-monitored	7	1 (14)	6 (86)
Daily rifampin for 4 months, self-monitored*	16	0 (—)	16 (100)
Weekly rifapentine and isoniazid for 12 weeks, DOT	27	1 (4)	26 (96)
Conventional DOT	12	0 (—)	12 (100)
VDOT	15	1 (7)	14 (93)
Total	50	2 (4)	48 (96)

Abbreviations: DOT = directly observed therapy; VDOT = video directly observed therapy.

* With visits to the health department every 2 weeks for the first month, and once per month thereafter.

BOX. Monitoring and eligibility requirements for patients with latent tuberculosis infection choosing video directly observed therapy (VDOT) with a 12-dose regimen of weekly rifampin and isoniazid — Johnson County, Kansas, 2015

Monitoring requirements

- Obtain baseline laboratory testing before initiation.
- Complete the first 4 doses at the health department, with no complications.
- Have specimens collected at fourth appointment, and receive medication for future VDOT doses.
- Agree to return to the clinic for the eighth and twelfth doses, for clinical evaluation and routine laboratory testing.

Eligibility requirements

- No likely risk factors for poor adherence (homelessness, substance abuse, psychiatric illness, reduced mental capacity, or memory impairment).
- Motivated to complete treatment.
- Speak a language that VDOT staff members can accommodate.
- Able to accurately identify medication.
- Access to VDOT device and demonstrate proper use.*
- Physical setting for confidential communication available.

* All of the eligible patients who participated had their own devices; however, iPads would have been provided if any patients needed them. VDOT was conducted live via FaceTime.

testing was needed. Social media posts and four additional joint press releases informed the public as well as national and international media about the progress of the investigation.

On March 5, state and JCDHE personnel delivered a presentation at the high school to inform students, staff members, and parents about tuberculosis, the investigation process, the importance of being tested, the science behind not testing the entire school, and treatment options if test results were positive. On March 10, an informational forum was held for the public and the media. Throughout the investigation, JCDHE's TB nurses were available to provide information to concerned school and community members.

The layout of the testing clinic was designed based on points of distribution principles. The incident command structure

Summary

What is already known about this topic?

Tuberculosis (TB) is a contagious airborne disease that can spread in congregate settings such as a school environment. Recommendations for testing contacts in these settings are to test those at highest risk for exposure, followed by evaluation of findings and expanding testing as needed. Persons who test positive for latent TB infection should be treated with an antibiotic course ranging from 12 weeks to 9 months to prevent the development of active TB disease.

What is added by this report?

Following identification of a case of infectious TB in a high school student in February 2015, 23 (92%) of 25 household and social contacts and 385 (91%) of 424 high school students and staff members who shared at least one class with the index patient completed TB testing. Among 50 persons who tested positive, all were medically screened, and started on treatment for latent TB infection; 48 (96%) completed treatment. Approximately half (54%) of the infected persons opted for 12 weekly doses of isoniazid and rifampin treatment, which require directly observed therapy. A procedure was developed to allow these persons to use video directly observed therapy (VDOT) to successfully complete their treatment.

What are the implications for public health practice?

VDOT, which previously had only been used during treatment of persons with active TB disease, is a viable option that can reduce costs and the time involved for both TB staff members and patients, while maintaining high compliance and completion rates.

was implemented during each of the mass testing clinics. After each clinic, volunteers were debriefed and identified successes and opportunities for improvement. This feedback was used to refine the layout and flow of future testing clinics. As of March 2017, no persons had developed TB disease that could be linked to the index patient or the high school.

¹Johnson County Department of Health and Environment, Olathe, Kansas;
²Kansas Department of Health and Environment.

Corresponding author: Elizabeth Lawlor Holzschuh, elizabeth.holzschuh@jocogov.org, 913-477-8368.

Reference

1. CDC. Core curriculum on tuberculosis: what the clinician should know. 6th ed. Atlanta, GA: US Department of Health and Human Services, CDC; 2013. https://www.cdc.gov/tb/education/corecurr/pdf/corecurr_all.pdf