

**MCHENRY COUNTY  
TUBERCULOSIS CARE AND TREATMENT BOARD MEETING  
2200 N. SEMINARY AVE. BUILDING A  
WOODSTOCK, ILLINOIS 60098  
January 28, 2020  
8:00 AM**

**AGENDA**

1. Call to Order
2. Public Participation
3. Minutes of November 2019 Meeting
4. Consent Agenda
  - A) Disbursements; November- December 2019
  - B) Income and Expense Report; November - December 2019
  - C) By-Laws
5. Contracts, Agreements, and/or Addendums
  - A) Boone County Service Partnership Agreement
6. Monthly Reports
  - A) TB Nurse Report
  - B) Statistics
  - C) IDPH Report
  - D) TB Profile Report
7. Program Highlights
8. Old Business
9. New Business
  - A) TB Tax levy
10. Board Issues
11. Information and Communication  
Tuberculosis vaccines: Rising opportunities, Johan Vekemans, Katherine L. O'Brien, Jeremy Farrar,  
PLOS Medicine, April 23, 2019, <https://doi.org/10.1371/journal.pmed.1002791>
12. Executive Session
13. Adjournment

**MINUTES  
AND  
CONSENT AGENDA**

MCHENRY COUNTY

TUBERCULOSIS AND TREATMENT

MINUTES • November 19, 2019

**1. CALL TO ORDER**

Meeting to order at 8:06 am by Fran Stanwood BSN, RN

PRESENT: Dr. James Mowery M.D., Fran Stanwood BSN, RN, Melissa H. Adamson MPH Administrator, Susan Karras MBA, BSN, RN Director of Nursing, Jennifer Schorsch BS, RN, NE-BC, Assistant Director of Nursing, Danielle Burck BSN, RN, Amanda Kurka BSN, RN, and Renee Engelbrecht RN.

ABSENT: Rebecca Rockwood MT

**2. PUBLIC COMMENT**

**3. MINUTES APPROVAL**

RESULT:	ACCEPTED (UNANIMOUS)
MOVER:	James Mowery
SECONDER:	Fran Stanwood
ABSENT:	Rebecca Rockwood

A. Tuberculosis and Treatment- Board Meeting Minutes- July 16, 2019

**4. CONSENT AGENDA**

RESULT:	ADOPTED (UNANIMOUS)
MOVER:	James Mowery
SECONDER:	Fran Stanwood
ABSENT:	Rebecca Rockwood

A. Disbursements: July – August, Sept-October 2019

B. Income & Expenses: July- October 2019

C. 2020 Meeting Schedule

Fran Stanwood RN BSN read off all the disbursements, income and expense reports.

**5. Monthly Report**

A. Coordinators Report

Danielle Burck BSN, RN provided a staff update and introduced two new employees to the board and staff. The TB department is now fully staffed.

Danielle Burck BSN, RN updated the board and staff on the progress with the ABS software. Expressed positive comments in regard to the ABS software, and in being almost fully electronic.

Susan Karras MBA, BSN, RN Director of Nursing, explained the advanced business software (ABS) to Dr. James Mowery. This company, based out of California, is primarily writing the software how we want it to look. There is a lot of staff involvement needed in order to work with the company in order to get the platform set up. Pleased with the software and getting ready to begin billing through this system.

Amanda Kurka RN BSN reviewed TB Nurse Report for July - November 2019

Dr. James Mowery asked if Dr. Hafiz continues to do the doctors clinics. It was noted that Dr. Hafiz contract will coming up at the end of this year therefore it will be discussed at the next TB board meeting in January.

#### B. Statistics

Fran Stanwood RN BSN reviewed the statistics in regard to education, TB testing, IGRAs and skin tests. Mrs. Stanwood inquired about the discrepancy between the reference and the actual number of skin tests administered.

Amanda Kurka RN BSN addressed the question about the number of skin tests and why it is a little skewed. The reason for the difference is because the previous year 300 skin tests were given at one facility as a contact investigation.

Fran Stanwood RN BSN read off all the statistics to the TB board and staff members.

Dr. James Mowery informed everyone that Northwestern Medical Center is now administering blood tests in lieu of annual skin tests.

Susan Karras MBA, BSN, RN Director of Nursing noted that these blood tests could be attributing to the recent increase in IGRA testing, in addition to new immigration requirements, therefore they anticipate these numbers will continue to rise.

Fran Stanwood BSN, RN briefly reviewed the numbers for the NIPHC Report. After analyzing the information Mrs. Stanwood asked what alternative drugs are utilized instead of Isoniazid and Rifampin.

Amanda Kurka RN BSN stated that there are four main drugs that are used Isoniazid, Rifampin, Pyrazinamide, and Ethambutol. If a person is resistant to the drugs then they must use different drugs that are more expensive.

Fran Stanwood BSN, RN requested information about where the Multi-Drug Resistant medicines are obtained and how much they cost.

Danielle Burck BSN, RN stated that the actual cost remains unknown because there has not been a recent case. A flow chart would be required to analyze what the next line of drugs would be. Consulting Dr. Hafiz would also be necessary in order to proceed with treatment.

Susan Karras MBA, BSN, RN Director of Nursing informed the board and staff that the contract pharmacist, Walmart, is unable to give a definitive price for the necessary drugs because they are also unaware of the cost to them. As a result of the positive relationship with Walmart, there is an agreement that if these drugs are ever needed, they will provide the best possible price. It was also noted that in spite of the best price being provided, the overall expense would be significant.

Dr. James Mowery suggested obtaining statistics and the cost report of these Multi-Drug Resistant cases, because although we are not currently affected, it is important information to know and be able reference whenever pertinent.

Danielle Burck BSN, RN provided an estimate ranging from a couple thousand dollars for a regular TB patient to multi-drug resistant patient costing several thousand dollars and then an extensively drug resistant patient costing a considerable amount more.

Amanda Kurka RN BSN obtained statistics from the CDC stating that the total cost for extensively drug resistant averages about \$400,000, almost half a million dollars. In reference to multi-drug resistant this cost averages to about \$150,000.

Dr. James Mowery reiterated the importance of having the statistics of the cost of multi-drug resistant cases to be included in the minutes and be utilized as a reference when needed.

Danielle Burck BSN, RN made reference to a previous extensively drug resistant case.

Susan Karras MBA, BSN, RN stated that this particular case was the most resistant in history up to that point, and because it was an extraordinary novel case she was transferred to NIH in order to be part of a research project. This patient was not considered MDR but instead XDR and therefore if she had remained in the county to receive treatment she would have exceeded the budget provided.

Fran Stanwood BSN, RN then proceeded to review the numbers in the data diagnosis and died on therapy, as well as the educational opportunities.

## **6. PROGRAM HIGHLIGHTS**

### **7. OLD BUSINESS**

Susan Karras MBA, BSN, RN Director of Nursing addressed the previous discussion in regard to the bylaws. Due for review of the bylaws but all board members must be present in order to proceed with review.

Susan Karras provided an update on Annex A construction. Moving is scheduled to take place from December 30th, 2019 through January 7th, 2020. Packing is set to begin at the end of November.

Susan Karras informed all present that there will be an HEPA filter to assist with airflow due to the close proximity of the coroner's office. The TB room was strategically placed on the main floor, therefore if there are positive or suspicious individuals, permission has been granted to park in the back near the coroner's office and enter through the back steps and directly into the TB room.

### **8. NEW BUSINESS**

Susan Karras MBA, BSN, RN Director of Nursing notified the board and staff that she was contacted by Boone County Administrator to enter into MOU with them, to provide doctors consultations because they do not have any physicians on contract. They need to explore alternative options if Winnebago County is unable to fulfill their needs. Boone County does have the necessary funding, and if the board would like to proceed then Susan Karras MBA, BSN, RN has agreed to speak to the states attorney and get that worked up in order to present to the board for approval in January 2020.

Fran Stanwood RN, and Dr. Mowery M.D. agreed upon Susan Karras following up on this request and speaking to the states attorney and Dr. Hafiz.

## 9. BOARD ISSUES

Susan Karras MBA, BSN, RN Director of Nursing stated business needs to be conducted and contracts will need approval in January. A quorum will be needed in order to get them approved. If a quorum is not obtained then a new date will need to be scheduled.

Susan Karras informed all in attendance that a quorum is needed in order to have electronic or phone call board meetings, according to the rules of an open meeting act.

Fran Stanwood RN BSN inquired about any possible suggestion in regard to new board members.

Dr. James Mowery M.D. will contact the nursing administrator at the hospital, it would be a good addition to the board.

Susan Karras reminded the board that she will obtain the MOU and send it to the states attorney for review in order to obtain a contract to present to the board at a future meeting.

## 10. ADJOURNMENT

Motion was made by Dr. James Mowery, second by Fran Stanwood, to adjourn the TB board meeting at 9:05 am.

**MCHENRY COUNTY HEALTH DEPARTMENT**  
**TB - DISBURSEMENTS**  
November 2019 (FY19)~ Preliminary as of 1/7/2019

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>
Garcia, Sandra	3010	\$3,824.77
OPEN	3020	\$0.00
Kurka, Amanda	3010	\$6,562.08
Schoen, Faith	3010	\$6,562.08
Engelbrecht, Renee	3010	\$3,859.02
Vilchis, Brenda	3025	\$799.12
		<i>Included in above</i>
SS	3105	\$1,290.09
MEDICARE	3105	\$313.30
IMRF	3110	\$1,404.80
INSURANCE	3146	
	<b>Payroll Total</b>	<b>\$22,526.05</b>

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
9841304434	VERIZON WIRELESS	409600	\$ 58.50
OSV000001943475	VERIZON CONNECT NWF INC	409600	\$ 18.95
380142	METRO INFECTIOUS DISEASE CONSULTANTS	424800	\$ 500.00
380143	METRO INFECTIOUS DISEASE CONSULTANTS	424800	\$ 500.00
9000100561019	MERCY HEALTH SYSTEMS CORP	424800	\$ 372.00
9000100561119	MERCY HEALTH SYSTEMS CORP	424800	\$ 496.00
9183000330	QUEST DIAGNOSTICS TB LLC	444140	\$ 22.65
9183958292	QUEST DIAGNOSTICS TB LLC	444140	\$ 139.60
9182670862A	QUEST DIAGNOSTICS TB LLC	444140	\$ 5.58
9183470822A	QUEST DIAGNOSTICS TB LLC	444140	\$ 2.79
T1262642	QUEST DIAGNOSTICS TB LLC	444140	\$ 50.91
67223169	MCKESSON MEDICAL SURGICAL GOVT SOLUTIONS LLC	508000	\$ 120.00
218261	R&S NORTHEAST LLC	508500	\$ 0.61
19090020	SCRIPTCLAIM SYSTEMS LLC	508500	\$ 96.18
19100026	SCRIPTCLAIM SYSTEMS LLC	508500	\$ 14.58
		<b>Total Expenses</b>	<b>\$2,398.35</b>
		<b>Grand Total</b>	<b>\$24,924.40</b>

**MCHENRY COUNTY HEALTH DEPARTMENT  
TB - DISBURSEMENTS  
December 2019 (FY19) as of 1/7/2019**

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>
Garcia, Sandra	3010	\$2,589.95
Vilchis, Brenda	3020	\$1,611.69
Kurka, Amanda	3010	\$4,516.55
Schoen, Faith	3010	\$4,448.55
Engelbrecht, Renee	3010	\$2,612.09
	3025	Included in above
SS	3105	\$978.29
MEDICARE	3105	\$228.79
IMRF	3110	\$1,246.53
INSURANCE	3146	
	<b>Payroll Total</b>	<b>\$18,232.44</b>

<u>VD/Invoice #</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
EXP-000002515	ENGELBRECHT RENEE	504000	\$266.80
EXP-000002515	ENGELBRECHT RENEE	505010	\$40.83
EXP-000002515	ENGELBRECHT RENEE	505020	\$96.05

Total Expenses                    \$403.68

**Grand Total                    \$18,636.12**

**MCHENRY COUNTY HEALTH DEPARTMENT**

**TB - DISBURSEMENTS**

November-December 2019 (FY19) ~ Preliminary as of 1/6/2020

**SUMMARY**

<b>PERSONAL SERVICES:</b>	<b>ACCT#</b>	<b>PAYROLL</b>
Garcia, Sandra	3010	\$ 6,414.72
Vilchis, Brenda	3020	\$ 1,611.69
Kurka, Amanda	3010	\$ 11,078.63
Schoen, Faith	3010	\$ 11,010.63
Engelbrecht, Renee	3010	\$ 6,471.11
	3025	<i>Included in above</i>
FICA	3105	\$ 1,291.59
IMRF	3110	\$ 1,633.59
INSURANCE	3146	\$ 1,246.53
	<b>Subtotal</b>	<b>40,758.49</b>

<b>DESCRIPTION:</b>	<b>ACCT #</b>	<b>AMOUNT</b>
Contractual Services	4001	
Assoc. Dues/Memberships	4005	
Training	4006	
Subscriptions	4008	
Printing	4055	
Telephone	4096	77.45
Rent	4101	
Maint. Agreements	4130	
Maint Office Equipment	4131	
Medical	4248	1,868.00
Special Consultants	4435	
Private Lab Services	4441	221.53
Refuse disposal	4449	
Contingent	4570	
Office Supplies	5010	
Office Equipment	5020	
Postage	5030	
Mileage	5040	266.80
Meeting Expenses	5050	136.88
Supplies	5070	
Medical Supplies	5080	120.00
Medication	5085	111.37
Fuel, oil, grease	5160	
<b>TOTAL EXPENSES</b>		

Expense Total **2,802.03**

**Grand Totals \$ 43,560.52**

Note: The income and expense statement is a preliminary report and is subject to changes

TUBERCULOSIS CARE AND TREATMENT FY2019

LINE ITEM	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	TOTAL
7010-PROPERTY TAXES						\$9,479.99	\$80,524.04	\$1,862.58	\$10,811.11	\$88,506.00	\$1,522.99	\$1,548.49	\$174,567.60
8090-FEES FOR SERVICE	\$120.00	\$130.00	\$93.10	\$290.00	\$250.00	\$250.00	\$190.00	\$507.75	\$619.25	\$280.00	\$368.50	\$260.00	\$3,148.60
9405													\$0.00
9417-MEDICAID	\$16.00	\$20.00	\$36.00	\$8.00	\$20.00	\$16.00	\$4.00	\$8.00	\$28.00	\$36.00	\$68.00	\$24.00	\$284.00
9510-INTEREST INCOME	\$600.43	\$594.25	\$489.19	\$506.82	\$448.98	\$420.42	\$485.68	\$510.83	\$453.07	\$451.64	\$450.06	\$346.09	\$5,738.46
9511-RE TAX DIST INT												\$16.77	\$16.77
9900													\$0.00
<b>TOTAL REVENUE</b>	<b>\$736.43</b>	<b>\$744.25</b>	<b>\$918.29</b>	<b>\$803.82</b>	<b>\$718.98</b>	<b>\$1,165.81</b>	<b>\$81,203.72</b>	<b>\$2,995.16</b>	<b>\$11,893.43</b>	<b>\$59,276.64</b>	<b>\$2,809.55</b>	<b>\$2,195.95</b>	<b>\$184,455.43</b>
3010-REGULAR SALARIES	\$9,985.98	\$13,468.93	\$13,874.70	\$10,058.00	\$6,921.74	\$15,165.36	\$11,169.11	\$11,169.11	\$11,239.62	\$13,665.09	\$13,866.40	\$20,549.00	\$152,061.04
3020-PART TIME SALARY	\$1,614.84	\$1,571.09	\$1,520.17	\$728.35	\$1,843.89	\$2,751.62	\$1,776.31	\$1,807.01	\$967.02	\$0.00	\$0.00	\$799.12	\$15,387.62
3025-holiday		\$647.02	\$221.59	\$656.61	\$440.33	\$440.33	\$221.59	\$221.59	\$0.00	\$174.05	\$12.74	\$268.95	\$2,054.47
3040-Overtime													\$0.00
3050-MERIT PCTY													\$0.00
3105-SOC.SEC.CITY SHARE	\$905.98	\$1,200.06	\$1,194.66	\$876.96	\$670.57	\$1,481.29	\$1,008.96	\$1,008.62	\$997.36	\$1,065.57	\$1,060.98	\$1,061.31	\$12,523.32
3110-ILL.MING.RET.FUND	\$1,157.75	\$1,239.27	\$1,233.70	\$904.65	\$892.48	\$1,599.70	\$1,040.35	\$1,042.62	\$1,019.62	\$1,095.66	\$1,095.96	\$1,095.99	\$13,147.45
3146-EMPLOYEES HEALTH	\$1,531.10	\$1,491.58	\$0.00	\$1,519.61	\$1,519.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,659.89	\$19,720.79
<b>PERSONNEL SUBTOTAL:</b>	<b>\$15,195.95</b>	<b>\$19,617.95</b>	<b>\$18,044.82</b>	<b>\$14,792.98</b>	<b>\$11,648.29</b>	<b>\$22,374.30</b>	<b>\$15,218.32</b>	<b>\$15,249.95</b>	<b>\$14,913.62</b>	<b>\$16,098.37</b>	<b>\$16,025.78</b>	<b>\$27,423.26</b>	<b>\$216,494.69</b>
4001-Contractual Services							\$5,000.00					\$10,000.00	\$20,000.00
4005-ASSOC DUES/STAFF								\$80.00					\$80.00
4006-TRAINING								\$130.00					\$280.00
4008-SUBSCRIPTIONS													\$0.00
4055-PRINTING													\$169.00
4095-TELEPHONE		\$18.95	\$18.95	\$105.08	\$65.21	\$65.21	\$65.21	\$65.50	\$143.58	\$65.49	\$131.01	\$142.97	\$743.58
4101-RENT				\$17.82	\$299.64			\$22.10				\$206.16	\$744.72
4130-MAINTENANCE Agreement		\$199.00											\$0.00
4131-MAINTENANCE OFFICE EQUIP								\$1,000.00	\$558.00	\$1,000.00	\$1,058.00	\$1,992.00	\$8,596.00
4246-MEDICAL													\$0.00
4290-Repair and Maintenance					\$4,250.00	\$5,875.00				\$6,875.00			\$17,000.00
4321-Computer Repair and Maintenance		\$17.41	\$128.94	\$50.91	\$140.01	\$109.90	\$50.91		\$212.36	\$212.36	\$191.62	\$454.22	\$1,266.48
4442-LAB		\$50.00			\$100.00			\$50.00		\$50.00		\$50.00	\$300.00
4449-CARBARGE DISPOSAL													\$0.00
4570-Contingent-Jane Doe Expense	\$0.00	\$285.36	\$1,015.89	\$359.81	\$10,354.86	\$7,484.11	\$5,116.12	\$1,217.60	\$688.00	\$1,427.85	\$8,384.83	\$12,845.35	\$49,179.78
<b>CONTRACTUAL SUBTOTAL:</b>									\$79.98				\$79.98
5010-OFFICE SUPPLIES													\$0.00
511400													\$0.00
5020-OFFICE EQUIPMENT													\$0.00
5030-Postage													\$0.00
5040-MILEAGE		\$184.76	\$20.00				\$17.40	\$295.64	\$295.64			\$11.60	\$508.40
5050-MEETING EXPENSE		\$105.66							\$152.83			\$258.49	\$508.40
5070-SUPPLIES							\$300.00	\$55.88	\$55.88				\$555.88
5080-MEDICAL SUPPLIES		\$391.53											\$391.53
5085-MEDICATION		\$35.08	\$495.53	\$69.68	\$172.04	\$247.96	\$160.56	\$263.86	\$149.10	\$145.10	\$47.50	\$177.27	\$2,702.90
5115-Computer components under \$5K													\$0.00
512000													\$0.00
5125-Computer Software under \$5K													\$0.00
5180-Vehicle		\$15.01											\$15.01
5210-PUBLICATIONS													\$0.00
5099-PETTY CASH													\$0.00
<b>COMMODITIES SUBTOTAL:</b>	<b>\$340.31</b>	<b>\$889.06</b>	<b>\$69.68</b>	<b>\$291.94</b>	<b>\$764.46</b>	<b>\$277.94</b>	<b>\$677.96</b>	<b>\$283.86</b>	<b>\$500.25</b>	<b>\$149.10</b>	<b>\$47.50</b>	<b>\$508.87</b>	<b>\$4,781.03</b>
<b>TOTAL EXPENSES</b>	<b>\$15,536.16</b>	<b>\$20,792.37</b>	<b>\$19,130.39</b>	<b>\$15,404.03</b>	<b>\$22,767.61</b>	<b>\$30,186.35</b>	<b>\$21,012.40</b>	<b>\$16,751.41</b>	<b>\$16,231.87</b>	<b>\$17,607.32</b>	<b>\$24,458.11</b>	<b>\$50,577.48</b>	<b>\$270,455.50</b>
<b>NET INCOME</b>	<b>(\$14,799.73)</b>	<b>(\$20,048.12)</b>	<b>(\$19,212.10)</b>	<b>(\$14,600.21)</b>	<b>(\$22,048.63)</b>	<b>(\$20,020.54)</b>	<b>\$60,191.32</b>	<b>(\$13,762.25)</b>	<b>(\$4,338.44)</b>	<b>\$51,689.32</b>	<b>(\$21,646.56)</b>	<b>(\$48,382.13)</b>	<b>(\$86,000.07)</b>
<b>BANK BALANCE:</b>	<b>\$304,180.12</b>	<b>\$280,981.17</b>	<b>\$256,710.32</b>	<b>\$240,547.17</b>	<b>\$216,947.53</b>	<b>\$197,026.17</b>	<b>\$257,261.98</b>	<b>\$243,646.81</b>	<b>\$239,995.84</b>	<b>\$291,465.16</b>	<b>\$262,748.38</b>	<b>\$239,995.84</b>	<b>\$239,995.84</b>

AMOUNT	BUDGET	BALANCE	%
\$ 175,000.00	\$ 332.40	\$ 98.6%	
\$ 6,000.00	\$ 2,251.40	\$ 62.5%	
\$ 5,000.00	\$ (284.00)	\$ 0.0%	#DIV/0!
\$ 25.00	\$ 8.23	\$ 67.1%	
\$ 82,502.00	\$ 82,502.00	\$ 0.0%	
\$ 268,527.00	\$ 84,071.57	\$ 68.7%	
\$ 176,842.00	\$23,980.96	\$ 86.4%	
\$ 21,550.00	\$6,162.38	\$ 71.4%	
\$ 10,442.00	\$7,587.53	\$ 73.7%	
\$ 1,363.00	\$1,363.00	\$ 0.0%	
\$ 16,080.00	\$3,556.68	\$ 77.9%	
\$ 16,606.00	\$3,458.55	\$ 79.2%	
\$ 26,044.00	\$6,323.21	\$ 75.7%	
\$ 268,927.00	\$52,432.31	\$ 80.5%	
\$ 21,150.00	\$1,150.00	\$ 94.6%	
\$ 150.00	\$70.00	\$ 53.3%	
\$ 500.00	\$220.00	\$ 56.0%	
\$ 150.00	(\$19.00)	\$ 112.7%	#DIV/0!
\$ 500.00	(\$243.59)	\$ 146.7%	#DIV/0!
\$ 1,500.00	\$755.28	\$ 49.6%	
\$ 30,000.00	\$21,404.00	\$ 28.7%	
\$ 55,550.00	\$6,370.22	\$ 88.5%	
\$ 500.00	\$420.02	\$ 16.0%	#DIV/0!
\$ 50.00	\$50.00	\$ 0.0%	
\$ 2,500.00	\$1,991.60	\$ 20.3%	
\$ 1,500.00	\$1,241.51	\$ 17.2%	
\$ 1,500.00	\$944.12	\$ 37.1%	
\$ 3,000.00	\$2,339.63	\$ 22.0%	
\$ 10,000.00	\$7,297.10	\$ 27.0%	
\$ 0.00	\$0.00	\$ 0.0%	#DIV/0!
\$ 0.00	\$0.00	\$ 0.0%	#DIV/0!
\$ 0.00	(\$15.01)	\$ 0.0%	#DIV/0!
\$ 0.00	\$0.00	\$ 0.0%	
\$ 19,050.00	\$14,288.97	\$ 25.1%	
\$ 343,527.00	\$73,071.50	\$ 78.7%	

TUBERCULOSIS CARE AND TREATMENT FY2020

LINE ITEM	DESCRIPTION	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DECEMBER	TOTAL
070000	Property Taxes														\$ -
080615	Other Fees & Charges	\$ 80.00													\$ 80.00
094401	IL Department of Public Aid	\$ 4.00													\$ 4.00
095000	Interest Income - Bank Accts														\$ -
095010	Real Estate Tax Distribution Interest														\$ -
098100	Utilization of Fund Balance														\$ -
	<b>TOTAL REVENUE:</b>	\$ 84.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 84.00
301010	Regular Salaries - Non Union														\$ -
302010	Part Time Salaries - Non Union														\$ -
302510	Holiday Pay - Non Union														\$ -
304010	Overtime Salaries - Non Union														\$ -
305010	Merit Pool - Non Union														\$ -
310510	Social Security/Cnty Contrib. - Non Union														\$ -
310610	Medicare/Cnty Contrib. - Non Union														\$ -
311010	IL Municipal Retirement - Non Union														\$ -
314610	Health Insurance/Cnty Contrib. - Non Union														\$ -
	<b>PERSONNEL SUBTOTAL:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
400100	Contractual Services														\$ -
400500	Association Dues/Memberships														\$ -
400600	Training														\$ -
400800	Subscriptions														\$ -
405500	Contractual Printing														\$ -
409800	Telecommunications														\$ -
413000	Maintenance Agreements														\$ -
413100	Maintenance of Office Equipment														\$ -
424800	Medical Services														\$ -
432100	Computer Software Support & Maintenance	\$ 2,875.00													\$ 2,875.00
444140	Private Lab Services														\$ -
444900	Garbage Disposal														\$ -
	<b>CONTRACTUAL SUBTOTAL:</b>	\$ 2,875.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,875.00
501000	Office Supplies														\$ -
503000	Postage														\$ -
504000	Mileage Reimbursement	\$ 266.80													\$ 266.80
505000	Meeting Expense														\$ -
505010	Meeting Expense - Meal Reimbursement	\$ 40.83													\$ 40.83
505020	Meeting Expense - Hotel Reimbursement	\$ 96.05													\$ 96.05
507000	Miscellaneous Supplies														\$ -
508000	Medical Supplies														\$ -
508500	Medication														\$ -
511400	Office Equipment <\$5,000														\$ -
516000	Fuel, Oil, and Grease														\$ -
516010	Fuel, Oil, and Grease - Gasoline														\$ -
	<b>COMMODITIES SUBTOTAL:</b>	\$ 403.68	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 403.68
	<b>TOTAL EXPENSES</b>	\$ 3,278.68	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,278.68
	<b>NET INCOME</b>	\$ (3,194.68)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3,194.68)
	<b>BANK BALANCE:</b>	\$ 212,654.90													\$ 212,654.90

AMOUNT	BUDGET	REMAINING	%
\$ 175,000.00	\$ 175,000.00	\$ -	0%
\$ 6,000.00	\$ 5,920.00	\$ 80.00	1%
\$ 5,000.00	\$ 5,000.00	\$ -	0%
\$ 25.00	\$ 25.00	\$ -	0%
\$ 153,629.00	\$ 153,629.00	\$ -	0%
\$ 339,654.00	\$ 339,654.00	\$ -	0%
\$ 171,247.00	\$ 171,247.00	\$ -	0%
\$ 22,671.00	\$ 22,671.00	\$ -	0%
\$ 10,207.00	\$ 10,207.00	\$ -	0%
\$ 4,600.00	\$ 4,600.00	\$ -	0%
\$ 12,941.00	\$ 12,941.00	\$ -	0%
\$ 3,027.00	\$ 3,027.00	\$ -	0%
\$ 20,454.00	\$ 20,454.00	\$ -	0%
\$ 19,907.00	\$ 19,907.00	\$ -	0%
\$ 265,054.00	\$ 265,054.00	\$ -	0%
\$ 20,000.00	\$ 20,000.00	\$ -	0%
\$ 100.00	\$ 100.00	\$ -	0%
\$ 375.00	\$ 375.00	\$ -	0%
\$ -	\$ -	\$ -	#DIV/0!
\$ -	\$ -	\$ -	#DIV/0!
\$ 800.00	\$ 800.00	\$ -	0%
\$ 600.00	\$ 600.00	\$ -	0%
\$ -	\$ -	\$ -	#DIV/0!
\$ 20,000.00	\$ 20,000.00	\$ -	0%
\$ 12,250.00	\$ 9,375.00	\$ 2,875.00	23%
\$ 1,000.00	\$ 1,000.00	\$ -	0%
\$ 250.00	\$ 250.00	\$ -	0%
\$ 55,375.00	\$ 52,500.00	\$ 2,875.00	5%
\$ 200.00	\$ 200.00	\$ -	0%
\$ -	\$ -	\$ -	#DIV/0!
\$ 800.00	\$ 593.20	\$ 206.80	33%
\$ 3,400.00	\$ 3,400.00	\$ -	0%
\$ -	\$ (40.83)	\$ 40.83	#DIV/0!
\$ -	\$ (96.05)	\$ 96.05	#DIV/0!
\$ 500.00	\$ 500.00	\$ -	0%
\$ 2,000.00	\$ 2,000.00	\$ -	0%
\$ 8,000.00	\$ 8,000.00	\$ -	0%
\$ 4,275.00	\$ 4,275.00	\$ -	0%
\$ -	\$ -	\$ -	#DIV/0!
\$ 50.00	\$ 50.00	\$ -	0%
\$ 13,225.00	\$ 13,225.00	\$ -	2%
\$ 339,654.00	\$ 339,375.32	\$ 278.68	1%

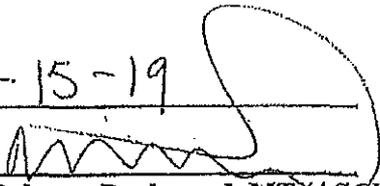
**BY-LAWS  
AND  
RULES AND REGULATIONS**

**MCHENRY COUNTY  
TUBERCULOSIS CARE AND TREATMENT BOARD**

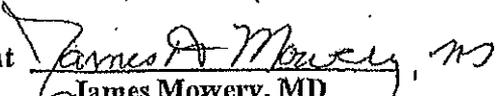
**APPROVED AND ADOPTED JUNE, 1959  
REVISED DECEMBER 13, 1965  
REVIEWED JUNE, 1988  
REVIEWED JANUARY, 1994  
REVISED FEBRUARY 8, 1994  
REVIEWED JULY, 1997  
REVISED JANUARY 20, 1998  
REVISED MARCH, 2002  
REVISED NOVEMBER 15, 2016  
REVISED DECEMBER 11, 2018**

**REVISION REVIEWED AND  
APPROVED BY TUBERCULOSIS CARE  
AND TREATMENT BOARD**

**REVISION REVIEWED AND  
APPROVED BY TUBERCULOSIS  
MEDICAL DIRECTOR**

Date 1-15-19  
President:   
Rebecca Rockwood, MT (ASCP)

Date 02/6/19  
  
Dr. Irfan Hafiz

Vice  
President , MD  
James Moxery, MD

Secretary , MBA, BSN, RN  
Fran Stanwood, MBA, BSN, RN

THIS BOARD SHALL ASSURE PROVISION FOR COMPLETE CARE TO INCLUDE MEDICAL CARE, REHABILITATION, SOCIAL SERVICES, AND PATIENT EDUCATION AS IS DEEMED NECESSARY TO EFFECT A CURE OF PERSONS AFFLICTED WITH TUBERCULOSIS.

### **STATUTORY AUTHORITY**

Tuberculosis Sanitarium 55 ILCS 5/5 23001 et. seq.  
Department of Public Health Act 20 ILCS 2305/2.  
Communicable Disease Report Act 745 ILCS 45.

### **PURPOSE**

The McHenry County Tuberculosis Care and Treatment Board will assure provision for out-patient tuberculosis health care and treatment services either directly or by contractual agreements to the residents of McHenry County. Those services shall include, but are not limited to medical care, rehabilitation services, social services, patient education and community education and screenings. In addition to patient care, the McHenry County Care and Treatment Board is responsible for case finding, surveillance, and the overall planning and policy for TUBERCULOSIS control efforts within its jurisdiction.

### **POLICY STATEMENT**

Policies, procedures and guidelines of the McHenry County Tuberculosis Care and Treatment Board are consistent with the recommendations of the American Thoracic Society, The Infectious Disease Society of America, The Centers for Disease Control and Prevention, and The Illinois Department of Public Health.

### **BY-LAWS**

#### **ARTICLE I. NAME**

The name of this organization shall be the McHenry County Tuberculosis Care and Treatment Board.

#### **ARTICLE II. OBJECT**

This Board is formed for the purpose of controlling and eradicating the disease tuberculosis in McHenry County, Illinois, and to administer the law of this State which applies thereto. This Board proposes to cooperate to the fullest extent with all other official and voluntary agencies in this County, State and Nation which are functioning for improved public health, insofar as such cooperation is consistent with the intent of the legislation now in effect in this State.

### **ARTICLE III. STRATEGIES**

The following strategies have been determined to be fundamental to the prevention and control of tuberculosis:

1. Provide education on tuberculosis risks, screening, prevention, and treatment to the County's healthcare providers, community partners, and general public.
2. Conduct surveillance and screenings of high risk populations to identify latent or active tuberculosis.
3. Provide appropriate treatment and isolation of active cases of tuberculosis to assure cure and prevent spread of tuberculosis in the community.
4. Offer prophylactic treatment to latent tuberculosis cases in order to prevent tuberculosis infection from progressing to active disease.
5. Identify and screen individuals who have been in contact with active tuberculosis cases in order to determine if they have latent or active tuberculosis and to assure appropriate treatment.

### **ARTICLE IV. MEMBERSHIP**

The membership of this Board shall consist of three persons appointed by the chairman of the McHenry County Board with approval of the County Board; one at least of whom shall be a licensed physician, and all of whom shall be chosen with the reference to their special qualifications for such office. (See 55 ILCS 5/5-23007)

### **ARTICLE V. TERM OF OFFICE: REMOVAL**

Each member of the Board shall be appointed for a term of three years, or until a successor is appointed, one member's term expiring each year. The chairman or president, as the case may be, of the County Board shall with advice and consent of the County Board, before the first day of July each year, appoint one member to take the place of the retiring member, who shall hold office for three (3) years and/or until his successor is appointed.

### **ARTICLE VI. VACANCIES: COMPENSATION**

Vacancies in this Care and Treatment Board, occasioned by removal, resignation or otherwise, shall be reported to the McHenry County Board and be filled in like manner as original appointments; and no member of this Care and Treatment Board shall receive compensation as such, or be interested, either directly or indirectly, in the purchase or sale of any supplies used in connection with the functioning of said Care and Treatment Board or any of the Board's statutory purposes, duties or obligations.

## **ARTICLE VII. OFFICERS**

- A) The members of this Care and Treatment Board, at the next scheduled meeting, after the appointment of a new member or members, shall organize, by the election of one of their number as president, one as vice president and one as secretary, and will elect such other officers as they deem necessary.
- B) Annually at the regular meeting in July, there shall be held an election of officers of this Board at such hour and place as the president may designate. Public notice of any meeting shall be given by posting a copy of the notice at the principal office of the body holding the meeting, or at the building in which the meeting is to be held. The agenda must be posted at least forty-eight (48) hours in advance. This meeting shall be considered a regular meeting and all business, which may be transacted at any regular meeting, may be transacted at this meeting. Every July, if that is the fiscal years of the Board, public notice of all the regular meetings for the next year must be given to the public.
- C) Whenever a vacancy occurs in any office, the president shall appoint another member to serve during the unexpired term of the office in which such vacancy exists. In case of a vacancy in the office of president, the vice-president shall serve out the unexpired term of president.
- D) All officers of this Board shall hold their respective offices from the date of election in July to the election meeting in July of the next year.

## **ARTICLE VIII. DUTIES OF OFFICERS**

- A) It shall be the duty of the president of this Board to preside over all regular and special meetings of this Board, and to perform all other duties not inconsistent with the law. In the absence of the President, the Vice President shall preside.

## **ARTICLE IX. REGULAR MEETINGS**

The McHenry County Tuberculosis Care and Treatment Board shall hold at least one regular meeting quarterly, but may schedule regular meetings more frequently at such time and place as designated by the president of this Board. Regular meetings shall be cancelled, by the President, if a quorum (at least 2 Board members) will not be available. An agenda shall be posted and notice of time and place shall be given to members of the Board at least forty-eight (48) hours prior thereto, by the president. No business concerning this Board shall be conducted outside of a regular or called meeting. Regular meetings will conform and comply with Open Meetings Act, 5 ILCS 120/1 et. seq.

## **ARTICLE X. SPECIAL MEETINGS**

A special meeting may be called by the president, or by the two (2) other members of this Board, to be held at such time and place as the president, if he/she calls the special meeting, shall designate; or, to be held at such time and place as the other two members of this Board, if they call

the special meeting, shall designate. All notices of special meetings shall be given in writing forty-eight (48) hours before the time appointed therefore, meeting will conform and comply with Open Meetings Act, 5 ILCS 120/1 et. seq. In the call for a special meeting there shall be stated the nature of business to be transacted and only such business as shall be stated in the call shall be transacted.

#### **ARTICLE XI. FISCAL YEAR**

1. The fiscal year of McHenry County Tuberculosis Care and Treatment Board shall conform to and be identical with that of the McHenry County Board.
2. At the annual July meeting of this Board, they shall adopt the proposed budget prepared by the Communicable Disease Coordinator, Director of Public Health Nursing, and Public Health Administrator to be submitted to County Administration.

#### **ARTICLE XII. ORDER OF BUSINESS MEETINGS**

The order of business at all regular meetings shall be as follows:

1. Call to Order
2. Public Participation
3. Consent Agenda, including corrections and approval of minutes of previous meeting
4. Monthly Report
5. Program Highlights
6. Old Business
7. New Business
8. Board Issues
9. Information Sharing
10. Executive Session
11. Adjournment

#### **ARTICLE XIII. QUORUM**

Any two members of this Board shall constitute a quorum.

#### **ARTICLE XIV. AMENDMENTS OF BY-LAWS AND RULES AND REGULATIONS**

These by-laws and rules and regulations of this Tuberculosis Care and Treatment Board shall be reviewed annually at the November regular scheduled meeting and may be amended at any regular or special meeting of this Board provided that all three members are present; and so long as said amendment is not inconsistent with its (Constitution) **Statutory Authority**.

## ARTICLE XV. CONTRACTS

McHenry County Care and Treatment Board be allowed to enter into any contracts that will facilitate the management of Tuberculosis care and treatment services as may be authorized by law.

### RULES AND REGULATIONS

#### I. ELIGIBILITY FOR CARE

A person is entitled to receive the benefits provided for in conjunction with the Care and Treatment Board in the County:

- A. in which he/she resides at the time he/she is first diagnosed as having tuberculosis, or suspected of having tuberculosis, for the period from the time of that diagnosis until his/her case becomes inactive or he/she has resided outside of that County, whichever first occurs;
- B. in which he/she has resided with a known case of tuberculosis after moving from the County where the case was first diagnosed; or
- C. in which he/she has resided with a known, but inactive, case of tuberculosis which subsequently is reactivated.

The McHenry County Tuberculosis Care and Treatment Board may provide treatment to any person afflicted with tuberculosis regardless of his residence (international travelers) or does not meet Paragraph A, B, or C of this Section.

#### II. TREATMENT

- A. The McHenry County Tuberculosis Care and Treatment Board shall provide out-patient diagnostic, treatment and observation services to all persons residing in its County regardless the length of time of that residence.
- B. Medication for treatment will be provided for both active and latent cases.
- C. Persons afflicted with active tuberculosis who refuse the services and facilities of this Tuberculosis Care and Treatment Board shall be reported to the Illinois Department of Public Health and shall be subject to isolation orders by the County Public Health Administrator and State's Attorney.

#### III. X-RAYS

- A. The McHenry County Tuberculosis Care & Treatment Board shall provide chest x-rays of identified active and latent cases.
- B. The McHenry County Tuberculosis Care & Treatment Board shall provide x-rays for persons diagnosed or suspected of having extra-pulmonary tuberculosis, based on recommendations by the Board's licensed medical director.

#### **IV. REPORTS**

- A. All reports of x-ray findings and laboratory examinations of persons diagnosed or suspected of having active tuberculosis, as provided for by the McHenry County Tuberculosis Care & Treatment Board shall remain the property of this Tuberculosis Care and Treatment Board.
- B. Copies of all reports as outlined in Section IV-A, shall be provided to the attending physician.

**CONTRACTS  
AGREEMENTS  
AND/OR  
ADDENDUMS**

**INDEPENDENT CONTRACTOR AGREEMENT BETWEEN BOONE COUNTY HEALTH DEPARTMENT AND THE  
MCHENRY COUNTY DEPARTMENT OF PUBLIC HEALTH**

This Agreement ("the Agreement") is made and entered into on this \_\_\_\_ day of \_\_\_\_\_, 2020, by and between **BOONE COUNTY HEALTH DEPARTMENT (BCHD)** hereafter, with its offices located at 1204 Logan Avenue; Belvidere, Illinois and the **MCHENRY COUNTY DEPARTMENT OF HEALTH (MCDH)** hereafter with its offices located at 2200 N. Seminary Ave. Woodstock, IL 60098 and sets forth the terms and conditions under which MCDH agrees to provide services and administrative oversight for tuberculosis ("TB") care as requested by BCHD in the recitals below:

**WHEREAS**, BCHD is the Illinois state certified local health department for Boone County including the City of Belvidere that is responsible for the control including prevention and treatment of communicable diseases in its jurisdiction; AND

**WHEREAS**, MCDH is the Illinois state certified local health department for McHenry County that is responsible for the control including prevention and treatment of communicable diseases in its jurisdiction; AND

**WHEREAS**, BCHD is requesting the professional services of a physician or advance practice nurse, provided by MCDH, for the diagnosis and treatment of TB to assist in the control of active tuberculosis (TB) infection in Boone County; AND

**NOW, THEREFORE**, in consideration of the premises and of the covenants hereinafter contained, the parties hereto mutually agree as follows:

**1. SERVICES TO BE PROVIDED.**

The MCDH shall provide case-by-case professional services and support personnel and administrative oversight for tuberculosis (TB) care and treatment services as requested by BCHD. Professional services by MCDH shall consist of Physician/Advance Practice Nurse oversight and follow-up for patients in Boone County who are high risk for active TB infection as defined by the Centers for Disease Control and Prevention and as outlined in the Illinois Administrative Code. These services may include screening/testing, x-ray, medication, and medical oversight of the diagnosis and treatment of TB.

**BCHD agrees to:**

- Complete TB risk assessment for Boone County residents.
- Report cases of active TB in I-NEDSS.
- Verify medical insurance coverage for Boone County residents diagnosed with TB.
- Provide referral for Boone County residents diagnosed with TB to MCDH including results of TB risk assessment and any screening/test results.
- Conduct the investigation of contacts of Boone County residents diagnosed with TB.

- Provide follow-up treatment as prescribed by the designated MCDH Physician/Advance Practice Nurse.
- Provide case management services including Direct Observed Therapy (DOT) when ordered for Boone County residents diagnosed with TB to ensure compliance with medications.
- Reinforce education and plan of care and treatment established by MCDH with Boone County residents diagnosed with TB.
- Inform MCDH of any changes in Boone County residents diagnosed with TB..
- Communicate regularly with MCDH to coordinate care of the impacted Boone County residents diagnosed with TB.

**MCDH agrees to:**

- Provide medical care to Boone County residents with active TB referred by the BCHD.
- Provide education to the Boone County residents diagnosed with TB regarding the plan of care and treatment.
- Inform BCHD of any changes in condition of Boone County residents diagnosed with TB.
- Communicate regularly with BCHD to coordinate care of the impacted Boone County residents diagnosed with TB.
- Provide recommendations on contact investigation.

**2. COMPENSATION.**

Services will be compensated on fee-for-service basis as outlined in Attachment A incorporated by reference. Attachment A will be reviewed and revised on an annual basis. MCDH will submit a monthly invoice to BCHD detailing services provided by a Boone County TB patient's name by the 10<sup>th</sup> of the following month.

3. **TERM.** The initial term of this Contract shall begin on March 1, 2020 and shall automatically renew upon the anniversary of the original agreement unless written notification is received 30 days prior to renewal.
4. **TERMINATION.** This Contract may be terminated, with or without cause, by either party upon providing the other party thirty (30) days' written notice of said termination sent by certified mail to the address listed in Paragraph 15 of this Contract. The parties confidentiality and indemnification obligations set forth in this Agreement shall survive the termination of this Agreement.
5. **EQUIPMENT AND SUPPLIES.** MCDH is responsible for maintaining contracts and agreements with laboratories and medical service providers, as necessary, to provide services throughout this agreement including, but not limited to, contractual laboratory and radiological services.
6. **RECORDS.** Patient healthcare records generated hereunder shall remain the property of MCDH and maintained by MCDH in compliance with all state and federal rules and regulations.

7. **INSURANCE.** MCDH shall be responsible for maintaining professional liability insurance for its employees.
8. **EQUAL EMPLOYMENT OPPORTUNITY.** MCDH will not discriminate against any patient or applicant for services because of race, color, religion, sex, ancestry, national origin, place of birth, age, or handicap unrelated to bona fide occupational qualifications or status as a disabled veteran or Vietnam era veteran, or any other status protected by federal or Illinois state law.
9. **RELATIONSHIP OF THE PARTIES.** The parties intend that this Contract creates an independent contractor relationship, and all employees of MCDH and BCHD shall remain employees only of their respective agencies. In performing Services hereunder, MCDH shall at all times act as an independent contractor and not as an agent or employee of BCHD. The services shall be completed to the satisfaction of the BCHD; however the actual details of the Services shall be under MCHD's control.
10. **ASSIGNMENT.** BCHD and MCDH agree that this Contract and the respective rights hereunder, shall not be assigned, unless expressly agreed in writing by the parties.
11. **INDEMNIFICATION.** BCHD shall indemnify and hold harmless MCDH and McHenry County, its agents, subcontractors, employees, suppliers and elected officials from and against all claims, demands, liabilities, losses, damages, suits, judgments, costs and expenses (including reasonable attorney's fees and costs of defense) in any manner arising out of or resulting from the performance of the Services contemplated herein, provided that such claim, demand, liability, loss, damage, suit, judgment, cost, or expense to any third party is caused by or arising out of the acts or omissions of MCDH in the course of performing the duties required by this Contract, or the acts or omissions of MCDH employees, agents, subcontractors, suppliers or other third parties utilized in connection with MCDH's performance.
12. **GOVERNING LAW.** This Contract shall be governed and construed pursuant to the laws of the State of Illinois. Jurisdiction shall be in the 22<sup>nd</sup> Circuit Court in McHenry County.
13. **OSHA.** MCDH and BCHD shall at all times abide by and comply with all OSHA requirements.
14. **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT COMPLIANCES.** BCHD and MCDH shall comply with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), including, but not limited to, 42 USC 1320d, and applicable regulations, 45 CFR 160, 162, and 164, as may be promulgated or amended over time.
15. **NOTICE.** All notices, requests and communications which are required or may be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally or sent by nationally recognized overnight carrier or mailed by certified mail, postage prepaid, return receipt requested, addressed in each case to the parties addresses set forth below

Notices to McHenry County Department of Health shall be sent to the following address:

McHenry County Department of Health  
2200 N. Seminary Ave.  
Woodstock, IL 60098

Notices to Boone County Health Department shall be sent to the following address:

Boone County Health Department  
1204 Logan Ave.  
Belvidere, Illinois 61008

Receipt of any notice shall be deemed effective upon receipt, if delivered personally, or one (1) day after mailing if sent by overnight carrier, or three (3) days after deposit in the U.S. mail, with proper postage and properly addressed.

16. **ENTIRE AGREEMENT.** This Contract supersedes any prior agreements and undertakings among the parties and represents the complete agreement of the parties with respect to the subject matter herein. No oral statement or prior written material not specifically incorporated herein shall be of any force or effect. MCDH and BCHD specifically acknowledge that by entering into and executing this Contract, MCDH and BCHD rely solely upon the representations and agreements contained in this Contract and no others. This Contract may be amended by written agreement of the parties. No agreement hereafter made between the parties shall be binding on either party unless reduced in writing and signed by the party sought to be bound thereby.
17. **COUNTERPARTS.** This Contract may be executed in any number of counterparts, each of which shall be deemed an original and all of which shall constitute but one and the same instrument.
18. **SEVERABILITY.** The invalidity or unenforceability of any particular word, phrase, sentence, paragraph or provision of this Agreement shall not affect the other words, phrases, sentences, paragraphs or provisions hereof. This Agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted and the remainder construed so as to give them meaningful and valid effect. It is the intention of the parties that if any particular provision of this Agreement is capable of two constructions, one of which would render the provision void and the other of which would render the provision valid, the provision shall have the meaning which renders it valid. .
19. **WAIVER.** Either Party's failure to insist upon strict compliance with any provision hereof or its failure to enforce any rights or remedy in any instance shall not constitute or be deemed to be a waiver of any provision, right or remedy.

IN WITNESS WHEREOF, the parties hereto have executed this Contract on the \_\_\_\_ day of \_\_\_\_\_, 2020.

**MCHENRY COUNTY  
DEPARTMENT OF HEALTH**

**BOONE COUNTY  
HEALTH DEPARTMENT**

By: \_\_\_\_\_  
Melissa Adamson, MPH  
Public Health Administrator

By: \_\_\_\_\_  
Amanda Mehl, MPH  
Public Health Administrator

**Attachment A**

**Fees-for-Service**

Physician Consultation/Services (Per County contracted rate).....\$250.00/hour

Screening/Diagnostic Testing (Per contracted rate with Quest Diagnostic Laboratory and Mercy Health System\*)

Tuberculin Skin Test.....	\$10.00
Quantiferon Gold (IGRA).....	\$79.57
T-SPOT (IGRA).....	\$52.90
Chest X-Ray.....	\$62.00
Hepatic Function.....	\$2.79
Venipuncture (MCDH drawn).....	\$5.00
Venipuncture (Quest location).....	\$11.52

Medication (Per pharmaceutical rate through Wal-Mart Pharmacy\*):

- Active case medication treatment will be based on the pharmaceutical price at the time of ordering.
- Latent case treatment medication will be based on the pharmaceutical price at the time of ordering

*\*Prices are subject to change based on contractual and pharmaceutical rate changes.*

# **MONTHLY REPORTS**

# MCDH Nurse Report

November 2019 & December 2019

## **Skin Testing:**

- In November, 17 clinics were held with 39 skin test performed and 1 IGRAs collected.
- In December, 20 clinics were held with 54 skin tests performed and 4 IGRAs collected.

## **Doctor Clinic:**

- On November 18<sup>th</sup>, 2019 doctor's clinic was held with 8 chest x-rays reviewed and 10 charts reviewed.
- On December 16<sup>th</sup>, 2019 doctor's clinic was held with 6 chest x-rays reviewed and 9 charts reviewed.

## **Patient Update:**

- One current active client identified mid-December. Diagnosed based off CT scan from hospital. RIPE for 2 months and repeat CT.
- 3HP: 13 clients total so far; 3 clients have stopped due to GI intolerances.

## **Activities:**

- 11/5/19 & 11/7/19 PADS testing 6 total tests, 2 read.
- 12/10/19 & 12/12/19 PADS testing 10 total tests, 9 read.

## **Webinars/Trainings:**

- Early December Renee attended TB 101 in Springfield.
- 12/3/2019 Webinar: Screening and Treatment of Latent TB the Key to TB Elimination?
- 12/5/2019 Webinar: Diagnosis and Treatment of TB infection in Children: where are we now?

## **Upcoming events:**

- Annual TB testing for Employees in the month of January.

**EDUCATION**

Presentations	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
# of Presentations	0	0	0	0	0	0	0	0	0	0	0	0	0	2
# of Attendees	0	0	0	0	0	0	0	0	0	0	0	0	0	21

† Past 1-year year-to-date (YTD) used as reference

**TESTING**

TB Test Statistics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
<b>MCDH (Annex B)</b>														
# of Clinics	14	15	17	20	17	19	17	18	19	22	17	20	215	217
# of IGRAs (T Spot and Quantiferon)	2	3	1	1	2	0	4	2	2	2	1	1	21	10
# of Skin Tests	89	32	54	44	25	25	55	105	44	55	33	54	615	905
<b>PADS / Old Firehouse</b>														
# of Clinics	0	2	0	2	2	2	2	2	2	2	2	2	20	29
# of IGRAs (T Spot and Quantiferon)	0	0	0	0	0	0	0	0	0	0	0	0	0	-
# of Skin Tests	0	5	0	3	10	11	7	7	5	2	6	10	66	84
<b>Contact Investigation Testing</b>														
# of Clinics	0	0	0	0	0	0	0	0	0	0	0	1	1	6
# of IGRAs (T Spot and Quantiferon)	0	0	1	0	0	0	0	0	0	0	0	3	4	-
# of Skin Tests	0	0	7	0	0	0	5	5	2	5	0	1	25	97
<b>Other Outreach Sites</b>														
# of Clinics	0	0	0	0	0	0	0	0	0	0	0	0	0	-
# of IGRAs (T Spot and Quantiferon)	0	0	0	0	0	0	0	0	0	0	0	0	0	-
# of Skin Tests	0	1	0	0	0	0	0	0	0	0	0	0	1	-
<b>Totals</b>														
Total Skin Tests	89	32	54	44	25	25	55	105	44	55	39	54	621	1086
Total IGRAs (T Spot and Quantiferon)	2	3	1	1	2	0	4	2	2	2	1	4	24	-
Total Positive Tests	0	0	1	0	0	0	0	0	1	1	0	1	4	49
County Positive Skin Test Rate*	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.0	0.3	1.3	-

† Past 1-year year-to-date (YTD) used as reference

\*Annual Rate YTD represents the annual rate per 100,000 population based on the US Census Bureau, 2013-2017 ACS 5-year Estimates for McHenry County (308,043 people)

Diagnostic Statistics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
X-Rays Ordered	1	5	4	2	3	2	5	3	5	8	3	6	47	62
Sputum Collected	0	8	1	0	6	0	3	4	6	8	0	9	45	24
Laboratory Tests Ordered (LFT and CBC)	1	3	1	4	1	2	5	0	5	3	3	6	34	28

† Past 1-year year-to-date (YTD) used as reference

**LTBI**

Preventive Statistics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
Positive clients transferred into county	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Positive Interviews	5	6	8	5	2	2	5	2	7	10	3	6	61	62
Clients Starting LTBI	1	1	1	4	1	1	1	1	1	2	2	2	18	28

† Past 5-year year-to-date (YTD) median used for calculation of reference value

Clients Starting LTBI	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
<b>Gender</b>														
Male	0	0	0	1	0	0	0	0	1	1	1	1	5	8
Female	1	1	1	3	1	1	1	1	0	1	1	1	13	13
<b>Age</b>														
Children (0-18 years)	0	0	0	0	0	0	1	0	1	1	0	0	3	2
Adult (19-64 years)	1	1	1	4	1	0	0	0	0	1	2	2	13	17
Senior Adult (65+ years)	0	0	0	0	0	1	0	1	0	0	0	0	2	2
<b>Foreign Born</b>														
Yes	0	0	0	2	0	1	1	0	0	2	1	2	9	16
No	1	1	1	2	1	0	0	1	1	0	1	0	9	5

† Past 1-year year-to-date (YTD) used as reference

Treatment Completion	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
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Clients Completing LTBI	1	2	2	2	1	1	2	3	1	1	0	0	16	16
Failure to Complete	0	0	0	0	0	0	0	0	1	2	0	1	4	8
Moved	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lost to F/U	0	0	0	0	0	0	0	0	1	0	0	0	1	2
Declined- Personal	0	0	0	0	0	0	0	0	0	0	0	1	1	2
Declined-Medical	0	0	0	0	0	0	0	0	0	2	0	0	2	1
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	3

0

ACTIVE TB

Active TB Statistics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
# TB Cases Identified	0	0	0	2	0	0	0	0	0	0	0	1	2	1
# Incident TB Cases for McHenry County	0	0	0	1	0	0	0	0	0	0	0	1	2	1
County TB rate*	0	0	0	0.3	0	0	0	0	0	0	0	0.3	0.65	-
Active Cases Transferred OUT of County	0	0	0	1	0	0	0	0	0	0	0	0	1	1
Active Cases Transferred INTO County	0	0	0	0	0	0	1	0	0	0	0	0	1	1
Total Active TB Caseload**	2	2	2	1	1	1	2	1	1	0	0	1	3	0
# DOT Visits	36	26	28	23	22	20	21	3	9	0	0	7	195	178
# Video DOT Visits	0	0	0	0	0	0	0	9	3	0	0	0	12	-
# TB Contact Investigations Initiated	0	0	1	0	0	0	0	0	0	0	0	1	2	3
# Suspected Cases	0	2	0	0	0	0	1	0	0	0	0	0	3	11

† Past 1-year year-to-date (YTD) used as reference for all values except for # TB Cases Identified (past 5-year YTD median used as reference for this statistic)

\*Annual Rate YTD represents the annual rate per 100,000 population based on the US Census Bureau, 2013-2017 ACS 5-year Estimates for McHenry County (308,043 people)

\*\*Number does not accumulate, it reflects the number of people for whom the DOT visits and DOT time account

§1 case occurred in 2018 but counted in 2019 to be in agreement with IDPH reporting procedures

Treatment Completion	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
Cases Completing Active TB Medication	0	1	0	0	0	0	1	0	1	0	0	0	3	1
Failure to Complete	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Moved	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lost to F/U	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Declined- Personal	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Declined-Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0

† Past 1-year year-to-date (YTD) used as reference.

Resistance Classifications	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
#MDR Cases Identified	0	0	0	0	0	0	0	0	0	0	0	0	0	0
#XDR Cases Identified	0	0	0	0	0	0	0	0	0	0	0	0	0	0

† Past 1-year year-to-date (YTD) used as reference

Active TB Statistics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total YTD	YTD Reference †
Location of Active TB Identified														
Pulmonary	0	0	1	0	0	0	0	0	0	0	0	1	2	3
Extrapulmonary	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender														
Male	0	0	0	0	0	0	0	0	0	0	0	1	1	2
Female	0	0	1	0	0	0	0	0	0	0	0	0	1	1
Age														
Children (0-18 years)	0	0	1	0	0	0	0	0	0	0	0	0	1	1
Adult (19-64 years)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Senior Adult (65+ years)	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Foreign Born														
Yes	0	0	0	0	0	0	0	0	0	0	0	1	1	3
No	0	0	1	0	0	0	0	0	0	0	0	0	1	0

† Past 1-year year-to-date (YTD) used as reference

**I. Numbers of Cases**

There are 291 cases reported and confirmed so far in 2019. Compared to the same week last year, there were 289 cases reported.

2019 to date

Boone County	2
DuPage County	37
Kane County	15
Kendall	1
Lake County	9
McHenry	1
Will County	17
Winnebago	6
Suburban Cook	63
Chicago	109

## **II. Drug Resistance**

Of the 291 cases reported thus far in 2019, 200 were culture positive. Of those culture positive, 157 (78.5%) have their susceptibilities reported.

12 (7.6%) cases are resistant to Isoniazid.

1 (0.6%) cases are Multi-Drug Resistant (resistant to both Isoniazid and Rifampin).

1 (0.6%) are XDR (extensively drug resistant)\*

\*Down state, they are treating a second XDR case, but the case is not countable, as the case was already counted in their home country.

## **III. Dead at Diagnosis or Died on Therapy**

Of the 291 cases reported thus far, 12 were dead at diagnosis and 22 died during therapy. 14 have documentation that cause of death was related to TB.

## **IV. US born vs Foreign Born**

Of the 291 cases reported, 80 cases are US born (27%)

209 cases are Foreign Born (72%)

2 not specified

## **V. Education Opportunities**

There will be 3 webinars on TB topics on Wednesdays in March. More information to follow.

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# **PROGRAM HIGHLIGHTS**

# **OLD BUSINESS**

# **NEW BUSINESS**

# **BOARD ISSUES**

# **INFORMATION AND COMMUNICATION**

PERSPECTIVE

# Tuberculosis vaccines: Rising opportunities

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A vaccine preventing pulmonary tuberculosis (TB) in adults is needed but has long been considered an elusive goal. Times are changing in the field of TB vaccines, though, with recent results boosting confidence in the feasibility of a TB vaccine with potential as a decisive tool in the fight against TB.

*Mycobacterium tuberculosis* (Mtb), the causative agent of TB, is the leading cause of death from any single infectious pathogen. In 2017, an estimated 10 million people developed TB, and 1.6 million people died of the disease. Approximately 1.7 billion people—23% of the world's population—have latent TB infection (LTBI) and carry the risk of developing TB during their lifetime. The emergence of Mtb strains resistant to TB drugs causes a major growing burden of hard-to-treat infections. An estimated 558,000 people developed drug-resistant TB in 2017, 82% of which were multidrug-resistant cases; 230,000 deaths were due to drug-resistant TB [1].

Important efforts are being directed to TB control through the WHO End TB Strategy, which set ambitious targets for reduction of disease burden. However, current trends fall well short of those needed to meet the goals [1]. Last year, the United Nation's High-Level Meeting on TB renewed the commitment to fight TB, but it is clear that current approaches are insufficient, highlighting the importance of research and development for new tools [2]. Disease impact and health-economic modelling has shown the value of a vaccine that would prevent pulmonary TB in adults not only for those immunized but also by reducing transmission to others [3].

Such a vaccine, long considered an elusive goal, may now be close at hand, given new clinical trial results from a Phase 2b trial in South Africa and Zambia [4]. Two doses of the M72/AS01B, an adjuvanted fusion protein construct based on two TB antigens, was shown to provide 54% (90% CI 14%–75%) protection against pulmonary TB in individuals with LTBI over an average 2.3 years of follow-up. Secondary analyses, based on a limited number of cases and therefore subject to caution, suggest that there was no waning of effect over time and that protection may be highest in younger individuals. Data from follow-up through an additional year are awaited in the coming months. In this study, the point estimate of vaccine efficacy was above what had been predefined as a preferred lower target level by WHO [5].

The lack of reliable models to predict human protection in early clinical development did not allow confidence building in this product before the trial results were known, and further investments had not been planned. Decisions are now needed for financial investments to support further clinical development, progression to Phase 3 evaluation, and preparation of the downstream pathway to affordable access and use.

Various clinical development options should be considered. A vaccine with characteristics as demonstrated in the Phase 2b trial may be of significant interest in endemic regions characterized by high attack rates, where most young adults have been infected. Proof-of-concept



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**Abbreviations:** BCG, Bacillus Calmette-Guérin; CMV, cytomegalovirus; LTBI, latent TB infection; Mtb, *Mycobacterium tuberculosis*; TB, tuberculosis.

**Provenance:** Commissioned; not externally peer reviewed.

remains to be established for people who don't have LTBI, especially for geographical regions where transmission intensity is lower. As existing results suggest the vaccine prevented the natural course of progression from infection to pulmonary disease, it would be relevant to investigate similar immunotherapeutic effects in subjects who live or lived in contact with TB patients or in subjects known to have recently converted diagnostic markers of infection. Testing for use as a therapeutic adjunct to improve outcomes of drug treatment in TB patients should also be considered. Children, older individuals in countries where the epidemic is driven by TB reactivation [6] and specific high-risk groups such as HIV-infected people, should also be considered for evaluation in order to not be denied a potential protective intervention.

Although advancing the evaluation of M72/AS01 is now a major priority, it is not the only important progress in the TB vaccine field.

Another promising breakthrough emerged from a recent study in South Africa evaluating the effect of Bacillus Calmette-Guérin (BCG) revaccination in people vaccinated with BCG at birth and with no evidence of LTBI [7]. The coprimary endpoints of this trial were not achieved; however, secondary analyses suggested that BCG revaccination reduced the proportion of sustained conversion of in vitro markers of LTBI by 45%. The clinical significance of this new finding is unknown, especially in light of past studies that have shown no impact of BCG revaccination on TB [8–9], which formed the evidence base for WHO not recommending BCG revaccination [10]. The risk of disseminated BCG disease in subjects with immunosuppression would constitute an important obstacle to BCG revaccination strategies in HIV and TB coendemic areas. This research signal nevertheless constitutes an important opportunity to characterize immunological mechanisms of protection against Mtb infection, and such investigations are planned.

Recent early-stage developments are also cause for optimism. As presented in a recent review, new constructs in preclinical testing include recombinant cytomegalovirus (CMV)-based candidates inducing atypical immune responses and supporting investigations in previously unexplored territory in the science of TB vaccinology; new imaging techniques allow for monitoring of TB progression in vaccinated primate models of experimental infection; attempts to develop safe human models of experimental infections are being developed; the role of the route of vaccination is being explored; and immune markers of TB risk are increasingly being identified, with the potential to inform rationale vaccine design, testing pathways, and eventually support regulatory-acceptable accelerating bridging steps [11]. The pipeline of other products in clinical development is diverse, with a variety of live-attenuated or killed mycobacteria-derived candidates (DAR-901, MTBVAC, RUTI, *Vaccae*, VPM001), adjuvanted recombinant proteins (H56:IC31, ID93/GLA-SE), and recombinant viral vectors (MVA85A, ChAdOx1.85A, MVA85A, Ad5 Ag85A, MVA85A-IMX313, TB/FLU-04L), progressing through human evaluation [12].

While the statements from the UN High-Level Meeting are welcome, transforming discovery and vaccine candidates into products that can have impact takes more than declarations of support. Funding levels, unfortunately, are insufficient, and the US\$1.3 billion annual funding gap in TB research needs to be filled [12]. More funding should be targeted to support TB vaccine research, which has been estimated at US\$74 million in 2017, a surprisingly low figure as compared to the US\$174 and US\$700 million allocated to, respectively, malaria and HIV vaccine R&D [13] when considering the scientific opportunity, unmet need, and investment case [14].

Progress toward TB elimination will require vigorously pursuing the potential contribution of novel TB vaccines propelled by new evidence recently made available. Advocates working on TB as a major global health problem should lead decision-makers toward this realization. The possibility to transform the opportunities into action will be a test of the collective ability

of the global health community to succeed in developing and using vaccines aimed at addressing diseases disproportionately affecting the poor. The world needs better operating models supporting prompt progress from vaccine efficacy proof-of-concept to evaluation for use and impact in support of policy decision and funding for implementation. A sense of responsibility toward global health from the corporate sector manufacturing vaccines is needed as well as from the public and philanthropic sector, through the setup of functional public-private partnerships supported by innovative funding mechanisms. Opportunities are rising in the search for tools to prevent TB; let us not squander this chance. Now is the time for mobilization toward vaccine impact against TB.

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