

Guide for Prioritizing TB Prevention and Control Activities during the COVID-19 Response

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The COVID-19 pandemic presents unprecedented challenges to public and tribal health, our healthcare partners, and the communities we serve. However, we know the presence of this pandemic does not erase existing infectious diseases our communities face, including TB. The following guide is intended to help your local or tribal health office make decisions to prioritize TB prevention and control activities to protect your own health and the health of your community. The Minnesota Department of Health (MDH) TB Program understands the impact of the COVID-19 response may affect each local and tribal health office differently and the need to adapt these recommendations to your individual situations.

Active TB

Reports of probable or confirmed TB cases is still required under the disease reporting rule. Priorities for the diagnosis, management, and treatment of these cases for public and tribal health are:

- Assist with diagnostic workup including home sputum collection.
- Communicate with the patient to coordinate a DOT plan.
- Provide medications via DOT.
 - If resources are limited, local and tribal health may need to make difficult decisions about DOT. Use the [Directly Observed Therapy \(DOT\) Assessment Tool](https://www.health.state.mn.us/diseases/tb/lph/dottool.pdf) (<https://www.health.state.mn.us/diseases/tb/lph/dottool.pdf>) as a guide.
 - If unable to provide in-person DOT, assess the option of Video DOT (V-DOT) using our [Video Directly Observed Therapy \(VDOT\) Tool Kit](https://www.health.state.mn.us/diseases/tb/lph/vdot/index.html) (<https://www.health.state.mn.us/diseases/tb/lph/vdot/index.html>).
 - Consult with MDH about switching patients to intermittent dosing for which in-person or V-DOT can be used.
 - Provide no more than one month of TB medications to the patient to be stored in their home.
 - MDH strongly recommends setting up daily dosing in pill boxes.
 - MDH does not recommend leaving bottles of TB medications in the household.
- Notify MDH as soon as possible of drug regimen changes. MDH is working in advance of shipment dates to complete orders.

Contact Investigations

Continue contact investigation (CI) activities to identify new cases of active TB and prevent TB in high-risk contacts. Follow the CDC's [Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis](https://www.cdc.gov/tb/publications/guidelines/contactinvestigations.htm) (<https://www.cdc.gov/tb/publications/guidelines/contactinvestigations.htm>) for prioritizing.

- Patient interviews, contact notifications, and initial assessments (symptom screen, medical history) should continue to occur within CDC's recommended timeframe.
 - Priority for face-to-face visits are with active cases (e.g., initial patient interview).
 - Contact notifications and assessments may be done over the phone.

PRIORITIZING TB ACTIVITIES DURING COVID-19 RESPONSE

- CI's of persons who are sputum smear-positive should be assigned the highest priority.
 - If needing to prioritize within this group, priority should be given to CIs for persons who also have cavitory disease.
- Evaluation of high-priority contacts should continue. High-priority contacts are:
 - Children under 5 years of age (*regardless of smear result of index case*) [window-period prophylaxis is recommended].
 - Persons with one or more medical risk factors (*regardless of smear result of index case*) [window-period prophylaxis is recommended].
 - HIV infection
 - Beginning or currently in recipient process of stem cell or solid organ transplant
 - Current daily treatment with moderate or high dose corticosteroid [i.e., equivalent to prednisone ≥ 15 mg for 1 month or longer]
 - Beginning or currently receiving treatment with TNF-alpha antagonist
 - Exposure during a medical procedure (regardless of smear-result of index case).
 - Exposure to a sputum smear-positive case.

Latent TB Infection (LTBI) Treatment

Prioritize patients receiving treatment for LTBI based on their risk factors for progressing to active disease. High-risk patients are defined as:

- Children < 5 years of age
- Highly immunocompromised due to presence of at least one of the following:
 - HIV infection
 - Presently taking immunosuppressive therapy:
 - Beginning or currently in recipient process of stem cell or solid organ transplant
 - Current daily treatment with moderate or high dose corticosteroid [i.e., equivalent to prednisone ≥ 15 mg for 1 month or longer]
 - Beginning or currently receiving treatment with TNF-alpha antagonist
 - Silicosis
 - Abnormal chest x-ray consistent with stable, inactive TB disease.
- Contact to an active TB case within the last 2 years
- TB test conversion (i.e., documented change in TB testing status within a 2 year period):
 - TST: a change from negative to positive with an increase of ≥ 10 mm in induration within 2 years
 - IGRA: a change from negative to positive within 2 years

Screening and treatment of persons who are not high-risk may be deferred until later.

Monitoring LTBI patients should continue based on CDC treatment guidelines, but may be modified based on staffing, individual patient needs, and their ability to complete treatment.

Also, when monitoring your LTBI patients, please use the CDC's treatment gap rules as needed, or upon your professional discretion. Gap allowances are as follows:

- 4R: 120 daily doses of Rifampin to be completed within 6 consecutive months
- 3HP: 11 weekly doses of INH and Rifapentine to be completed within 16 consecutive weeks
- 9H: 270 daily doses of INH to be completed within 12 consecutive months
- 6H: 180 daily doses of INH to be completed within 9 consecutive months

Class B Follow-Up

The International Organization for Migration (IOM) and United Nations High Commissioner for Refugees (UNHCR) have temporarily suspended refugee resettlement until further notice. As a result, the MDH Refugee Health Program (RHP) does not anticipate major local public health involvement in the next few weeks.

Other immigrants may continue to travel to the U.S. However, travel restrictions are currently in place based on widespread transmission of COVID-19. Use CDC's [COVID-19 Travel Recommendations by Country \(https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html) to find the most recent information.

For any new arrival with a Class B TB designation, follow-up on persons with a Class B1 TB designation is priority over persons with a Class B2 TB designation. Based on current capacity, review the person's overseas medical records and call to assess symptoms.

- If asymptomatic, consider postponing their TB evaluation
- If symptomatic, arrange for a complete TB evaluation

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To obtain this information in a different format, call: 651-201-5414 or toll-free from greater MN 1-877-676-5414.