

# **TB Program Advisory Committee**

**5/2/05**

## **Minutes**

**Present: Meredith Arnold, Carrie Bridges, Herb Constantine, William Corwin, Glenn Forte, Mary Jean Francis, Mike Gosciminski, Nancy Hughes, Jenifer Jaeger, Margaret Kane, Awewura Kwara, Catherine Lynn, Melissa Martin, Cecile Martin, Marguerite Neill, Lenore Normandie, Ana Novais, Janet O'Connell, Georges Peter, Jody Rich, Gloria Rose, Cindy Vanner.**

**Co-Chairs: E. Jane Carter, Utpala Bandy.**

### **Updates:**

**Copies of presentations emailed with minutes. Updates include Epidemiology, RISE Clinic, Hasbro TB Clinic, HEALTH TB Laboratory, TB Program.**

### **Upcoming changes in TB guidelines for health-care facilities:**

**&#61623; The CDC's Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 1994, is being revised in 2005.**

**&#61623; This will likely affect infection control plans in hospitals and nursing homes, as well as impact state laws, rules and regulations on TB control in health care facilities.**

**&#61623; When the revision is released, the TB Program will update**

**the TB website and draft revisions of state laws. Committee members available to review drafts should contact Nancy via email or phone (222-7538).**

**DOT Change:**

**&#61623; As of January 2005, the TB Program stopped providing DOT on weekends.**

**&#61623; Dr. Carter raised concern about changing DOT from 7 days per week to 5 days per week unless some other portion of the program can clearly be impacted to improve the overall TB control program. The issue is that if we are to give up one portion of the program, another should gain.**

**&#61623; Present proposal was that the weekend outreach worker resources be deployed to improve contact tracing. A request by Dr Carter is that if at the end of the year, improvements in contact tracing cannot be demonstrated, that 7 day per week DOT be reinstated.**

**&#61623; Dr. Carter is advocating for weekend DOT to be reinstated based on the following concerns:**

- 1. Ideally DOT is seven days per week.**
- 2. The state has done seven day per week DOT for several years, demonstrating feasibility.**
- 3. The ATS/CDC guidelines are unclear in dose counting instructions regarding five day DOT regimens and self-administered weekend doses.**

**&#61623; Further concerns in support of seven day DOT regimens**

were offered:

1. High-risk patients would benefit from weekend DOT.
2. Concerns were expressed about the risk for the development of resistance for those that miss doses on five day DOT schedules.
3. Operational difficulties should be addressed so that those designated as clinically needing seven day DOT regimens can be offered it.

&#61623; Nancy Hughes defended the decision to move to a five day DOT program:

1. ATS/CDC treatment guidelines allow for five day DOT programs. Per the ATS/CDC guidelines: “Although there are no studies that compare five with seven daily doses, extensive experience indicates this would be an effective practice.”

2. Five day DOT programs are common practice.

3. For a multi-drug resistant case, seven day DOT would be provided.

4. The weekend worker was extremely isolated in terms of peer support, collaboration, etc. While different communication systems were tried to make sure he was in the loop about each patient, there was always the opportunity for miscommunication or misunderstandings.

5. The previous program had difficulty accommodating patient needs.

Example: In the summer, most patients want early morning DOT. However, in order to be able to complete all patients despite beach traffic, any cases on Aquidneck Island or in South County are done very early. This means all other patients are done later, often at their inconvenience.

**6. The seven day program was inconsistent due to restrictions within the state system. There were weeks at a time when we had larger caseloads on weekends and sometimes couldn't get extra coverage. This would result in a patient being told one week that he/she must be home on the weekend for DOT, but weeks of staff shortages, being told to self-administer medication. Now, patients consistently get DOT Monday through Friday, and consistently either self-administer on the weekend or have the weekend medication-free (per physician choice).**

**7. Using weekend DOT hours for late afternoons and evenings has been very helpful in that:**

**&#61623; The TB Program doesn't have to pay an agency to do evening DOT. The Program runs consistently in the red and is pressured to address this.**

**&#61623; While community partners have always been helpful with DOT when needed, the TB Program is not always informed of missed doses promptly despite training and protocols instructing this.**

**&#61623; The TB Program can't afford to pay agencies much to do DOT, so they sometimes stop wanting to participate. Three agencies have terminated in the last three years. Courting new ones, getting contracts in place, training, etc. is very time consuming.**

**&#61623; The new schedule makes the outreach worker available to assist with other program activities (e.g. contact investigation), and be available for staff education.**

**&#61623; When some patients have missed doses due to not being home from work yet, the evening person has been able to administer**

**DOT.**

**&#61623; A sub-committee was formed to further explore the five day vs. seven day DOT issue. Volunteers included Dr. Carter, Dr. Rich, Dr. Neill, Ana Novais, and Nancy Hughes. Other interested parties should contact Nancy via email or phone (222-7538).**

**Program funding update:**

**This was postponed until the next meeting.**

**Next meeting will be in September 2005. The date will be set at a later time.**