

AAPS POLICY FOR TUBERCULOSIS

Background

The Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act of 1992 established federal regulations mandating alcohol and other drug providers who receive Substance Abuse Prevention and Treatment (SAPT) Block Grant provide TB services and appropriate referrals for clients who are in need of TB evaluation or treatment. The regulations require State substance abuse agencies and departments of health to cooperate in developing procedures to ensure that programs provide the mandated services, implement infection control procedures, report cases of TB to local or State public health departments, and provide case management for those in need of TB services. AAPS is collaborating with the Kansas Department of Health and Environment (KDHE) to facilitate the provision of TB services and create the necessary linkages between substance abuse treatment providers and local health care providers. 45 C.F.R. 96.127

TB High Risk Groups

1. Persons with HIV infection;
2. Close contacts of persons known or suspected to have TB;
3. Persons with certain medical conditions, such as diabetes mellitus, silicosis, or low body weight;
4. Persons who inject illicit drugs;
5. Persons who are foreign-born from areas where TB is common;
6. Residents and employees of high risk congregate settings i.e. residential treatment, correctional facilities, nursing homes;
7. High risk racial or ethnic minority populations;
8. Children exposed to adults in high risk categories;
9. Health care workers (HCWs) who serve high risk clients;
10. Recently infected; and
11. History of inadequately treated TB.

TB Program Policy

1. To achieve TB control and progress toward TB elimination substance use treatment providers shall ensure alcohol and other drug clients are provided with the following services: (a) TB risk assessment; (b) referral for TB screening, and the results of the evaluation ; (c) documentation of the results of the screening test; and (d) case management. Services provided to clients will be tracked by utilizing a referral log.

2. Substance use treatment providers shall develop written policies and procedures that address workplace safety protocol and infection control.

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3. Employees of substance use treatment providers shall receive annual training on TB, workplace safety, and infection control.
4. Interim services shall be offered by qualified staff if treatment services are not immediately available to clients with high risk of TB.

TB Risk Assessment

The following questions shall be utilized to conduct the risk assessment:

1. Have you had contact with someone who has infectious TB disease?
2. Were you born in areas of the world where TB is common (for example Asia, Africa or Latin America)? OR have you visited any of these areas for an extended period of time (two months or more)?
3. Are you of a low-income group with poor access to health care, including those who have been homeless in the last two years?
4. Have you injected illicit drugs?
5. Have you lived or worked in residential facilities (for example; nursing homes, correctional facilities or treatment facilities)?
6. Have you worked in a facility where you may have been exposed to TB (health care workers who serve high risk populations)?
7. Are you at risk of having HIV/AIDS as a result of having unprotected sexual contact with OR shared needles with a person who may be infected with HIV/AIDS?
8. Are you HIV/AIDS infected?
9. Please note the date of birth when interviewing the client, as individuals who are elderly are at higher risk for TB.

If any of the questions could be answered “yes” the client should be evaluated for the following symptoms;

Within in the last month have you had any of the following?

- a. A cough lasting over 3 weeks?
- b. Sputum production or blood with cough?
- c. Unexplained loss of appetite or sudden weight loss?
- d. Fever, chills, or night sweats for no reason?
- e. Persistent shortness of breath?
- f. Increased fatigue?
- g. Chest pain?

If any of these symptoms are answered as “yes”, the clients shall be referred to the local health department or primary care physician. In the case of residential treatment TB screening, evaluation, and treatment may be completed in house or referred to the local health department or primary care physician for further evaluation or treatment. **No client should be integrated into a residential treatment facility who is symptomatic until infectious TB disease has been**

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properly ruled out.

If any client could answer “yes” to any of the risk assessment questions, but does not demonstrate any symptoms, the client should be given education about TB Infection and Disease, the evaluation process for TB and given referral information if further evaluation is desired by the client based on their knowledge of their risk.

TB Screening and Evaluation

Substance use treatment centers shall document on the referral log the date the client was referred for TB screening and the results of the screening. Clients who are classified as class three (3) type “TB, clinically active” or class five (5) type “TB suspected” shall be reported to the local health department as mandated by the Kansas Department of Health and Environment”. *(Please refer to page10 for class type in the “Core Curriculum on Tuberculosis,” Fourth Edition, 2000)*

Case Management

Case management services shall be provided to clients who are classified as class three (3) type or class four (4) type. Case management services shall be coordinated between the treatment provider and the local health department to ensure clients receive TB treatment, monitoring, education, and followup services. Case management services shall be documented on the referral log to verify coordination of these services on behalf of the client.