

# Division of Public Health

## Agreement Addendum

### FY 12-13

MASTER  
 \_\_\_\_\_  
**Local Health Department Legal Name**

EPI/Communicable Disease  
 \_\_\_\_\_  
**DPH Section/Branch Name**

551 TB Control

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06/01/2012 - 05/31/2013

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07/01/2012 - 06/30/2013

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**Original Agreement Addendum**

**Agreement Addendum Revision # \_\_\_\_\_ (Please do not put the Aid to County BE revision # here.)**

**I. Background:**

Tuberculosis (TB) maintains a grim historical notoriety as one of the leading infectious causes of death in North Carolina. TB is preventable and in most cases curable. Medical treatment of persons with latent TB infection (LTBI) can prevent subsequent development of active TB disease. TB disease can usually be cured with appropriate regimens of medication.

Since 1980, the number of new cases has declined, on average, almost 5% per year in North Carolina. TB incidence in North Carolina decreased 21% between 2006 and 2010, down from 374 cases to 296 cases. The overall downturn is directly attributable to the resources used to strengthen the TB Program in North Carolina.

The ultimate goal of the North Carolina TB Program is to eliminate tuberculosis disease as a public health threat by reducing the number of new cases of TB and by controlling the spread of TB into the general population.

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Health Director Signature (use blue ink)

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Date

Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: _____ Phone number with area code: _____ Email address: _____
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**Signature on this page signifies you have read and accepted all pages of this document.**

**II. Purpose:**

The purpose of the Agreement Addenda is to provide specific funding to counties in North Carolina in support of their TB program staff and to maintain TB medical services in their respective county. The financial aid directed to North Carolina counties stipulates that counties must agree to manage patients in accordance with NC State TB Program policies and procedures.

**III. Scope of Work and Deliverables:**

The target population for TB Control and services provided during the Agreement Addenda service period are any persons residing either temporarily or permanently in North Carolina. NC TB Program uses a community-based system of TB and all 100 counties have at least one TB nurse assigned to TB prevention and control activities. In addition, each county has a local clinician providing medical services. The locally based TB physicians have 24/7 available consultative back-up provided by Dr. Jason Stout, (TB Medical Director) and his colleague, Dr. David Holland. Local health departments have the legal authority and responsibility to coordinate all TB efforts in their jurisdiction. Specifically, local health departments are responsible to aggressively interrupt TB transmission through appropriate disease treatment regimens and minimize the number of people in North Carolina who become newly infected with TB, and to provide appropriate preventive treatment to those already infected.

**IV. Performance Measures/Reporting Requirements:**

Reporting requirements for the following performance measures for the calendar year January 1, 2011-December 31, 2011 shall be based on percentages stated in your FY 11-12 Agreement Addendum. Reporting requirements projected for the calendar year January 1, 2012-December 31, 2012 shall be based on percentages listed in the table below.

	<b>CY 2011 Actual</b>	<b>CY 2012 Projected</b>
<b>1.</b> 85% of cases with initial positive sputum cultures will have documentation of culture status every 2 weeks until microbiologic conversion to negative is achieved.		
<b>2.</b> 67% of cases with positive sputum culture results will have documented conversion to sputum culture-negative within 60 days.		
<b>3.</b> 97% of cases with positive AFB sputum-smear results will have treatment initiated within 7 days of specimen collection.		
<b>4.</b> 92% of patients who are suspected of having TB will be started on the recommended initial 4-drug regimen.		
<b>5.</b> 100% of cases will receive directly observed therapy (DOT) in accordance with NC TB Control policy and state law for the duration of treatment in NC.		
<b>6.</b> 93% of patients with newly diagnosed TB and for whom 12 months or less of therapy is indicated will complete treatment within 12 months.		
<b>7.</b> 100% of information on contacts to sputum positive cases will be reported in NC EDSS.		
<b>8.</b> 99% of all TB patients with positive AFB sputum-smear results will have contacts identified.		
<b>9.</b> 87% of contacts to sputum AFB smear-positive TB patients will be fully evaluated.		

<p><b>10.</b> 82% of contacts to sputum AFB smear-positive TB patients with newly diagnosed latent TB infection (LTBI) will start treatment.</p>		
<p><b>11.</b> 82% of contacts to sputum AFB smear-positive TB patients who start treatment for newly diagnosed LTBI, will complete prescribed treatment.</p>		
<p><b>12.</b> 65% of all persons (non-contacts) who begin treatment for latent infection will complete treatment</p>		
<p><b>13.</b> 95% of all TB cases will have HIV test results recorded in their medical record.</p>		
<p><b>14.</b> All suspect TB cases will be reported to the regional TB Nurse Consultant within 7 days of notification.</p>		
<p><b>15.</b> 85% of all surveillance reports (Report of Verified Case of Tuberculosis plus the Follow Up #1 Report) on both laboratory and clinically confirmed cases will be forwarded (by paper or electronically) to the nurse consultant within 12 weeks of starting treatment.</p>		
<p><b>16.</b> 100% of each core Report of Verified Case of Tuberculosis (RVCT) data items will be reported electronically in NC Electronic Disease Surveillance System.</p>		
<p><b>17.</b> 95% of all Follow Up #2 Reports will be forwarded to the nurse consultant within 4 weeks of treatment completion.</p>		
<p><b>18.</b> Any Public Health Nurse who is responsible for the TB Control program will have attended the Introduction to Tuberculosis Management course or will attend the next date the course is offered.</p>		
<p><b>19.</b> 100% of TB case medical records will, at a minimum, contain the following:</p> <ul style="list-style-type: none"> <li>a. signed physician orders for the treatment of disease</li> <li>b. monthly documentation of the PHN's assessment for possible medication side effects</li> <li>c. signed and dated TB Epidemiological Record verifying patient education and informed consent</li> <li>d. interpretation of the initial chest x-ray</li> <li>e. a signed TB treatment agreement or isolation order</li> <li>f. baseline lab results and subsequent lab results as indicated</li> <li>g. TB Drug Record/DOT record containing current and accurate information.</li> </ul>		
<p><b>20.</b> 76% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB will have a medical evaluation initiated within 30 days of arrival.</p>		
<p><b>21.</b> 76% of immigrants and refugees with abnormal chest x-rays read</p>		

overseas as consistent with TB will have a completed medical evaluation and presumptive diagnosis within 90 days of arrival.		
<b>22.</b> 78% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with latent TB infection (LTBI) during evaluation in the U.S., will start treatment.		
<b>23.</b> 67% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with latent TB infection (LTBI) during evaluation in the U.S. and started on treatment will complete treatment.		
<b>24.</b> 75% of Class B events in NC Electronic Disease Surveillance System (NC EDSS) will have all core data items completed.		
<b>25.</b> 95% of TB cases with a pleural or respiratory site of diseases and who are 12 years or older with have a sputum-culture result reported.		

**V. Performance Monitoring and Quality Assurance:**

Annual Assessments are conducted by the Regional TB Nurse Consultants. The Data sources used for the assessments are clinical records and TB case reports that are entered into the NC Electronic Disease Surveillance System (NC EDSS). Results and findings of individual county assessments are communicated to the county health directors and TB program staff in the assessment reports. Program successes, deficiencies and corrective action plans (when necessary) are key components of this report.

In addition, The State TB Program reports progress on the above stated objectives in the Cooperative Agreement’s Annual Progress Report due to the Centers for Disease Control and Prevention (CDC), Division of TB Elimination every March 31st. The format of this report is specified in the letter of instruction for CDC’s TB Cooperative Agreement Application Guidance Document.

**VI. Funding Guidelines or Restrictions: (if applicable)**

Federal Cooperative Agreement TB funds cannot be used to purchase anti-TB drugs or to supplant already existing State funds. Also, these funds cannot be used to construct buildings or any other structures.