

# Preventive Health and Health Services Block Grant

## SUCCESS STORY 2018

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### TB-free California

#### Partnering to Prevent TB in a Binational Population

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**Public Health Issue:** Clinicas de Salud del Pueblo (CSP) was the first migrant health center established in the United States in 1970 (1). Situated in Imperial County, California near the U.S.-Mexico border, the Brawley location (CSP-Brawley) sees individuals at high-risk for tuberculosis (TB). Imperial County has the highest rate of TB in the state, with 21.2 cases per 100,000 population (2). The TB Free California team is collaborating with CSP-Brawley to help increase testing and treatment for TB infection, and to integrate these steps as a routine part of primary care. Treatment for TB infection can prevent the infection from progressing to TB disease. TB bacteria are spread through droplets in the air and can result in two related conditions: latent (inactive) TB infection; and TB disease, the infectious form that can spread to others. Latent (inactive) TB is not infectious and cannot spread, but latent infection can develop into TB disease (2). In California, 1 in 17 individuals has latent TB infection; approximately 80% of TB disease cases occur in people with untreated TB infection (2).

**Intervention:** The TB Free California team is collaborating with Dr. Afshan Baig, Hector Perez and Mallory Schmitt at CSP-Brawley on a comprehensive quality improvement project for clinic staff and patients. The four project phases are:

- 1) Baseline assessment of current clinic practices regarding latent TB infection. This will identify barriers and opportunities to enhance testing and treatment for TB infection. A provider survey and medical chart review helps determine what proportion of patients are being tested and treated for latent TB infection.
- 2) Training and education of all clinic staff on testing and treatment for latent TB infection.
- 3) Patient latent TB infection awareness campaign. In collaboration with the California Department of Public Health, Office of Public Affairs, the TB Free California team has developed culturally and linguistically appropriate materials.
- 4) Follow-up medical chart review and survey to track the impact of the efforts listed above.

**Impact:** Supported by the PHHS Block Grant, TB Free California staff conducted a baseline assessment, which showed just 13% of adult patients at risk, are being tested for TB infection. In response, the TB Free California team and CSP-Brawley partnership:

- Created a risk assessment to help identify patients at high-risk for latent TB infection to be incorporated into the CSP-Brawley electronic medical record for each patient. All clinic staff are trained on how to complete the risk assessment and documents each patient's TB risk.

- Conducted clinical education sessions to ensure that patients with identified risk factors for TB infection are tested and offered short treatment regimens. The initial assessment showed that few clinicians were comfortable with newer treatment regimens for latent TB infection, which is preferred over traditional regimens because they can be completed in a shorter time frame. Shorter regimens have been shown to improve treatment completion by approximately 30% (3-4).
- Developed print and video educational tools tailored to the language and cultural needs of the patients to increase their understanding of the risks of TB infection, the benefits of treatment, and ways to reduce treatment barriers.
- Began providing expert consultation about latent TB infection for clinic health care providers.
- Drafted clinical protocols to implement the newer latent TB infection short course regimens.

**Footnotes:**

1 Clinicas de Salud del Pueblo. Accessed on October 24, 2018. <http://cdsdp.org/Default.aspx>

2 Tuberculosis Control Branch, Report on Tuberculosis in California, 2017. California Department of Public Health, Richmond, CA. August 2018.  
[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB\\_Report\\_2017.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB_Report_2017.pdf)

3 Menzies, D.M., Adjobimey, R., et al. (2018). Four Months of Rifampin or Nine Months of Isoniazid for Latent Tuberculosis in Adults. *The New England Journal of Medicine*, 379(5). 440-453

4 Belknap, R., Holland, D., Feng, Pei-Jean., et al. (2017). Self-administered versus directly observed once-weekly isoniazid and rifapentine treatment of latent tuberculosis infection a randomized trial. *Annals of Internal Medicine*, 167(10):689-697