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To: Wisconsin Local and Tribal Health Departments
Infection Preventionists

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Response to Multi-drug Resistant Tuberculosis (TB) in Ramsey County, Minnesota

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Summary

The Minnesota Department of Health (MDH) and Saint Paul-Ramsey County public health officials are investigating a reported increase in the occurrence of multi-drug resistant tuberculosis (MDR-TB). MDR-TB is resistant to at least two first-line antibiotics normally used to treat TB. From January 2016 through today, there have been 14 cases of MDR-TB detected among the Hmong community in the East Metro area involving individuals ranging in age from 26 to 96 years.

MDH and local public health officials are partnering with medical providers, leaders and organizations in the affected community to address this increase in TB. They have been working closely with individuals and families directly involved to provide health information and ensure those at potential risk are tested and receive treatment, if necessary. The current contact investigations involve several hundred Ramsey County residents, all of whom will require regular clinical monitoring for two years by their primary care providers.

Information for Healthcare Providers and Local Health Departments in Wisconsin

Because of the increase in MDR-TB in Minnesota, Wisconsin healthcare providers and local health departments should have a high index of suspicion for MDR-TB among Hmong patients with TB-compatible signs or symptoms and significant travel history to the Saint Paul-Ramsey County area.

- Evaluate patients presenting with signs or symptoms compatible with TB for active disease regardless of previous treatment for latent TB infection (LTBI) or active TB.
- Test all persons at increased risk for LTBI at least once with an interferon-gamma release assay (IGRA) or tuberculin skin test (TST) per Centers for Disease Control and Prevention (CDC) and the US Preventive Services Task Force guidelines:
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening>
<https://www.cdc.gov/tb/publications/ltbi/pdf/targetedltbi.pdf>
- Persons at increased risk of being infected include, but are not limited to:
 - Persons born in or who have resided in countries with a high TB prevalence.

- Contacts of people with known or suspected infectious TB.
- Persons who have worked in, live in, or have lived in, high-risk congregate settings like homeless shelters, long-term care settings and correctional facilities.
- Per Wis. Admin. Code § DHS 145.04, report by telephone cases of suspected or confirmed TB within 24 hours to the patient's local health officer or to the local health officer's designee.

Evaluation for TB

If a patient has a positive screening test for TB (IGRA or TST) he or she will need additional evaluation which includes a detailed medical history, physical exam and chest x-ray to determine whether the individual has active TB or LTBI. Gathering medical history must include questions regarding common signs and symptoms of TB including fatigue or weakness, weight loss, fever, night sweats, coughing, chest pain, and hemoptysis.

Testing for active TB should be conducted for any patient presenting with signs or symptoms of TB. Active TB disease should remain on the differential diagnosis regardless of whether the patient was previously treated for LTBI. If a patient's signs or symptoms are suggestive of TB or the patient has chest x-ray abnormalities compatible with active TB, three expectorated or induced sputum or other respiratory samples should be obtained for acid fast bacillus (AFB) smear and culture, and nucleic acid amplification test (NAAT). Please notify the Wisconsin TB Program (608-261-6319) whenever sputum samples for TB testing are ordered.

LTBI treatment considerations

Treatment of patients with LTBI who are at high risk for reactivation to active TB is extremely important during TB control efforts. Management of patients diagnosed with LTBI who are contacts to an individual with MDR-TB is different from typical LTBI treatment. Treatment decisions should be individualized for each patient in consultation with experts in the management of drug-resistant TB. Please call the Wisconsin TB Program (608-261-6319) to discuss specific screening and management of patients who are or might be linked to MDR-TB in Minnesota.

For more information

Please visit the Wisconsin TB Program web page for more detailed treatment guidelines and to learn more about TB.

<https://www.dhs.wisconsin.gov/tb/index.htm>