

# Wisconsin HAI Education Series

**September 25, 2025**



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# Latent Tuberculosis Infection (LTBI) Reporting

## What You Need To Know

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Bureau of Communicable Disease  
Division of Public Health



# Agenda

What Is Latent Tuberculosis Infection (LTBI)?

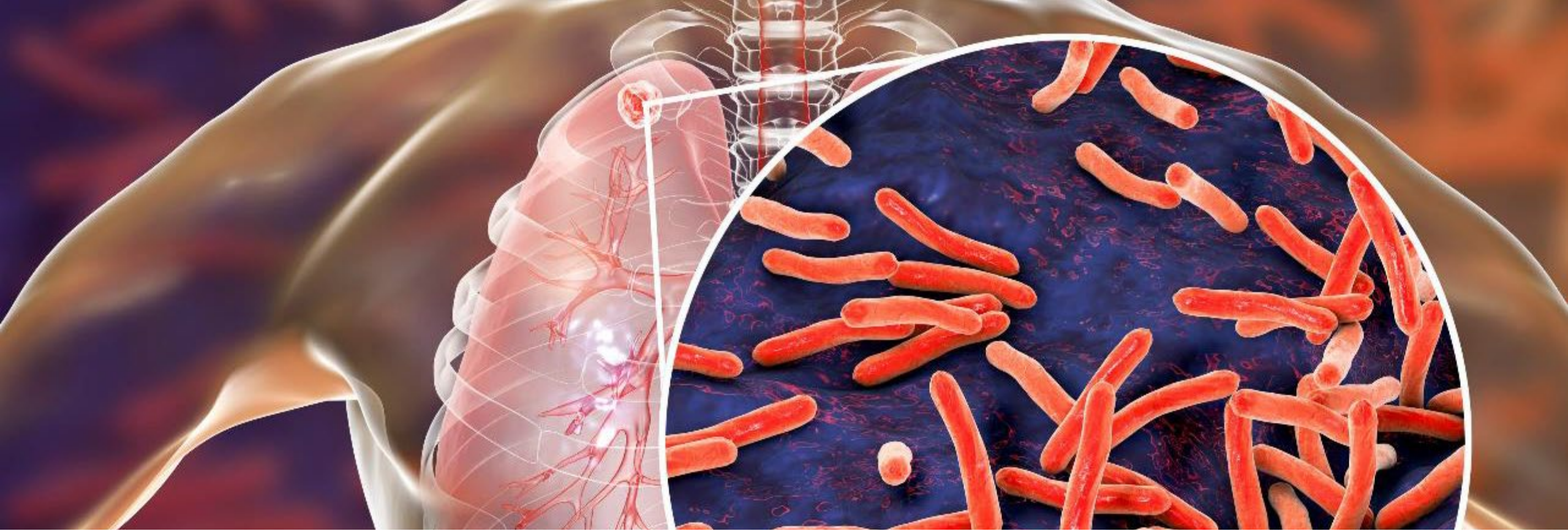
Case Definition and Reporting

LTBI Epidemiology

Treatment Regimens

Documenting LTBI Reports





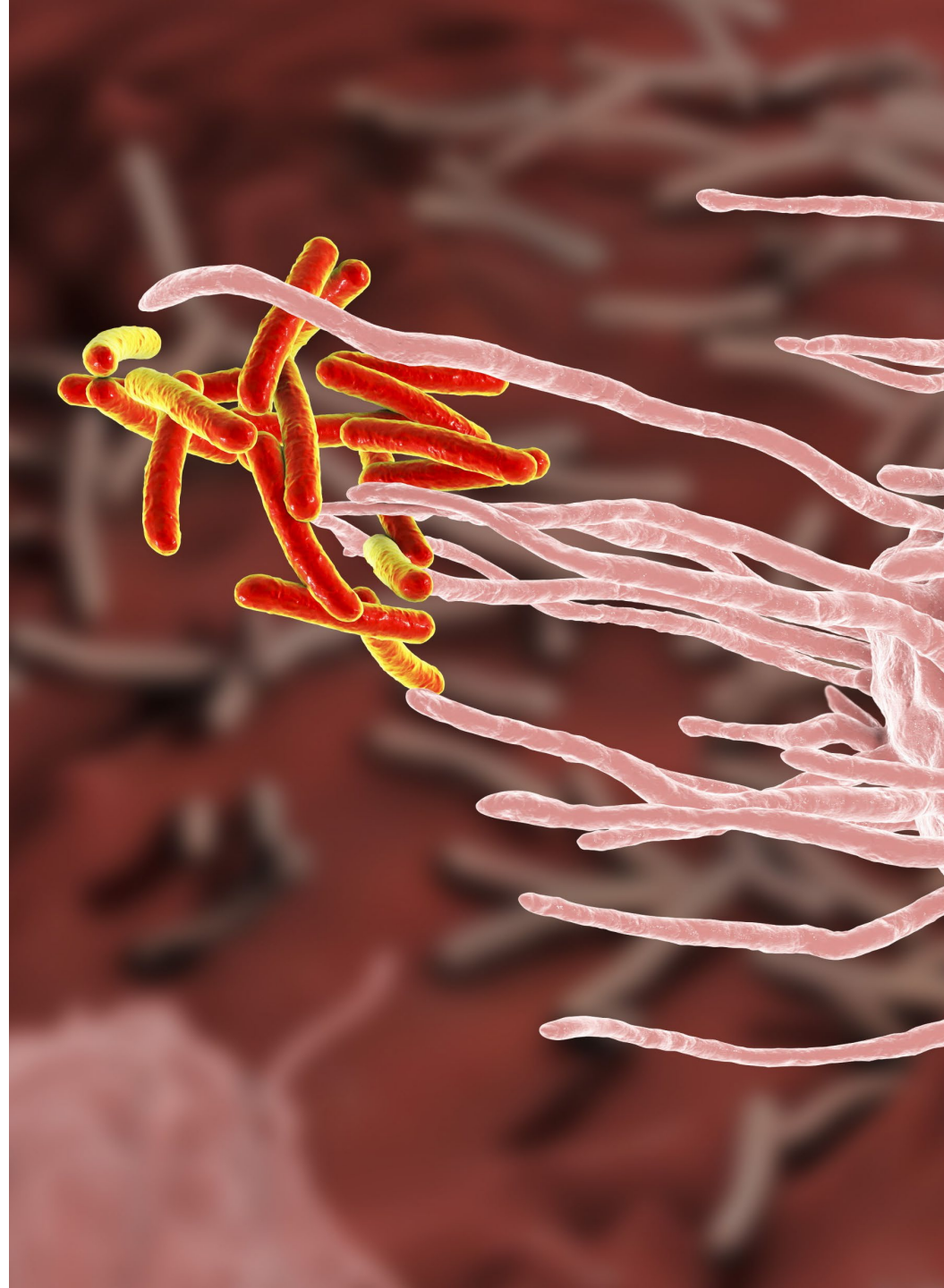
## **What Is Latent Tuberculosis Infection (LTBI)?**





# Tuberculosis (TB)

- Caused by bacteria called **Mycobacterium tuberculosis**.
- Usually attacks the **lungs** but can attack any part of the body such as the kidney, spine, or brain.



# How Do People Get Latent TB Infection?







**Not Everyone Infected with TB Bacteria  
Becomes Sick!**



# Tuberculosis (TB) Disease: Only the Tip of the Iceberg

There are **two** types of TB conditions: **latent TB infection** and **TB disease**.

People with **TB disease** are sick from active TB germs. They usually have symptoms and may spread TB germs to others.

People with **latent TB infection** do not feel sick, do not have symptoms, and cannot spread TB germs to others.

But, if their TB germs become active, they can develop **TB disease**.

**Millions** of people in the U.S. have **latent TB infection**. Without treatment, they are at risk for developing **TB disease**.



# LTBI Versus TB Disease

## Person with LTBI (Infected)

Has a small amount of TB bacteria in the body that are alive, but inactive.

Cannot spread TB bacteria to others.

Does not feel sick but may become sick if the bacteria become active in the body.

## Person with TB Disease (Infectious)

Has a large amount of active TB bacteria in the body.

May spread TB bacteria to others.

May feel sick and may have symptoms such as a cough, fever, weight loss.

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## Person with LTBI (Infected)

Usually has a TB skin test or TB blood test reaction indicating TB infection.

Radiograph is typically normal.

Sputum smears and cultures are negative.

## Person with TB Disease (Infectious)

Usually has a TB skin test or TB blood test reaction indicating TB infection.

Radiograph may be abnormal.

Sputum smears and cultures may be positive.



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Sputum smears and cultures may be positive.



# LTBI Versus TB Disease

## Person with LTBI (Infected)

**Encourage** treatment for LTBI to prevent TB disease.

Does not require respiratory isolation.

## Person with TB Disease (Infectious)

Needs treatment for TB disease.

May require respiratory isolation.

# LTBI Versus TB Disease

## Person with LTBI (Infected)

Category II communicable disease.

Report within 72 hours to patient's local health department.

## Person with TB Disease (Infectious)

Category I communicable disease.

Report within 24 hours to patient's local health department.



# LTBI Versus TB Disease

## Person with LTBI (Infected)

Category II communicable disease.

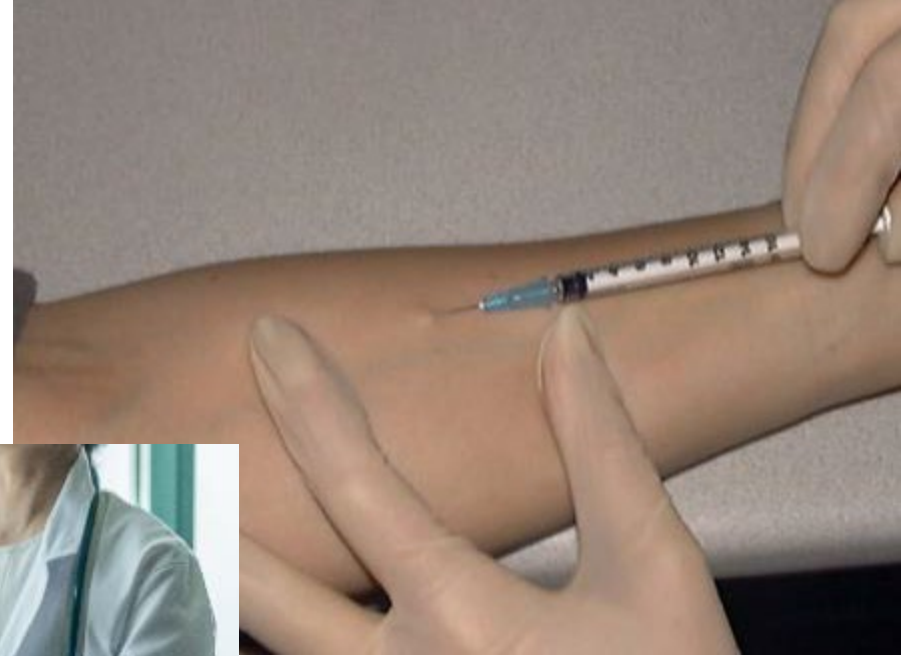
Report within 72 hours to patient's local health department.

## Person with TB Disease (Infectious)

Category I communicable disease.

Report within 24 hours to patient's local health department.

# How is Latent TB Infection Detected?



# Two Types of Tests Used to Diagnose TB Infection:

- TB skin test (“TST” or “ppd”)
- TB blood test (“IGRA”, “QFT”, T.Spot”)



# TB Skin Test

The TB skin test, also called the Mantoux tuberculin skin test (TST), requires two visits with a health care provider.



# TB Blood Test

**QuantiFERON®-TB  
Gold In-Tube test or  
T-SPOT®.TB test**

They are generally  
**preferred** over TST  
due to increased  
specificity.



## If Positive:

Additional tests are needed to determine if the person has latent TB infection or TB disease:

- Chest x-ray
- Sputum (phlegm or mucus from deep in lungs)





# New Positive TB Test: Now What?

Ask about risk:

- Were they **exposed** to someone with known infectious TB and/or part of an ongoing contact investigation?
- Are they an immigrant or refugee from a **TB endemic country**?
- Are they part of a **locally identified high-risk group**?  
(for example: African Americans from Milwaukee-Chicago corridor?)

# Why Risk Matters: Test Interpretation



TB antigen values between **0.36 and 1.11 IU/mL** were found to represent a “borderline” range.

Results in this range may be considered a transient positive result with **a high likelihood of reversion** to negative upon retesting.

Dorman et al, 2013.



# LTBI Case Definition and Reporting





# Case Definition for LTBI: Laboratory Criteria

## Immunologic:

- Positive interferon gamma release assay (IGRA) blood test or
- Positive tuberculin skin test (TST)

## Microbiologic:

- Culture negative for *M. tuberculosis* complex (if specimen collected)

# Case Definition for LTBI: Clinical Criteria

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No signs or symptoms consistent with TB disease **and**

---

Chest imaging without abnormalities consistent with TB disease.

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If chest imaging is abnormal and could be consistent with TB disease, then TB disease must be clinically ruled out.

# LTBI case definition

**Suspect:** A case that meets the laboratory (immunologic and microbiologic) criteria but lacks sufficient clinical information.

**Confirmed:** A case that meets clinical **AND** laboratory (immunologic and microbiologic) criteria.



Wisconsin Department of Health Services  
Division of Public Health  
P-02303 (11/2021)

## Communicable Disease Case Reporting and Investigation Protocol LATENT TUBERCULOSIS INFECTION (LTBI)

### I. IDENTIFICATION AND DEFINITION OF CASES

A. **Clinical Description:** Tuberculosis (TB) is a bacterial disease caused by organisms in the *Mycobacterium tuberculosis* complex (*M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae* and *M. pinnipedii*). There are two forms of TB, latent and active (pulmonary and/or extrapulmonary).

**Latent TB infection (LTBI):** Infection can be established following exposure to a patient with active TB disease expelling aerosolized droplets containing viable bacteria. People with initial infection generally do not feel sick, have no outward clinical manifestations, and cannot spread the bacteria to others. Some people with LTBI will develop active TB disease during their lifetime. LTBI is characterized by microscopic lesions in the lungs that commonly heal without leaving residual changes other than occasional small pulmonary or tracheobronchial lymph node calcifications.

**Active TB disease:** Clinical illness can develop following *M. tuberculosis* complex infection and is facilitated by certain risk factors. Disease can be pulmonary, extrapulmonary or both. Active pulmonary disease is frequently communicable until it is appropriately treated. Cough, fever, fatigue, night sweats, and weight loss are common symptoms associated with pulmonary TB. In most cases, cough is initially nonproductive and later accompanied by production of purulent sputum. Signs and symptoms such as hemoptysis and hoarseness associated with laryngeal TB are sometimes prominent in advanced stages. Chest radiography reveals pulmonary infiltrates and cavitations. With prolonged pulmonary disease, fibrotic changes with volume loss are seen. Extrapulmonary TB occurs in 15 percent to 30 percent of cases and may affect any organ or tissue. Symptoms of extrapulmonary TB depend on the area affected.

<https://www.dhs.wisconsin.gov/publications/p02303.pdf>

# LTBI is reportable, even if not confirmed.



Both suspected and confirmed LTBI are reportable.



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**LTBI is a “Dual Reporting” Condition**

# Time Requirements

For **Category 2** reportable conditions:

- Suspected cases **must** be reported **within 72 hours** (positive IGRA or TST).
- Best practice: supply clinical information **within 2 weeks**.



# Methods for Reporting

Method	Pros	Cons
Electronic Lab Report (ELR)	Automatic, easy	Only contains lab
eCR	Automatic	May not have all clinical information
LTBI Case Reporting Form ( <a href="#">F-02265</a> )	Contains all information	Manual, time consuming, faxed
WEDSS Report*	Electronic	Manual



WHY  
SHOULD  
I CARE?







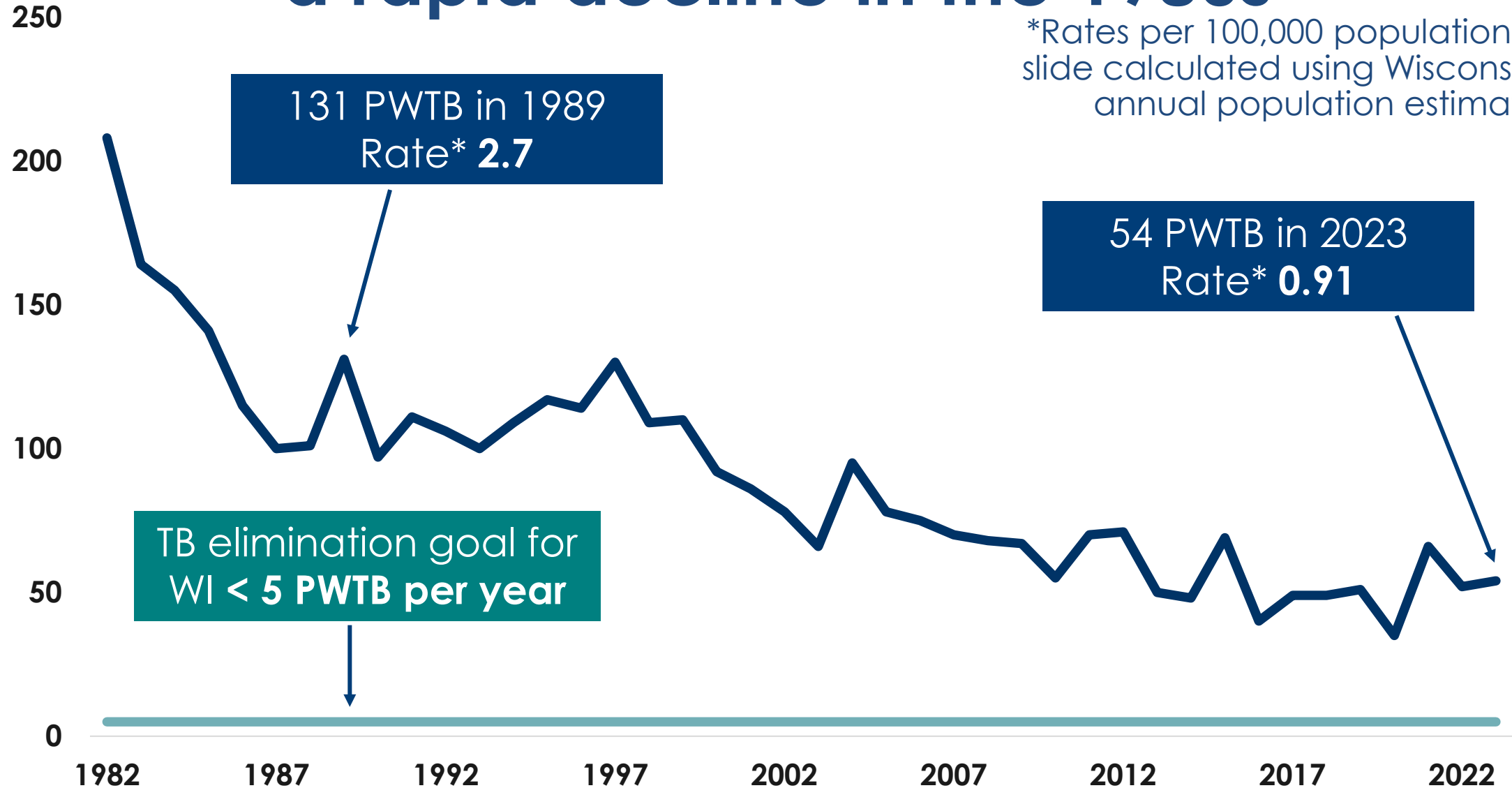
# LTBI Epidemiology



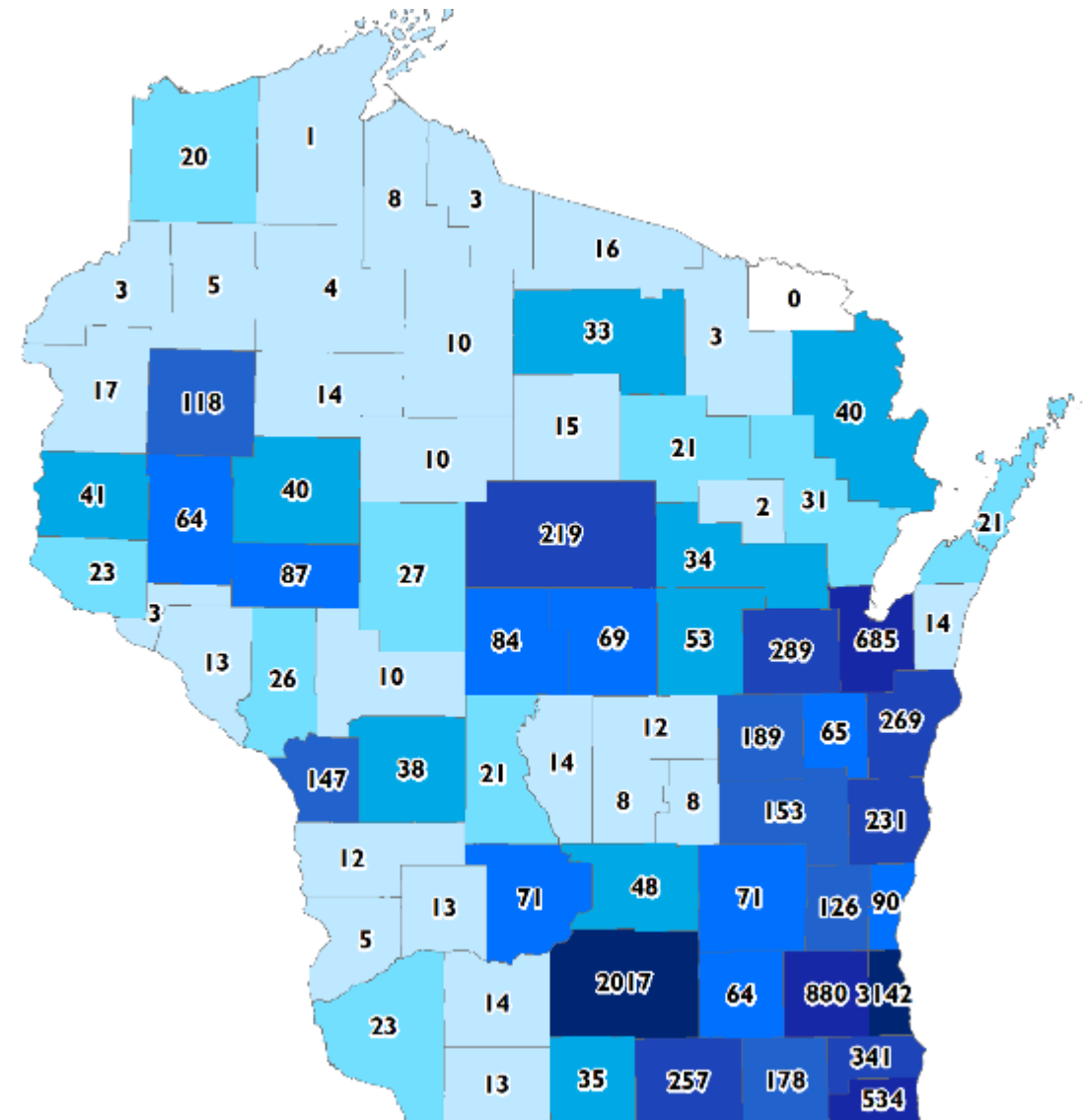
The image features a hand-drawn diagram on a light gray background. The diagram consists of a vertical y-axis with an upward-pointing arrow and a horizontal x-axis with a rightward-pointing arrow. A series of five vertical bars are drawn, each with a diagonal hatching pattern. A hand is shown drawing the top of the fifth bar with a black marker.

# Progress toward TB elimination has slowed since a rapid decline in the 1980s

\*Rates per 100,000 population on this slide calculated using Wisconsin DOA annual population estimates



# All But One Wisconsin County Has Had an LTBI Report (2018–2023)



# Latent TB Infection Epidemiology

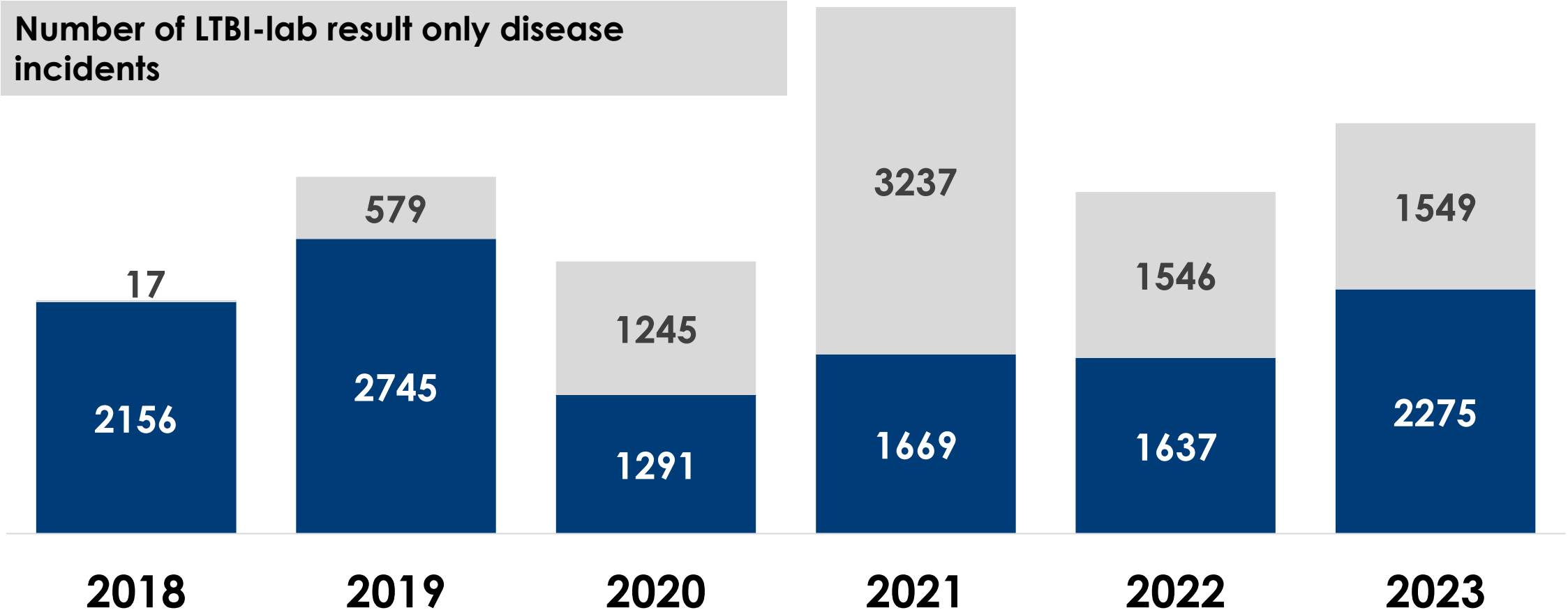
- Two types of LTBI records used for statewide surveillance:
  - LTBI disease incidents.
  - LTBI-Lab only disease incidents.
- CDC is encouraging states to prepare to report LTBI in efforts to inform national prevention strategies.



# Latent TB Infection Epidemiology

Number of LTBI disease incidents

Number of LTBI-lab result only disease incidents

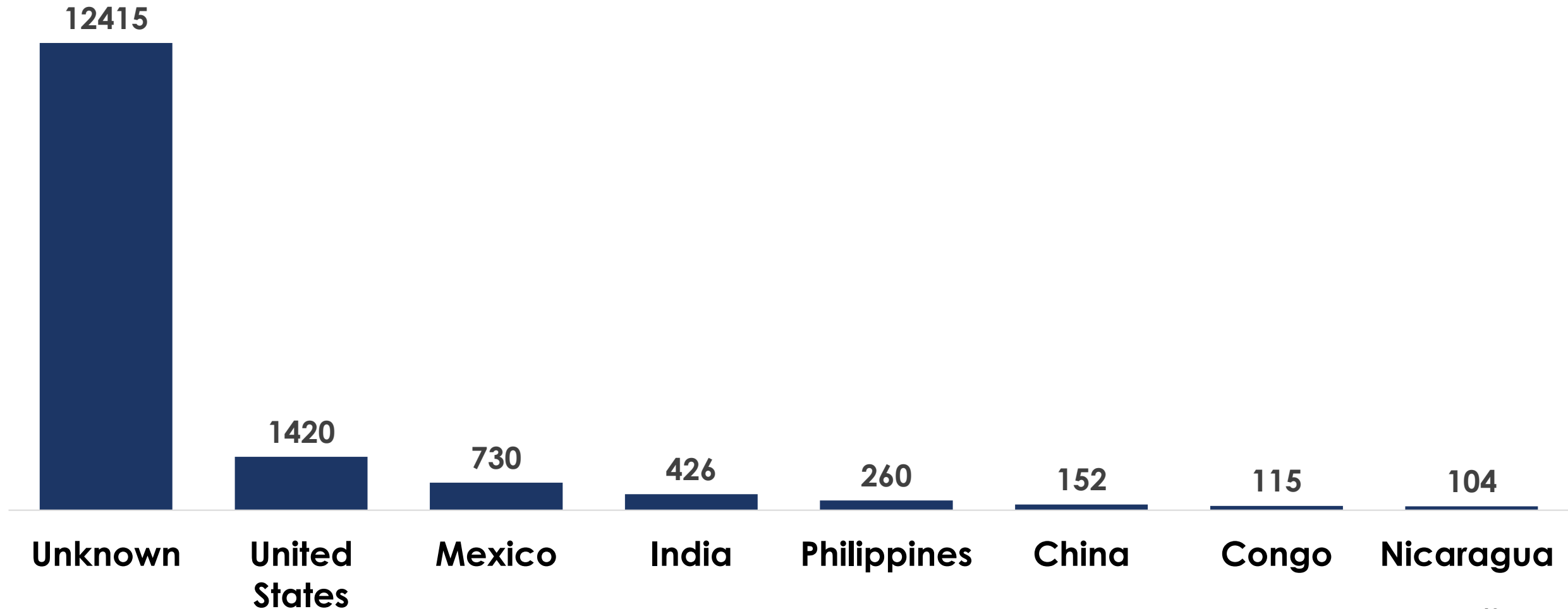


# Latent TB Infection Epidemiology, 2018–2023

- Average total number of confirmed or suspect LTBI and LTBI-only reports: **3,324 records** (range 2173, 4906)
- LTBI-Lab only makes up **over 40%** of those records
- Of LTBI records:
  - 54% were female
  - 17% were Hispanic/Latino
  - 14% were aged 65–100
  - <1% were 5 or younger

# Latent TB Infection Epidemiology

Number of LTBI records by Country of Birth (2018-2023)



A top-down view of a group of people's hands stacked in a circle, symbolizing teamwork and unity. The hands are of various skin tones and are wearing different colored sleeves (plaid, beige, yellow, blue, red, etc.). Some hands have accessories like bracelets or watches. The background is a wooden floor.

# Reporting and Treating LTBI is a Team Effort!



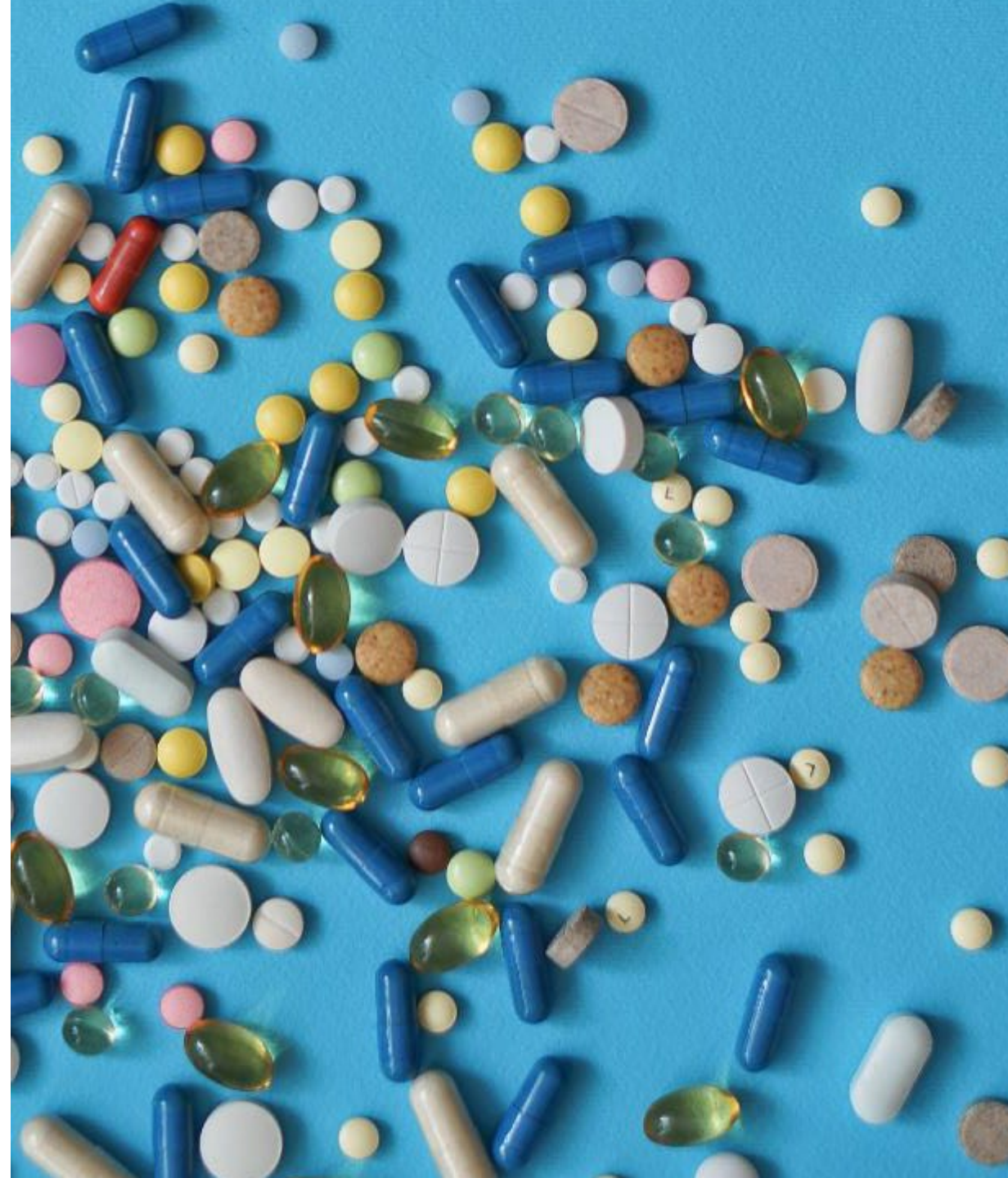


# LTBI Treatment



# Treatment for LTBI is Highly Encouraged

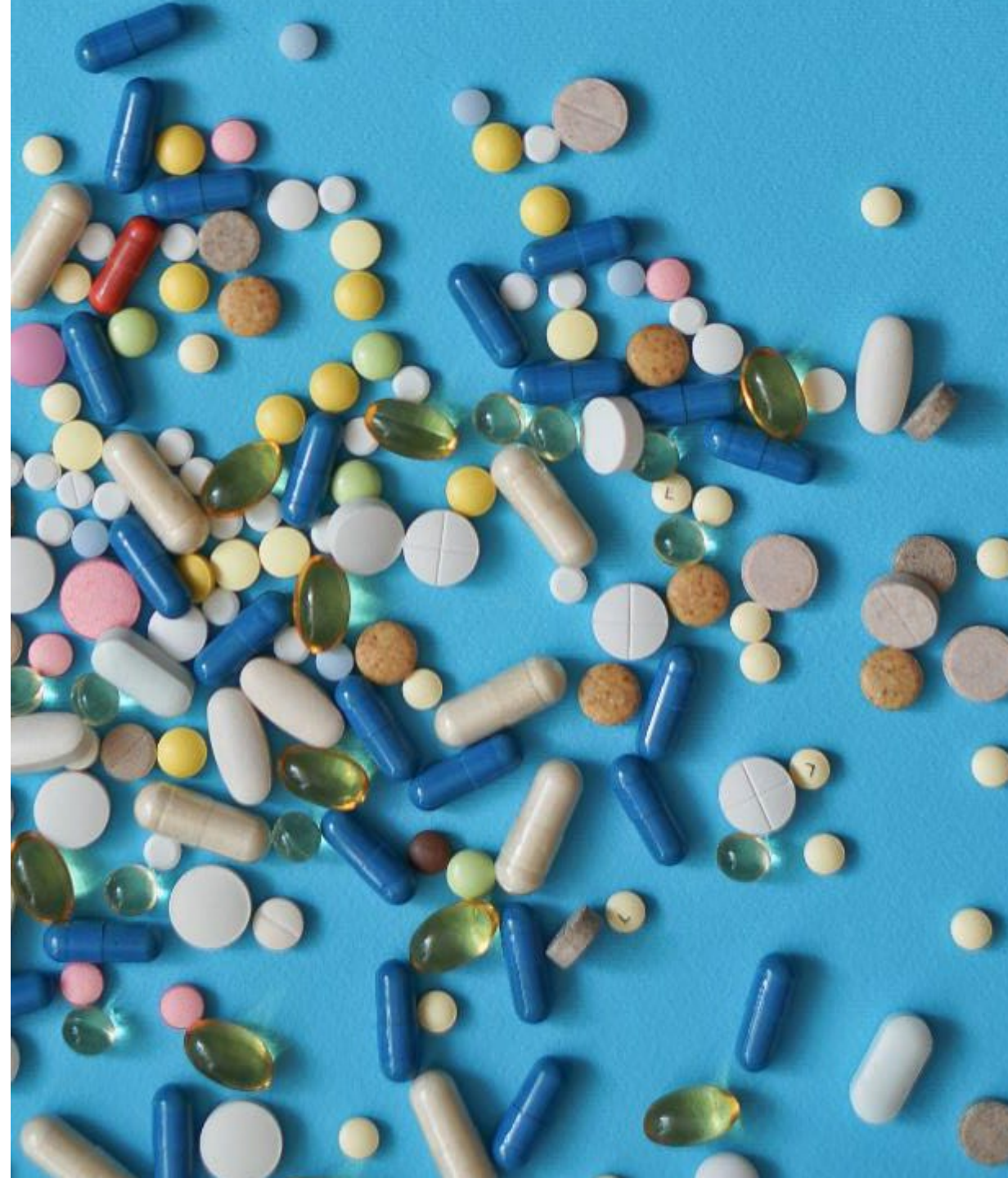
- Reduces the risk of developing TB disease by 90%.





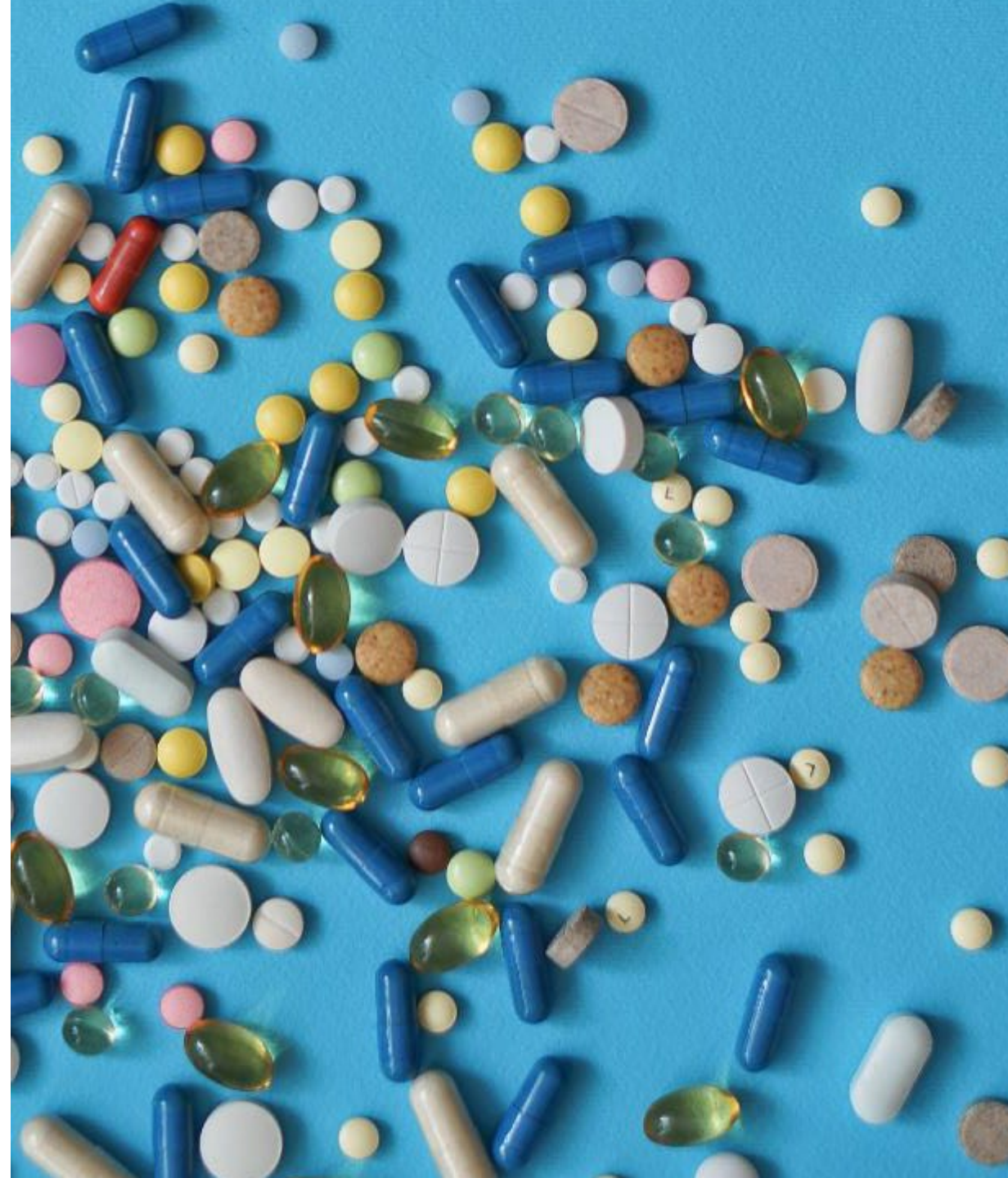
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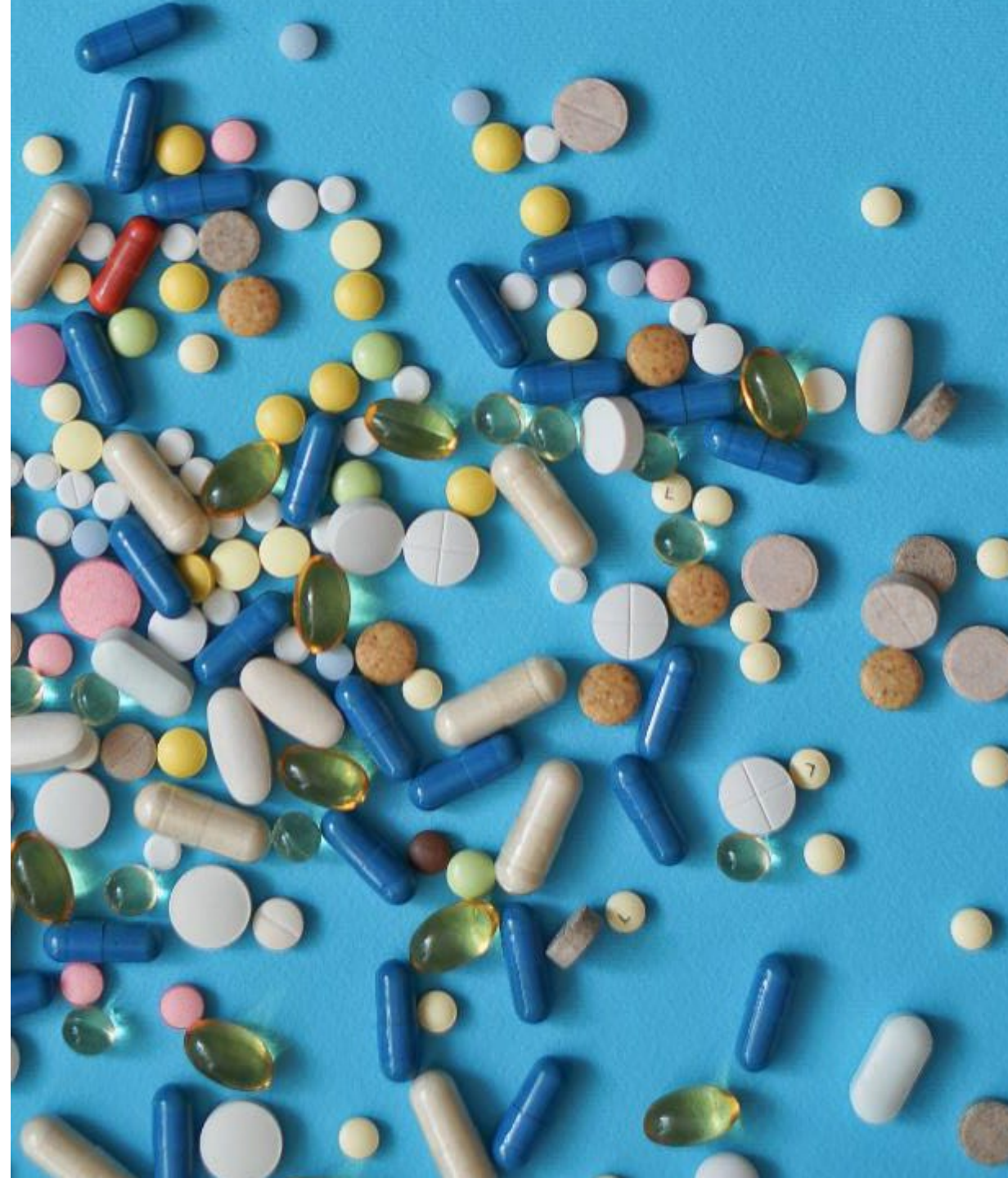
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- Protects against transmission.









# Treatment for LTBI is Highly Encouraged

- Reduces the risk of developing TB disease by 90%.
- Is better tolerated than treatment for active TB.
- Protects against transmission.
- Helps make TB elimination possible.



# Treatment Regimens

	DRUG	DURATION	FREQUENCY	TOTAL DOSES	DOSE AND AGE GROUP
Preferred	<b>ISONIAZID<sup>†</sup></b> <b>AND</b> <b>RIFAPENTINE<sup>††</sup></b> <b>(3HP)</b> 	3 months	Once weekly	12	<b>Adults and children aged ≥12 yrs</b> INH: 15 mg/kg rounded up to the nearest 50 or 100 mg; 900 mg maximum RPT: 10–14.0 kg; 300 mg 14.1–25.0 kg; 450 mg 25.1–32.0 kg; 600 mg 32.1–49.9 kg; 750 mg ≥50.0 kg; 900 mg maximum <b>Children aged 2–11 yrs</b> INH <sup>†</sup> : 25 mg/kg; 900 mg maximum RPT <sup>††</sup> : See above
	<b>RIFAMPIN<sup>§</sup></b> <b>(4R)</b> 	4 months	Daily	120	<b>Adults:</b> 10 mg/kg; 600 mg maximum <b>Children:</b> 15–20 mg/kg <sup>‡</sup> ; 600 mg maximum
	<b>ISONIAZID<sup>†</sup></b> <b>AND</b> <b>RIFAMPIN<sup>§</sup></b> <b>(3HR)</b> 	3 months	Daily	90	<b>Adults</b> INH <sup>†</sup> : 5 mg/kg; 300 mg maximum RIF <sup>§</sup> : 10 mg/kg; 600 mg maximum <b>Children</b> INH <sup>†</sup> : 10–20 mg/kg <sup>‡</sup> ; 300 mg maximum RIF <sup>§</sup> : 15–20 mg/kg; 600 mg maximum
Alternative	<b>ISONIAZID<sup>†</sup></b> <b>(6H/9H)</b> 	6 months	Daily	180	<b>Adults</b> Daily: 5 mg/kg; 300 mg maximum Twice weekly: 15 mg/kg; 900 mg maximum
			Twice weekly <sup>¶</sup>	52	
		9 months	Daily	270	<b>Children</b> Daily: 10–20 mg/kg <sup>‡</sup> ; 300 mg maximum Twice weekly: 20–40 mg/kg <sup>‡</sup> ; 900 mg maximum
			Twice weekly <sup>¶</sup>	76	

# Barriers to Treatment for LTBI



**Clinic-  
Related  
Barriers**

**Patient-  
Related  
Barriers**

**Treatment  
Barriers**

# Tools to Address Barriers and Improve Adherence to Treatment



- Motivational interviewing
- Understanding the client's reasons for wanting treatment
- Education about the benefits of treating LTBI
- Directly observed therapy (DOT)
- Case management
- Wisconsin TB Dispensary
- Incentives and enablers



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# Documenting an LTBI Report

* Disease Being Reported <b>TUBERCULOSIS, LATENT INFECTION (LTBI)</b>			
<b>Name</b> * Last Name    * First Name    Middle Name    Name Suffix			
Future Client No.		* DOB (MM/DD/YYYY)	
Address Number & Street		Apartment/Unit Number	
City	State	Zip	
Census Tract	County of Residence	Country of Residence	
Country of Birth	Date of Arrival (MM/DD/YYYY)		
Home Telephone	Cellular Phone / Pager	Work/School Telephone	
E-mail Address	Other Electronic Contact Information		
Work/School Location		Work/School Contact	
* Gender	Pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Estimated Delivery Date	
Marital Status	Medical Record Number	Patient's Parent/Guardian Name	
Occupation Setting	Describe/Specify		
Occupation	Describe/Specify	Occupation Location	
		Primary Language	
		* Ethnicity	
		* Race	
		<input type="checkbox"/> American Indian or Alaska Native	
		<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black or African American	
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Unknown	
		<input type="checkbox"/> White	
		Reported Race	

Pay special attention to highlighted sections.

☐ LTBI Case Definition

☐ TB Risk Assessment - Reason For Testing

☐ Tuberculin Skin Testing (TST)

☐ TB Blood Test

☐ Microbiologic Monitoring

☐ HIV Test

☐ Radiologic Monitoring

☐ Adverse Reaction Monitoring

☐ Tuberculosis Symptoms

☐ Routine Labs

☒ Initial General Health Assessment

Date of assessment

Physical exam performed by  
☐ Physician ☐ PA ☐ Nurse

Provider Name

Chronic disease diagnosis


Asthma COPD / Chronic bronchitis

Sections in **RED** needed for surveillance definition:

- TST or TB Blood Test (if not reported by ELR)
- Chest Radiograph
- Tuberculosis Symptoms



ID-001

Date of assessment  

Reason for testing (select all that apply)

☐ Identified as high risk for TB (see risk assessment below)
 ☐ Baseline testing for employment or school
 ☐ Symptoms consistent with TB
 ☐ Immigration exam
 ☐ Before planned immune suppression (for example, TNF inhibitors, pre-transplant screening)
 ☐ Other

☐ Unknown

History of positive TB test or TB disease

☐ Yes
 ☐ No
 ☐ Unknown

History of treatment for TB disease or infection

☐ Yes
 ☐ No
 ☐ Unknown

If Yes, complete a symptom review and/or chest x-ray (CXR).

Note: Once a person has a documented positive test for TB infection that has been followed by a chest x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required. Further CXR are not needed unless the patient has symptoms or signs of TB disease or unless ordered by a physician for a specific diagnostic examination.

If No, continue with questions below.

Born in country with high TB prevalence (any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe).

☐ Yes
 ☐ No
 ☐ Unknown

Travel to a country of high TB prevalence country. Travel is of extended duration or including likely contact with infectious TB (any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe).

☐ Yes
 ☐ No
 ☐ Unknown

Residence in a country with high TB prevalence (any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe).

☐ Yes
 ☐ No
 ☐ Unknown

Close (high priority) contact to someone with infectious TB disease during lifetime

☐ Yes
 ☐ No
 ☐ Unknown

Recent TB symptoms: Persistent cough lasting 3 or more weeks AND one or more of the following symptoms: coughing up blood, night sweats, unexplained weight loss, or fatigue.

☐ Yes
 ☐ No
 ☐ Unknown

Current or former employee or resident of a high-risk congregate setting in states/district with elevated TB rate (e.g. Correctional facility, LTC facility, homeless shelter, Alaska, California, Florida, Hawaii, New Jersey, New York, Texas, Washington DC).

☐ Yes
 ☐ No
 ☐ Unknown

Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment. If there is a "Yes" response to any of the five questions above since the last assessment, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

# Risk assessment and reason for testing:

- Helps public health prioritize follow up.
- To be filled out to best of ability even if other clinical pieces not done yet.

Logged in as: Leback, Claire Domain: web

### Disease Incident

Patient: Test, test Patient ID: Incident ID:  
DOB: 01/01/1980 Disease: TUBERCULOSIS, LATENT INFECTION (LTBI) Pro/Res Status: /

Patient Supplemental LTBI - LabClinical LTBI - Treatment LTBI - Case Mgnt

- + LTBI Case Definition
- + Tuberculin Skin Testing (TST)
- + TB Blood Test
- + Microbiologic Monitoring
- + HIV Test
- + Radiologic Monitoring
- + Adverse Reaction Monitoring
- + Tuberculosis Symptoms
- + Routine Labs
- Initial General Health Assessment

Date of assessment

Physical exam performed by  
☐ Physician ☐ PA ☐ Nurse

Chronic disease diagnosis

Provider Name

Sections in **RED** needed for surveillance definition:

- Microbiologic monitoring

If  
collecting  
specimens,  
call public  
health

Patient: Test, Test Patient ID: 40446895 Incident ID:  
 DOB: 01/01/1988 Disease: TUBERCULOSIS, LATENT INFECTION (LTBI) Pro/Res Status: /

Patient LTBI - LabClinical LTBI - Treatment LTBI - Case Mgnt Investigation

+ LTBI Medication Request

+ LTBI Medication Refill

+ LTBI Medication

+ Other Medications

- LTBI Medication Outcome

Treatment orders received  
☐ Yes ☐ No ☐ Unknown

Treatment orders received date

Treatment Started  
☐ Yes ☐ No ☐ Unknown

TB Treatment Regimen

Date Medication Started

Date Medication Stopped

Length of treatment

If other, specify length of treatment

Reason therapy extended >12 months

If other reason, specify

Directly observed therapy

Number of weeks of DOT

TB treatment regimen completed  
☐ Yes ☐ No ☐ Unknown

Reason patient did NOT complete TB treatment regimen

Reason patient decided to stop medication

Reason provider decided to stop medication

If patient died, indicate cause of death

+ Medication Administration and DOT

If known, LTBI treatment **regimen** and **start and stop dates** should also be reported.

DOB: 01/01/1980      Disease: TUBERCULOSIS, LATENT INFECTION (LTBI) Pro/Res Status: /

[Patient](#)
[Supplemental](#)
[LTBI - LabClinical](#)
[LTBI - Treatment](#)
[LTBI - Case Mgmt](#)

**+ Language Proficiency**

**- TB Risk Assessment - Reason For Testing**

ID	Date of assessment	History of positive TB tes	History of treatment for T	Born in country with high	Travel to a country of
ID-001					

View 1 - 1 of 1      Page 1 of 1      10      Add

**+ Attempts to Contact**

**- Current Occupation and Industry**

ID-001

Complete the client's occupation and industry information below for each paid position they had during the exposure period.

If the client did not have paid employment during this period, do not leave Occupation and Industry fields blank,

- For the Occupation field enter one of the following options as most appropriated: retired, not employed, homemaker, volunteer, student, child, parent, disabled, incarcerated, hospitalized, did not work, etc
- For the Industry field enter "None"

If occupation or industry is unknown, enter "Unknown" in those fields.

Be sure to click the Standardize O/I button after entering date

Occupation (Patient's job. Eg: registered nurse, janitor, cashier, auto mechanic)

Employer name

Employer state

Industry (What does the company make or do? Eg: hospital, elementary school, paper mill)

Employer street address

Where is the job or unpaid activity performed

☐ At the job or unpaid activity site     
 ☐ Remotely     
 ☐ Both

Did the patient work at this job in the 14 days before onset/collection date

☐ Yes     
 ☐ No     
 ☐ Unknown

If yes to working in 14 days BEFORE onset/collection, provide dates and times of work duties below

Reason for Testing (**TB Risk Assessment**) if not already done

**Occupation and Industry** should be reported, if known.



# LTBI Case Report Form (F-02265)

For health care providers to fill out and send to LTHDs, **includes all required data elements** (lab and clinical).

## LATENT TUBERCULOSIS INFECTION (LTBI) CONFIDENTIAL CASE REPORT Completion of this form is required

Return this form to the local health department in which the client resides, or upload to WEDSS.

For a list of local health departments: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

### PATIENT INFORMATION

Patient Name (last, first, middle initial)	Date of Birth (mm/dd/yyyy)
--	----------------------------

Street Address	Telephone Number
----------------	------------------

City	Zip Code	County
------	----------	--------

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Transgender <input type="checkbox"/> Female to male <input type="checkbox"/> Male to female <input type="checkbox"/> Unspecified/gender non-specific
--	--

**Race** ☐ Native American/Native Alaskan ☐ Asian (*specify*):  ☐ White ☐ Black/African American  
☐ Native Hawaiian/Other Pacific Islander ☐ Other:  ☐ Unknown

**Ethnicity** ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Unknown

History of positive TB test (TST or IGRA) or TB disease? ☐ Yes ☐ No

History of treatment for TB disease or infection? ☐ Yes ☐ No

### DIAGNOSTIC INFORMATION

**Mantoux test (TST)**  
Date Placed:  Date Read:  Results (mm):  ☐ Positive ☐ Negative

**IGRA (Quantiferon/T-SPOT)** Numeric results or number of spots:  Interpretation:

# LTBI Case Follow up Form (F-44125)

For health care providers to fill out and send to LTHDs **after treatment** (if not treated through LTHD)

## LATENT TUBERCULOSIS INFECTION (LTBI) FOLLOW-UP REPORT

Return the completed form when the client completes a recommended course of therapy or discontinues treatment.

Local Health Department – Name and Address

**Return to:**  
The Local Health Department in which patient resides.  
  
Or upload to WEDSS  
  
For information, contact the Wisconsin TB Program 608-261-6319

Client Name (last, first, middle initial)	Date of Birth (mm/dd/yyyy)
Client Address (street, city, zip code)	

**Latent Tuberculosis Determination** *(check all that apply)*

<input type="checkbox"/> <b>IGRA (Quantiferon or TSPOT) interpretation</b> <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> indeterminate <input type="checkbox"/> borderline	<input type="checkbox"/> <b>Tuberculin Skin Test Interpretation</b> <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> <b>Chest Imaging results</b> <input type="checkbox"/> consistent with TB <input type="checkbox"/> not consistent with TB	<input type="checkbox"/> <b><i>Mycobacterium tuberculosis</i> complex (MTBC) culture results</b> <input type="checkbox"/> MTBC detected <input type="checkbox"/> MTBC not detected

Latent Tuberculosis Treatment			
Medication	Medication start date	Medication stop date	Completed according to CDC criteria
<input type="checkbox"/> Isoniazid			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rifampin			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Isoniazid and rifapentine (3HP)			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Acute and Communicable Disease Case Report Form (F-44125)

Does **not** contain TB or LTBI specific fields (need to remember what's required)

ACUTE AND COMMUNICABLE DISEASE CASE REPORT

DEMOGRAPHIC DATA PATIENT INFORMATION	Patient's Name: (Last)		(First)	(M.I.)	Primary Language	
	Date of Birth (mm/dd/yyyy)	Age	Sex/Gender <input type="checkbox"/> Male <input type="checkbox"/> Transgender: Female to Male <input type="checkbox"/> Transgender: Male to Female <input type="checkbox"/> Female <input type="checkbox"/> Transgender: Unspecified/Non-specific <input type="checkbox"/> Unknown			
	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other, Specify				Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
	Patient's Address			City	State	Zip Code
	County of Residence		Home Phone		Cell Phone	
	Patient's Employer & Occupation or School, Day Care, Institution			Patient's Parent/Guardian if patient is a minor (not needed for STD)		
	Is Patient Pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Due date (mm/dd/yyyy)					
HEALTHCARE PROVIDER	Healthcare Provider				Phone	
	Address of Provider (Street, City, State, and Zip)					
DISEASE OR CONDITION DATA	Reportable Disease/Organism		Date of Illness Onset <input type="checkbox"/> Asymptomatic		Outbreak Related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Underlying Medical Condition(s)? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		Patient Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient Died of this Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Comments:					
LAB DATA	Specimen Type(s)	Date(s) of Collection	Test(s) Performed	Test Results		



# Wisconsin TB and Refugee Health Program at DHS:



Claire  
Leback



Pat  
Heger



Mary  
Raschka



Andrea  
Liptack



Yzejma  
Jashari



Julie Tans  
Kersten



Madison  
Xiong



Dr. E. Ann  
Misch



# TB Program Contact Information

Please, call or email us with questions!



Main TB Phone Line: 608-261-6319



Fax: 608-266-0049



TB Program Email:

DHSWITBProgram@dhs.wisconsin.gov



Website:

[www.dhs.wisconsin.gov/tb/index.htm](http://www.dhs.wisconsin.gov/tb/index.htm)

# Questions?

Thank you!





Let's Practice!

**True or False?:  
Lab results are sufficient for meeting  
LTBI reporting requirements.**



**Louise works as a CNA and was given a QuantiFERON test prior to employment. The qualitative result is positive, and the TB1-Nil result is 0.70. TB2-NIL result is 0.34. Both controls (Mitogen and NIL) are within normal limits. She does not have symptoms or risk factors.**

**What needs to be reported within 72 hours?**

- A. That the facility needs a contact investigation for TB.**
- B. The positive QFT result if not already reported by ELR.**
- C. Her CXR appointment date.**
- D. Her immunization history.**

**What clinical information should be reported as soon as practical, ideally within two weeks?**

- A. Her CXR results.**
- B. Her risk assessment and symptom evaluation.**
- C. Her reason for testing.**
- D. All of the above.**

**Since Louise has no risk factors and is asymptomatic, what will be the likely recommended next steps?**

- A. Offer LTBI therapy**
- B. Obtain a CXR**
- C. Repeat the IGRAs in 3-6 months**
- D. Both B and C**



**Louise had a second positive QFT 90 days later, a normal CXR, and was diagnosed with LTBI by her provider. You see in her notes she was offered LTBI treatment but was concerned about the cost.**

**What could be the next step in this scenario?**

- A. Nothing, since she is not infectious and LTBI treatment is optional.**
- B. Make a GoFundMe page for her.**
- C. Advise that the client may be eligible for financial assistance through the local health department.**

**Gail went on a medical mission trip in Africa earlier this year and has not been feeling well recently. Her doctor orders a QuantiFERON test, which is positive with a TB1-Nil value of 1.24 and a TB2-NIL value of 1.56. Both controls (Mitogen and NIL) are within normal limits. She then receives a chest x-ray which shows some patchy consolidation.**

**What is the correct action in this scenario?**

- A. Offer Gail LTBI treatment.**
- B. Collect sputum specimens.**
- C. Notify the local or Tribal health department within 24 hours.**
- D. Do nothing.**



**True or False?:**

**The United States will be able to achieve its goal of TB elimination if we continue to focus on treating people with infectious TB disease.**

# TB Program Contact Information

Please, call or email us with questions!



Main TB Phone Line: 608-261-6319



Fax: 608-266-0049



TB Program Email:

DHSWITBProgram@dhs.wisconsin.gov



Website:

[www.dhs.wisconsin.gov/tb/index.htm](http://www.dhs.wisconsin.gov/tb/index.htm)

# HAI Prevention Program Contacts



**Email:** [dhswhaipreventionprogram@dhs.wisconsin.gov](mailto:dhswhaipreventionprogram@dhs.wisconsin.gov)



**Phone:** 608-267-7711



**Website:** [www.dhs.wisconsin.gov/hai/contacts.htm](http://www.dhs.wisconsin.gov/hai/contacts.htm)

# HAI Prevention Program IPs

**Region 1:** Anna Marciniak; Phone: 608-590-2980

**Region 2:** Jennifer Kuhn; Phone: 608-772-4768

**Region 3:** Tess Hendricks; Phone: 608-338-9071

**Region 4:** Rebecca LeMay; Phone: 608-609-1918

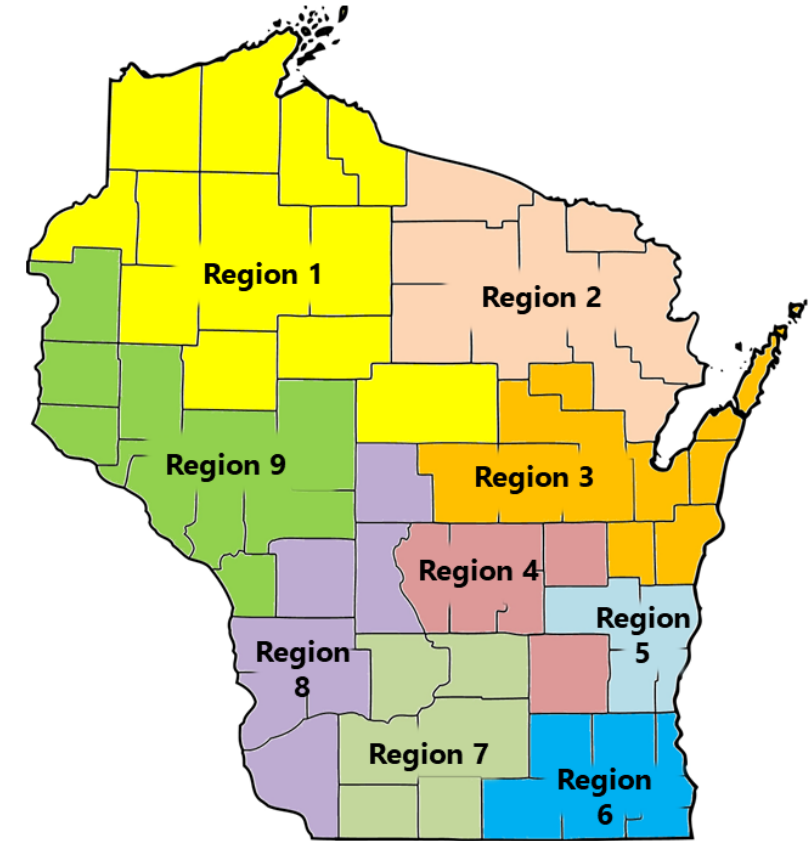
**Region 5:** Greta Starr; Phone: 608-867-4647

**Region 6:** Paula Pintar; Phone: 608-471-0499

**Region 7:** Beth Ellinger; Phone: 608-219-3483

**Region 8:** Ashley O'Keefe; Phone: 608-556-8608

**Region 9:** Nikki Mueller; Phone: 608-628-4464





# HAI Infection Prevention Education webpage



WISCONSIN DEPARTMENT  
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## HAI Infection Prevention Education

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment. IPs also serve as a resource to other staff and programs within their facilities. The resources on this page are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections (HAI).

### Webinars

#### HAI Education Series

The HAI Education Series provides educational presentations on topics including infection prevention, HAIs, antibiotic stewardship, disease surveillance, and outbreak response for health care staff in all setting types, local and Tribal health departments, and other health care partners. Each session features a new, timely topic presented by the Department of Health Services (DHS) program staff, HAI infection preventionists, partner organizations, or other external subject matter experts.

The HAI Education Series is a monthly webinar series, typically held the fourth Thursday of each month. Register for the [HAI Education Series](#) .

HAI Education Series recordings



# Upcoming HAI Education Session

Date: October 23

Topic: Multidrug-Resistant Organisms and  
Transfer Communication



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