



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Binational Tuberculosis Manual



Tuberculosis and Hansen's Disease Branch

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I. Introduction

The Texas Department of State Health Services (DSHS) Tuberculosis (TB) Binational Program in the TB and Hansen’s Disease Branch provides TB prevention and care services along the Texas-Mexico border to reduce transmission of TB and protect the public health in Texas. There are four binational projects serving the Texas-Mexico border specifically, Juntos, Los Dos Laredos, Grupo Sin Fronteras and Esperanza y Amistad. Specific criteria must be met to receive services through the binational TB program.

Grupo Sin Fronteras Project serves the Texas-Mexico border cities of Brownsville-Matamoros, and McAllen-Reynosa. Both cities in Mexico are located in the state of Tamaulipas. Los Dos Laredos Project serves the Texas-Mexico border cities of Laredo-Nuevo Laredo which is also in the state of Tamaulipas. Esperanza y Amistad Project serves the Texas-Mexico border cities of Del Rio-Ciudad Acuña, and Eagle Pass-Piedras Negras. Both cities in Mexico are located in the state of Coahuila. The Juntos Project serves the Texas-Mexico border cities of El Paso-Ciudad Juarez in the Mexico state of Chihuahua.

II. Background

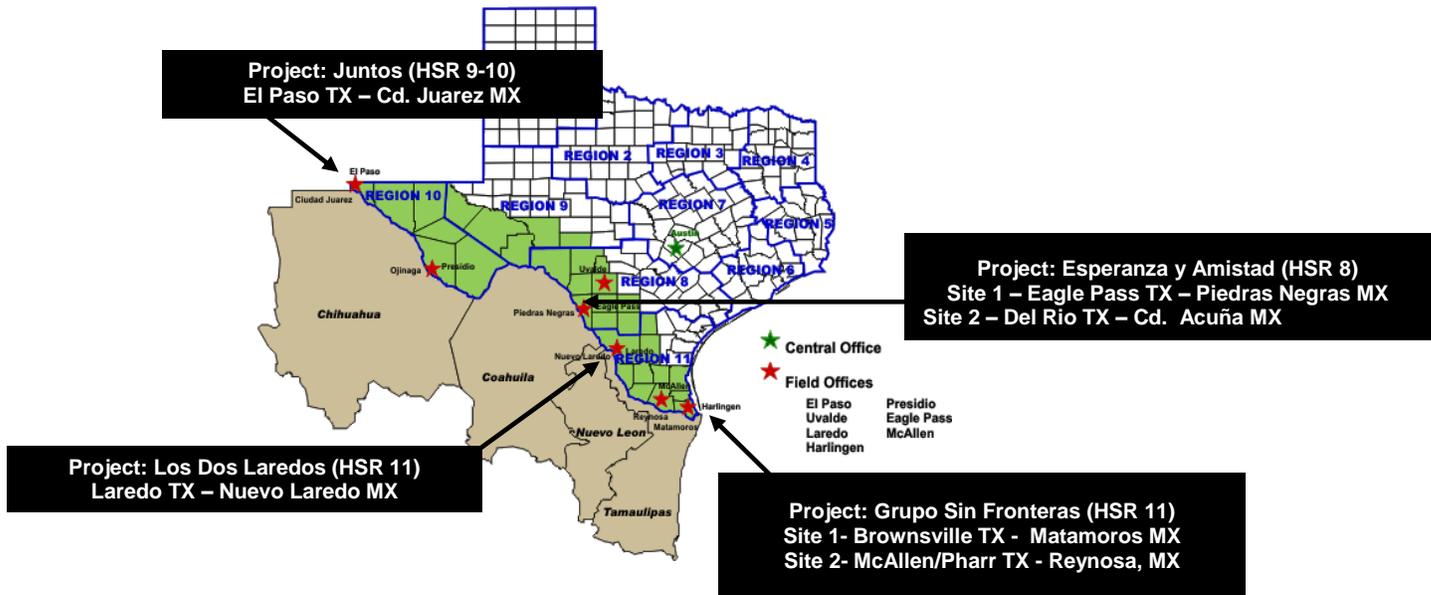
Texas and Mexico share 1,254 miles of common border and is the longest stretch of border of any state in the United States. It is joined by 28 international bridges and border crossings. This number includes two dams, one hand-drawn ferry, and 25 other crossings that allow commercial, vehicular and pedestrian traffic. According to the Bureau of Transportation Statistics, 84,090,172 people crossed legally into Texas from Mexico through Texas International Ports of Entry in 2016. Of that number, there were 17,832,441 pedestrians, while 66,257,731 crossed as personal vehicle passengers. This number does not include illegal crossings and suggests a “floating” population that shares infectious disease agents such as TB which is among the most significant infectious disease problems along the Texas-Mexico border.

The border between Texas and Mexico is unique in that it is bound historically, geographically, and commercially; a place with different nationalities, languages, and cultures. The acknowledgement by both countries that sister cities along the border have some of the highest incidence of TB was pivotal in the decision to collaborate and advocate to establish the binational TB projects.

The first binational TB project, Juntos, was formally established in 1991 with Texas Department of Health, Public Health Region 9-10, El Paso City Health Department and the Mexican Secretariat of Health with both countries agreeing to work together in El Paso-Ciudad Juarez, Chihuahua, Mexico. The Los Dos Laredos Project was established in 1993 with cooperative agreements between the City of Laredo Health Department in Laredo and Nuevo Laredo, Tamaulipas, Mexico. Two years later in 1995 the Grupo Sin Fronteras project was formally established between Texas Department of Health Public Health Region 11 and the Mexican Secretariat of Health in Tamaulipas, Mexico incorporating its work between the two largest bordering cities in the area: Brownsville-Matamoros, Tamaulipas and McAllen-Reynosa, Tamaulipas. In 2010 the newest project, Esperanza y Amistad was established between Texas DSHS Health Service Region (HSR) 8 and the Secretariat of Health in Coahuila, Mexico working in the area of Del Rio-Ciudad Acuña, Coahuila and Eagle Pass-Piedras Negras, Coahuila, Mexico.

These projects address the high incidence of TB cases along the Texas-Mexico border. They are directed by the guiding principles, mission and vision of DSHS and the Secretariat of Health and standards set forth by DSHS TB and Hansen's Disease Branch. All four projects are funded by the Centers for Disease Control and Prevention (CDC). Funding is allocated to DSHS TB and Hansen's Disease Branch through a cooperative agreement (COAG).

III. Map and Directory of Binational TB Projects



Contact Information	
<p>Juntos Project Established in 1991 Project Site: Cd. Juarez, Chihuahua MX</p>	<p>Lupe Gonzalez, Binational TB Coordinator TX Dept. of State Health Services, HSR 9/10 401 E. Franklin, Suite 210, El Paso, Texas 79901 Office: (915) 834-7792; Cell: (915) 238-6496; Fax: (915) 834-772 Email: lupe.gonzalez@dshs.texas.gov</p>
<p>Los Dos Laredos Project Established in 1993 City of Laredo Health Dept. Project Site: Nvo Laredo, Tamaulipas MX</p>	<p>Veronica Dominguez, R.N., Program Manager City of Laredo Health Department 2600 Cedar, Laredo, Texas 78040 Office: (956) 795-4911 or (956) 795-4900; Fax: (956) 795-2419 Email: vdominguez@ci.laredo.tx.us</p>
<p>Grupo Sin Fronteras Established in 1995 Project Sites: Matamoros & Reynosa, Tamaulipas MX</p>	<p>Melissa Davis, TB Program Manager, Acting Coordinator TX Dept. of State Health Services, HRS 11 601 W. Sesame Drive, Harlingen, Texas 78550 Office: (956) 444-3205 Fax: (956) 444-3236 for confidential documents Email: melissa.davis@dshs.texas.gov</p>
<p>Esperanza y Amistad Established in 2010 Project Sites: Piedras Negras & Cd. Acuna, Coahuila MX</p>	<p>Glenda Lopez, Binational TB Coordinator TX Dept. of State Health Services, HSR 8 1593 Veterans Blvd., Eagle Pass, Texas 78852 Office: (830) 773-9438 Ext. 17 or (830) 758-4274; Cell: (830) 513-8070 Email: glenda.lopez@dshs.texas.gov</p>

IV. Program Objectives

The objectives of the binational TB program align with DSHS TB Program's performance measures outlined in the Texas Tuberculosis Work Plan, Chapter 17.

1. Newly reported TB cases must have an HIV test performed (unless they are known HIV-positive, or the client refuses) and must have positive or negative HIV test results reported to DSHS according to the surveillance reporting schedule.

For FY18 reporting, data will be drawn from calendar year 2017 (1/1/2017 -12/31/2017). A compliance percentage of not less than 85.3% is required.

If fewer than 85.3% of newly reported TB cases have an HIV test result reported, DSHS may (at its sole discretion) require additional measures to improve that percentage on a timeline set by DSHS.

2. Cases and suspected cases of TB under treatment must be placed on timely and appropriate Directly Observed Therapy (DOT). For comparison, the CDC recommends treatment initiation for TB clients with positive AFB sputum-smear results within 7 days of specimen collection.

For FY18 reporting, data will cover all cases from calendar year 2017 (1/1/2017 -12/31/2017). A compliance percentage of not less than 93.4% is required.

If data indicates a compliance percentage for this Performance Measure of less than 93.4%, DSHS may (at its sole discretion) require additional measures to improve that percentage on a timeline set by DSHS.

3. Newly reported suspected cases of TB must be started in timely manner on the recommended initial 4-drug regimen.

For FY18 reporting, data will be drawn from calendar year 2017 (1/1/2017 - 12/31/2017). A compliance percentage of not less than 93.5% is required.

If fewer than 93.5% of newly reported TB cases are started on an initial

4-drug regimen in accordance with this requirement, DSHS may (at its sole discretion) require additional measures to improve that percentage on a timeline set by DSHS.

4. Newly reported TB clients ages 12 and older who have a pleural or respiratory site of disease must have sputum AFB-culture results reported to DSHS according to applicable timelines for initial reporting and updated results given.

For FY18 reporting, data will be drawn from calendar year 2017 (1/1/2017 -12/31/2017). A compliance percentage of not less than 93.5% is required.

If data indicates a compliance percentage for this Performance Measure of less than 93.5%, DSHS may (at its sole discretion) require additional measures to improve that percentage on a timeline set by DSHS.

5. Newly reported cases of TB with Acid-Fast Bacilli (AFB) positive sputum culture results will have documented conversion to sputum culture-negative within 60 days of initiation of treatment.

For FY18 reporting, data will be drawn from calendar year 2016 (1/1/2016-12/31/2016). A compliance percentage of not less than 54% is required.

If data indicates a compliance percentage for this Performance Measure of less than 54%, DSHS may (at its sole discretion) require additional measures to improve the percentage on a timeline set by DSHS.

6. Newly diagnosed TB cases that are eligible* to complete treatment within 12 months must complete therapy within 365 days or less.

*Exclude TB cases 1) diagnosed at death, 2) who die during therapy, 3) who are resistant to Rifampin, 4) who have meningeal disease, and/or 5) who are younger than 15 years with either miliary disease or a positive blood culture for TB.

For FY18 reporting, data will cover all cases from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 89.4% is required.

If data indicates a compliance percentage for this Performance Measure of less than 89.4%, DSHS may (at its sole discretion) require additional measures to improve that percentage on a timeline set by DSHS.

7. Increase the proportion of culture-confirmed TB cases with a genotyping result reported.

For FY18 reporting, data will be drawn from calendar year 2017 (1/1/2017 -12/31/2017). A compliance percentage of not less than 94.3% is required.

If data indicates a compliance percentage for this Performance Measure of less than 94.3%, DSHS may (at its sole discretion) require additional measures to improve that percentage on a timeline set by DSHS.

8. TB cases with initial cultures positive for Mycobacterium tuberculosis complex must be tested for drug susceptibility with results documented in the medical record.

For FY18 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 97% is required.

If data indicates a compliance percentage for this Performance Measure of less than 97%, DSHS may (at its sole discretion) require additional measures to improve that percentage on a timeline set by DSHS.

9. Newly reported TB clients with a positive AFB sputum-smear result must have at least three contacts evaluated as part of the contact investigation that must be pursued for each case.

For FY18 reporting, data will be drawn from calendar year 2017 (1/1/2017 -12/31/2017). A compliance percentage of not less than 96% is required.

If data indicates a compliance percentage for this Performance Measure of less than 96%, DSHS may (at its sole discretion) require additional measures to improve that percentage on a timeline set by DSHS.

10. Newly identified contacts identified through the contact investigation that are associated with a sputum AFB smear-positive TB case must be

evaluated for TB infection and disease.

For FY18 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 86% is required.

If data indicates a compliance percentage for this Performance Measure of less than 86%, DSHS may (at its sole discretion) require additional measures to improve that percentage, on a timeline set by DSHS.

11. Contacts identified through the contact investigation that are associated with a sputum AFB smear-positive case and that are newly diagnosed with TB infection must be started on timely and appropriate treatment.

For FY18 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 76% is required.

If data indicates a compliance percentage for this Performance Measure of less than 76%, DSHS may (at its sole discretion) require additional measures to improve that percentage, on a timeline set by DSHS.

12. Contacts identified through the contact investigation that are associated with a sputum AFB smear-positive case that are newly diagnosed with TBI and that were started on treatment must complete treatment for TB infection.

For FY18 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 58% is required.

If data indicates a compliance percentage for this Performance Measure of less than 58%, DSHS may (at its sole discretion) require additional measures to improve that percentage on a timeline set by DSHS.

V. Criteria to Receive Services

A client must meet any one of the following criteria to receive services through the Binational TB Program:

- The client lives in Mexico but has relatives in the U.S.;

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- The client has dual residency in the U.S. and Mexico;
 - The client has contacts on both sides of the border, in the U.S. and Mexico;
 - The client starts treatment in the U.S. but returns to live in Mexico; or
 - The client is referred from the U.S. for treatment or follow-up in Mexico

VI. Services Provided

- The Texas binational TB programs provide assistance or make recommendations in evaluating, diagnosing, treating, and monitoring clients with suspected or confirmed TB disease who meet the criteria to receive services. The following actions must be done when a client is referred to the Binational TB Program.
 - A. Create medical records for each client with possible or confirmed TB disease or infection to include pertinent medical documentation including but not limited to mycobacteriology testing results i.e., specimen collection date for acid fast bacilli (AFB) testing, drug susceptibility results, baseline hearing/vision/Ishihara test dates and results, baseline blood work, chest x-rays (CXR), contact investigations, physician evaluation including any expert consultation obtained, consent for treatment, toxicity, and directly observed therapy.
 - B. Provide directly observed therapy (DOT) Monday-Friday either at the project clinic or at the client's residence/work site and/or at an agreed location.
 - C. Provide anti-TB medications using DSHS' Inventory Tracking Electronic Asset Management System (ITEAMS).
 1. The ITEAMS process is followed by the binational projects when ordering medications. Upon identifying a drug resistant TB case, second-line medications should be ordered according to physician's recommendations. The assigned TB nurse is informed and a copy of Form TB 400 is provided.
 - D. Perform contact investigation (CI) by screening high priority contacts of possible or confirmed pulmonary, pleural or laryngeal TB disease. Initial and second-round screenings are performed in line with the Texas Tuberculosis Work Plan.
 1. Initial interviews are conducted by contracted staff in Mexico

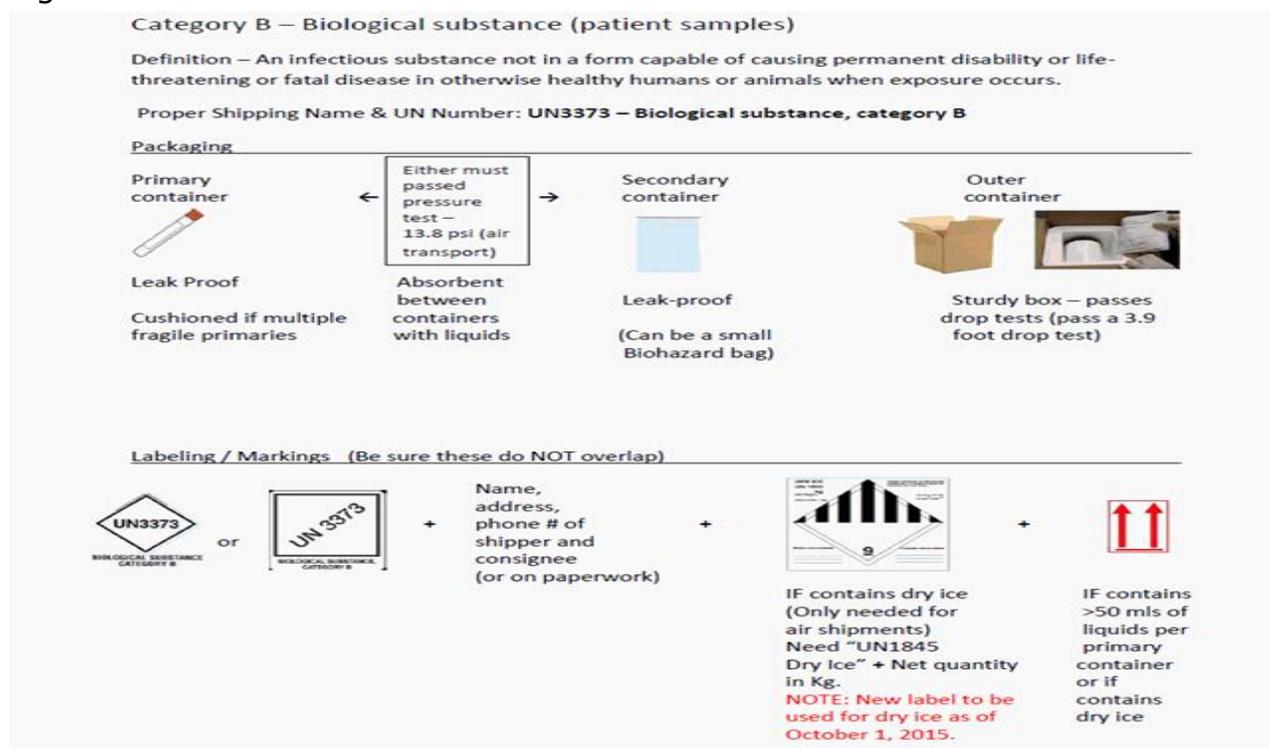
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- within three working days of being notified of a client with possible or confirmed TB disease.
2. If the index case is managed in the U.S., contact information elicited by the local TB program are sent to the receiving binational TB project. The receiving binational TB project, screens high risk and high priority contacts and completes Form TB-340. CI results are submitted to the TB program managing the index case. If additional cases are identified through the CI, treatment will be recommended by the physician and DOT initiated by project staff.
 3. Methods of Screening
 - a) The tuberculin skin test
 - b) Interferon Gamma Release Assays (IGRA)
 - c) Chest X-Ray
 - d) AFB smear and culture
 4. Medical assessment of CI outcome.
 - a) Binational TB projects work with Mexico's TB Program to assist in CIs for clients meeting the criteria for services. If the CI identifies a new case, recommendations for care are provided to the referring TB program in Mexico.
- E. Prepare, send and receive referrals. Binational TB projects prepare and send referrals to regional and local TB programs in the U.S. Binational TB projects also receive referrals from Mexico and the U.S. to conduct CIs on clients treated in the U.S. or Mexico. Referrals are also received for TB case management purposes.
1. Referrals received from TBNET, CURE TB, detention centers and correctional facilities are reported to the Mexican health authorities and investigated by project staff.
 2. A "meet & greet" process is outlined at each project site. Referrals received from detention centers i.e., ICE, that require a physical "meet & greet" and that need to be repatriated are followed up on and clients are generally taken to the Mexican health clinic project sites and re-evaluated if necessary.
- F. Respond to medical records request. The Office of General Counsel (OGC) is notified when clients request a copy of their medical records in the U.S. Copies of medical records are submitted to the requestor

upon OGC's approval.

G. Collect sputum for clients suspected of having TB using DSHS required procedures/regulations.

1. Figure 1 outlines the process to pack and label specimens to prepare them for transporting to the U.S. When specimens arrive in the U.S., they are sent to the assigned laboratory for AFB smears, AFB cultures and drug susceptibility testing. Grupo Sin Fronteras sends specimens to the South Texas Laboratory in Harlingen, TX and the remaining three projects send specimens to DSHS Laboratory in Austin, TX.

Figure 1



H. Obtain on an annual basis, a CDC permit to legally import biological specimen into the U.S. i.e., sputum, cerebral spinal fluid, gastric washes and blood. Each project site coordinator is responsible for completing the necessary CDC forms to renew their permit. The following must be done by each project coordinator to maintain a current permit and transport specimen to the U.S.:

1. Complete the CDC Application for Permit to Import Biological Agents or Vectors of Human Disease into the United States Form 0.752 (rev. Feb.2012) at least two to three months before the current permit expires. Review form for accuracy and completeness prior to mailing to the CDC.

Note: The Permit to Import Infectious Biological Agents, Infectious Substances, and Vectors - Form: CDC 0728 (F13.40) REV. 4-13 is received by the program typically within two to four weeks of submitting an application to the CDC.

2. Provide a copy of the permit to the Customs and Border Protection officer at the time of crossing, each time specimens are imported.

Import Permit Contact Information: Department of Health & Human Services, Public Health Service, Centers for Disease Control & Prevention, Office Health & Safety, MS A-46, Atlanta, Georgia, Phone: 404-718-2077, Fax: 404-718-2093 Email: importpermit@cdc.gov

3. Include with each specimen, a completed laboratory specimen submission form (G-MYCO for Austin's laboratory or F-40-B for South Texas laboratory) containing all pertinent client information including specimen type and name of requesting physician.
 - I. When needed, binational TB projects may obtain the service of a customs broker to receive an "Entry and Manifest of Merchandise Free of Duty, Carrier's Certification and Release" to transport specimen across the border. This is a required activity for Project Juntos.
 - J. Consult with Mexican health authority/TB physician in Mexico on clients with TB infection and start treatment as directed by the treating physician.
 - K. Train contracted project staff working in Mexico to perform duties in line with DSHS TB standards.
 - L. Promote and provide TB education in Mexico to the community, health promoters, non-profit organizations, correctional facilities, and rehabilitation centers on the transmission and pathogenesis of TB disease. Explain necessary infection control measures to clients and their families.
 - M. Provide necessary infection control supplies such as N95 masks to

contracted nursing staff and surgical mask to all clients with suspected or confirmed TB disease during the infectious period.

Binational TB coordinators shall ensure all contracted project staff are trained to use N95 masks.

VII. Project Staff - Texas

- All binational TB projects are supervised by a coordinator.
 - All projects have contractual staff working in Mexico hired by each project's coordinator in collaboration with Mexico's TB Program physicians at each designated site.
 - The Grupo Sin Fronteras project coordinator is supported by a public health and prevention specialist who assists with the workload of the project's two sites.
- A. Responsibilities of U.S. Staff
1. Coordinator (Program Specialist)
 - a) Monitors and evaluates project functions and objectives as set forth by the TB and Hansen's Disease Branch.
 - b) Implements protocols with other health agencies in consultation with the binational TB project officer.
 - c) Prepares and presents educational programs/presentations in English and Spanish.
 - d) Develops, analyzes, and manages project data i.e., case registry, sputum histories, and contact investigations.
 - e) Monitors budget and maintains accountability of project expenditures
 - f) Performs annual review of program manual and submits updates to the binational TB project officer.
 - g) Collaborates with health officials in Mexico, binational project officer and local TB programs in their jurisdiction.
 - h) Hire, terminate, train, guide, and supervise contracted staff working in Mexico.
 - i) Compiles, completes, and submits semi-annual and annual reports.
 - j) Enrolls eligible clients to receive project services.
 - k) Ensures medication is ordered, received and delivered.

- l) Meets/communicates on a regular basis with staff and Mexico's health officials in collaboration with the binational project officer to discuss caseload and administrative issues.
- m) Conducts random telephone calls to clients to monitor quality of service received.

B. Additional responsibilities of the binational TB project coordinator

Each binational TB project coordinator may contract with one person, as needed, to transport specimen to the U.S. Additionally, X-ray contracts are developed by binational TB project coordinator to perform x-rays for cases and contacts residing in Mexico.

C. Responsibilities of Contracted Staff in Mexico

1. All project sites maintain outreach staff that carry out clinic and field activities to include but not limited to:
 - a) Case management;
 - b) Contact investigation;
 - c) Referrals;
 - d) TB Education;
 - e) Reporting; and
 - f) Specimen collection.

VIII. Professional Education

- All staff receive ongoing education and training as noted in the Texas Tuberculosis Work Plan, Chapter 12, "Maintain a Competent Workforce".
 1. The CDC "Self-Study Modules on Tuberculosis" are available in Spanish and included as a required training for contract staff.
 2. Conferences and trainings are provided by DSHS HSRs, local health departments and the TB and Hansen's Disease Branch. Additionally, specialized trainings are provided by Heartland National TB Center on:
 - a) Drug interactions and toxicity;
 - b) Contact Investigation for TB;
 - c) Infection control measures;

- d) Client adherence;
- e) Directly observed therapy; and
- f) Tuberculin skin testing practicum.

IX. Infection Control Procedures – Administrative, Environmental and Respiratory Controls.

- Contracted staff are required to adhere to infection control measures/procedures outlined in the new employee training.
- Contracted staff are tested (PPD or IGRA) upon hire and at least twice annually to monitor results and conversions.
- Ultra violet (UV) lights are installed at each clinic site. UV lights must be routinely inspected to maintain proper functionality.
- Contracted staff receive routine fit testing to ensure masks are fitted properly on each staff.

X. Budget

Binational TB coordinators work collaboratively with the binational TB project officer to manage and monitor their budgets. This includes the following:

- Review and revise COAG budgets
- Monitor budget expenditures and maintain an Excel spreadsheet
- Recommend budget revisions/re-categorizations with approved justification and notification to the TB and Hansen’s Disease Branch Grants Management Team.
- Prepare and/or approve payment vouchers sent to FEMAP for salaries/mileage and other allowable reimbursements by utilizing state voucher format.
- Work closely with FEMAP on ordering of supplies for project sites.
- Notify the TB and Hansen’s Disease Branch of any changes in personnel, including new hires.

XI. Reporting

The binational TB projects submit designated reports by established deadlines to the TB and Hansen’s Disease Branch Office and FEMAP.

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1. The reports submitted include but are not limited to:
 - a) Annual and semi-annual reports of summary activities that took place during the calendar year including but not limited to the following;
 - The number of cases managed and disease type i.e. MDR/XDR, etc.;
 - The number of persons diagnosed with TB infection;
 - The number of referrals;
 - The number of CIs;
 - The number of clinic and field visits; and
 - The number of specimen collected for AFB testing
 - b) Quarterly summary of cohort reviews

XII. Confidentiality and Security Standards

Project clients are all evaluated and treated in Mexico. The official medical record is opened and maintained in Mexico. However, a shadow chart is kept in the U.S. and maintained in accordance with applicable state and federal security and confidentiality standards, policies and guidelines including but not limited to:

1. DSHS Program Policy "Release of TB/HIV/AIDS and STD Data"
2. Federal HIV/AIDS Security and Confidentiality guidelines
3. DSHS Program TB/HIV/STD and Viral Hepatitis Unit Breach of Confidentiality Response Policy.
 - a) DSHS staff submits documentation of DSHS security and confidentiality training course and completes refresher training courses as required.
 - b) Project staff (U.S. & Mexico) works closely with their designated local responsible party (LRP) to ensure personally identifiable information is kept secure.