

FY 2024 PERFORMANCE PLAN

Tuberculosis (TB) and Newcomer Health Program	PHD/CHPB	Tania St. Clair, x5604 Colleen Kotb, x5664
Program Purpose	<ul style="list-style-type: none"> Prevent the transmission of tuberculosis (TB) and cure individuals with active TB disease 	
Program Information	<p>Tuberculosis spreads when a person with active TB disease in their lungs or throat coughs, speaks, or sings. Risk factors include prolonged contact (~8 hours or more) with a person with TB disease, or travel to an area with a high TB incidence. In 2023, Arlington's active TB rate was 3.0 cases per 100,000 population, a slight decrease from the prior year, while the rate for Virginia was 2.4. The U.S. rate of 2.9 reflected a national increase.</p> <p>This mandated program works to identify and treat individuals with active TB disease and latent TB infection and prevent the spread of the disease through contact investigation and community outreach.</p> <ul style="list-style-type: none"> Active TB disease: those infected with TB bacteria <u>with symptoms</u> of TB disease. Those with pulmonary TB can spread TB to others. Active disease is categorized by response to standard medications: <ul style="list-style-type: none"> Responsive to all four first line TB drugs Resistant to one first line drug Multidrug Resistant (MDR): resistant to at least isoniazid and rifampin, the two most potent first line TB drugs Extensively Drug Resistant (XDR): a rare type of multidrug-resistant tuberculosis (MDR TB) that is resistant to isoniazid and rifampin, plus any fluoroquinolone and at least one of three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin). <p>Case managers work closely with patients to monitor their progress with treatment and provide support throughout the entire treatment process.</p> <ul style="list-style-type: none"> Treatment of active TB disease typically takes 6 to 9 months. Treatment completion is critical to prevent bacteria in the person from becoming medication resistant. Directly Observed Therapy (DOT) is the World Health Organization (WHO) and Centers for Disease Control and Prevention's (CDC) gold standard of care for active TB to assure completion and compliance. Staff observe the client taking every dose of their medication. Services are provided in the home, workplace and virtually using a Virginia Department of Health (VDH) approved video application. Services include laboratory testing, chest x-ray referral, and physician consultation. Environmental and infection prevention controls are used to prevent disease transmission in the clinical area. Nurse case management services for clients with active TB may include arranging temporary housing for isolation and referring to other Department of Human Services (DHS) services to ensure compliance with isolation and treatment until cure. Latent TB infection (LTBI): those infected with TB bacteria who are without symptoms and cannot spread it to others. Progression from latent to active TB is most likely in children, those with chronic diseases such as diabetes, and 	

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	<p>those recently infected. Completing treatment for LTBI can reduce the risk of TB disease by 90%.</p> <ul style="list-style-type: none"> • Contact Investigation: a control strategy used to identify, find and assess (test) those potentially exposed to an active case. Contacts found to have TB infection or disease are provided treatment and case management to prevent further spread. Contact investigations occur among family units and in congregate settings such as schools, worksites, and nursing homes. • Community Outreach: Arlington's TB leadership works with Northern Virginia TB Elimination Taskforce to educate community members and providers about TB. This past year's efforts focused on educating providers on LTBI modeled after CDC's "Think, Test, Treat" program. Previous projects included an education campaign targeting high risk immigrant populations. <p>In addition to the program's work with those with active and latent TB infection, special emphasis is given to those seen in Arlington's Newcomer Health Program and immigrants with a TB Class B designation who are at higher risk for TB.</p> <ul style="list-style-type: none"> • Newcomer Health Program: required by the federal Office of Refugee Resettlement (ORR), provides an initial health screening including screening for TB, authorized by federal regulation, to newly arrived refugees and other qualified individuals, refers/addresses health issues that may impact successful resettlement, and identifies and intervenes on diseases and conditions of public health concern including TB. • TB Class B designation: required pre-immigration by the Department of State for immigrants and refugees to undergo a medical exam overseas to rule out tuberculosis (TB) and other public health diseases. If an individual is identified as a risk for TB infection, they are given a TB Class B designation based on the results of their exam. Arlington's TB program finalizes the TB evaluation as required within 30 days after the individual's arrival to the County. <p>All TB/Newcomer Health Program services are based on the Virginia Department of Health (VDH) and CDC guidelines. The program is partially funded by a grant from CDC.</p> <p>Partners: VDH, Division of Consolidated Laboratory Services (DCLS) and other labs, Virginia Hospital Center (VHC), and private medical providers.</p>
Service Delivery Model	<ul style="list-style-type: none"> • Point-of-entry to care is a detailed risk assessment and health history. Clients are then referred to VHC for chest x-rays with the cost covered by the TB Program. Based on the x-ray, health history, medical exam, and lab results the client is diagnosed with either LTBI or TB disease • Clients come to clinic monthly for a nursing assessment and to pick up their medicine. Clients may have a telehealth appointment, and medications may be shipped from the State Pharmacy directly to client homes if it is their preference. • Certain clients have their blood drawn to monitor side effects during their appointment. Clients receiving telehealth have the option to go to LabCorp for TB testing and other treatment-related labs. • For clients receiving DOT, an initial period of DOT is done in-person to assure that the client can meet criteria for video DOT. Video services via a VDH

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approved application are offered to all clients with active disease and high-risk clients with LTBI. Clients may continue in-person DOT if preferred.

PM1: How much did we do?

Staff	Total 6.45 FTEs: <ul style="list-style-type: none">1 FTE Supervisor/Program Coordinator functions1 FTE Nurse Practitioner3.2 FTE Public Health Nurses1 FTE Outreach Worker0.25 FTE Pharmacy Technician (Community Health Services Bureau) Contractors <ul style="list-style-type: none">TB Nurse Consultant (20 hrs. per week)TB Pulmonology Consultant (2-3 hrs. per month)																																																						
Customers and Service Data	<table><tr><td></td><td>FY 2021</td><td>FY 2022</td><td>FY 2023</td><td>FY 2024</td></tr><tr><td>TB Clinic Clients*</td><td>196</td><td>299</td><td>381</td><td>317</td></tr><tr><td>Newcomer Health Clients***</td><td>10</td><td>71</td><td>117</td><td>122</td></tr><tr><td>Total Active TB Cases on Treatment (includes all confirmed, presumptive, and transferred-in cases that received treatment)</td><td>16</td><td>16</td><td>13</td><td>13</td></tr><tr><td>New Active TB (diagnosed in Arlington or transferred from other districts)</td><td>7</td><td>10</td><td>10</td><td>10</td></tr><tr><td>TB Class B Arrivals</td><td>2</td><td>23</td><td>15</td><td>26</td></tr><tr><td>Latent TB on treatment</td><td>32</td><td>64</td><td>110</td><td>89</td></tr><tr><td>Visits (all settings, excluding DOT)</td><td>533</td><td>694</td><td>1,143</td><td>997</td></tr><tr><td>DOT Visits**</td><td>1,115</td><td>1,212</td><td>1,751</td><td>1,338</td></tr><tr><td>X-ray services†</td><td>0</td><td>138</td><td>147</td><td>126</td></tr></table> <p>*Clients who do not have active or latent TB are also served by the TB program. These include contacts to active TB cases, individuals who are symptomatic and need TB ruled out, all positive TB tests requiring further evaluation, and those needing letters certifying that they are free of active TB.</p> <p>**The variation in DOT visits is attributed to the total number of active TB cases, including drug-resistant cases that require added staff, client visits, and treatment time.</p> <p>†Starting in FY 2021, clients were referred to VHC for x-ray services. The system for tracking referrals was initiated in FY 2022.</p> <p>***Newcomer Health clients are up more than 10-fold from FY 2021 and include those from Afghanistan, Central America, and East Africa. Services average 5 hours per client for screening, health assessments and post visit f/u and referrals.</p>						FY 2021	FY 2022	FY 2023	FY 2024	TB Clinic Clients*	196	299	381	317	Newcomer Health Clients***	10	71	117	122	Total Active TB Cases on Treatment (includes all confirmed, presumptive, and transferred-in cases that received treatment)	16	16	13	13	New Active TB (diagnosed in Arlington or transferred from other districts)	7	10	10	10	TB Class B Arrivals	2	23	15	26	Latent TB on treatment	32	64	110	89	Visits (all settings, excluding DOT)	533	694	1,143	997	DOT Visits**	1,115	1,212	1,751	1,338	X-ray services†	0	138	147	126
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PM2: How well did we do it?

2.1	Clients with active TB disease who were started on the recommended treatment regimen and initiated DOT
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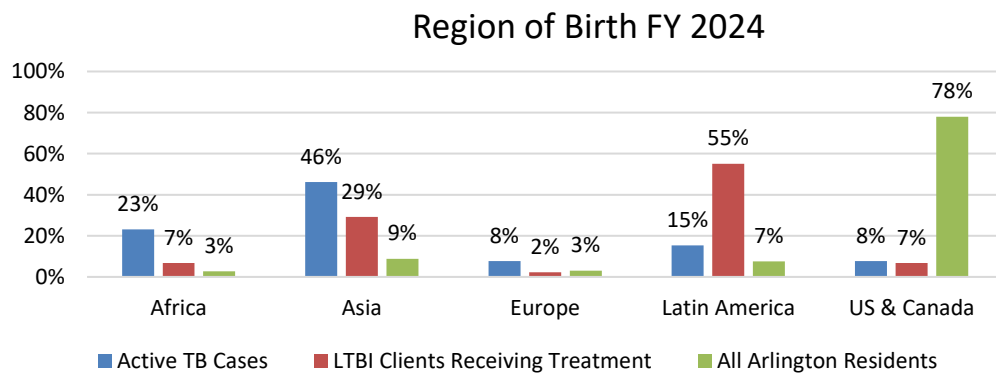
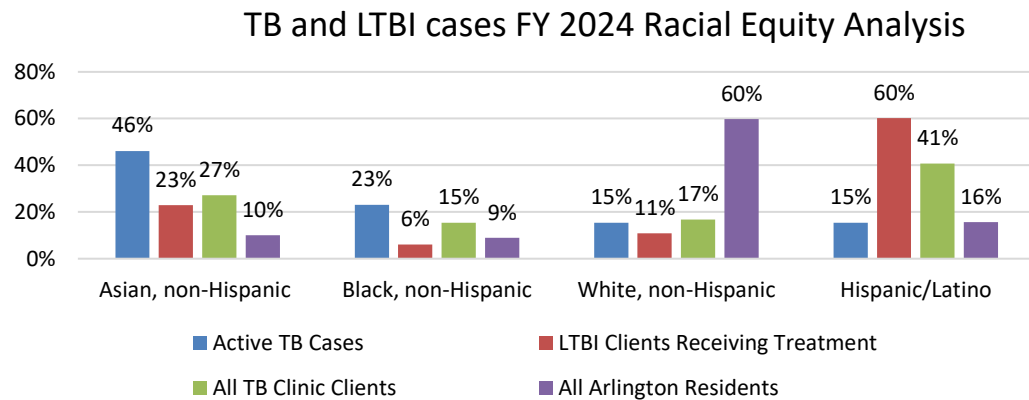
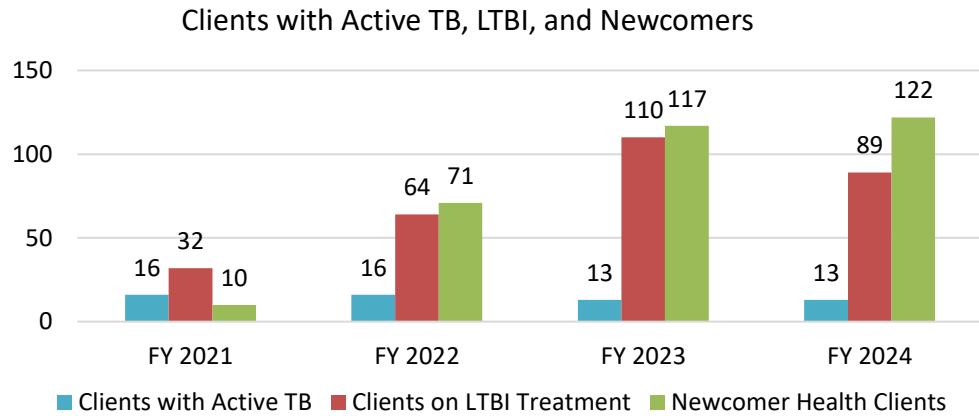
2.2	Identified contacts to an active pulmonary TB case who were assessed to determine their infection status
2.3	Newcomer Health clients screening initiated within 30 days of notification
PM3: Is anyone better off?	
3.1	Clients with active TB who completed or are on schedule to complete treatment according to protocol
3.2	Clients with latent TB infection starting medications who completed or are on schedule to complete treatment according to protocol

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Tuberculosis (TB) Control and Prevention Program

Measure 1 Clients with active TB and LTBI on treatment

Data



Data Summary

- Non-US born clients have the greatest risk of TB and represented 92% (12/13) of Arlington cases of active TB in FY 2024.
- Race and ethnicity data was missing for 6 (7%) clients on LTBI treatment and 30 (9%) TB Clinic clients. Region of Birth data was complete for all clients.
- TB Clinic data is from local databases and WebVision.

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- The race and ethnicity data for all Arlington residents is from IPUMS USA using 2018-2022 ACS Census Bureau data and does not display residents who are Native American and Alaskan Native, Native Hawaiian and other Pacific Islander, some other race, or two or more races. The region of birth data for all Arlington residents is from ACS Census Bureau data and does not display residents born in Oceania.

What is the story behind the data?

- Non-Hispanic Asian and non-Hispanic Black populations continue to be over-represented among those with active TB. There is an opportunity for targeted outreach for LTBI treatment to prevent progression to active disease among these populations.
- Country of birth continues to be a major risk factor for TB in the United States. Progression from LTBI to active disease rather than recent transmission is the primary cause of TB disease in the US.
- In FY 2021, the numbers were artificially low due to COVID, when only those at highest risk for progression were targeted for treatment.
- The TB Clinic has a diverse bilingual and bicultural staff with employees from Ghana, Philippines, Ethiopia, and Bolivia to best serve our clients.

Recommendations

- Continue current service delivery model.
- Target clients eligible for LTBI treatment who do not start treatment to understand and address barriers to treatment initiation.

Target Dates

- On-going
- FY 2025 Q3

Forecast

- For FY 2025, the number of clients with active TB and on LTBI treatment will remain about the same. The program anticipates approximately 13 active clients and 100 clients on LTBI.

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Tuberculosis (TB) Control and Prevention Program																	
Measure	2.1	Clients with active TB disease who were started on the recommended treatment regimen and initiated DOT															
Data	<div>Percent of clients with suspected active TB disease who were started on the recommended treatment regimen and initiated DOT</div> <table><thead><tr><th>Fiscal Year</th><th>Clients</th><th>Percent</th></tr></thead><tbody><tr><td>FY 2021</td><td>7/7 Clients</td><td>100%</td></tr><tr><td>FY 2022</td><td>9/9 Clients</td><td>100%</td></tr><tr><td>FY 2023</td><td>10/10 Clients</td><td>100%</td></tr><tr><td>FY 2024</td><td>10/10 Clients</td><td>100%</td></tr></tbody></table>		Fiscal Year	Clients	Percent	FY 2021	7/7 Clients	100%	FY 2022	9/9 Clients	100%	FY 2023	10/10 Clients	100%	FY 2024	10/10 Clients	100%
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FY 2023	10/10 Clients	100%															
FY 2024	10/10 Clients	100%															
Data Summary	<ul style="list-style-type: none">Data from the Active TB Database.All Arlington residents with clinically presumptive or confirmed active pulmonary or extrapulmonary TB disease, who were recommended to begin treatment during the fiscal year, are included in the data.																
What is the story behind the data?																	
<ul style="list-style-type: none">In FY 2024, ten out of ten clients with active TB disease were successfully started on treatment and DOT.Provision of DOT via telehealth has reduced barriers to treatment for many clients.																	
Recommendations		Target Dates															
<ul style="list-style-type: none">Stay the course.		<ul style="list-style-type: none">On-going															
Forecast																	
<ul style="list-style-type: none">In FY 2025, treatment initiation and DOT rates are expected to remain 100%.																	

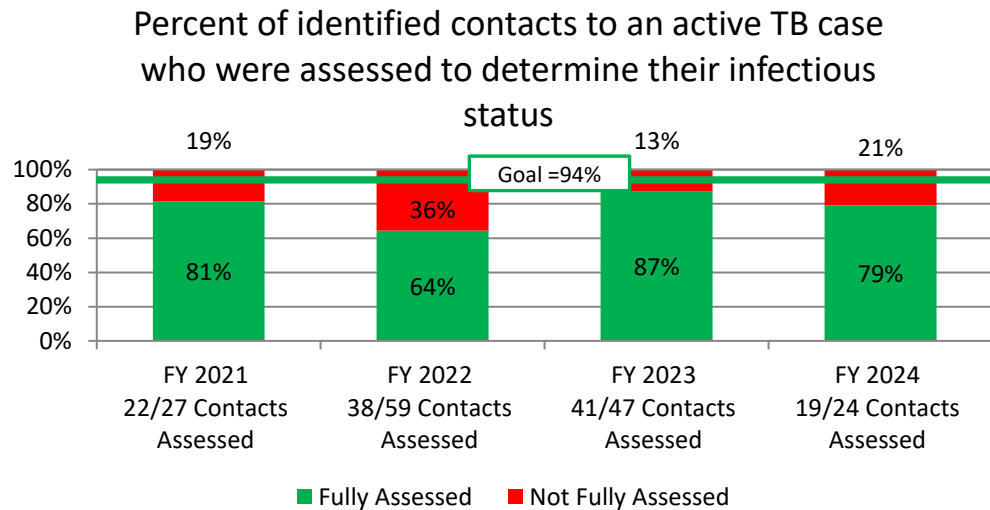
Tuberculosis (TB) Control and Prevention Program

Measure

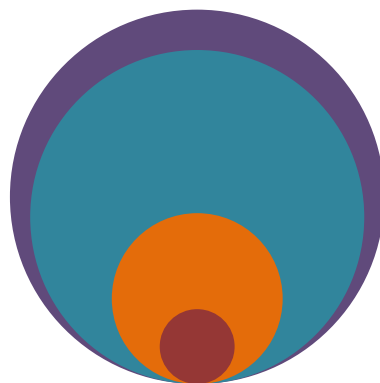
2.2

Identified contacts to an active pulmonary TB case who were assessed to determine their infection status

Data



Contact Investigation Outcomes, Arlington, FY 2024



24 Contacts Identified

19 Contacts Evaluated (79%)

5 Contacts with Latent and Active TB Infection (26%)

1 Contact with Active TB Disease (20%)

Data Summary

- CDC's 2025 National TB Indicator target for complete evaluation of contacts to infectious TB cases is 94%.
- Data were obtained from the Active TB Database for cases of pulmonary tuberculosis.
- In FY 2024, 79% (19 of 24) contacts identified were fully evaluated for TB infection. 26% (5 of 19) contacts evaluated were positive for TB infection. 20% (1 of 5) of contacts positive for TB had active TB disease. 80% (4 of 5) of contacts positive for TB had latent TB infection.

What is the story behind the data?

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- The greatest challenge to assessing (screening and testing) contacts is the lack of a legal mandate compelling TB screening (compared to clients with presumptive TB disease).
 - Some contacts were located outside of Arlington and were referred to local Health Department in that district and subsequently lost to follow-up.
- Staff utilize a range of strategies (e.g., phone calls, letters, home visits) to encourage and educate contacts to be screened. Client willingness to be screened varies by investigation and their perception of their risk.

Recommendations

Target Dates

- Continue culturally and linguistically appropriate services.

- On-going

Forecast

- In FY 2025, contact assessment rate is expected to remain at 79%.

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Tuberculosis (TB) Control and Prevention Program														
Measure	2.3	Newcomer Health clients screening initiated within 30 days of notification												
Data	<div>Percent of Newcomer Health clients screening initiated within 30 days of notification</div> <table><thead><tr><th>Fiscal Year</th><th>Percent of Clients</th><th>Gap to Goal (90%)</th></tr></thead><tbody><tr><td>FY 2022 71/76 Clients</td><td>93%</td><td>7%</td></tr><tr><td>FY 2023 129/145 Clients</td><td>89%</td><td>11%</td></tr><tr><td>FY 2024 110/122 Clients</td><td>90%</td><td>10%</td></tr></tbody></table>		Fiscal Year	Percent of Clients	Gap to Goal (90%)	FY 2022 71/76 Clients	93%	7%	FY 2023 129/145 Clients	89%	11%	FY 2024 110/122 Clients	90%	10%
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Data Summary	<ul style="list-style-type: none">• Data from Newcomer Health Log.• In FY 2024, 3 clients were excluded for missing notification date information and 55 clients were excluded because they were transferred to another jurisdiction.• Data for this measure reported by fiscal year of the date of notification by CDC.• Goal of 90% is based on CDC’s national TB program objectives and performance targets for 2025.													
What is the story behind the data?														
<ul style="list-style-type: none">• Health screenings including evaluation for TB should take place within 30 days of a refugee’s arrival as per the Office of Refugee Resettlement (ORR) Medical Screening Guidelines for Newly Arriving Refugees.• The Newcomer Health program receives notifications of new clients via Electronic Disease Notification system (EDN) operated by CDC or through a direct referral from a Voluntary Resettlement Agency (VOLAG). The County currently receives referrals from three VOLAGs: Ethiopian Community Development Council (ECDC), Catholic Charities, Lutheran Social Services. Clients may self-refer, e.g. United for Ukraine (U4U).• In FY 2024, of the 12 clients who did not initiate screening within the timeframe, 42% were unable to be located, 33% declined services, 17% were screened outside of the timeframe, and 8% did not have a reason documented.														
Recommendations		Target Dates												
<ul style="list-style-type: none">• Work with staff to improve data collection to reduce missing information and reasons why clients did not have screening initiated within the timeframe.		<ul style="list-style-type: none">• FY 2025 Q1												
Forecast														

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- In FY 2025, the percent of newcomer health clients screening initiated within 30 days of notification is expected to remain at 90%.

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Tuberculosis (TB) Control and Prevention Program																											
Measure	3.1	Clients with active TB who completed or are on schedule to complete treatment according to protocol																									
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Data Summary	<ul style="list-style-type: none">• Data from the Active TB Database.• Includes confirmed cases of active TB who received treatment during the fiscal year. Does not include presumptive TB cases on treatment.• Determination of treatment “completed” is made by TB provider based on treatment protocol and client condition, not on length of treatment.• “On schedule” totals include clients who were on schedule to complete treatment at the time that they left Arlington or died.																										
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<ul style="list-style-type: none">• All clients on treatment in FY 2024 either already completed treatment or are on target to complete treatment.• Treatment completion is critical to prevent bacteria in the person from becoming medication resistant. Additionally, if clients fail to complete treatment, they are at risk of potential relapse.• Mail order pharmacy directly from VDH to client has made a tremendous difference for both the client and County, offering greater convenience to clients.																											
Recommendations		Target Dates																									
<ul style="list-style-type: none">• Continue current service delivery model.		<ul style="list-style-type: none">• On-going																									
Forecast																											
<ul style="list-style-type: none">• In FY 2025, treatment completion rates are expected to remain at 100% completed or on schedule to complete.																											

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Tuberculosis (TB) Control and Prevention Program																											
Measure	3.2	Clients with latent TB infection starting medications who completed or are on schedule to complete treatment according to protocol																									
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Data Summary	<ul style="list-style-type: none">LTBI treatment may cross fiscal years and as such, clients may be duplicated across fiscal years.Data on clients with LTBI is maintained in a local database.Data on race and ethnicity combined for FY 2022-FY 2024 because of small numbers. LTBI clients treated in multiple fiscal years were deduplicated. Bar chart does not reflect the 18 clients with unknown or not stated race and ethnicity.																										
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- There are multiple LTBI treatment options that vary by the type of medication and length of treatment. New treatment options are offered as they become available.
- LTBI clients are nurse case managed in the County to increase compliance with treatment adherence and completion. LTBI can vary in length from 3 months to 9 months depending on the type of medication given. Clients have visits at a minimum monthly to check for side effects and monitor adherence. High-risk clients, including children under 5 who are close contacts to an active case and clients on intermittent dosing, receive directly observed therapy (DOT).
- VDH currently provides all medications free of charge through CDC funding.

Recommendations

Target Dates

- Continue the service delivery model.

- On-going

Forecast

- In FY 2025, completion rates are expected to remain 91% completed or on schedule to complete.