

Health Officer Tuberculosis Checklist

This document is designed to help the Local Health Officer (LHO) quickly identify activities and knowledge necessary to have an effective local TB program that meets legal responsibilities, Department of Health standards, and national goals. [State law](#) requires health care providers report suspected and confirmed TB to their local health jurisdiction (LHJ). TB care and prevention (i.e., TB control) is the responsibility of the LHJ/LHO [under Washington State law](#). Regardless of historical incidence of TB in your jurisdiction, you must have a plan to provide essential services and have the related infrastructure in place to best manage TB care and prevention in your jurisdiction. Some services will be provided directly by your LHJ, while other responsibilities can be met by ensuring they are conducted by community providers.

At minimum, the LHJ/LHO will be responsible for the following:

- Ensuring complete diagnostic work up has been completed to diagnose or rule out TB disease and to determine infectiousness. [ATS/IDSA/CDC Diagnostic Guidelines](#). [RCW 70.28.3031](#)
- Ensuring patients with likely or known infectious TB safely isolate.
- Enforcing isolation requirements per state law. [RCW 70.28.033](#)
- Ensuring proper medical management of all active TB. [ATS/IDSA/CDC Treatment Guidelines](#)
- [Provision of nurse case management](#) (SharePoint access needed, request at tbservices@doh.wa.gov) for all cases of active TB disease.
- Provision of directly observed therapy (DOT) for at least all active pulmonary TB and multi-drug resistant TB (MDR-TB) in their jurisdiction. However, DOT is recommended for all TB disease. [CDC Treatment Guidelines](#)
- Assistance in finding suitable housing for infectious people experiencing homelessness or who otherwise need housing while infectious.
- Conducting contact investigations for all infectious TB exposures. [CDC Contact Investigation Guidelines](#)
- Ensuring all contacts to infectious TB are properly evaluated.
- Ensuring all contacts with latent TB infection (LTBI) are treated unless contraindicated. [WA LTBI Treatment Guidance](#)
- Ensuring all Class B TB immigrant and refugee evaluations are completed per national and state standards and data are reported to the DOH and/or the Electronic Disease Notification (EDN) system. [WA TB Services and Standards Manual: Chapter 4, Class B Notifications](#) (SharePoint access needed, request at tbservices@doh.wa.gov)
- Ensuring treatment of Class B immigrants and refugees diagnosed with LTBI unless contraindicated.
- Reporting of all TB disease to the state DOH and enter all required surveillance data into the state surveillance system (currently WDRS).
- Supporting targeted testing and treatment of LTBI in the community.
- Properly documenting and storing all records related to TB reporting and care as required by state and federal laws. [Washington Secretary of State, Records Retention](#)

Some of these TB care and prevention services may also be necessary in some jurisdictions:

- Direct medical management of active TB cases and/or latent TB infection.
- Provision of TB medical and/or nursing consultation to community providers.
- Collecting, processing, and shipping sputum samples.
- Radiology and lab work related to TB diagnosis and monitoring.
- Nurse case management and/or DOT of extrapulmonary TB and high-risk LTBI.
- Coordinating TB drug supply using state and local resources.
- Education to local health care providers about TB-related subjects and skills.

**Checklist to help identify responsibilities for essential TB program functions in your community.
Identify your policies and arrangements for the following in your jurisdiction:**

Activity	Options (one or multiple can apply)	Designated responsible entity
Who is your TB control officer?	LHO Contracted/designated TB physician	
Medical management of active TB cases: <ul style="list-style-type: none"> Who is your TB physician? Who treats pulmonary TB in the county? Who treats extrapulmonary TB in the county? 	LHO Contracted/designated TB physician Community ID doc Other	
DOT—active pulmonary	LHJ Community partner	
DOT—extrapulmonary only, or high risk LTBI (e.g. young children, HIV positive)	No DOT for EP-only cases LHJ Community partner	
Case management—active TB	LHJ PHN (Public Health Nurse)	
Contact investigation - conduct and oversight	LHJ PHN DIS (Disease Investigation Specialist)	
Evaluation of contacts	LHJ Contracted designated TB physician/clinic Community clinic Primary care provider	
Treatment of LTBI in infected contacts	LHJ Contracted designated TB physician/clinic Community clinic Primary care provider	
Class B post-arrival evaluations <ul style="list-style-type: none"> Consider that many will not be eligible for health insurance coverage. 	LHJ Contracted designated TB physician/clinic Community clinic Primary care provider	
Refugee screening for TB	LHJ Contracted designated TB physician/clinic Community clinic Primary care provider	
Treatment of LTBI in class Bs and refugees <ul style="list-style-type: none"> Consider that many will not be eligible for health insurance coverage. 	LHJ Contracted designated TB physician/clinic Community clinic Primary care provider	
Targeted testing and treatment for LTBI	LHJ Contracted designated TB physician/clinic Community clinic Primary care provider	
Radiology	Community-based radiology service - <ul style="list-style-type: none"> Do you have a contract/MOU to have chest imaging done urgently if you need to order it, even if infrequently? 	
Laboratory (chemistry and blood counts)	Commercial laboratory - <ul style="list-style-type: none"> Do you have a contract or account if you are going to order these tests, even if infrequently? 	

Activity	Options (one or multiple can apply)	Designated responsible entity
Phlebotomy (labs for monitoring or IGRAs for TB screening)	PHN Commercial laboratory Other licensed staff	
Airborne infection isolation room(s) <ul style="list-style-type: none"> Where are they located in the county? Do any SNFs have one? Do any local jails have one? 	LHJ Local healthcare facility	
Sputum induction	LHJ Local healthcare facility	
Mycobacteriology	Commercial laboratory WA DOH PHL	
Drug supply	Patient (insured) LHJ DOH (340b & MMCAP eligible only)	
Legal consultation	Prosecuting attorney Private counsel	
Nursing consultation	WA DOH PHN Consultants Curry Center WTCN	
TB Medical Consultation	Local ID/pulmonary WA DOH Med Consultant DOH Regional Medical Officers WTCN WA TB ECHO Other HOs Curry International TB Center	
Primary point of contact with DOH TB	LHO Lead PHN TB Program Manager Other	
Point person on surveillance (data entry, back and forth with DOH, etc.)	PHNs DIS Clerical Other	

Essential Reading/Review



- [RCW 70.05.070](#)
- [WAC 246-170](#)
- [RCW 70.28](#)
- [WAC 246-100-211](#)
- [CDC Core Curriculum](#)

Advanced Reading



- [Washington State Tuberculosis Law Manual for Health Officers](#)
- [WA TB Services and Standards Manual \(SharePoint access required, please request via \[tbservice@doh.wa.gov\]\(mailto:tbservice@doh.wa.gov\)\)](#)
- [CDC/ATS/IDSA TB Guidelines](#)
- [National TB Indicators Project \(NTIP\)](#)
- [Other WA TB Partners SharePoint webpages](#)
- [TB Evaluation/Recommendations Template \(SharePoint access required\)](#)

Please reach out to the Washington State TB Program for any questions or consultation:
(206) 418-5500 TBServices@doh.wa.gov

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.