MAYO CLINIC

Center for Tuberculosis

Tuberculosis Case Management

Shea Rabley, RN, MN

TB Nurse Consultant

April 15, 2026

Accreditation Statement

Accreditation Statement

In support of improving patient care, Mayo Clinic College of Medicine and Science is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Statement(s):

ANCC

Mayo Clinic College of Medicine and Science designates this activity for a maximum of 14.00 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

This activity was planned by and for the healthcare team, and learners will receive 14.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

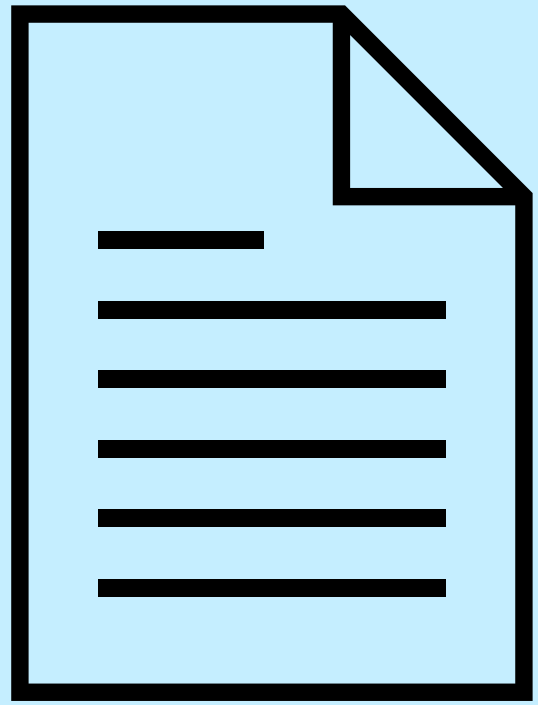
For disclosure information regarding Mayo Clinic School of Continuous Professional Development accreditation review committee member(s) and staff, please go here to the course accreditation page.

Available Credit

- 14.00 ANCC
- 14.00 Attendance
- 14.00 IPCE

Disclosures

No relevant financial disclosures



Learning Objectives

The Learner will be able to:

- Identify the core components of Tuberculosis Case Management, including assessment, planning, implementation and evaluation.
- Recognize challenges in TB case management, such as patient mobility, comorbidities, and social determinants of health and implement strategies to address them
- Apply case management tools and documentation systems that can track patient progress, adherence and evaluation.

- Case Management is the efficient coordination of services to achieve specific and measurable outcomes

- Case Management fits the nursing process and when utilized, provides a framework of assurance for the patient and the program.

Surveillance

- Also known as Case Finding
- One of the fundamental strategies for control of TB in the US
- Early detection, diagnosis, treatment and reporting of persons with, or suspected to have TB
- Activities are based on state and local laws and regulations
- Responsibility for these activities is assigned to state and local TB programs
- Includes laws requiring reporting to the public health authority for the state
- Requires establishing collaborative relationships, communication and coordination with other health providers, Hospitals, MD offices, Clinics, community agencies – anyone involved the patient's care.
- Assures that contact investigations are completed in accordance with local and state policies.

Assessment

- Upon notification, meet the patient, introduce yourself and establish rapport, whether in the hospital or where ever you meet your patient.
- Focus on care that is patient centered.
- Establish communication measures
- Then, begin assessment activities, which includes including:
  - patient demographics
  - a personal and family history
  - psychosocial history, mental health, drug use
  - environmental assessment, where they stay
  - medical risk factors, diabetes, HTN, HIV, any immunocompromising conditions
  - population risk factors, US-born or Foreign-born, and how long is the US
  - TB history
  - signs and symptoms of TB: cough >3 weeks, fatigue, weight loss, fever, night sweats, chest pain, coughing up blood

Assessment

- Assure the initial diagnostic work-up is completed:
  - TST or IGRA
  - sputum specimen for smear, culture, NAAT and drug susceptibility testing
  - radiographic tests, such as Chest X-ray, CT scan

Determine the patient's knowledge and beliefs about TB

- Obtain data/information collection from hospital, MD Office, etc. and even on a home visit

Assessment

- Infectiousness and Infectious Period - Identify the beginning of the infectious period as this directs the activities of the contact investigation
- Determine if isolation is needed and time frames required.
- Know your state’s policy and it’s basis:
  - CDC Guidelines
  - NTCA Guidelines

Ongoing Assessment

- Assure assessment occurs on a regular basis
  - review treatment regimens and monitor response to treatment
  - identify positive and negative motivational factors influencing continued adherence
  - Identify new educational needs
  - review the status of the contact investigation

Problem Identification

- Identify and address existing and/or potential problems
  - Food
  - Housing
  - Transportation
  - Finances
  - Communication needs
  - Work
  - Community concerns

- Coordinate with other team members to assure any potential and/or new problems are addressed.
- Monitor the problem

Plan Development

- Establish a plan of care in coordination with the TB Clinician and other health care providers
- Include: regular, periodic monitoring with:
  - the assessment of signs/symptoms
  - Ongoing diagnostic work-up: Sputum smear, culture, CXR or other radiology, LFTs, and other laboratory tests
- Must consider the patient acuity, medical history, current diagnosis, co-morbid conditions
- Identification of contacts & implementation of the contact investigation
- Long-term goal is to focus on treatment completion

Plan Development

- Establish a plan for the use of incentives, enablers and Directly Observed Therapy (DOT)
- Assure environmental issues are addressed in the plan
- Assure psychosocial issues are addressed in the plan
- Assure education is planned for the patient, family and community

Implementation

- Monitoring of the interventions outlined in the plan shows the progress of the patient and their response to treatment
  (monitoring of the signs/symptoms, labs, sputum smears & cultures, CXRs, drug side effects, adverse reactions)
- Identify barriers to care and/or adherence to treatment plan and conduct actions/interventions to improve the situation
- Consider the addition of incentives and/or enablers, as needed to assist toward adherence and COT
- Consider the addition of licensed or unlicensed personnel to assist with DOT - know your laws surrounding delegation of activities and licensure

Intervention

- Assure coordination with any other providers involved with this patient's overall health care (transportation, interpreters, MD Office, other Clinics)
- Referrals to and coordination with other community service providers
- Continue to provide education to the patient, the family and/or the community about TB infection and disease
- Assure implementation of the contact investigation occurs

Evaluation

- Regular evaluation:
  - monitoring of the patient status
  - progress shared regularly with the TB clinician
- Evaluation may require plan updates
- Monitor the sputum results over time to assure conversion
- Monitor the DOT activities and/or administration of medications (COT), to assure correct number of doses are received by the patient
- Revision of the plan as barriers and problems are identified
- Conduct regular chart reviews, program audits and QA or cohort reviews
- Provide the timeframe for discharge so appropriate planning can occur
- Review Contact Investigation for completion of all activities

Documentation

- Consistent and concise documentation must occur throughout the case management process
- Provides an ongoing picture of the patient and their progress to date
- Ensures continuity of care occurs between public health, hospitals, physicians and any involved community agencies
- Provides the framework for the patient to complete TB treatment and be discharged from the TB Program
- Based upon the state and local laws surrounding HIPAA, communicable diseases, confidentiality and medical need to know
- Develop policies and procedures specific to the state expectations and based upon national standards
- Develop documentation tools and forms specific to the state TB policies

Supporting Documentation for the Program Manager

- **Centers of Excellence**
  - All COEs have training, geared for a medical professional
  - Calendars are available that show upcoming basic and updated education
  - Materials are available on the website defined by content and language
- **National TB Coalition of America**
  - Tuberculosis Nurse Case Management: Core Competencies
  - Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings
  - Sections for all professions

Supporting Documentation for the Program Manager

- **Centers for Disease Control and Prevention**: Multiple guidelines, tool kits, flyers, pamphlets, posters, videos, etc.
  - Guidelines for Preventing the Transmission of *Mycobacteria tuberculosis* in Health-Care Settings
  - Treatment of TB Infection
  - Treatment of TB Disease
  - Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis
  - Controlling TB in the United States
  - Articles may be published in conjunction with ATS & IDSA
- **State and local health department**: policies, procedures, guidelines, forms, pamphlets, videos

WISCONSIN DEPARTMENT of HEALTH SERVICES

Tuberculosis (TB) Nurse Care Management in Wisconsin

Principles, Practice, and State-Local Collaboration

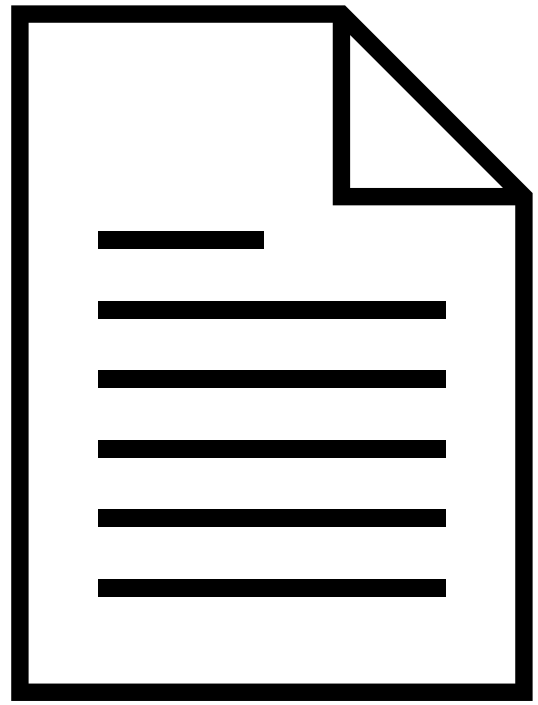
Claire Leback, RN BSN, MPH
Wisconsin Tuberculosis Program Manager

4/15/2026

Division of Public Health

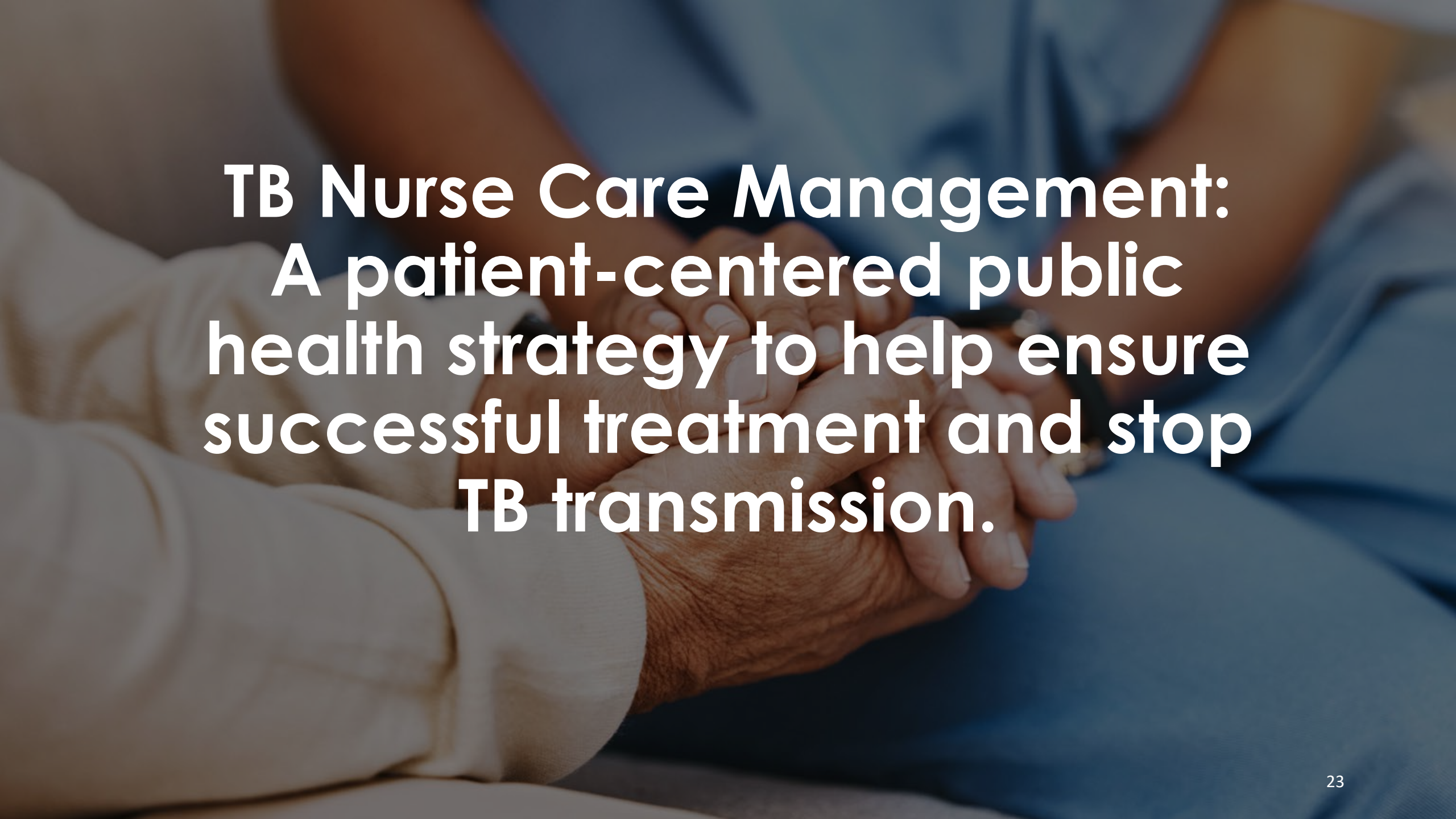
Disclosures

No relevant financial disclosures



Outline

- Local TB Nurses: Frontline Practice
- State Nurse Role: Oversight and Support
- Documentation



TB Nurse Care Management: A patient-centered public health strategy to help ensure successful treatment and stop TB transmission.

Local TB Nurses: Frontline Practice in Wisconsin

Intake for Frontline Nurses

Assign nurse case manager

Review information (treatment, transmission, and control)

Contact provider or hospital (records, role clarification, isolation)

Receive medication orders

Intake for Frontline Nurses

Conduct home or hospital visit and initial interview

Develop and implement treatment plan

Assess progress and need for adjustments

Consider motivation, adherence, need for incentives, or enablers

Good care management starts **before** you get the patient!

Contingency Planning for…

Resources:

- Emergency housing suitable for airborne isolation
- Food, utilities insecurity
- Medical referral
- Cultural navigators

Wisconsin State Nurse Role: Oversight and Support

TB nurse case management (NCM) is active clinical management, not passive follow-up.

Intake for State Nurses

- Notify local case manager, state lab as needed
- Gather preliminary information
- Give instructions on medication ordering
- Assess challenges for adherence, need for incentives or enablers, and large contact investigations

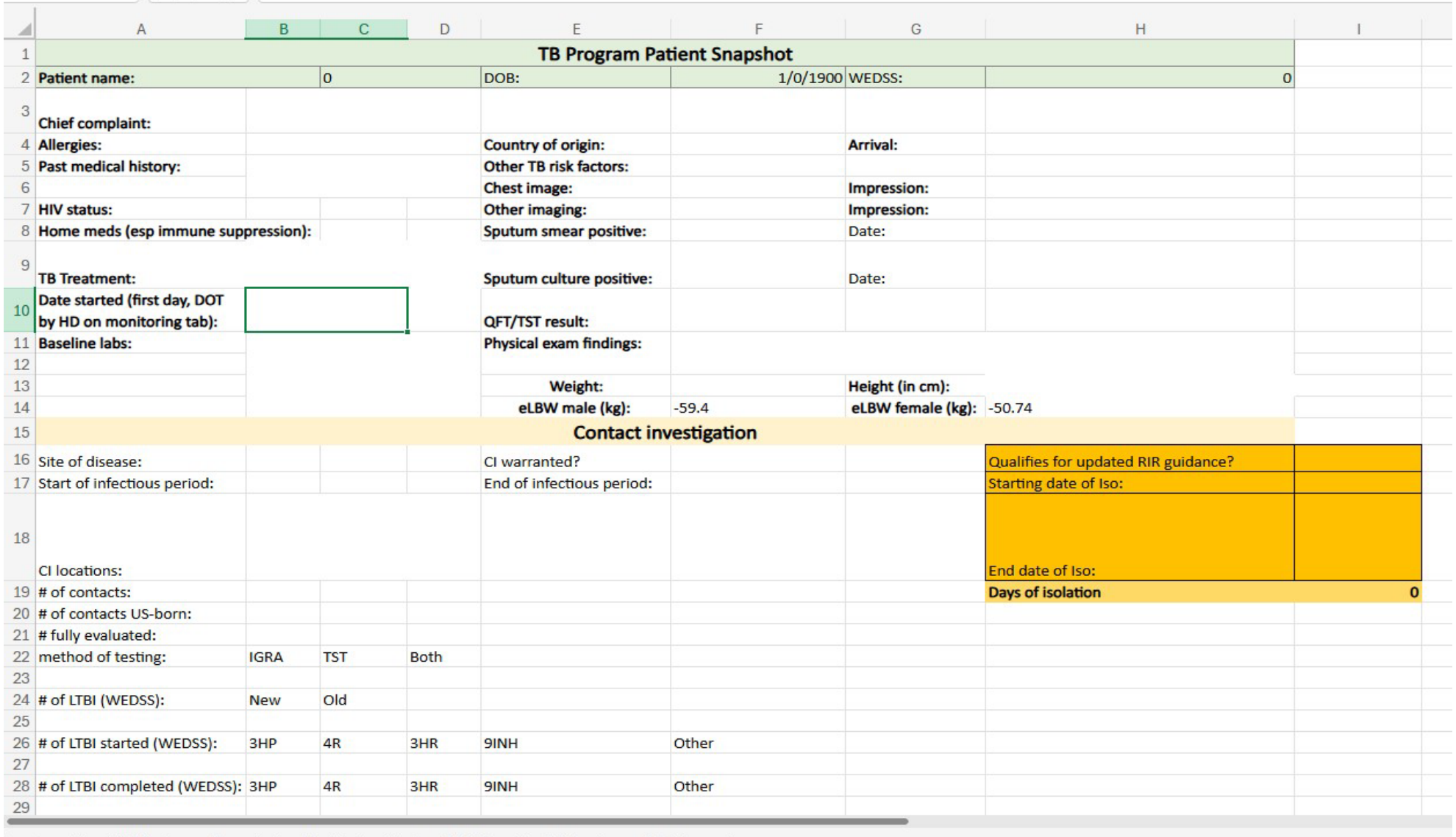
Standardized Monitoring

Monitoring tool

Initial request for medication

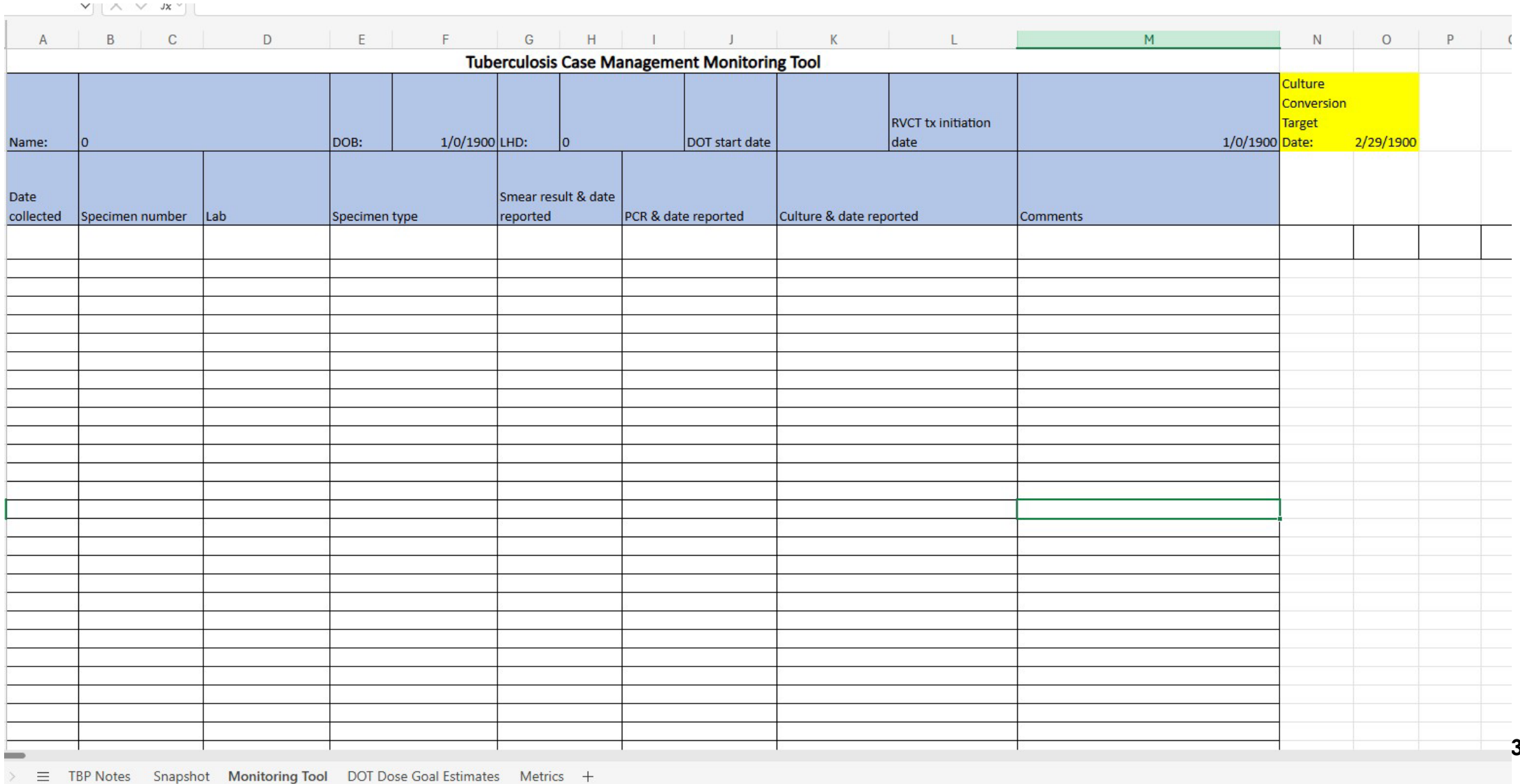
Refill requests

Monitoring Tool



	A	B	C	D	E	F	G	H	I
1	**TB Program Patient Snapshot**								
2	**Patient name:**		0		**DOB:**	1/0/1900	**WEDSS:**	0	
3	**Chief complaint:**								
4	**Allergies:**				**Country of origin:**		**Arrival:**		
5	**Past medical history:**				**Other TB risk factors:**				
6					**Chest image:**		**Impression:**		
7	**HIV status:**				**Other imaging:**		**Impression:**		
8	**Home meds (esp immune suppression):**				**Sputum smear positive:**		Date:		
9	**TB Treatment:**				**Sputum culture positive:**		Date:		
10	**Date started (first day, DOT by HD on monitoring tab):**				**QFT/TST result:**				
11	**Baseline labs:**				**Physical exam findings:**				
12									
13					**Weight:**		**Height (in cm):**		
14					**eLBW male (kg):**	-59.4	**eLBW female (kg):**	-50.74	
15	**Contact investigation**								
16	Site of disease:				CI warranted?			Qualifies for updated RIR guidance?	
17	Start of infectious period:				End of infectious period:			Starting date of Iso:	
18	CI locations:							End date of Iso:	
19	# of contacts:							**Days of isolation**	0
20	# of contacts US-born:								
21	# fully evaluated:								
22	method of testing:	IGRA	TST	Both					
23									
24	# of LTBI (WEDSS):	New	Old						
25									
26	# of LTBI started (WEDSS):	3HP	4R	3HR	9INH	Other			
27									
28	# of LTBI completed (WEDSS):	3HP	4R	3HR	9INH	Other			
29									

Monitoring Tool



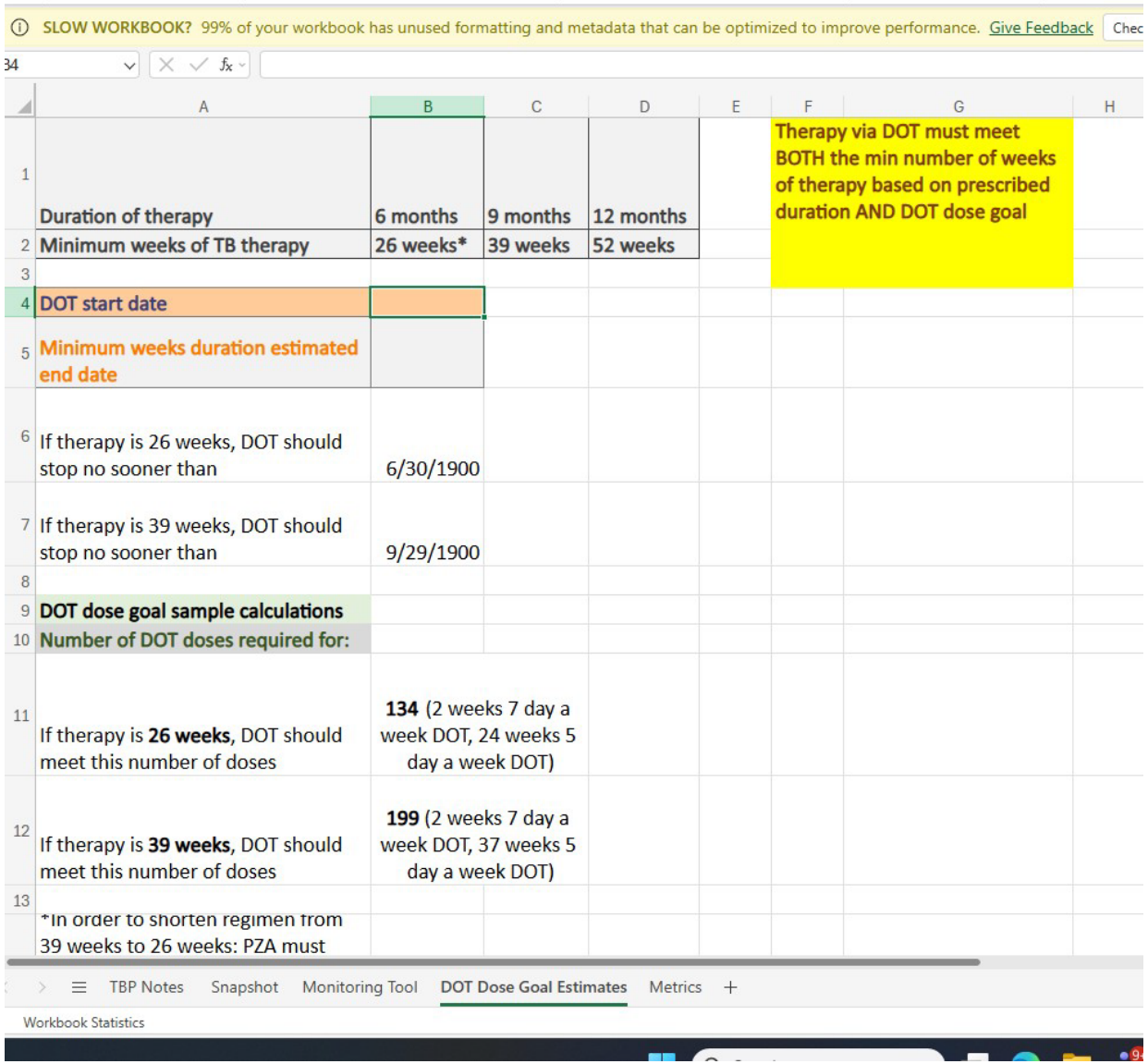
Tuberculosis Case Management Monitoring Tool

Name:	0	DOB:	1/0/1900	LHD:	0	DOT start date		RVCT tx initiation date	1/0/1900	Culture Conversion Target Date:	2/29/1900

Date collected	Specimen number	Lab	Specimen type	Smear result & date reported	PCR & date reported	Culture & date reported	Comments

TBP Notes | Snapshot | Monitoring Tool | DOT Dose Goal Estimates | Metrics

Monitoring Tool



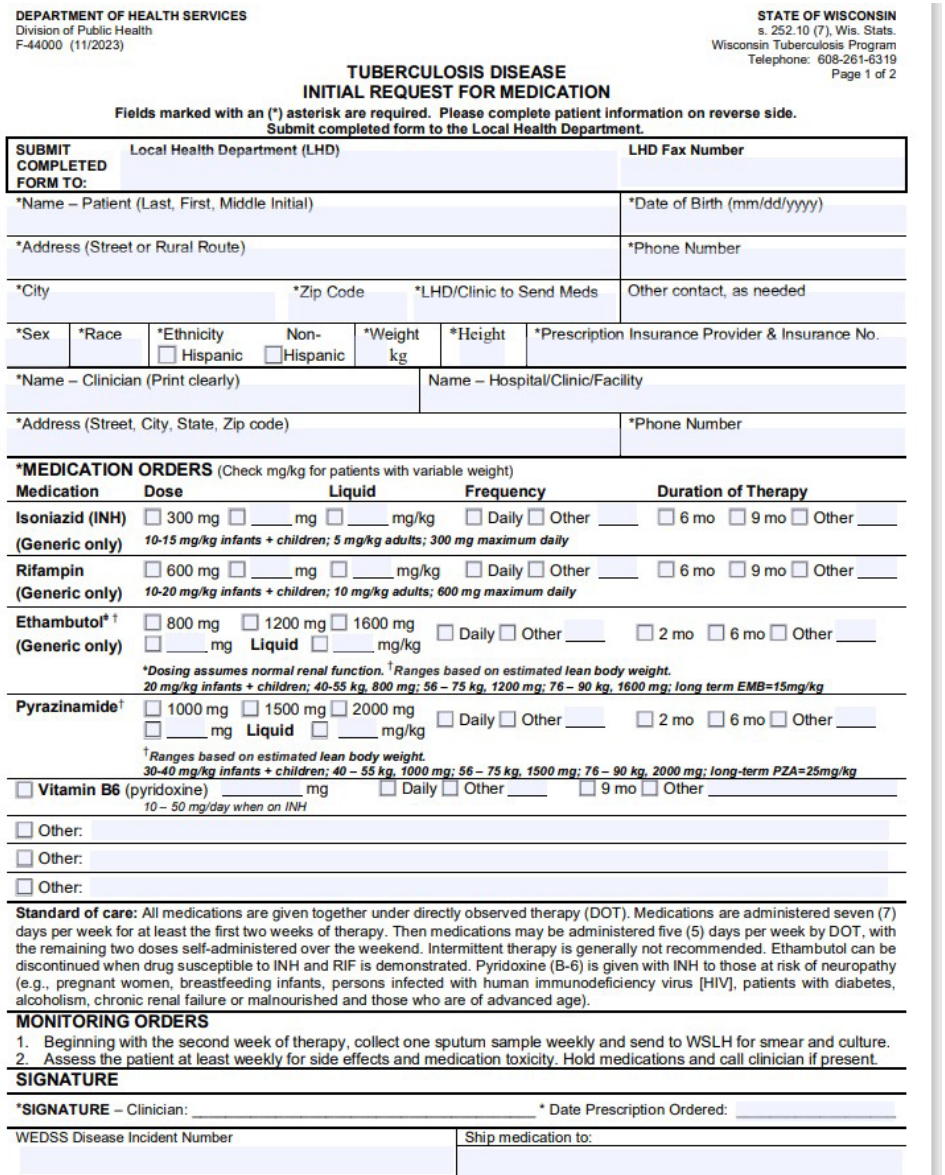
SLOW WORKBOOK? 99% of your workbook has unused formatting and metadata that can be optimized to improve performance. Give Feedback

	A	B	C	D	E	F	G	H
1	Duration of therapy	6 months	9 months	12 months		Therapy via DOT must meet BOTH the min number of weeks of therapy based on prescribed duration AND DOT dose goal		
2	Minimum weeks of TB therapy	26 weeks*	39 weeks	52 weeks				
3								
4	DOT start date							
5	Minimum weeks duration estimated end date							
6	If therapy is 26 weeks, DOT should stop no sooner than	6/30/1900						
7	If therapy is 39 weeks, DOT should stop no sooner than	9/29/1900						
8								
9	DOT dose goal sample calculations							
10	Number of DOT doses required for:							
11	If therapy is **26 weeks**, DOT should meet this number of doses	**134** (2 weeks 7 day a week DOT, 24 weeks 5 day a week DOT)						
12	If therapy is **39 weeks**, DOT should meet this number of doses	**199** (2 weeks 7 day a week DOT, 37 weeks 5 day a week DOT)						
13	*In order to shorten regimen from 39 weeks to 26 weeks: PZA must							

TBP Notes | Snapshot | Monitoring Tool | DOT Dose Goal Estimates | Metrics

Workbook Statistics

Medication Ordering Monitoring Tool



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44000 (11/2023)

STATE OF WISCONSIN
s. 252.10 (7), Wis. Stats.
Wisconsin Tuberculosis Program
Telephone: 608-261-6319
Page 1 of 2

TUBERCULOSIS DISEASE
INITIAL REQUEST FOR MEDICATION

Fields marked with an (*) asterisk are required. Please complete patient information on reverse side.
Submit completed form to the Local Health Department.

SUBMIT COMPLETED FORM TO:	Local Health Department (LHD)	LHD Fax Number

*Name – Patient (Last, First, Middle Initial)						*Date of Birth (mm/dd/yyyy)
*Address (Street or Rural Route)						*Phone Number
*City		*Zip Code	*LHD/Clinic to Send Meds			Other contact, as needed
*Sex	*Race	*Ethnicity ☐ Hispanic ☐ Non-Hispanic	*Weight kg	*Height	*Prescription Insurance Provider & Insurance No.	
*Name – Clinician (Print clearly)				Name – Hospital/Clinic/Facility		
*Address (Street, City, State, Zip code)						*Phone Number

***MEDICATION ORDERS** (Check mg/kg for patients with variable weight)

Medication	Dose	Liquid	Frequency	Duration of Therapy
Isoniazid (INH) (Generic only)	☐ 300 mg ☐ ____ mg ☐ ____ mg/kg		☐ Daily ☐ Other ____	☐ 6 mo ☐ 9 mo ☐ Other ____
	10-15 mg/kg infants + children; 5 mg/kg adults; 300 mg maximum daily			
Rifampin (Generic only)	☐ 600 mg ☐ ____ mg ☐ ____ mg/kg		☐ Daily ☐ Other ____	☐ 6 mo ☐ 9 mo ☐ Other ____
	10-20 mg/kg infants + children; 10 mg/kg adults; 600 mg maximum daily			
Ethambutol*† (Generic only)	☐ 800 mg ☐ 1200 mg ☐ 1600 mg ☐ ____ mg	**Liquid** ☐ ____ mg/kg	☐ Daily ☐ Other ____	☐ 2 mo ☐ 6 mo ☐ Other ____
	**Dosing assumes normal renal function. †Ranges based on estimated lean body weight. 20 mg/kg infants + children; 40-55 kg, 800 mg; 56 – 75 kg, 1200 mg; 76 – 90 kg, 1600 mg; long term EMB=15mg/kg*			
Pyrazinamide†	☐ 1000 mg ☐ 1500 mg ☐ 2000 mg ☐ ____ mg	**Liquid** ☐ ____ mg/kg	☐ Daily ☐ Other ____	☐ 2 mo ☐ 6 mo ☐ Other ____
	†Ranges based on estimated lean body weight. 30-40 mg/kg infants + children; 40 – 55 kg, 1000 mg; 56 – 75 kg, 1500 mg; 76 – 90 kg, 2000 mg; long-term PZA=25mg/kg			
☐ **Vitamin B6** (pyridoxine)	_____ mg		☐ Daily ☐ Other ____	☐ 9 mo ☐ Other _____
	10 – 50 mg/day when on INH			
☐ Other:				
☐ Other:				
☐ Other:				

Standard of care: All medications are given together under directly observed therapy (DOT). Medications are administered seven (7) days per week for at least the first two weeks of therapy. Then medications may be administered five (5) days per week by DOT, with the remaining two doses self-administered over the weekend. Intermittent therapy is generally not recommended. Ethambutol can be discontinued when drug susceptible to INH and RIF is demonstrated. Pyridoxine (B-6) is given with INH to those at risk of neuropathy (e.g., pregnant women, breastfeeding infants, persons infected with human immunodeficiency virus [HIV], patients with diabetes, alcoholism, chronic renal failure or malnourished and those who are of advanced age).

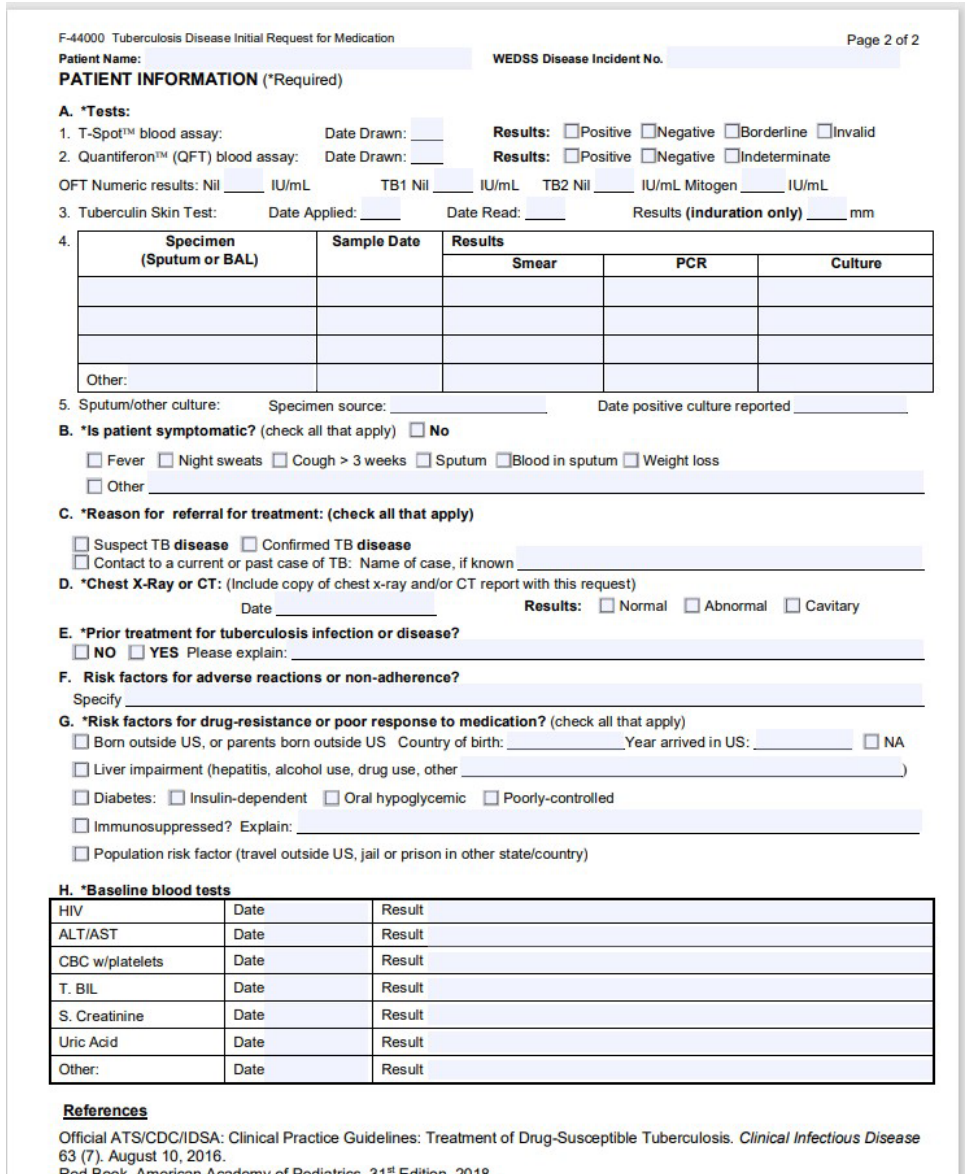
MONITORING ORDERS

1. Beginning with the second week of therapy, collect one sputum sample weekly and send to WSLH for smear and culture.
2. Assess the patient at least weekly for side effects and medication toxicity. Hold medications and call clinician if present.

SIGNATURE

*SIGNATURE – Clinician: _____ * Date Prescription Ordered: _____

WEDSS Disease Incident Number	Ship medication to:



F-44000 Tuberculosis Disease Initial Request for Medication — Page 2 of 2

Patient Name: **WEDSS Disease Incident No.**

PATIENT INFORMATION (*Required)

A. *Tests:

1. T-Spot™ blood assay: Date Drawn: ____ **Results:** ☐Positive ☐Negative ☐Borderline ☐Invalid
2. Quantiferon™ (QFT) blood assay: Date Drawn: ____ **Results:** ☐Positive ☐Negative ☐Indeterminate

OFT Numeric results: Nil ____ IU/mL TB1 Nil ____ IU/mL TB2 Nil ____ IU/mL Mitogen ____ IU/mL

3. Tuberculin Skin Test: Date Applied: ____ Date Read: ____ Results **(induration only)** ____ mm

4.

Specimen (Sputum or BAL)	Sample Date	Results		
		Smear	PCR	Culture
Other:				

5. Sputum/other culture: Specimen source: _____ Date positive culture reported _____

B. *Is patient symptomatic? (check all that apply) ☐ **No**

☐ Fever ☐ Night sweats ☐ Cough > 3 weeks ☐ Sputum ☐Blood in sputum ☐ Weight loss
☐ Other _____

C. *Reason for referral for treatment: (check all that apply)

☐ Suspect TB **disease** ☐ Confirmed TB **disease**
☐ Contact to a current or past case of TB: Name of case, if known _____

D. *Chest X-Ray or CT: (Include copy of chest x-ray and/or CT report with this request)

Date _____ **Results:** ☐ Normal ☐ Abnormal ☐ Cavitary

E. *Prior treatment for tuberculosis infection or disease?

☐ **NO** ☐ **YES** Please explain: _____

F. Risk factors for adverse reactions or non-adherence?

Specify _____

G. *Risk factors for drug-resistance or poor response to medication? (check all that apply)

☐ Born outside US, or parents born outside US Country of birth: _____ Year arrived in US: _____ ☐ NA
☐ Liver impairment (hepatitis, alcohol use, drug use, other _____)
☐ Diabetes: ☐ Insulin-dependent ☐ Oral hypoglycemic ☐ Poorly-controlled
☐ Immunosuppressed? Explain: _____
☐ Population risk factor (travel outside US, jail or prison in other state/country)

H. *Baseline blood tests

HIV	Date	Result
ALT/AST	Date	Result
CBC w/platelets	Date	Result
T. BIL	Date	Result
S. Creatinine	Date	Result
Uric Acid	Date	Result
Other:	Date	Result

References

Official ATS/CDC/IDSA: Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis. *Clinical Infectious Disease* 63 (7). August 10, 2016.
Red Book, American Academy of Pediatrics, 31st Edition, 2018

Medication Refills

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44126 (02/2024)

STATE OF WISCONSIN
Tuberculosis Dispensary Program
608-261-6319
FAX 608-266-0049

MEDICATION REFILL REQUEST

Requests for additional medication must be submitted 1-2 weeks before the client needs a refill. Failure to complete all information requested on this form may delay receipt of medication.

Client name	WEDSS ID number
Client's date of birth (MM/dd/yyyy)	
Date of request (MM/dd/yyyy)	Local Health Department name

Change in insurance status? ☐ Yes* ☐ No

*If yes, please include insurance numbers (below) or a scanned copy of the patient's insurance card(s).

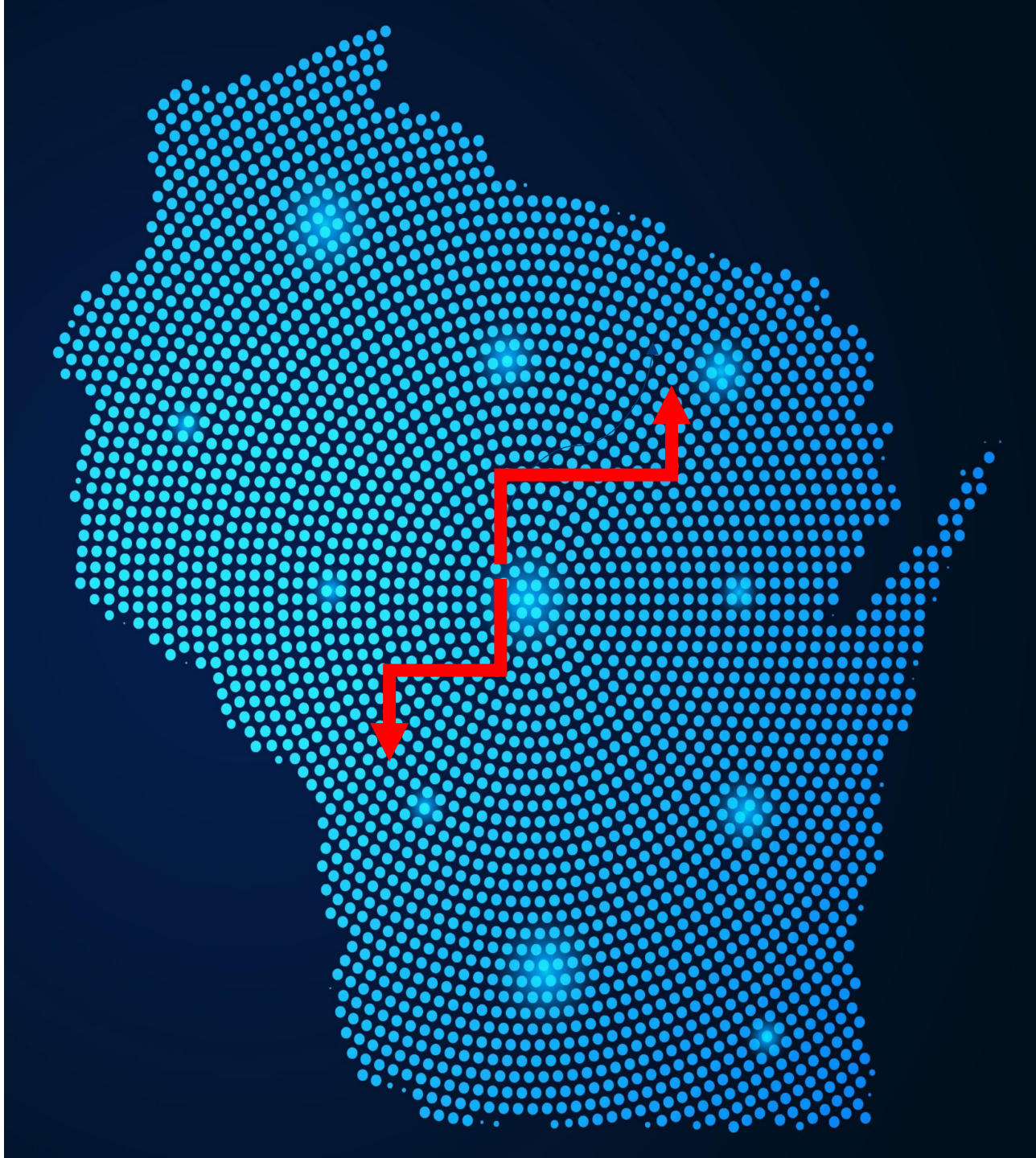
COMPLETE ITEMS BELOW

Change in patient weight? ☐ Yes* ☒ No
*If yes, please provide updated weight information:
Patient Weight _____ ☐ kg. ☐ lbs. Date weight recorded _____

Medication	Dosage and Frequency
Isoniazid (INH)	☐ 300 mg ☐ _____ mg ☐ Daily ☐ Other _____
Rifampin (RIF)	☐ 600 mg ☐ _____ mg ☐ Daily ☐ Other _____
Pyrazinamide (PZA)	☐ 1000 mg ☐ 1500 mg ☐ 2000 mg ☐ _____ mg ☐ Daily ☐ Other _____
Ethambutol (EMB)	☐ 800 mg ☐ 1200 mg ☐ 1600 mg ☐ _____mg ☐ Daily ☐ Other _____
B6	☐ 25 mg ☐ 50 mg ☐ Daily
Other (please specify)	

Return to:
Wisconsin Division of Public Health
Tuberculosis Program
DHSWITBProgram@dhs.wisconsin.gov
FAX: 608-266-0049

Work With the WI TB Program to Coordinate Screening Referrals



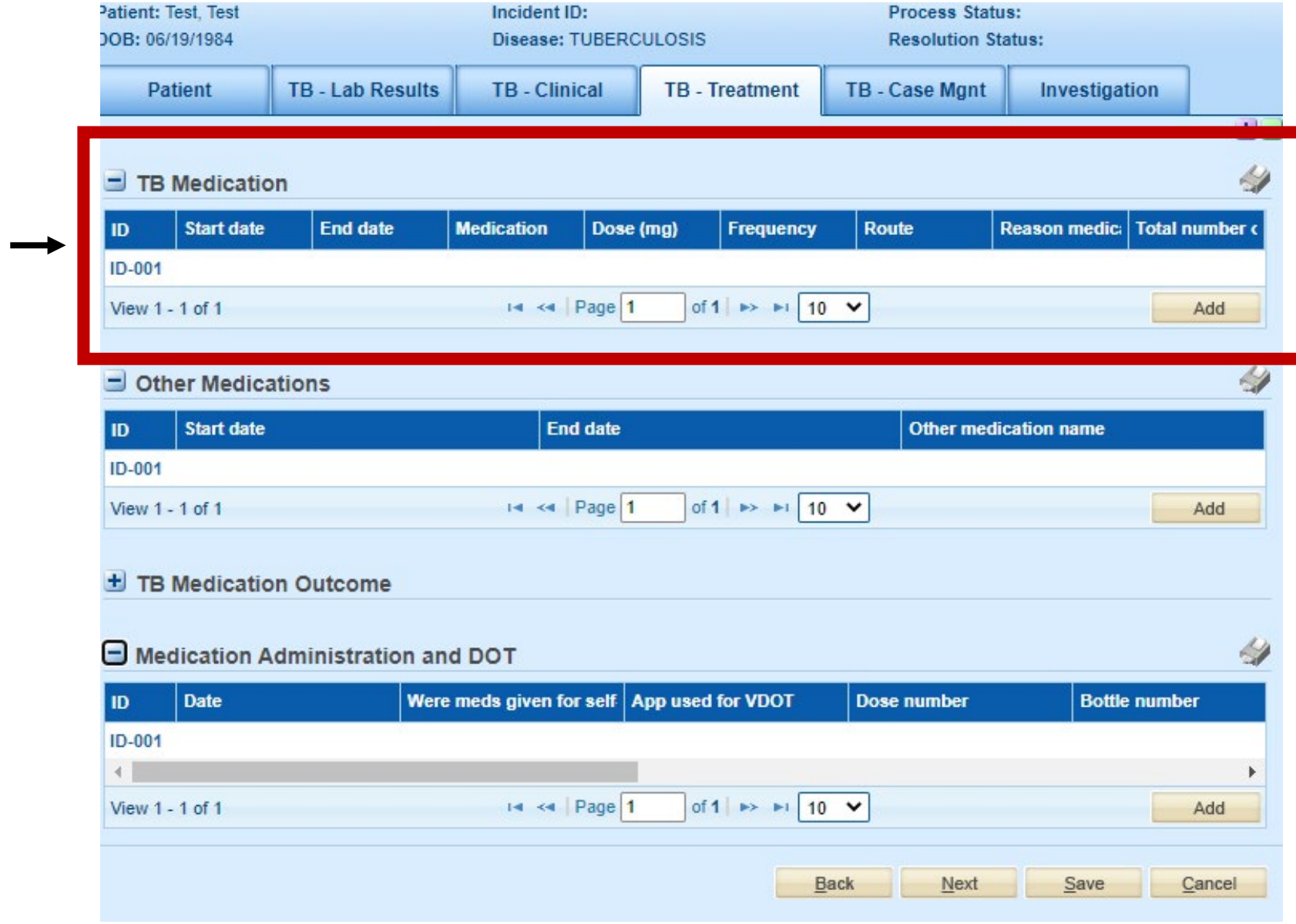
Team Effort

- Biweekly case reviews with nurses, manager, and medical consultant for new cases
- Quarterly case close outs for cases from previous 9–12 months

Documentation

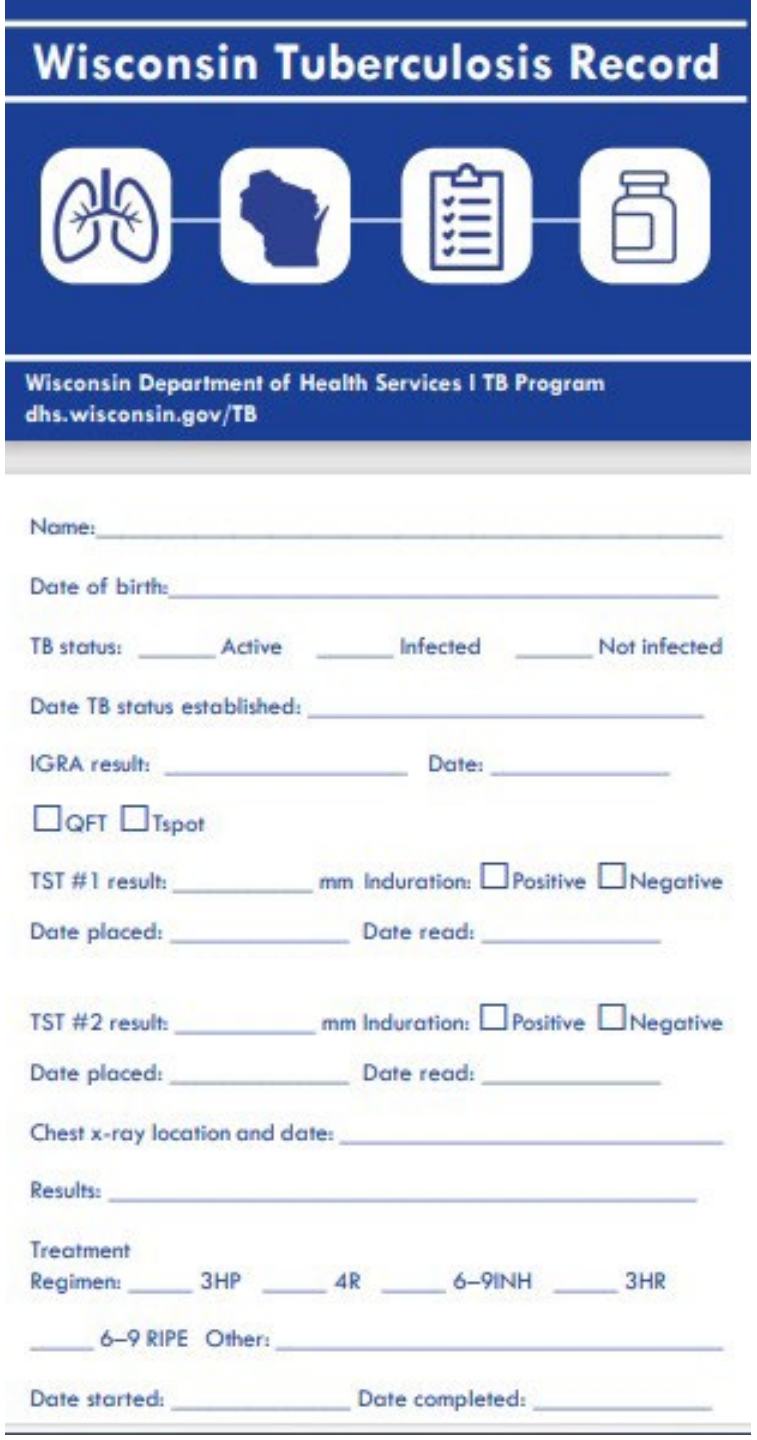
Local Level

WEDSS system contains surveillance information



Local Level

- May also provide patient, provider completion of treatment letter
- Wallet cards, if desired



Wisconsin Tuberculosis Record

Wisconsin Department of Health Services | TB Program
dhs.wisconsin.gov/TB

Name: _____

Date of birth: _____

TB status: _____ Active _____ Infected _____ Not infected

Date TB status established: _____

IGRA result: _____ Date: _____

☐ QFT ☐ Tspot

TST #1 result: _____ mm Induration: ☐ Positive ☐ Negative

Date placed: _____ Date read: _____

TST #2 result: _____ mm Induration: ☐ Positive ☐ Negative

Date placed: _____ Date read: _____

Chest x-ray location and date: _____

Results: _____

Treatment
Regimen: _____ 3HP _____ 4R _____ 6–9INH _____ 3HR

_____ 6–9 RIPE Other: _____

Date started: _____ Date completed: _____

State TB Nurse Consultants

- Start RVCT within seven days.
- Close out reviews.
- Finalize surveillance records.
- Run quarterly MUNK reports.
- Record medical consults.

State Key Measures

- Contact records complete
- LTBI outcome documented
- NTIP metrics documented
- Post-therapy monitoring recommendations, as needed

WISCONSIN DEPARTMENT of HEALTH SERVICES

Questions?

Wisconsin Tuberculosis Program
DHSWITBProgram@dhs.wisconsin.gov

Claire Leback, RN BSN MPH
Claire.Leback@dhs.wisconsin.gov