



Outbreak Best Practices

Jason Jones (KDHE, BDCP) April 16, 2026

Accreditation Statement



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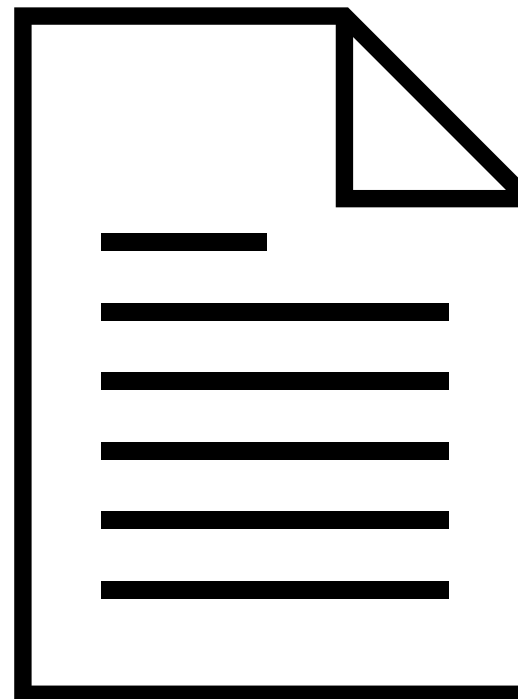
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Available Credit

- 14.00 ANCC
- 14.00 Attendance
- 14.00 IPCE

Disclosures

**No relevant financial
disclosures**



TB Outbreaks- Definition & Detection

- CDC definition: More TB cases than expected in a geographic area/population with evidence of recent *M. tuberculosis* transmission
- Common triggers: Congregate settings (workplaces, churches, schools), delayed diagnosis, incomplete contact investigations
- Detection methods: Routine surveillance, genotyping clusters, contact investigations, staff/community observations

CDC Self-Study Module 9

https://www.cdc.gov/tb/media/pdfs/Self_Study_Module_9_Tuberculosis_Outbreak_Detection_and_Response.pdf

1. Confirm the existence of an outbreak
2. Define and list outbreak cases
3. Examine existing info about the cases
4. Convene the outbreak response team and develop the hypothesis
5. Fill in information and data gaps

10-Step Systematic Approach

CDC Self-Study Module 9

https://www.cdc.gov/tb/media/pdfs/Self_Study_Module_9_Tuberculosis_Outbreak_Detection_and_Response.pdf

6. Implement specific response plan
7. Communicate interim findings
8. Summarize the outbreak response
9. Implement recommendations
10. Evaluate the outbreak response

Best Practices

- Timely interviews and site visits
- Risk-based contact prioritization
- DOT/VDOT + incentives
- Cultural competence and interpreters vital for all encounters
- Data management, genotyping, frequent syncs
- Multi-agency collaboration

Background

- Started early 2024; declared over November 2025
- 69 active TB cases (Wyandotte and Johnson Counties)
- Additional 91 LTBI patients were treated
- > 600 contacts
- Four employers; two high schools, three churches
- Incredible levels of support from partners, including the CDC

Case Study: Outbreak Response Activities



Two High Schools

Had a Total of four testing events

Dates:

One in October 2024
One in November 2024
Two in January 2025



Three Businesses

Had a Total of six testing events

Dates:

Two in August 2024
One in October 2024
Two in November 2024
One in March 2025



One Church

Had a Total of three testing events

Dates:

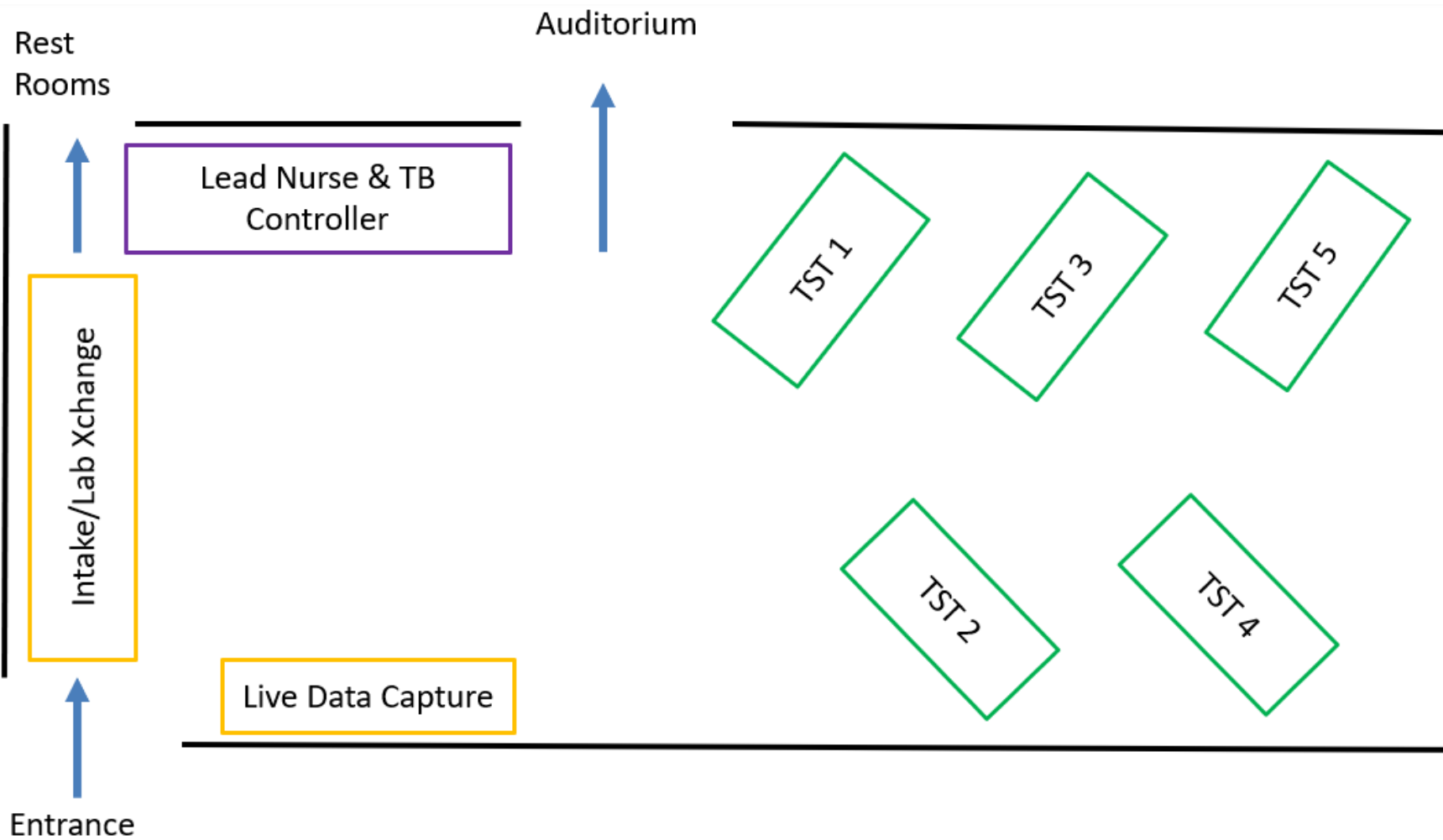
One in July 2024
One in August 2024
One in September 2024

Case Study: Testing Preparation

- Schedule initial & second testing during the meeting with the host
 - Establish deadlines.
- Visit the testing location to develop a layout and patient flow
 - Number of patients to be tested
 - Number of stations required
 - Which skills are required?
 - Packing list
- Level of host support or participation
- Be mindful of the host's physical space and constraints

Case Study: Testing Preparation

Event Staffing: Footprint



Case Study: Testing Preparation

Event Staffing: Faces to Spaces

<i>HIGH SCHOOL TESTING JANUARY 2025</i>									
Name	Requirements	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00
BDCP	TST Trained by BDCP TB Team								
BDCP	TST Trained by BDCP TB Team								
BDCP	TST Trained by BDCP TB Team								
BDCP	TST Trained by BDCP TB Team								
BDCP	TST Trained by BDCP TB Team								
BDCP	Intake/LabXchange Training								
BDCP	Intake/LabXchange Training								
BDCP	Intake/LabXchange Training								
BDCP	Intake/LabXchange Training; KDHE Computer								
BDCP	Intake/LabXchange Training; KDHE Computer								
BDCP	BDCP APRN/RN/BS-RN								
USD 500 Staff	APRN/RN/BS-RN								
USD 500 Staff	APRN/RN/BS-RN								
BDCP	Event Leader								
BDCP	TB Controller								
BDCP	Logistic/Planning Support 1								
BDCP	Logistic/Planning Support 2								

Case Study: Testing Preparation

Event Planning: TTK & QTK

Tuberculosis Testing Kits

Top Box

• TB syringes 1cc 27g x ½"	50
• Alcohol Prep Pads	Full Tray
• Cotton balls	Full Tray
• Band aides	Full Tray
• Tourniquets	25
• BD Vacutainer Butterflies (1 tray of 23G x ¾ in or 21G x ¾ in)	12
• BD Safety Blood Collection Needle (1 tray of 23G x 1 ¼ in)	25
• Vacutainers	20
• TST ruler	5

Second Box

• Tuberculin syringes 1cc 27g x ½"	200
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Third Box

• Paper medical tape roll	1
• Alcohol Prep Pads (box of 200)	1
• Band aides (box 100)	1
• Cotton balls (bags of 70ish)	2
• Face Masks (Box/bag)	1
• Hot Compress	2
• Cold Compress	2
• Blue Field Drapes (bag of 15)	2
• Saline solution for nebulizer	1 box
• Sputum collection bags (w/ specimen container, lab requisition)	5
• Nebulizer kits	5

Bottom Box

• Coban roll	1
• Disinfecting Wipes	1
• Gloves (1 small box, 1 medium box, 1 large box)	3
• Hand Sanitizer	2
• Kleenex	1
• Paper towels (roll)	1
• Sharps Container with lid	2
• Trash Bags (big)	2

These boxes are packed to complete 250 TST's for 2 stations



QFT Testing Kit

Top Box

• Tourniquets	25
• BD Vacutainer Butterflies (1 tray of 23G x ¾ in or 21G x ¾ in)	12
• BD Safety Blood Collection Needle (1 tray of 23G x 1 ¼ in)	25
• Vacutainers	20
• 5 cc/ml Disposable Syringe without needle	20
• McKesson Blood Collection Tube Holder with Lure Adapter	20
• Alcohol Prep Pads	Full Tray
• Band aides	Full Tray
• Cotton balls	Full Tray
• TST ruler	5

Second Box

• 5 cc/ml Disposable Syringe without needle	100
• McKesson Blood Collection Tube Holder with Lure Adapter	100
• BD Vacutainer Butterflies (box of 50 / 23G x ¾ in or 21G x ¾ in)	2
• BD Safety Blood Collection Needle (box of 48 / 23G x 1 ¼ in)	2
• Clear Vacutainers (bags of 40)	2

Third Box

• Tourniquets	50
• Alcohol Prep Pads (box of 200)	1
• Band aides (box 100)	1
• Blue Field Drapes (bag of 15)	2
• Face Masks (Box/bag)	1
• Cold Compress	2
• Hot Compress	2
• Cotton balls (bags of 70ish)	2
• Paper medical tape roll	1
• Blood collection tubes, mint top	20

Bottom Box

• Coban roll	1
• Disinfecting Wipes	1
• Gloves (1 small box, 1 medium box, 1 large box)	3
• Hand Sanitizer	2
• Kleenex	1
• Paper towels (roll)	1
• Sharps Container with lid	2
• Trash Bags (big)	2

These boxes are packed to complete 150 blood specimen collections for 2 draw stations

Case Study: Clinic Operations

- Surge staffing
 - SERV-KS
 - Temp Staff
 - Clinical, CHW, Administrative support
- Daily staff syncs
 - Identify patients that are not compliant and address quickly
 - Field visits
- Timely documentation

Case Study: Medications & Adherence

- DOT/VDOT
 - SureAdhere vs Team vs Zoom
 - Connectivity obstacles
- Maintain mobility
 - EcoFlow (or similar) power supply
 - Nebulizer
- Incentives
 - Gift cards
 - Consistency

Takeaways and Transferable Lessons

- Follow the 10-step systemic approach
- Build partnerships with and be a good partner
- Plan for surge capacity: staffing, tools, VDOT, incentives
- Prioritize patient-centered, culturally competent care to boost completion rates
- Constantly evaluate and adjust as needed
- Find opportunities to share your successes and stumbles

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Thank You/Questions

