

Role of the TB Program Manager

Amy Hill BSN, RN

TB Program Management Intensive 2026
OKLAHOMA STATE DEPARTMENT OF HEALTH

Accreditation Statement



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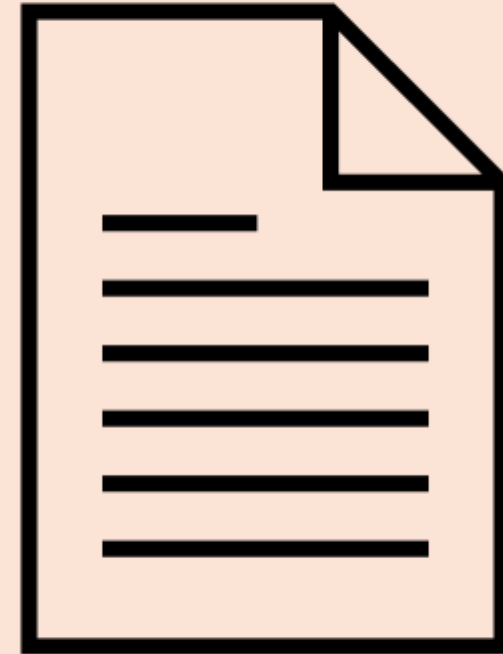
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- 14.00 Attendance
- 14.00 IPCE

Disclosures

No relevant financial
disclosures





Christie McDonald-Hamm
Director of IDSC



Amy Hill
TB Program Manager



Dr. Samantha Whiteside
TB Physician Control Officer



Sara Hattaway
TB Physician Assistant



Dr. Joshua Smith
Contract TB Physician

Oklahoma State Department of Health Tuberculosis Team



Eric Wicklund
TB Nurse Consultant



Franklin "Frank" Adowei
TB Epidemiologist



Karyssa Franklin
TB Nurse Training Specialist/Consultant



Marcus Jackson
Infectious Disease Specialist

Role of the TB Program Manager

Role	Encompasses
Leadership	Ensure alignment with public health policies, goals, and regulations
Oversight	Operations, trainings, staffing , budgets, performance, outcomes and data/reporting
Disease Control & Case Management	Oversee case investigations, contact tracing, and treatment completion
Collaboration & Partnerships	Coordinate with providers, labs, schools, and community partners

National TB Program Objectives and Performance Targets 2030

- Centers for Disease Control and Prevention. (2024, November 6). *National TB program objectives and performance targets 2030*. <https://www.cdc.gov/tb-programs/php/ntip/objectives-and-performance-targets.html>
- Updated every 5 years
- Developed to track U.S. TB program progress toward TB elimination

Objectives for Reducing Annual TB Incidence^{1,2,3,4}**Targets**

TB Incidence	Reduce the incidence of TB disease.	1.48 cases per 100,000
US-Born Persons	Decrease the incidence of TB disease among US-born persons.	0.37 cases per 100,000
Non-US-Born Persons	Decrease the incidence of TB disease among non-US-born persons.	11.33 cases per 100,000
US-Born Non-Hispanic Black or African American Persons	Decrease the incidence of TB disease among US-born non-Hispanic Black or African American persons.	0.95 cases per 100,000
Children Younger than 5 Years of Age	Decrease the incidence of TB disease among children younger than 5 years of age.	0.36 cases per 100,000

Objectives on Case Management and Treatment^{1,2,3}**Targets**

Known HIV Status	Increase the proportion of TB patients with a positive or negative HIV test result reported.	98%
Treatment Initiation	For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, increase the proportion who initiated treatment within 7 days of specimen collection.	91%
Recommended Initial Therapy	For patients whose diagnosis is likely to be TB disease, increase the proportion who start on any recommended initial 4-drug regimen.	96%
Sputum Culture Result Reported	For TB patients aged 12 years or older with a pleural or respiratory site of disease, increase the proportion who have a sputum culture result reported.	98%
Sputum Culture Conversion	For TB patients with positive sputum culture results, increase the proportion with a documented conversion to negative results within 60 days of treatment initiation.	80%
Completion of Treatment	For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, increase the proportion who complete treatment within 12 months.	92%

Objectives on Laboratory Reporting^{1,2,3}**Targets**

Turnaround Time
— Culture

For TB patients with cultures of respiratory specimens identified with *M. tuberculosis* complex (MTBC), increase the proportion reported by the laboratory within 25 days from the date the specimen was collected.

NOTE: 25 days includes 21 days for culture to grow and 4 days for specimen collection and delivery to lab.

69%

Turnaround Time
— Nucleic Acid
Amplification Test
(NAAT)

For TB patients with respiratory specimens positive for MTBC by nucleic acid amplification test (NAAT), increase the proportion reported by the laboratory within 6 days from the date the specimen was collected.

NOTE: 6 days includes 2 days for detection and 4 days for specimen collection and delivery to lab.

95%

Drug-
Susceptibility
Result⁵

For TB patients with positive culture results, increase the proportion who have initial drug-susceptibility results reported.

100%

Universal
Genotyping

For TB patients with a positive culture result, increase the proportion who have a MTBC genotyping result reported.

100%

Objectives on Contact Investigations^{1,3,6}		Targets
Contact Elicitation	For TB patients with positive AFB sputum-smear results, increase the proportion who have contacts elicited.	100%
Examination	For contacts to sputum AFB smear-positive TB cases, increase the proportion who are examined for infection and disease.	90%
Treatment Initiation	For contacts to sputum AFB smear-positive TB cases diagnosed with latent TB infection, increase the proportion who start treatment.	92%
Treatment Completion	For contacts to sputum AFB smear-positive TB cases who have started treatment for latent TB infection, increase the proportion who complete treatment.	93%

Objectives on Examination of Immigrants and Refugees ^{1,3,7}		Targets
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Examination Initiation	For immigrants and refugees with abnormal chest radiographs (X-rays) read overseas as consistent with TB, increase the proportion who initiate a medical examination within 30 days of notification.	60%
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Examination Completion	For immigrants and refugees with abnormal chest X-rays read overseas as consistent with TB, increase the proportion who complete a medical examination within 120 days of notification.	68%
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Treatment Initiation	For immigrants and refugees with abnormal chest X-rays read overseas as consistent with TB who are diagnosed with latent TB infection or have radiographic findings consistent with prior pulmonary TB (ATS/CDC Class 4) on the basis of examination in the United States, for whom treatment was recommended, increase the proportion who start treatment.	80%
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Treatment Completion	For immigrants and refugees with abnormal chest X-rays read overseas as consistent with TB who are diagnosed with latent TB infection or have radiographic findings consistent with prior pulmonary TB (ATS/CDC Class 4) on the basis of examination in the United States, and who have started on treatment, increase the proportion who complete treatment.	92%
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Objectives on Data Reporting		Targets
RVCT ⁸	Ensure the completeness of each core Report of Verified Case of Tuberculosis (RVCT) data item reported to CDC.	100%
ARPE ⁹	Ensure the completeness of each core Aggregate Reports for Tuberculosis Program Evaluation (ARPE) data items reported to CDC.	100%
EDN ¹⁰	Ensure the completeness of each core TB Follow-Up Worksheet data item reported to CDC via the Electronic Disease Notification (EDN) system.	86%
Objectives on Program Evaluation		Targets
Evaluation Activities	Ensure submission of a program-specific performance-monitoring plan and an annual program evaluation plan to improve program performance.	100%
Evaluation Focal Point	Ensure designation of a TB evaluation focal point.	100%

Objectives on Human Resource Development

Targets

Development Plan Ensure submission of a program-specific human resource development plan (HRD) and a yearly update of progress.

100%

Training Focal Point Ensure designation of a TB training focal point.

100%

National TB Program Objectives and Performance Targets for 2030



Wisconsin Tuberculosis (TB) Program

Claire Leback, RN BSN MPH

Wisconsin Tuberculosis (TB) Program

Program Management Intensive

April 15, 2026

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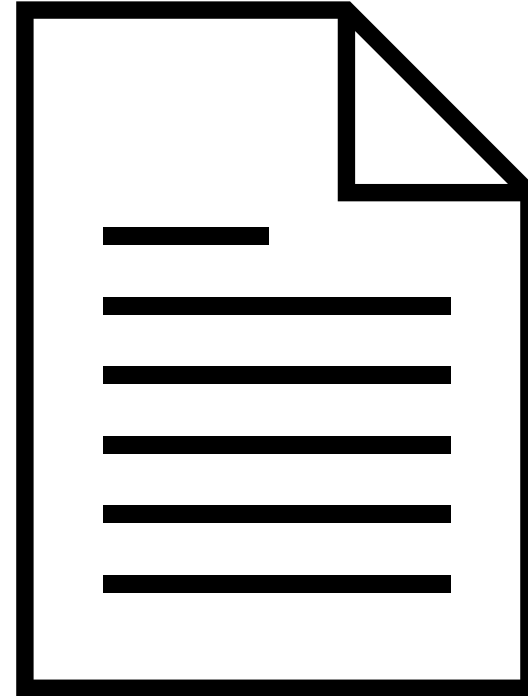
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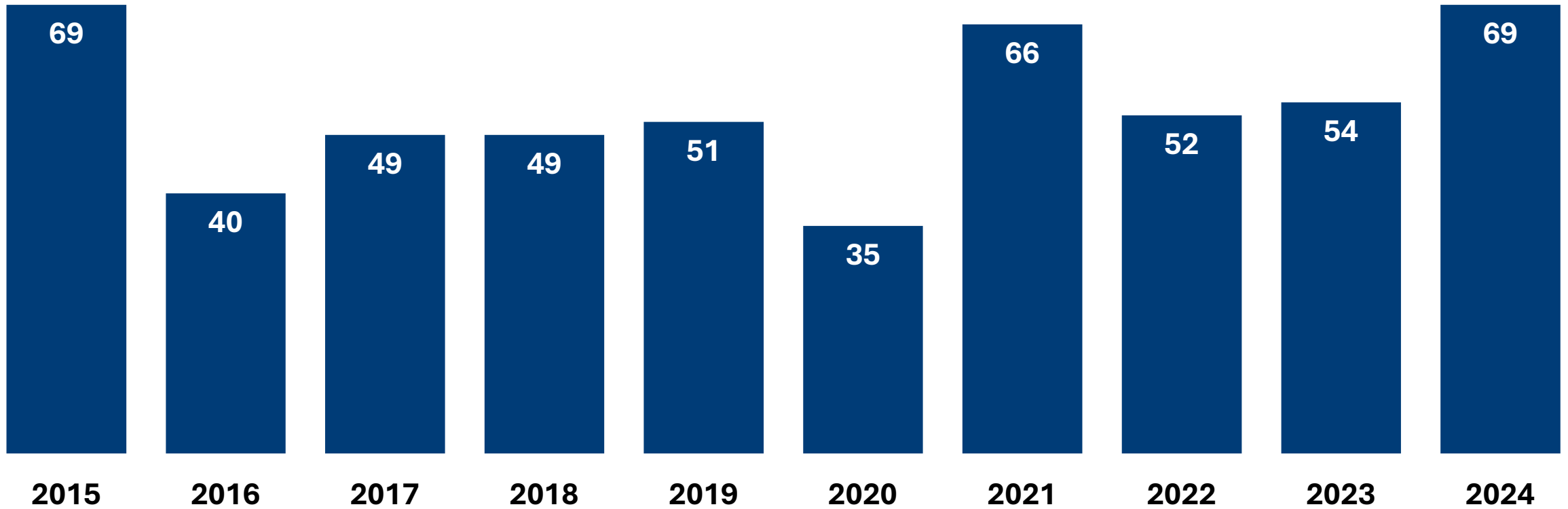
Outline

Brief overview of TB in Wisconsin

State and Local Functions

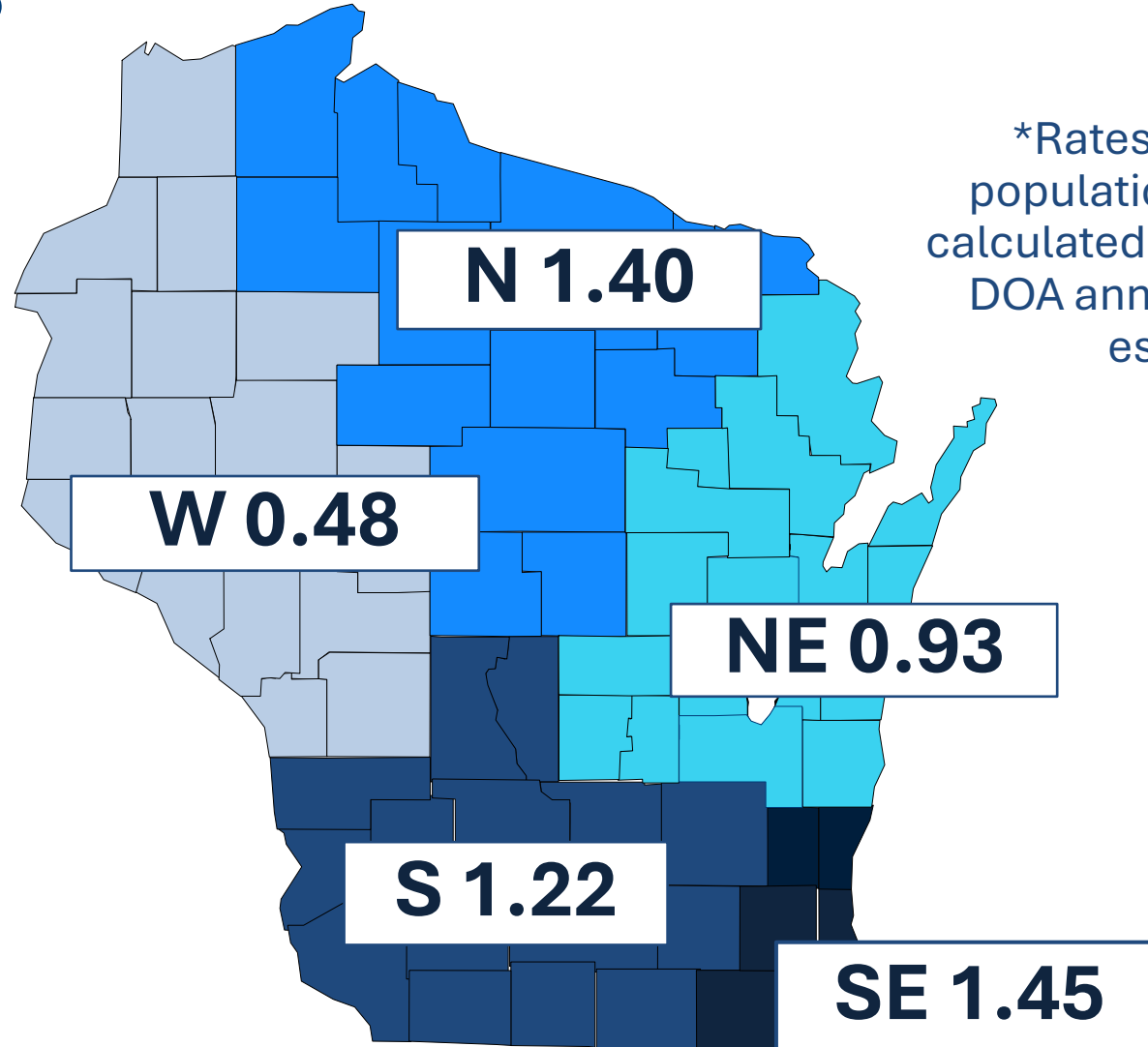
State Program Roles and Collaborations

Wisconsin TB Cases 2015-2024



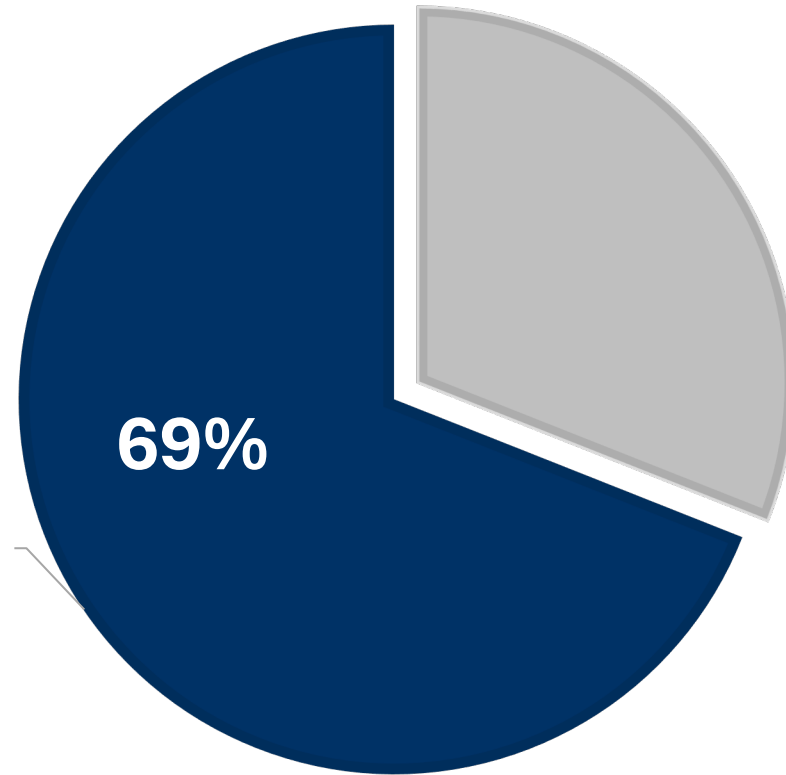
Incidence Rate by State Public Health Region Varies

Average 10-year incidence rate*: 0.87



*Rates per 100,000 population on this slide calculated using Wisconsin DOA annual population estimates

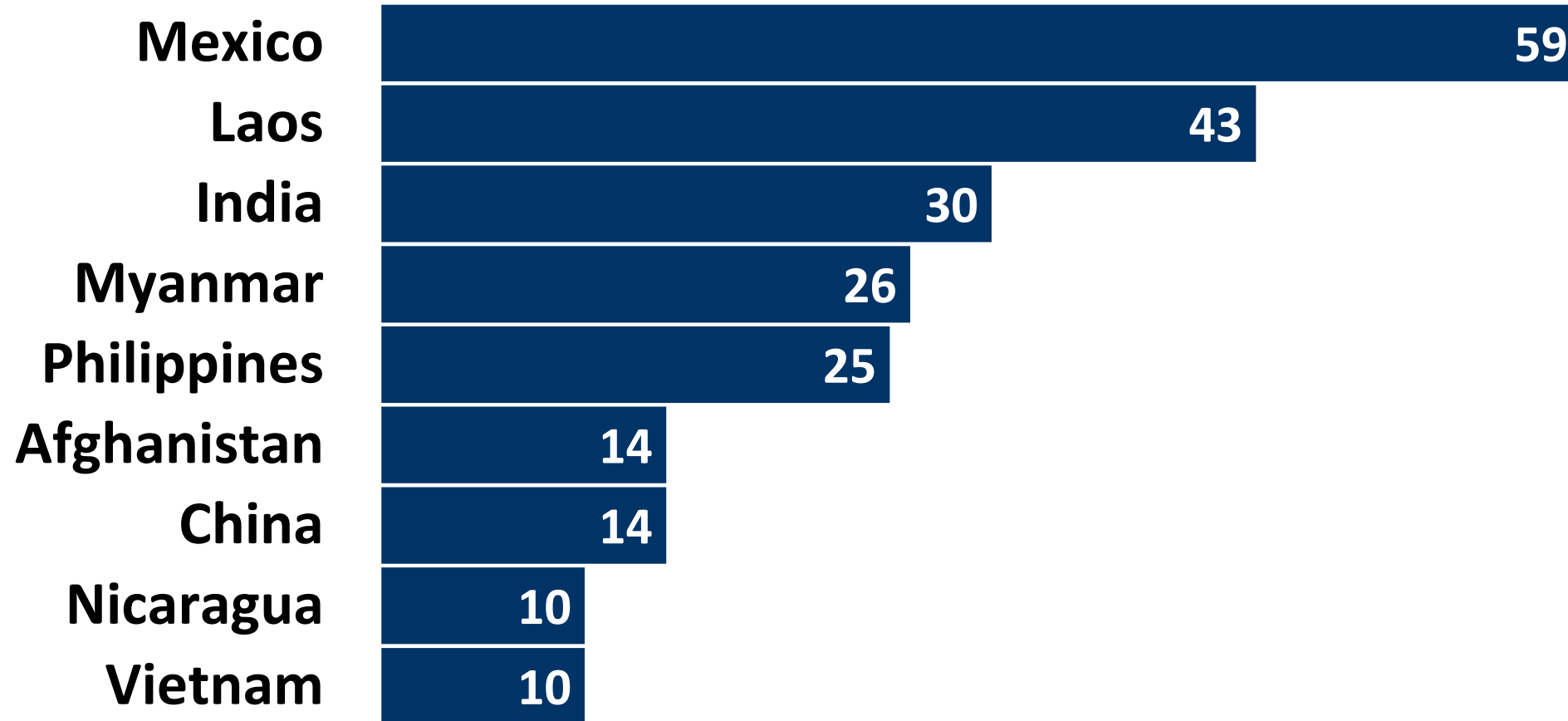
In the Last 10 Years, 70% of People With TB Were Non-US Born



**Non-US born
rate* 13.3**

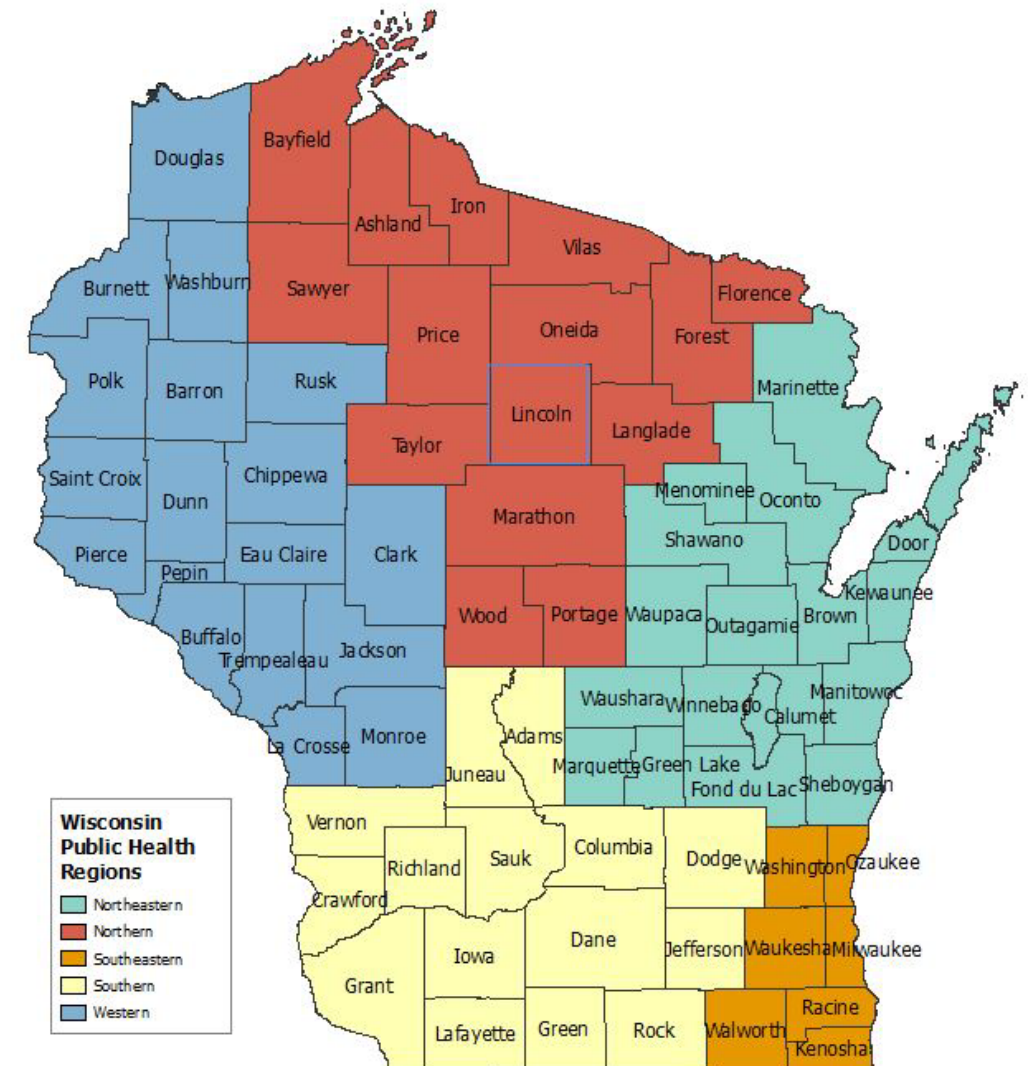
*Rates per 100,000 population calculated using US Census Bureau American Community Survey population estimates

Top Countries of Birth Among Non-US Born People with TB 2015–2024



Functions of the Local and Tribal Health Departments (LTHDs)

- Locally controlled public health
- 97 local and Tribal health departments (LTHDs)—a mix of Tribal Health and local health departments at the city or county level
- Collaborate with health care providers



Functions of the Wisconsin State TB Program

Ensure patients with suspected or confirmed TB disease or latent TB infection (LTBI) have ready access to diagnostic and treatment services that meet national standards

Provide consultation, technical assistance, education, and training in the clinical and public health aspects of TB

Plan and develop statewide TB control policies and procedures

Assure statewide TB surveillance

Wisconsin TB and Refugee Health Program Staff at DHS



Claire
Leback



Pat
Heger



Mary
Raschka



Andrea
Liptack



Julie Tans
Kersten



Madison
Xiong



Dr. E. Ann
Misch

Functions of the LTHD



- Patient assessment
- Case management
- Patient education



- Directly observed therapy (DOT)
- Toxicity and therapy monitoring



- Initiating and discontinuing isolation
- Assessment of isolation options²⁵



How Does the Wisconsin TB Program Support LTHD Functions?



Nurse Consultation Through WTBP

- Two 1.0 FTE nurses
- Assign themselves to remotely follow all active cases
- Review all LTBI medication requests
- Fulfill Coag's Program Evaluation and Education and Training focal points requirement
- Engage in and lead training



Medical Consultation Through WTBP

- Dr. E. Ann Misch is an infectious disease physician who joined WTBP in 2022.
- Consults are available for both active TB and latent TB.
- Interested clinicians contact the main WI TB Program inbox to request a consult.



Wisconsin Lab of Hygiene

- Reference lab for Wisconsin
- State statute requires labs send specimens culture positive for TB to WSLH
- Performs rapid molecular detection, WGS, and first-line drug susceptibility testing.
- Coordinates when specialized testing is requested or recommended



Wisconsin TB Programs Supporting LTHD Functions

Wisconsin TB Dispensary

Uses state tax revenue funds to **reimburse LTHDs for medical management of patients.**

Wisconsin TB Treatment Assistance Program

Uses CDC Cooperative Agreement funding to provide **incentives and enablers for those being treated for TB/LTBI.**



Contracted Pharmacy

- Agrees to keep supplies of essential TB medications
- Capable of sending active initial fills by priority mail
- Bills the state directly
- Able to store and dispense national stockpile medications as needed

Reimbursement

- Facilitated by the Tuberculosis (TB) Ordering and Billing Interface (TOBI) application
- Requires updates to match Medicaid rates
- Requires technical updates



Program Manager

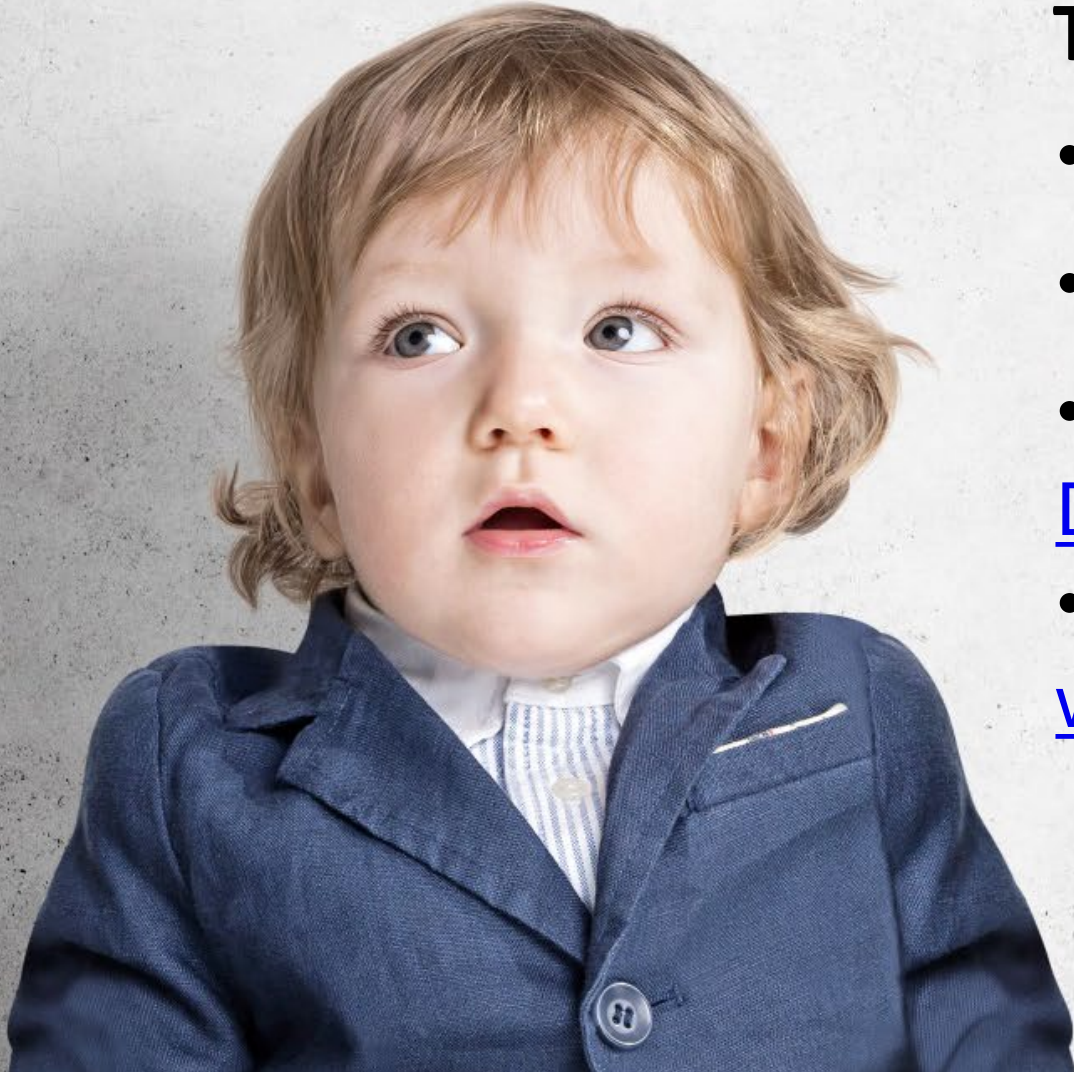
- Coordinate between the different program roles
- Create and maintain the CDC Cooperative Agreement Grant
- Ensure program is operating within WI DHS policy
- Lead grant activities and WI TB initiatives
- Additional nursing capacity



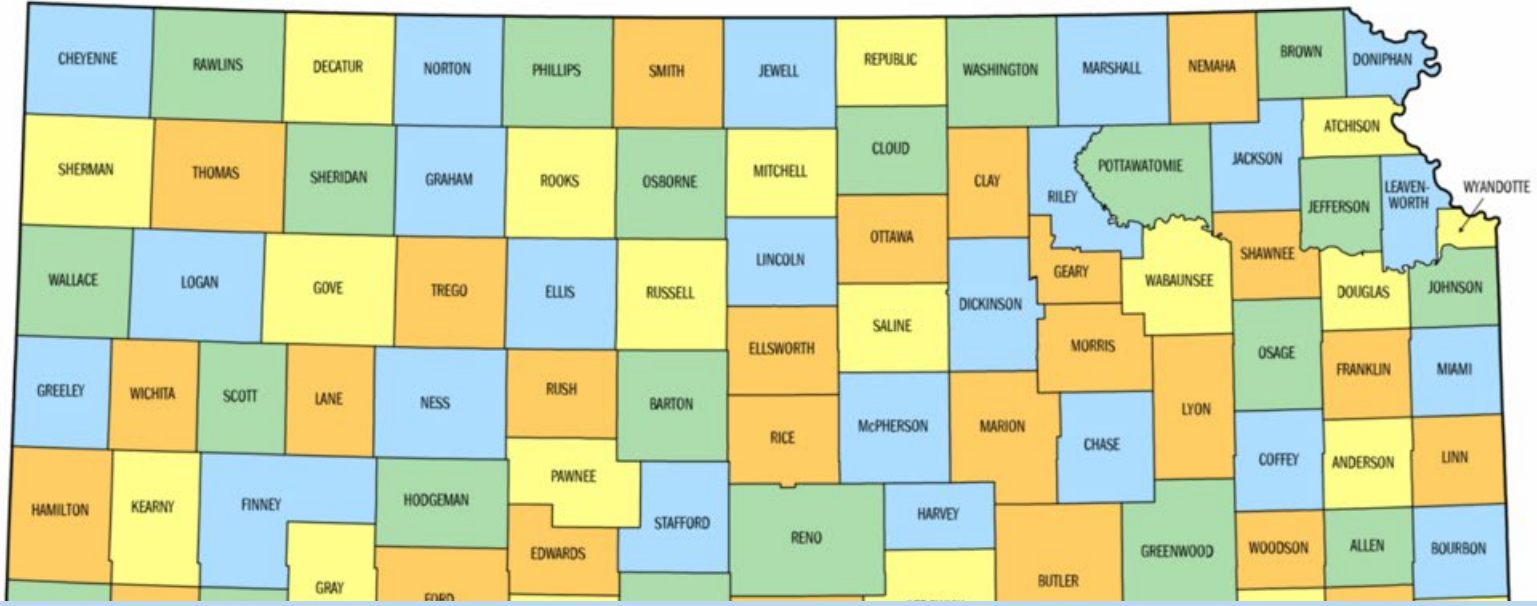
Questions?

TB Program Contact Information

- **Phone:** 608-261-6319
- **Fax:** 608-266-0049
- **Email:**
DHSWITBProgram@dhs.wisconsin.gov
- **WTBP Website:**
www.dhs.wi.gov/tb/index.htm



KANSAS



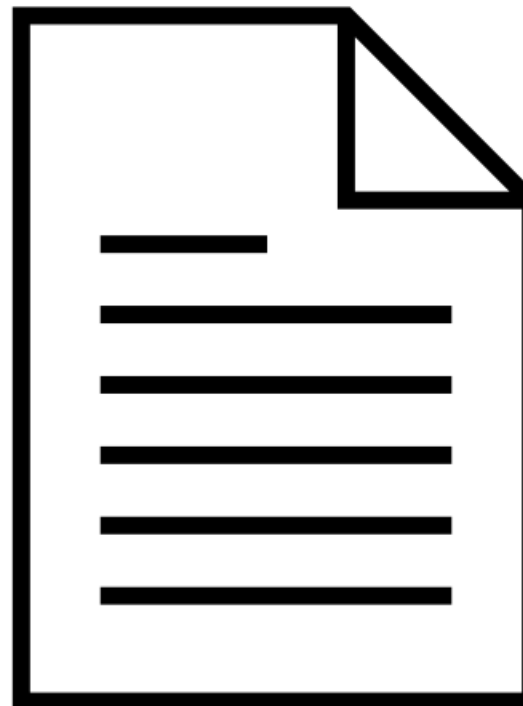
Public Health System and Role of the TB Program Manager

Lisa Edgerton-Johnston



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Key Responsibilities

Program Management

- **Oversee Budget**
- **Meet program objectives**

Training

- **Staff**
- **LHDs**

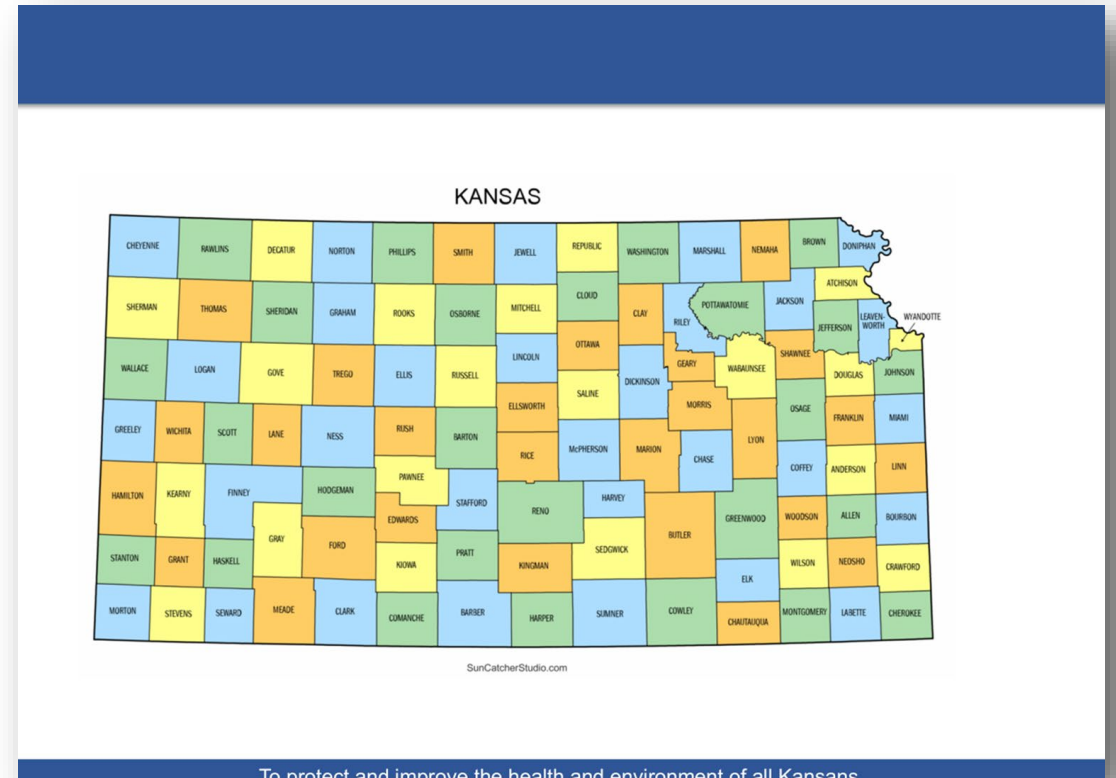
Data Management & Reporting

- **Collect & Analyze data**
- **Report data**

Community Engagement

- **Engaging Community Stakeholders**

- Kansas 105 decentralized counties
- 82,278 Sq. miles
- 15th largest state by area with the largest cities mostly geographically located in Eastern Kansas.



Western KS

- Lots of Cattle
- Few Healthcare resources
- Lots of Challenges
 - LHD nurses wear many hats.
 - Contact cases are a challenge to followed up on adequately.



Thank You/Questions





South Dakota Department of Health

South Dakota TB Control Program

Kristin Rounds, BA
TB Program Manager

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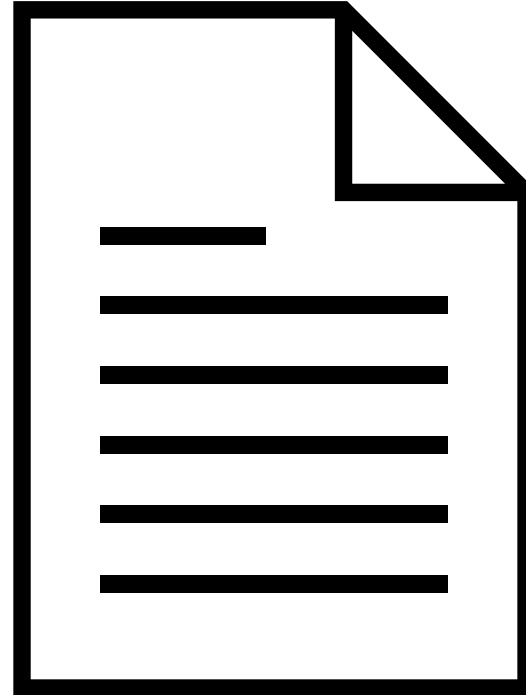
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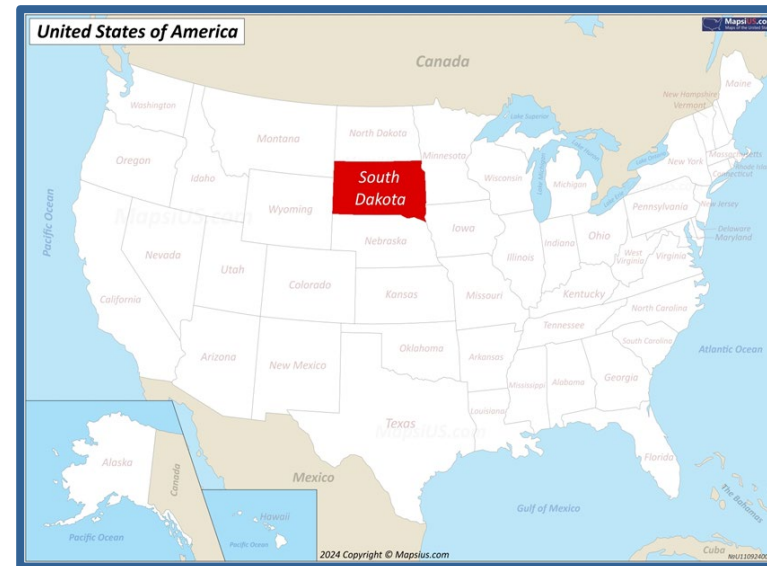
South Dakota Department of Health

TB Control Principals **Role of Program Manager**

Kristin Rounds, BA
TB Program Manager

South Dakota TB Program Overview

- 2025 population = ~937,000
 - American Indians = ~71,000
- ~77,000 square miles (12 persons/mile)
- No local health departments
- All TB control worked by State DOH staff:
 - 3 Regional Managers
 - 21 DIS
 - 2 Community Health Workers
- DIS also work all other reportable disease investigations
- TB Program has 1.5 FTE:
 - 1.0 TB Program Manager
 - 0.5 FTE nurse consultant



SD TB Program Manager Duties

Program Management

- Ensure appropriate case management, treatment and contact investigation
- Collaborate routinely with the State Public Health Laboratory
- Serve as a technical expert regarding technical TB questions
- Maintain comprehensive knowledge of TB statutes and administrative rules

Disease Surveillance

- Ensure collection of required TB data
- Conduct analysis of disease trends

Policy Development

- Develop statewide TB Program policy and forms
- Review and update policies on annual basis

Staff Training

- Provide TB Program orientation and technical training to new DIS staff
- Provide periodic trainings to ensure staff proficiency



TB Program Manager Duties cont.

Data Management

- Ensure required data elements are reported to CDC
- Run Power BI reports to confirm and manage data reporting to CDC

Cooperative Agreement (Grant) Management

- Write annual grant, submit required reports and manage federal budget

Contract Management

- Manage TB Program contracts and process invoices for payment

TB Medication Management

- Ensure adequate statewide TB medication inventory

Refugee and Immigrant Health

- Assign newly arriving B-classified refugees/immigrant for investigation
- Complete the Follow-up Worksheet and submit to CDC in EDN



TB Program Manager Duties cont.

Computer Program Management

- Maintain proficiency in multiple federal and state computer programs

Federal Computer Systems

- SAM (System for Award Management)
- SAMS (Secure Access Management Service)
- TB GIMS
- EDN
- NTIP
- NTSS
- NTSCCR
- Power BI
- Service Now
- Grant Solutions
- Grants.gov
- TB Care Finder

State Computer Systems

- MAVEN
- Lab Ware
- File Tracker
- Cobblestone
- VMSG



TB Nurse Consultant Duties (0.5 FTE)

Medical Consultation

- Consult with Mayo Clinic TB Center as needed on challenging TB cases

Chart Reviews/Cohort Review

- Complete monthly chart reviews for all TB suspect, TB cases and LTBI clients on treatment
- Conduct cohort review for DIS

Training

- Develop educational materials as necessary
- Provide orientation and staff training for new DIS

Policy Development

- Review nursing scope of practice

Program Evaluation

- Develop an annual TB program evaluation project

