



# Wisconsin Tuberculosis (TB) Program Updates

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Wisconsin Tuberculosis (TB) Program

Wisconsin TB Virtual Summit

April 7, 2026

# Agenda

## **Brief Overview of the Wisconsin TB Program**

- Functions and Relationship with Local Public Health

## **Statewide Concerns**

- Wisconsin Workforce Assessment Results
- LTBI Surveillance and TB Class A/B Updates

## **New Resources**

# 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.

# Functions of the Local and Tribal Health Departments



- Patient assessment
- Case management
- Patient education



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



- Initiating and discontinuing isolation
- Assessment of isolation options

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# Functions of the Local and Tribal Health Departments



Facilitation of safe discharges from the hospital



Identification and assessment of contacts

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Facilitation of safe discharges from the hospital



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# How Does the Wisconsin TB Program Support LTHD Functions?



## TRUE or FALSE?

**The Wisconsin TB Dispensary Program pays for medication and non-medical needs for TB and LTBI clients.**

# Wisconsin TB Programs Supporting LTHD Functions

## Wisconsin TB Dispensary

Uses state general purpose 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.**

# Wisconsin TB Dispensary Program (WTBDP): Purpose Statement

To ensure that all persons in Wisconsin with suspected or confirmed active TB disease or latent TB infection (LTBI) can receive appropriate evaluation, treatment, and monitoring, regardless of insurance availability.



# The WTBDP Reimburses Services For The Uninsured and Underinsured





## Challenge

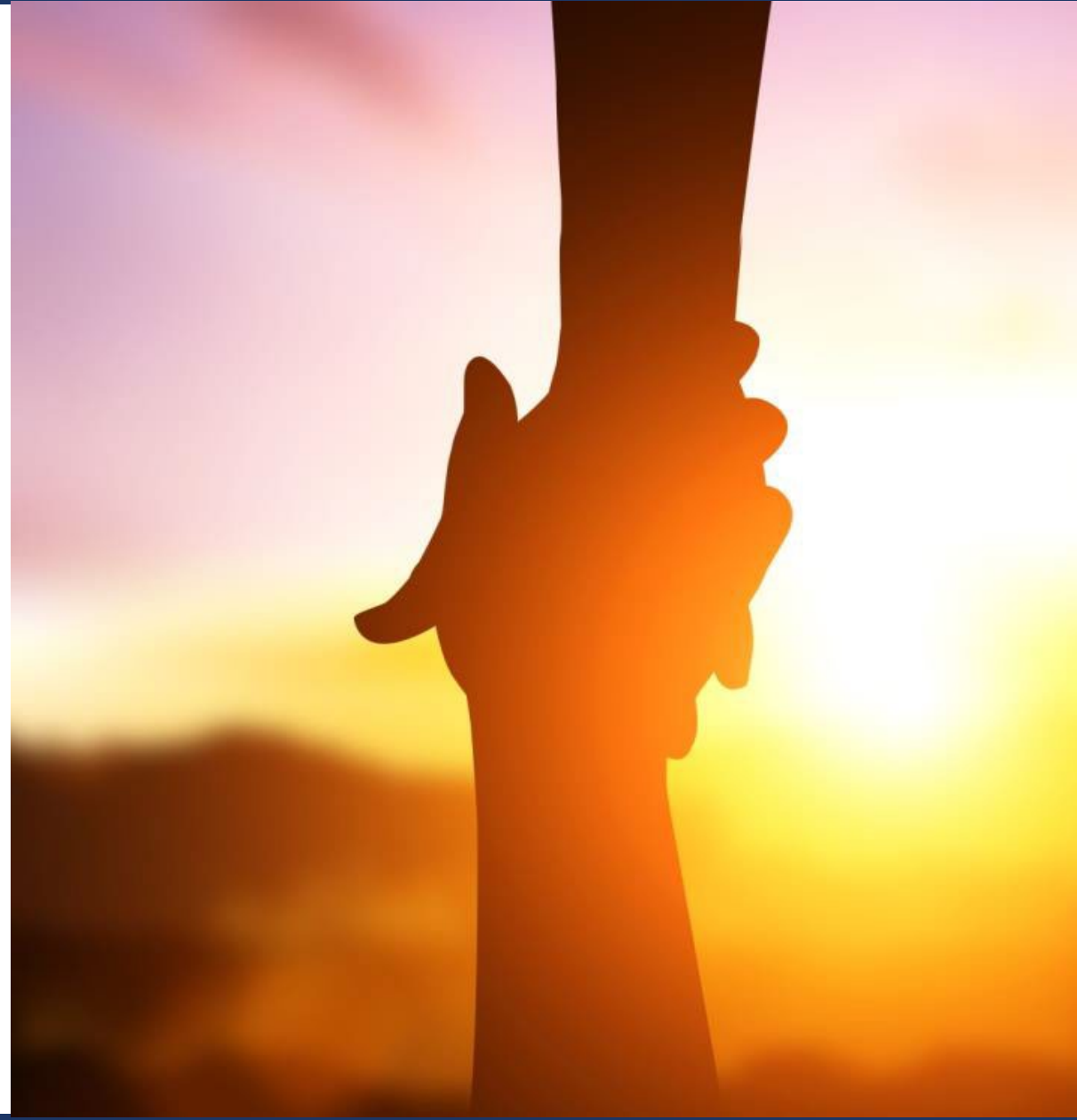
**Difficult to find private health care partners** willing to enter a memorandum of understanding (MOU) to serve the needs of patients with TB and LTBI through the Wisconsin TB Dispensary Program.

# Wisconsin TB Treatment Assistance Program

Encourages and supports clients through the completion of TB treatment.

Provides funding to purchase treatment assistance aids.

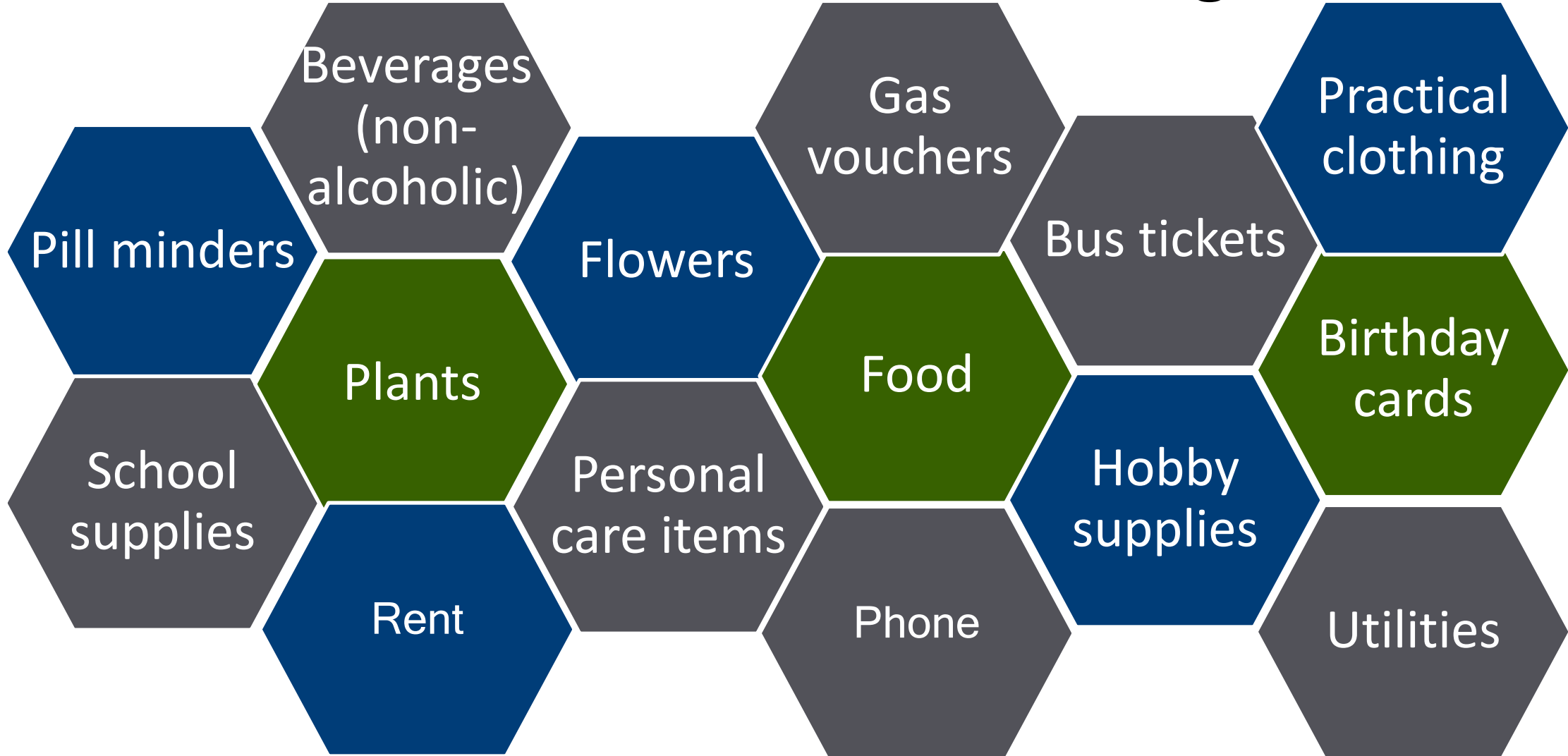
Capped at \$50 (LTBI) and \$200 (active).



# What might NOT be covered by the Wisconsin Treatment Assistance Program?

- A) Ensure supplements
- B) Pay-as-you-go phone
- C) Benadryl
- D) Gas utility payment

# Wisconsin TB Treatment Assistance Program



# TB Treatment Assistance Program

Examples of TB treatment assistance above the capped rate include:



Payments for housing (rent or mortgage).



Payments for utilities.



Payments for cell phone.

# Agenda

## **Brief Overview of the Wisconsin TB Program**

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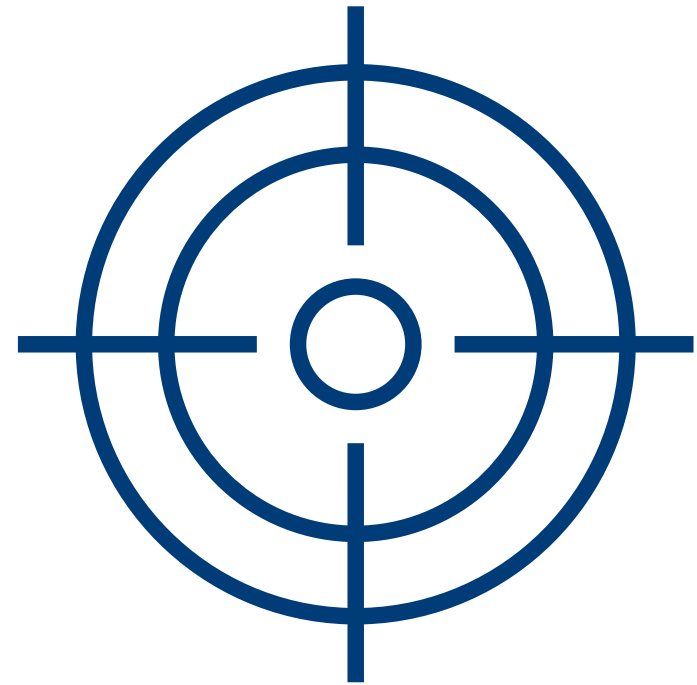
## **Statewide Concerns**

- Wisconsin Workforce Assessment Results
- LTBI Surveillance and TB Class A/B Updates

## **New Resources**

# Goal

This workforce assessment focuses on the **TB program capacity** at the **local level** in Wisconsin to achieve activities outlined in the Centers for Disease Control and Prevention (CDC) TB Cooperative Agreement grant application and more broadly, achieve TB elimination in Wisconsin.



# Survey

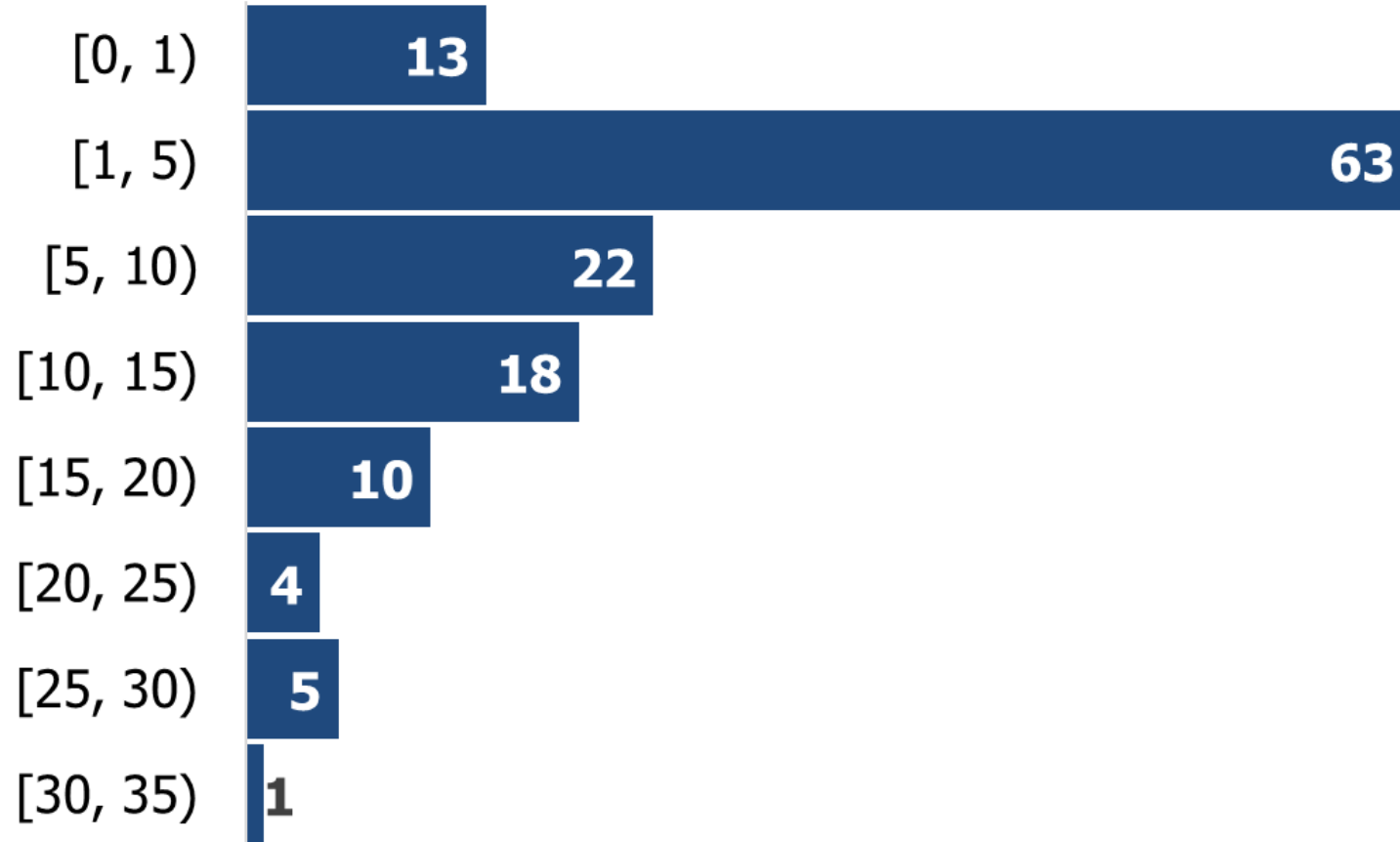
- Sent to health officers (HOs) via GovD and TB nurse list in September
- Consisted of two parts:
  - Section 1 for all
  - Section 2 for HOs or program managers



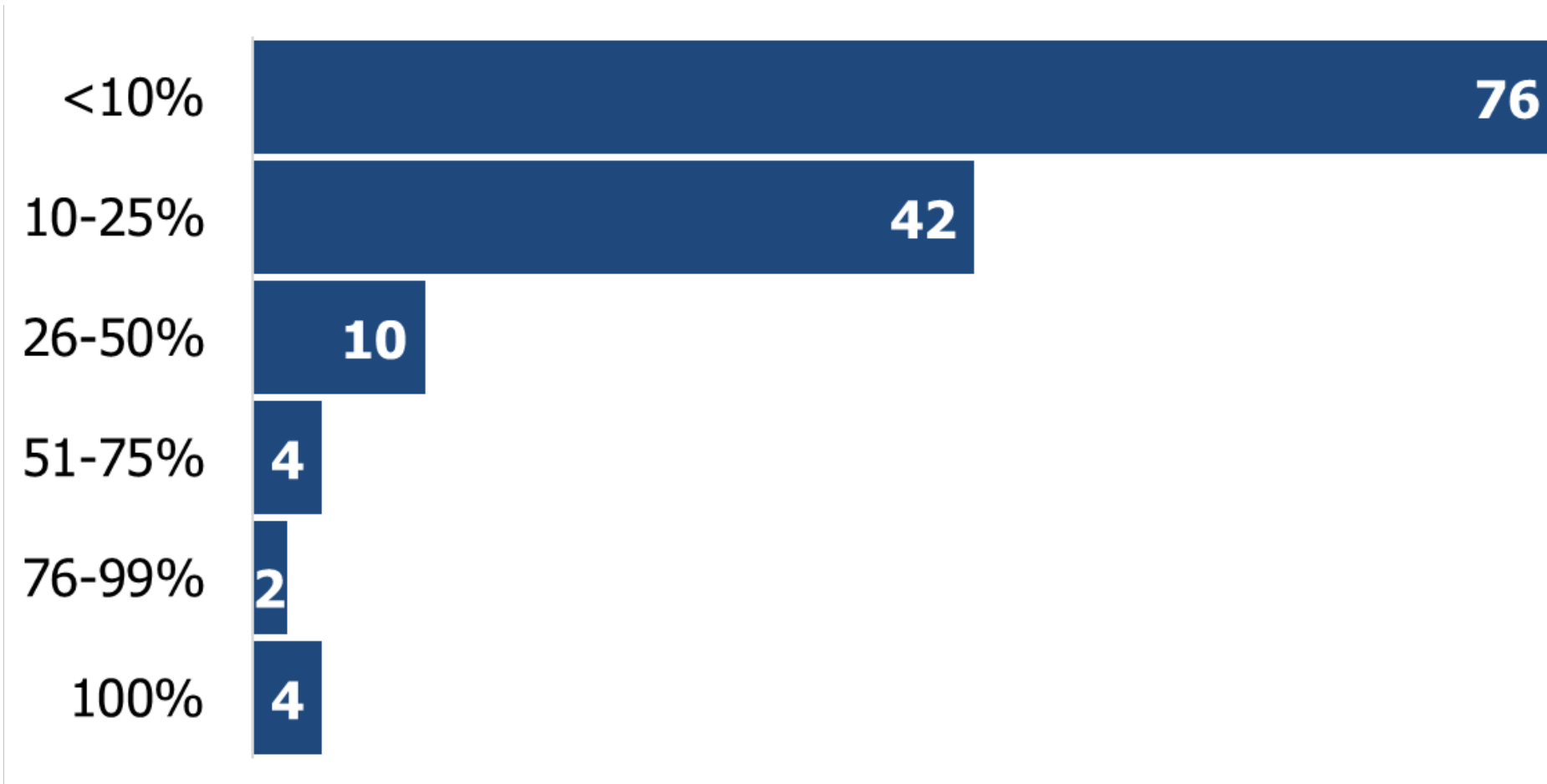
# Respondent Characteristics

- 141 respondents completed
- 69 LTHDs (82%)
- 1 Tribal health center (8%)
- HOs or program managers (39, 27.6%)
- Public health nurses (85, 60.3%)
- Most are full time (more than 0.8 FTE, 85.8%)

# The Majority of Respondents Had Fewer Than Five Years of Experience



# Most Spent Less Than 25% of Their Time (FTE) on TB-Related Activities



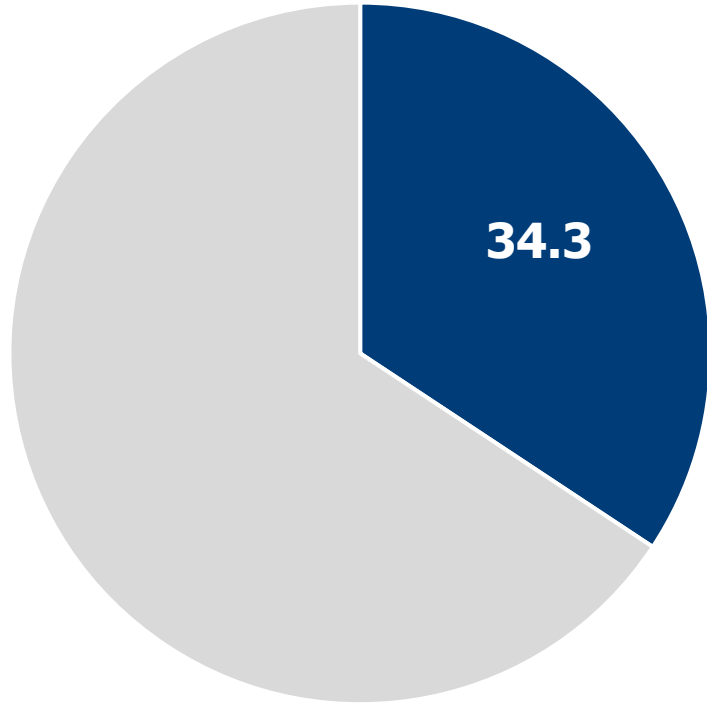
# TB-Related Services: Strengths and Gaps



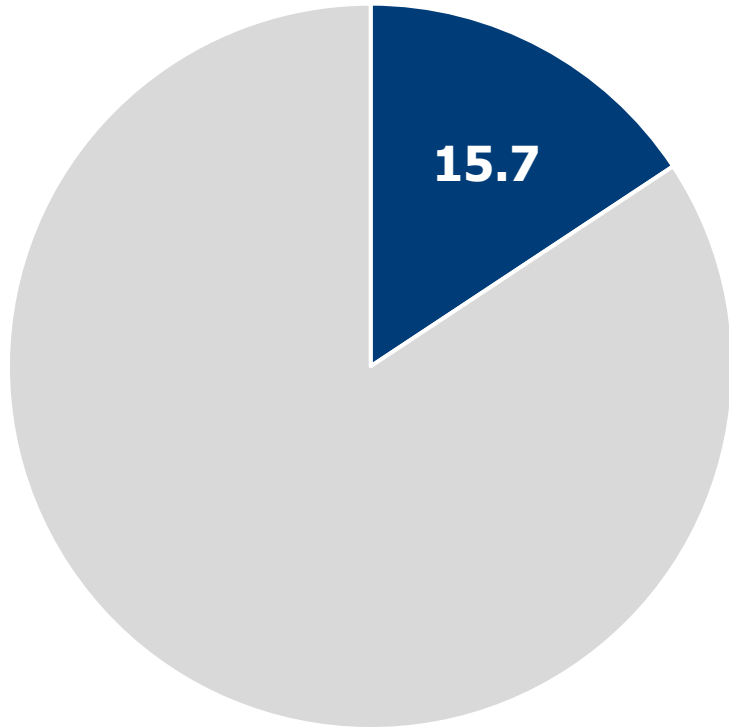
# Widely Offered Services Include:

- Providing case management for people with TB and LTBI (all)
- Conducting contact investigations (all)
- Dispensing LTBI medications (73.9%)

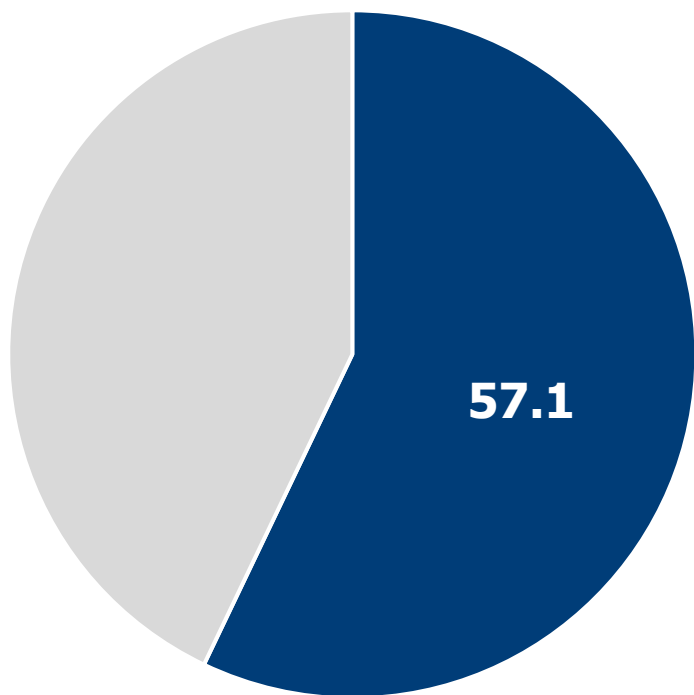
# A Third of LTHDs (34.3%) Provide Phlebotomy Services



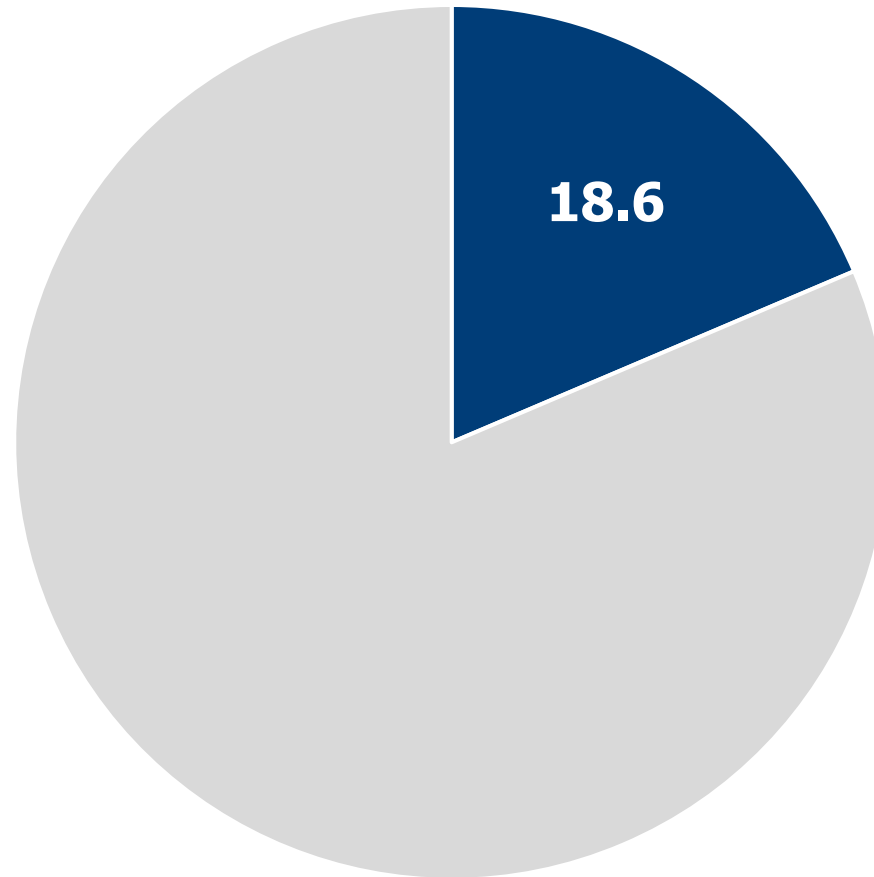
# Few LTHDs (15.7%) Provide IGRA Testing



# Over Half of LTHDs (57.1%) Provide Skin Testing



**A Significant  
Proportion  
(18.6%) Do Not  
Offer IGRA Testing  
or Skin Testing**





**The Majority of LTHDs  
(82.9%) Reported Offering in  
Person Directly Observed  
Therapy (DOT)**




**Of Those LTHDs, Most  
(77.6%) Also Offered  
Electronic or Video DOT**

# Educational Outreach Activities Were Reported Less Consistently



A photograph of a group of people in a meeting or classroom setting. Several individuals have their hands raised, indicating active participation or agreement. The background is slightly blurred, focusing attention on the hands and the text overlay. The text is presented in a bold, black, sans-serif font within a white rectangular box that spans across the middle of the image.

**Just Over Half of Responding LTHDs (54.3%) Provide TB-Related Education and Outreach to Private Clinicians**

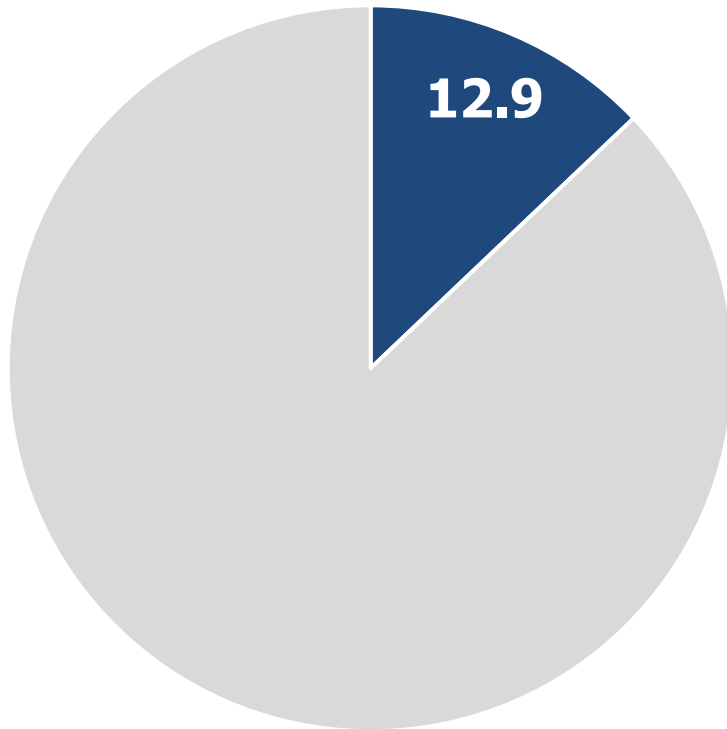


**Fewer Than Half (38.6%) Reported Providing TB Education or Outreach to Community-Based Organizations**

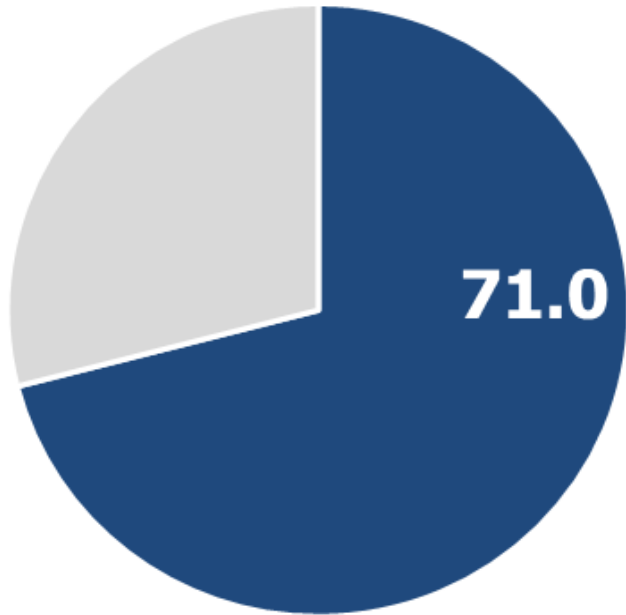
A group of diverse people smiling, overlaid with a blue tint and a white text box. The text box contains the title "Staffing and Support Capacity Varied Across Departments".

# **Staffing and Support Capacity Varied Across Departments**

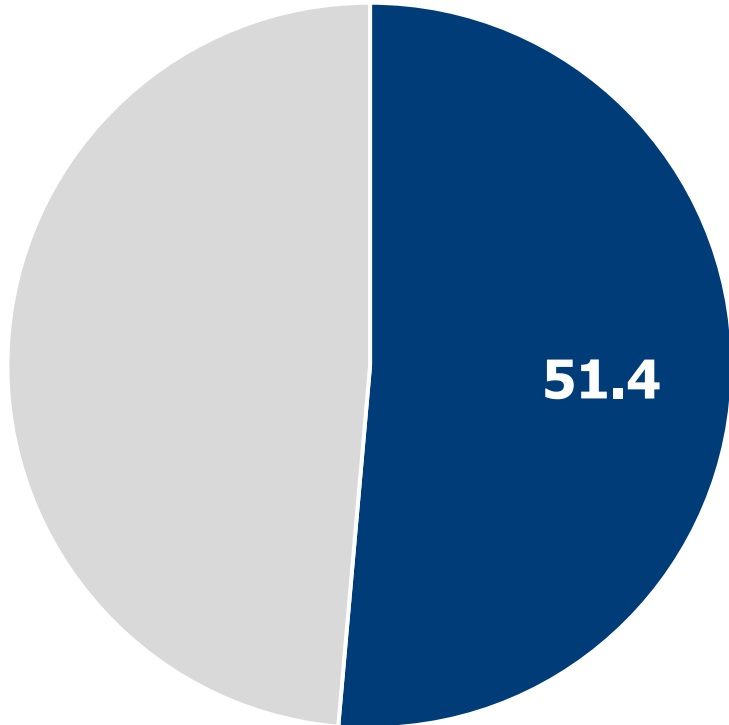
# Very Few LTHDs (12.9%) Reported Having a Provider Within the Department Who Can Write Medical Orders



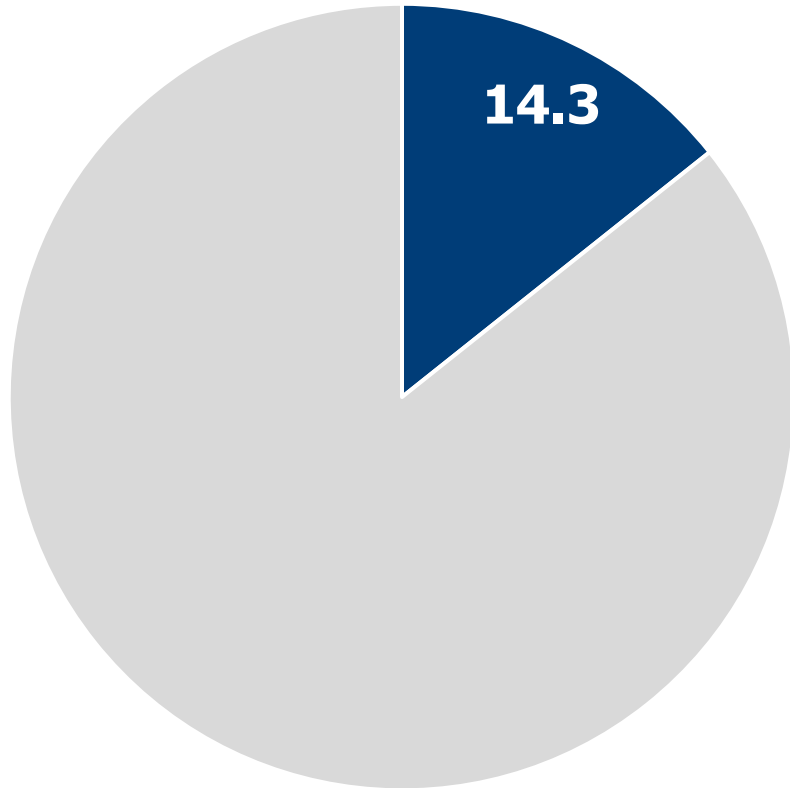
# Almost Three-Quarters (71.0%) Reported a Referral Agreement With a Private Clinic



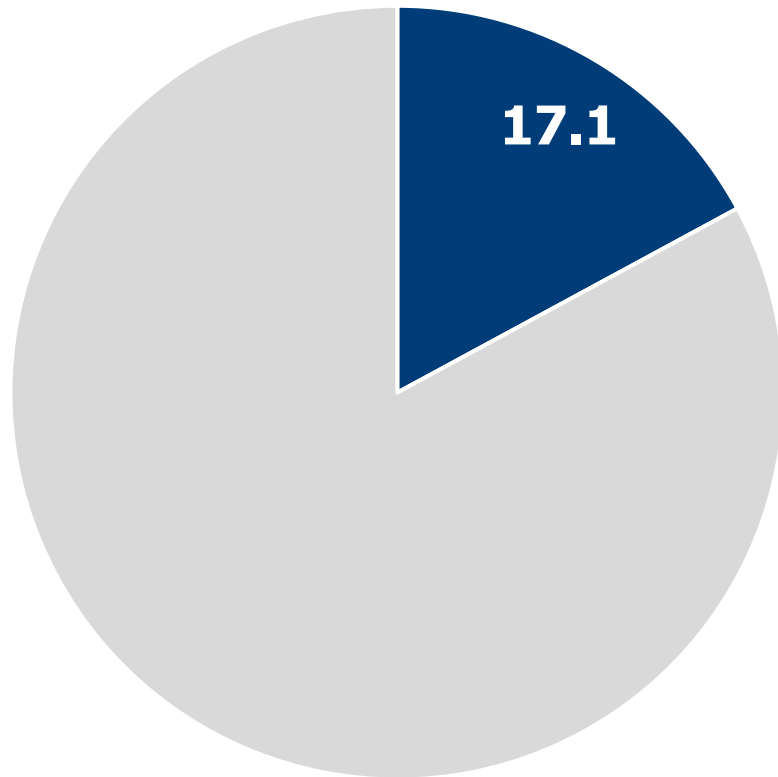
# Just Over Half of Respondents (51.4%) Reported That They Do Not Have a Dedicated Billing Specialist



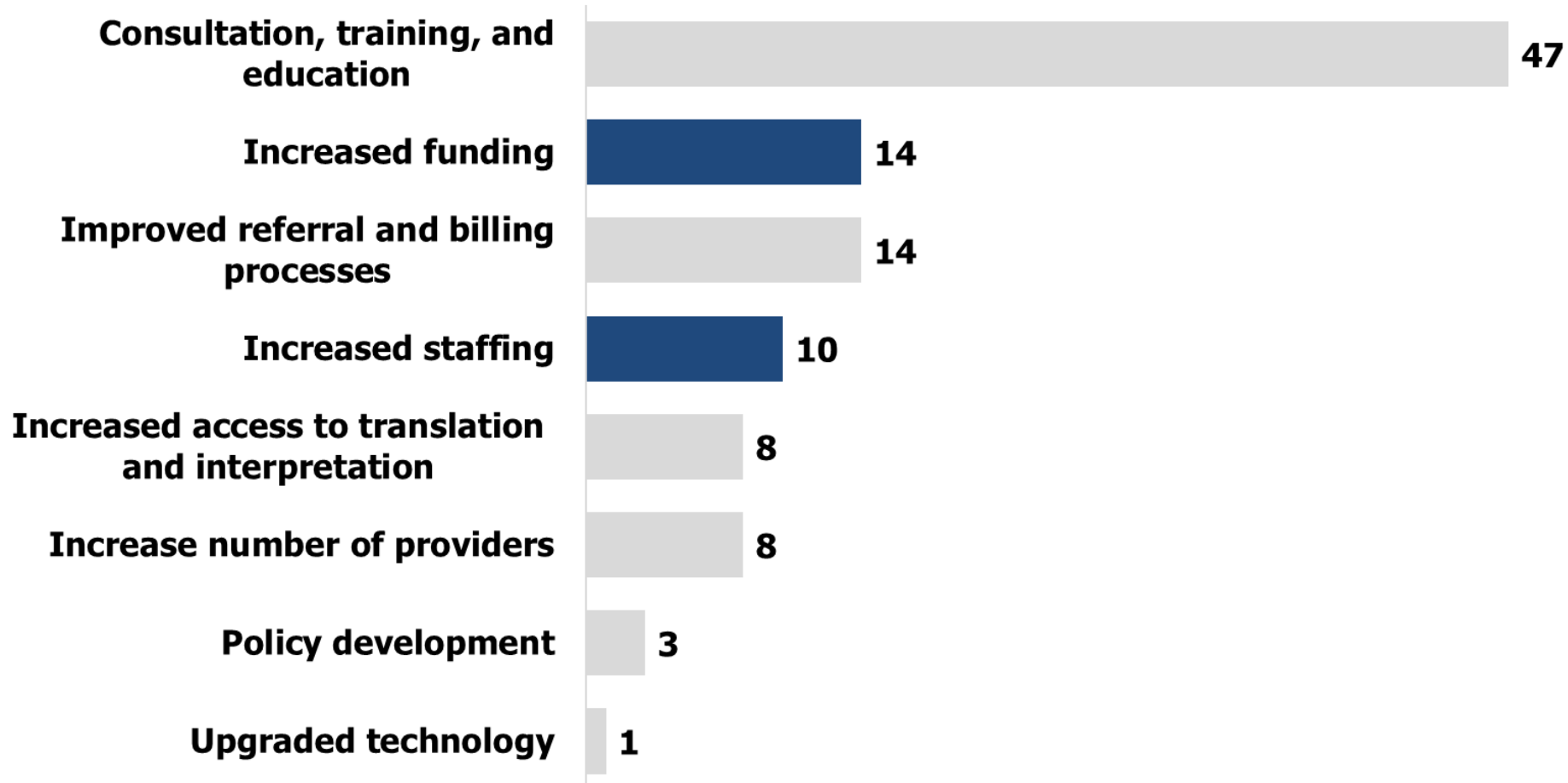
# Less Than a Fifth (14.3%) Reported Having Access to an Epidemiologist for TB/LTBI Within Their Department



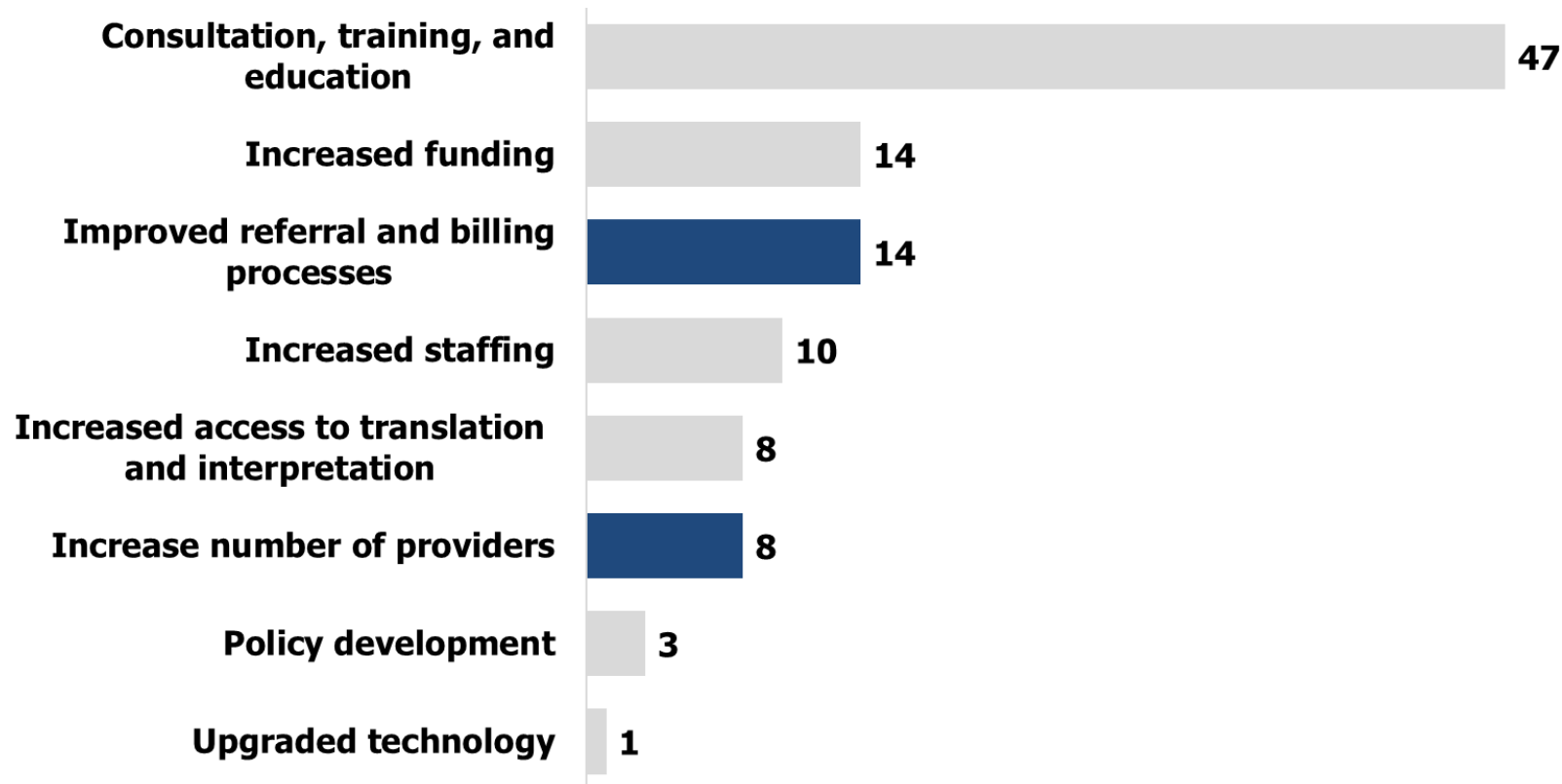
# Less Than a Fifth (17.1%) Reported Utilizing DOT Workers or Disease Intervention Specialists (DIS)



# Increased Staff and Funding Were Commonly Reported Needs



# Also Reported Needing More Providers and Improved Billing Processes



# Implications and Summary



# Main TB Functions Are Being Prioritized



Providing case management for people with TB and LTBI (all)



Conducting contact investigations (all)



Dispensing LTBI medications (73.9%)

# Reliance On External Clinical Partners



Basic clinical services: TB diagnostic testing (TST and IGRA), radiography, and phlebotomy



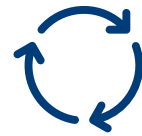
Prescription authority

Introduces challenges related to timeliness, consistency, and continuity of care

# Administrative and Billing Capacity



Limited support to offset program costs



Current processes are time-consuming



Funding is flat or decreasing

Competing demands may limit their implementation without additional resources or targeted support.

# Summary

The Wisconsin TB workforce is **maintaining required program functions** under **increasingly constrained conditions**. Sustained state-level coordination, strategic use of public-private partnerships, and continued support for efficient service delivery models will be critical to preserving core capacity.

# Agenda

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## **New Resources**

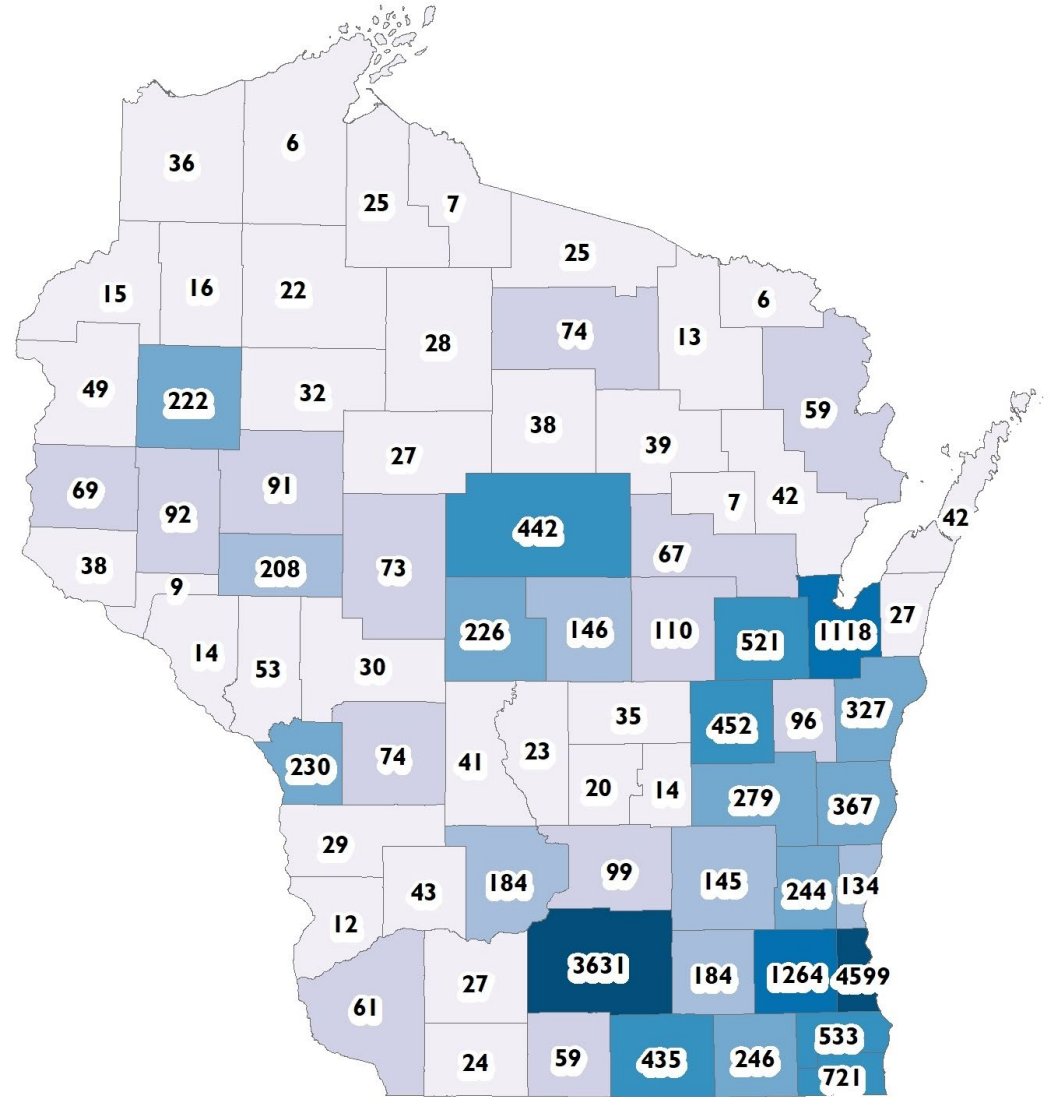
# Latent TB Infection Epidemiology

- Reportable in Wisconsin since 2018.
- Two types of LTBI records used for statewide surveillance including:
  - LTBI disease incidents.
  - LTBI-Lab only disease incidents.
- CDC is encouraging states to prepare to report LTBI in efforts to inform national prevention strategies.

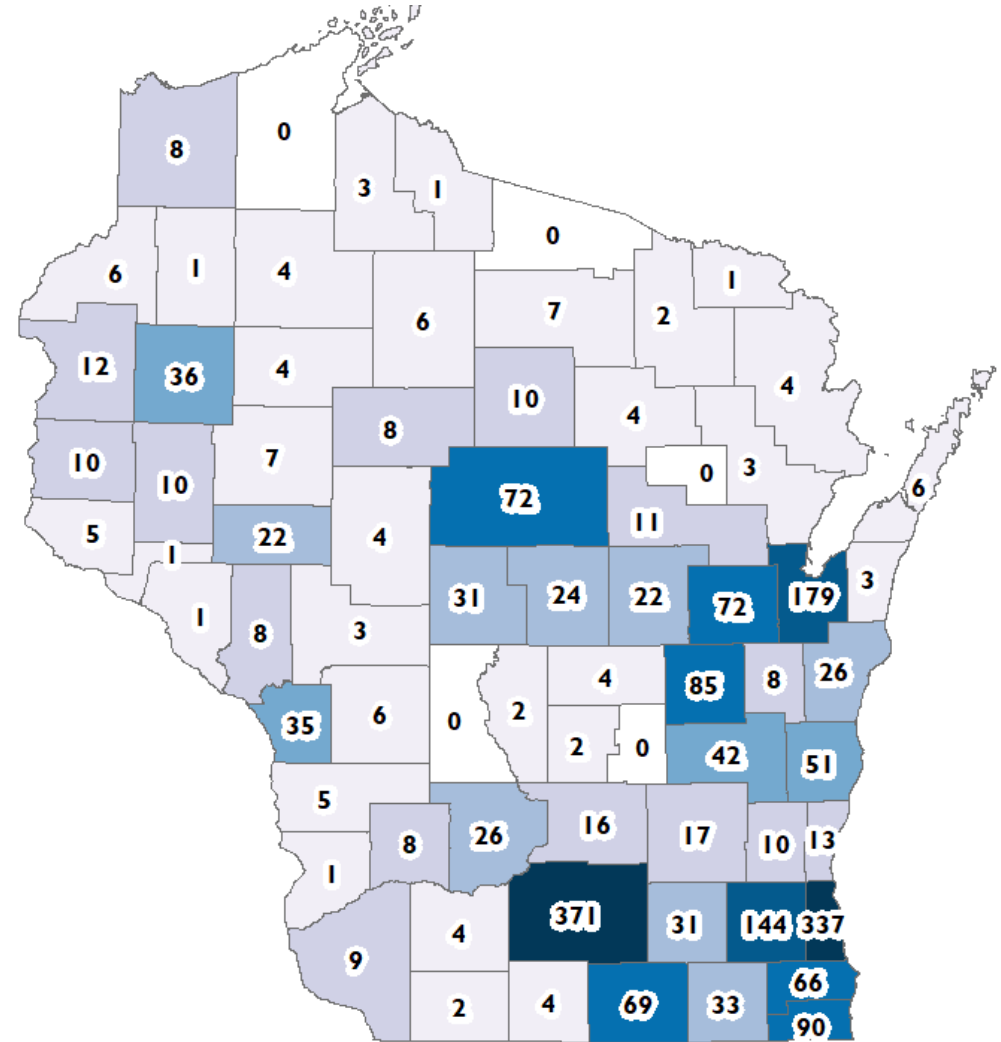
**Within the last 10 years, what percentage of Wisconsin counties have had a documented case of LTBI?**

- A) 60%**
- B) 75%**
- C) 80%**
- D) 100%**

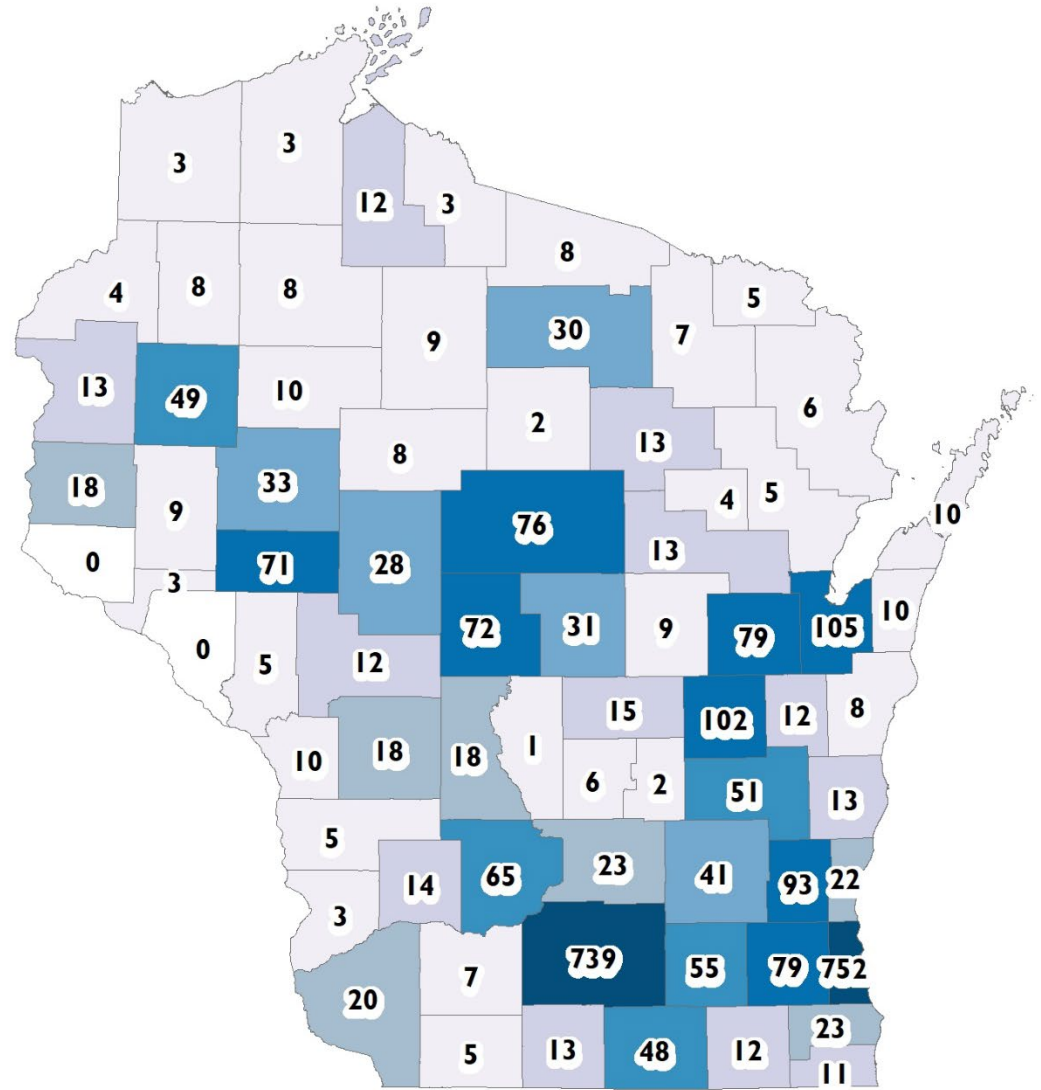
# All Wisconsin Counties Have Had an LTBI Report (2018–2025).



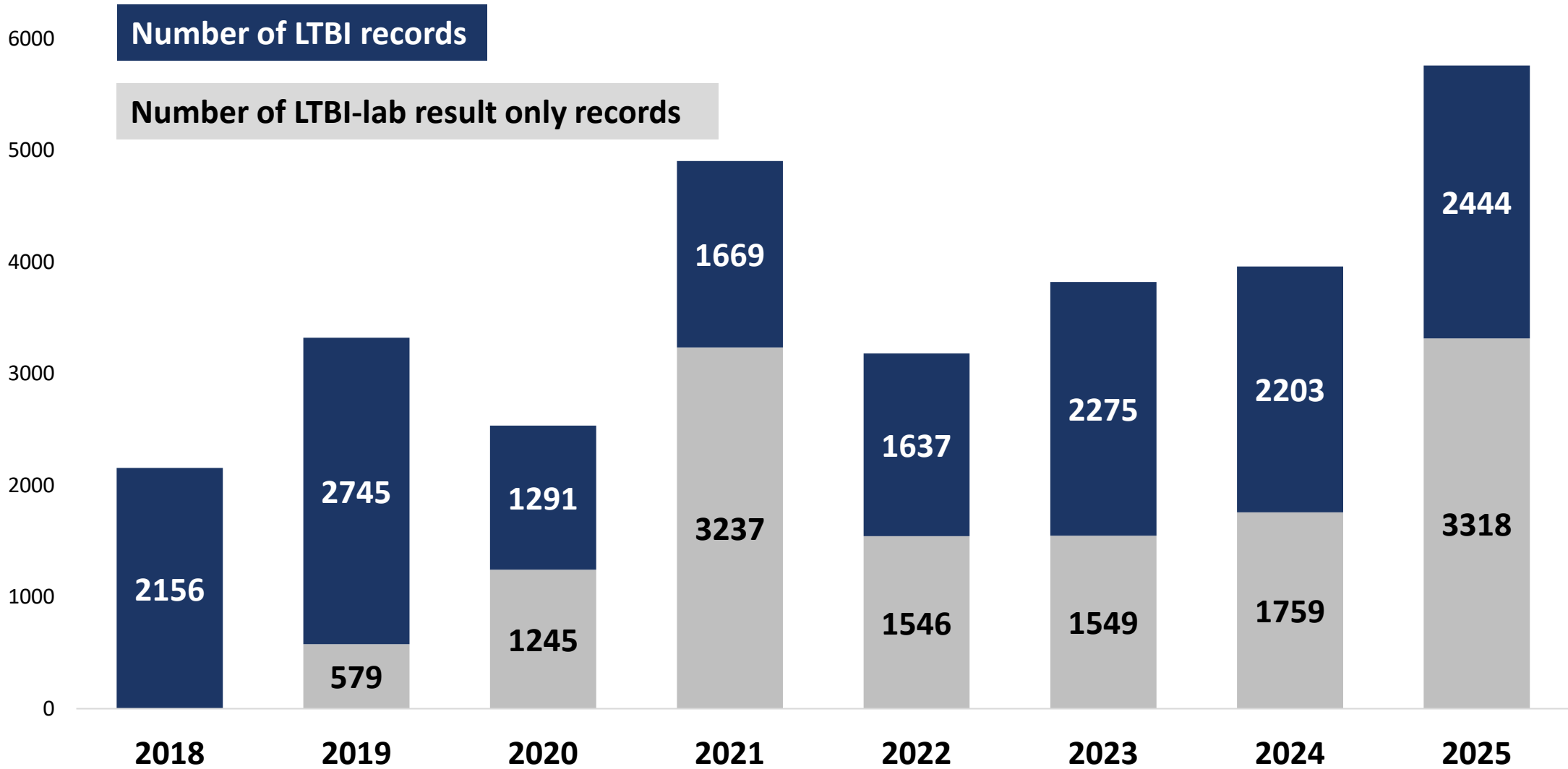
# Most 2025 LTBI Investigations Were in Dane and Milwaukee Counties.



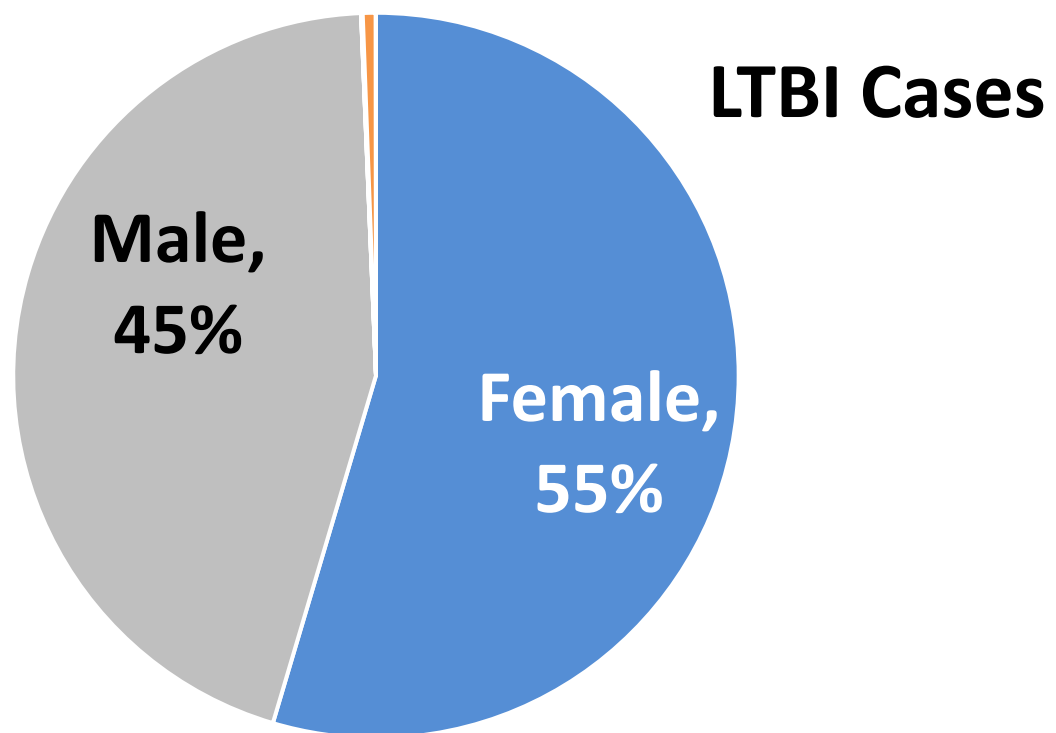
**Proportionally More  
2025 LTBI- Lab Only  
Records Were in  
Northern Wisconsin.**



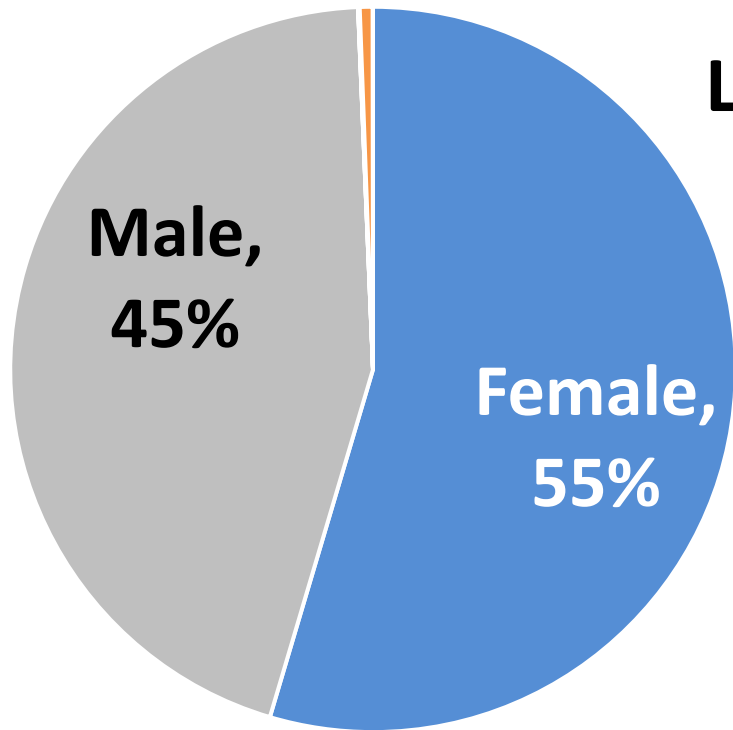
# Total LTBI Reports Are Trending Up



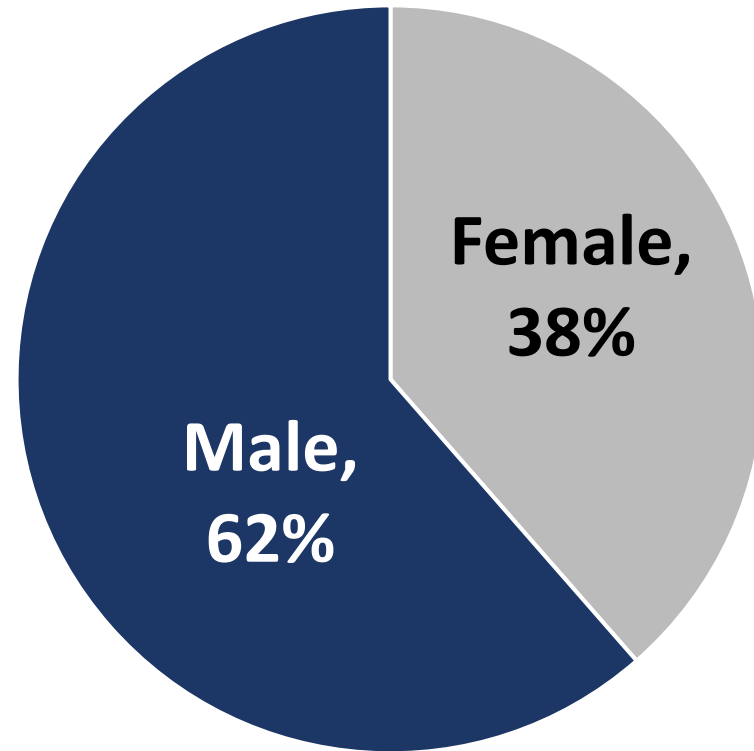
# Most LTBI Investigations Were **Female** (2018–2025)



# Most Wisconsin TB Cases Were Male (2018–2025)



**LTBI Cases**



**Active TB**

# Hispanic People Are Overrepresented In TB Cases And **LTBI Investigations** Compared To Their Share Of The Wisconsin Population

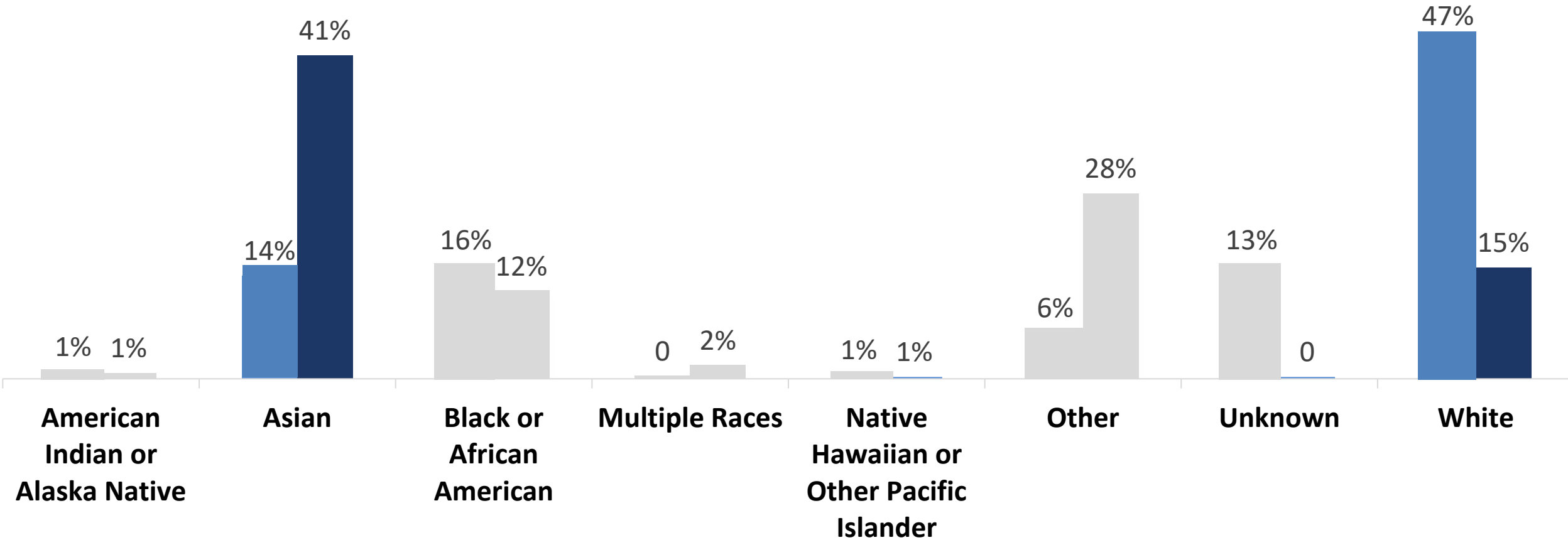
Hispanic Wisconsin TB cases



Hispanic Wisconsin LTBI investigations



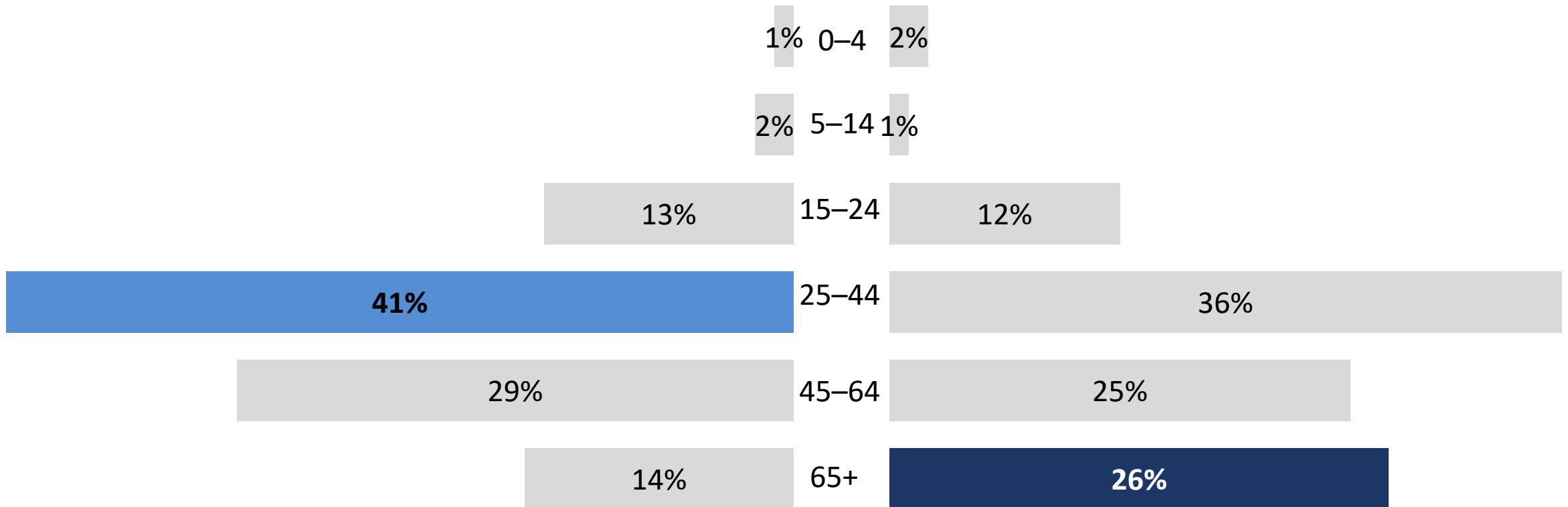
# Almost Half of **LTBI Investigations** Are Among White People, While Almost Half **TB Cases** Are Among Asian People (2018–2025)



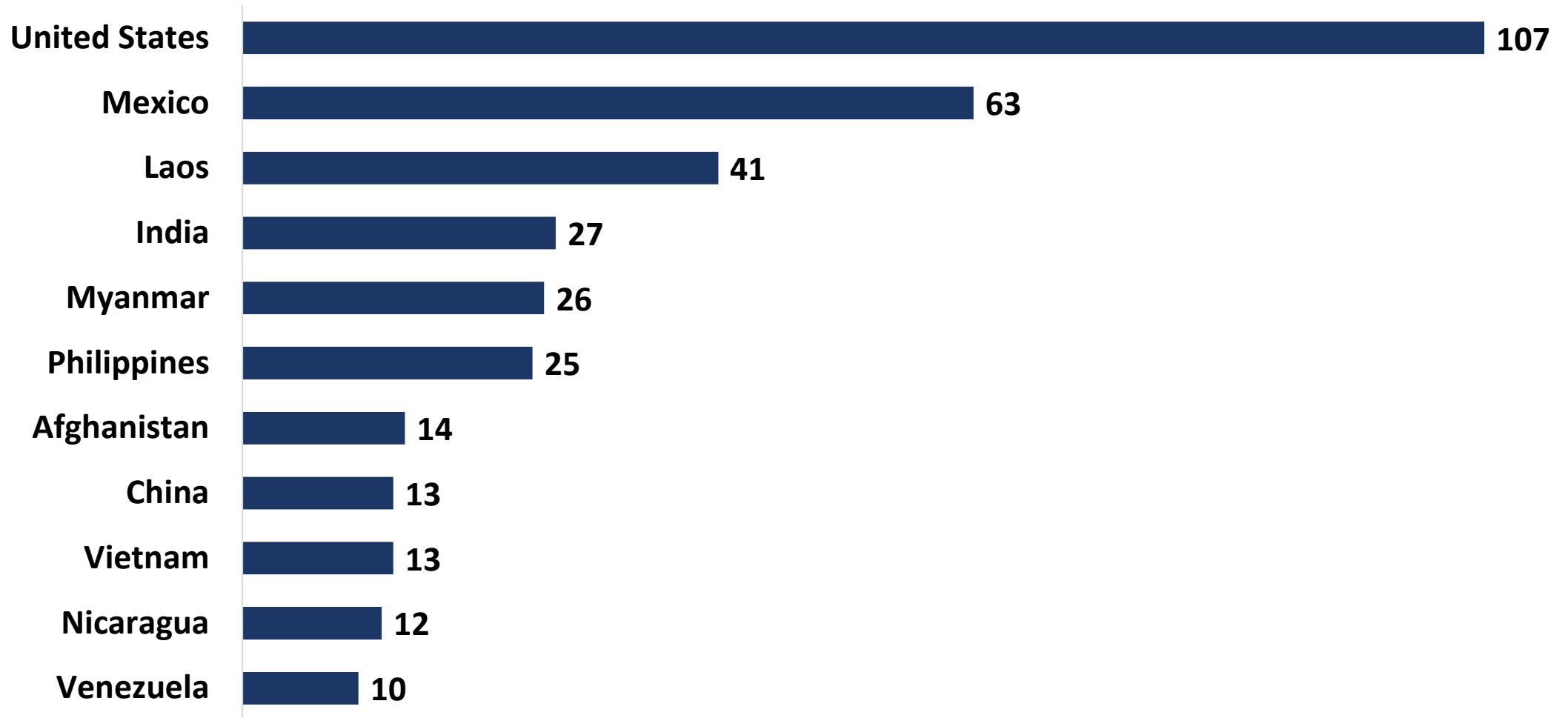
# Almost Half of **LTBI Investigations** Are Among Ages 25–44, While Over a Quarter of **TB Cases** Are Among Ages 65+ (2018–2025)

Percent of LTBI Investigations

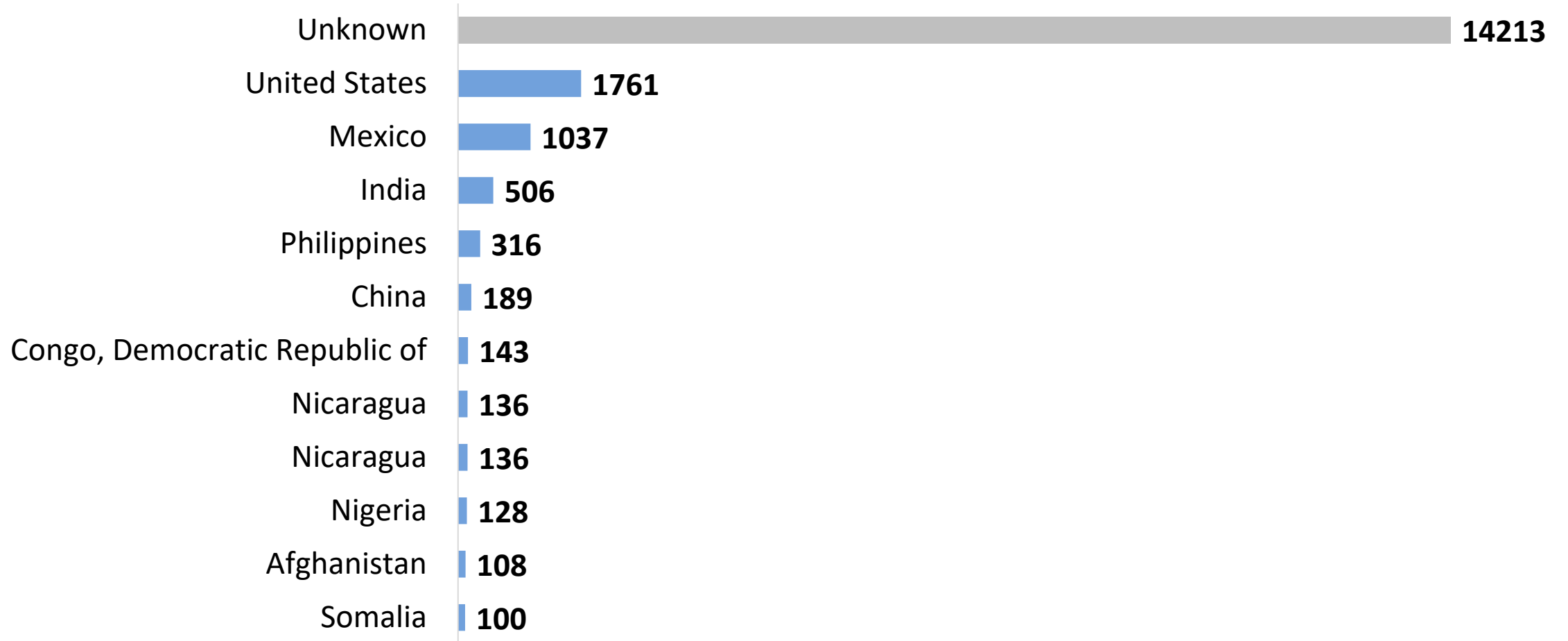
Percent of TB Cases



# Wisconsin TB Cases by Country of Birth 2018–2025



# Wisconsin LTBI Investigations by Country of Birth 2018–2025



# Wisconsin TB Program Focus

- Improve LTBI data quality (example, decrease LTBI-lab only records)
  - Auto-import of eCRs into WEDSS
  - Documenting I-693 forms of status adjusters
  - Part of mini-grant policy
- Disseminate data
- Promote LTBI training and education

Goal: Use LTBI data to support and promote TB screening and prevention activities across the state.

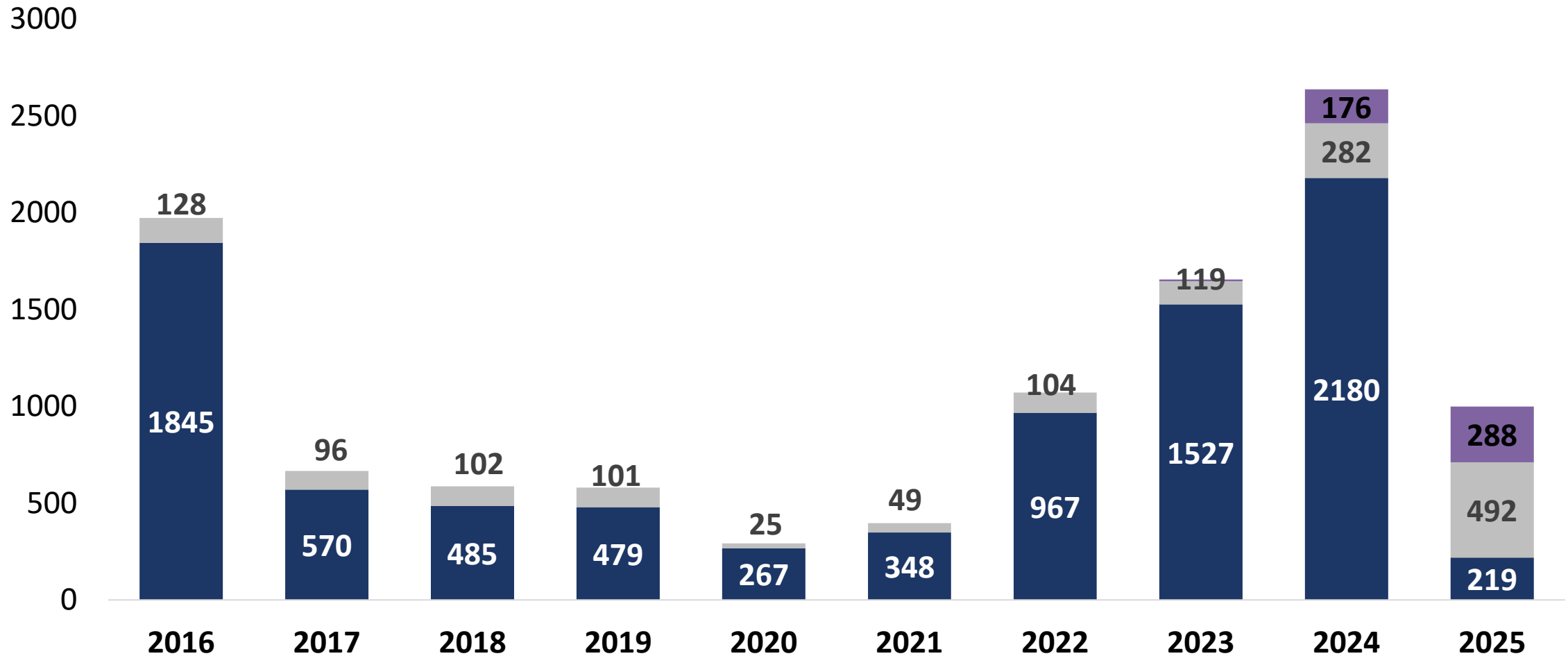
# Refugee and Immigrant Data Through EDN



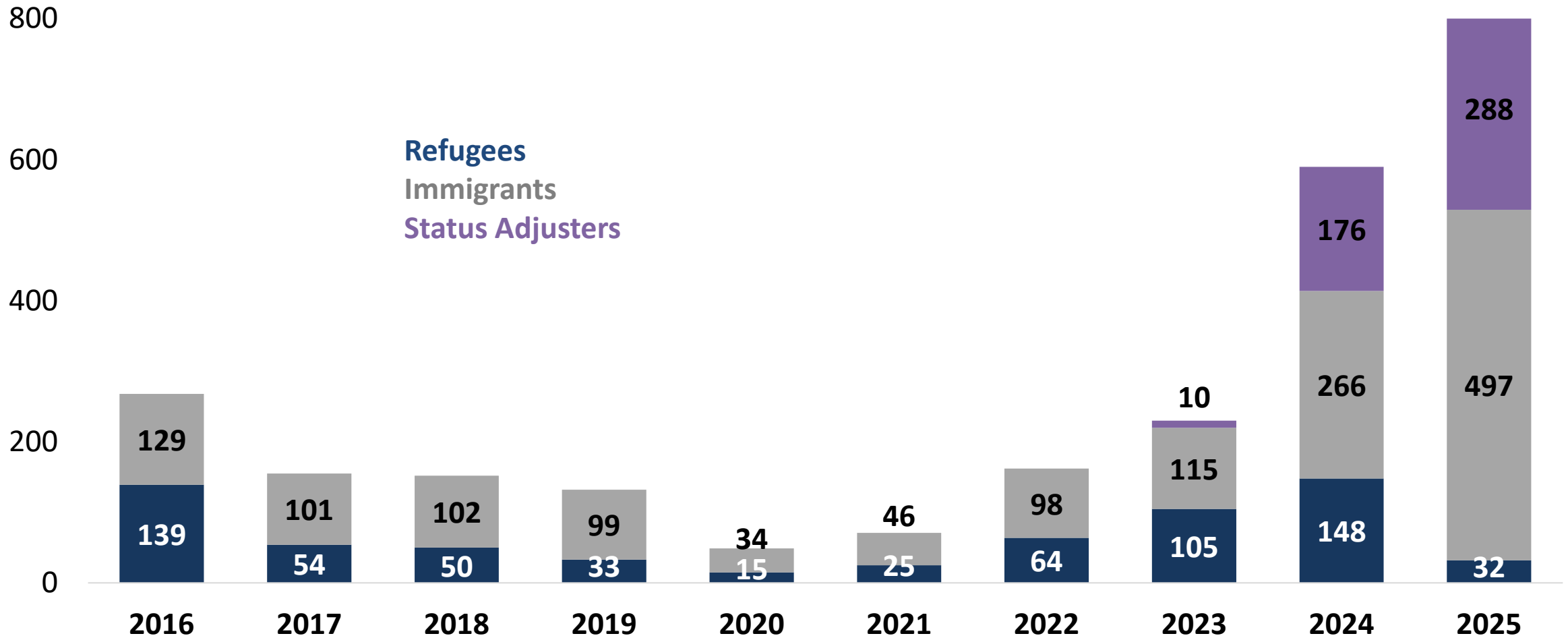
## TRUE or FALSE?

**Within the last 5 years (post COVID-19), documented immigration arrivals have remained relatively constant?**

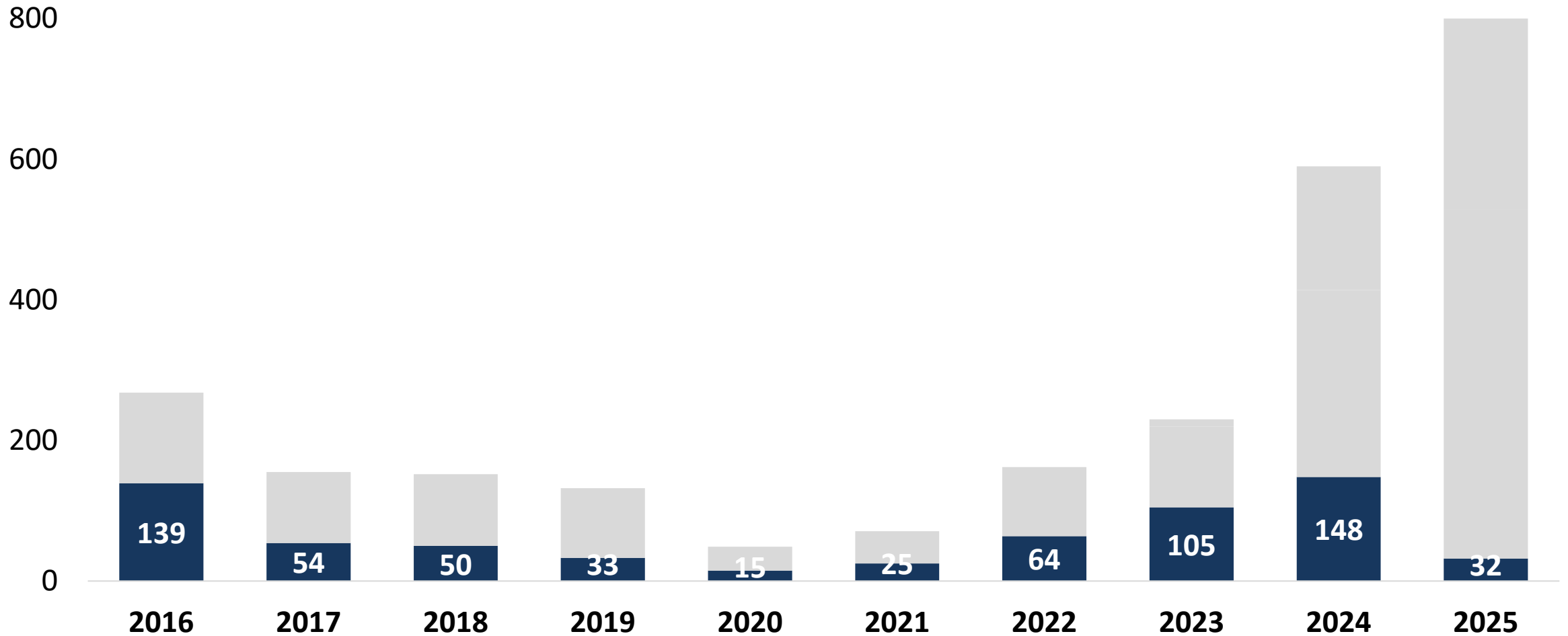
# While Refugee Arrivals Vary, Immigrants and Status Adjusters Are Increasing



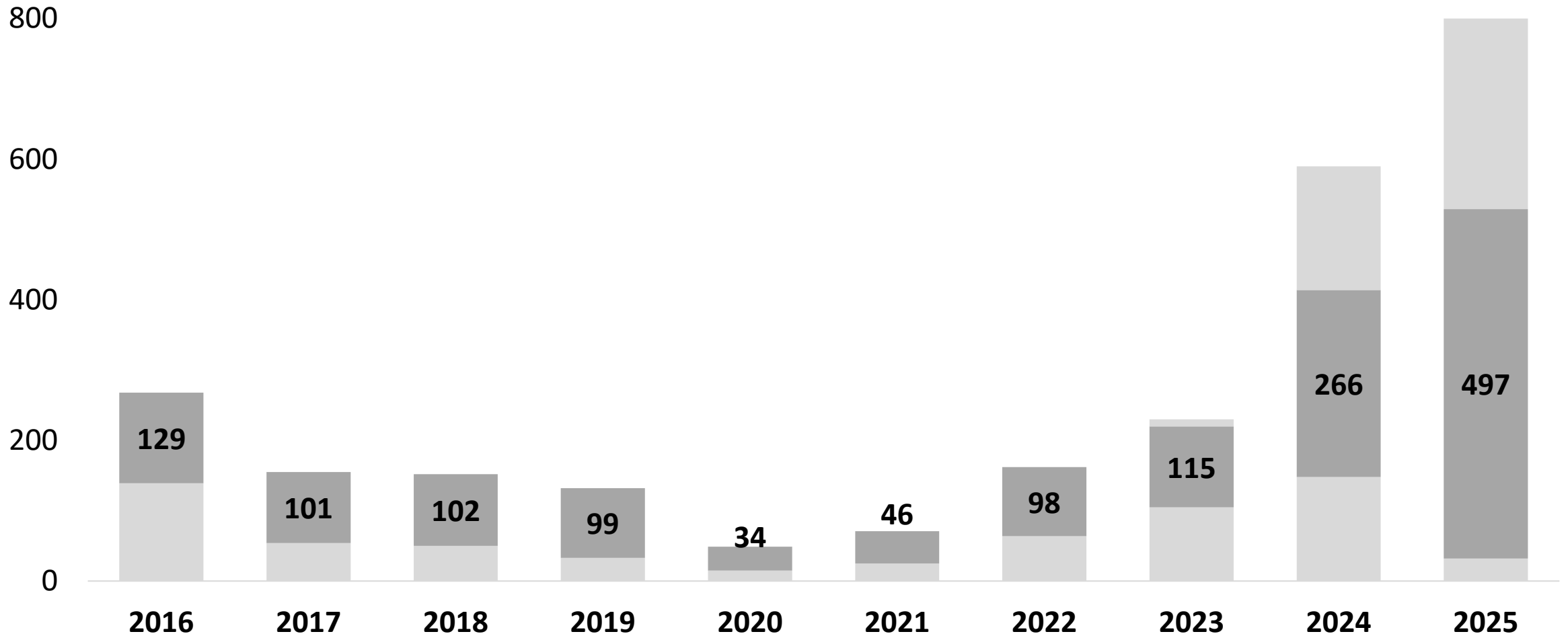
# B Class Status Notifications Have Increased Over 200% From 2016 to 2025



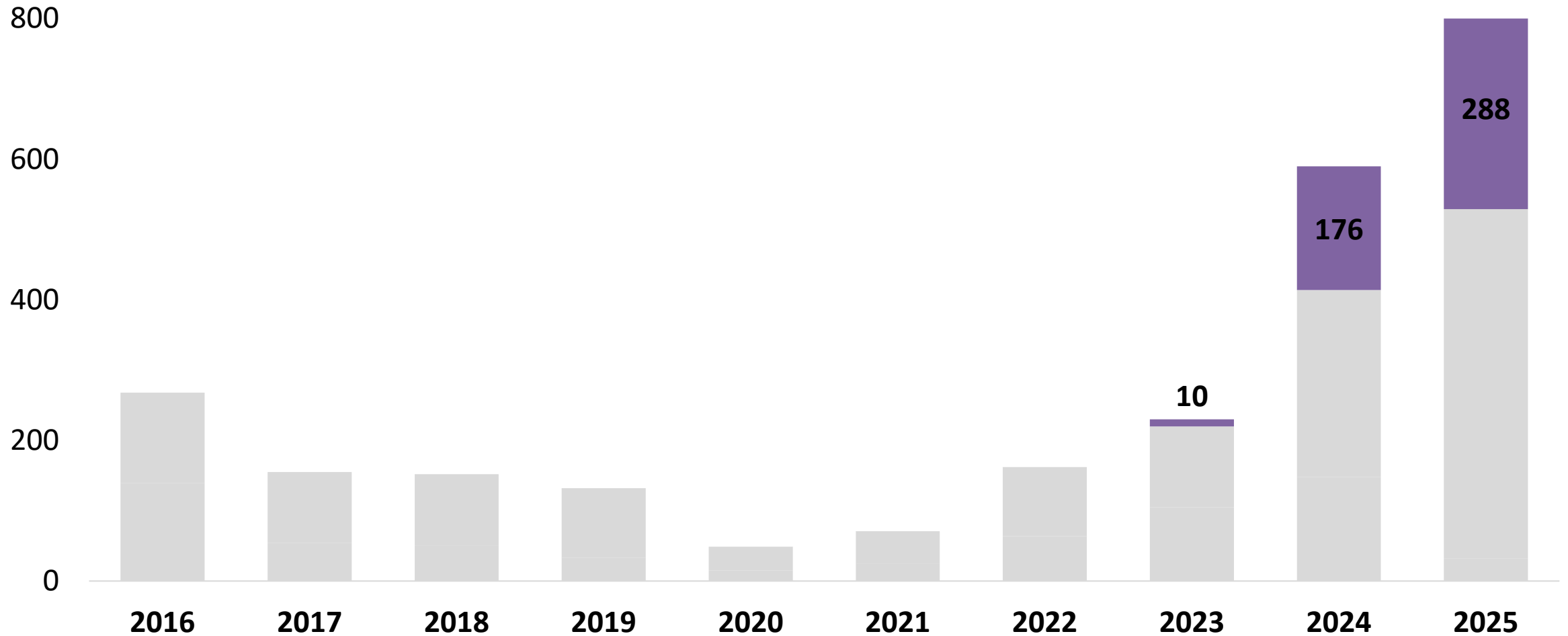
# Refugees with B Class Status Has Varied with Over Refugee Trends



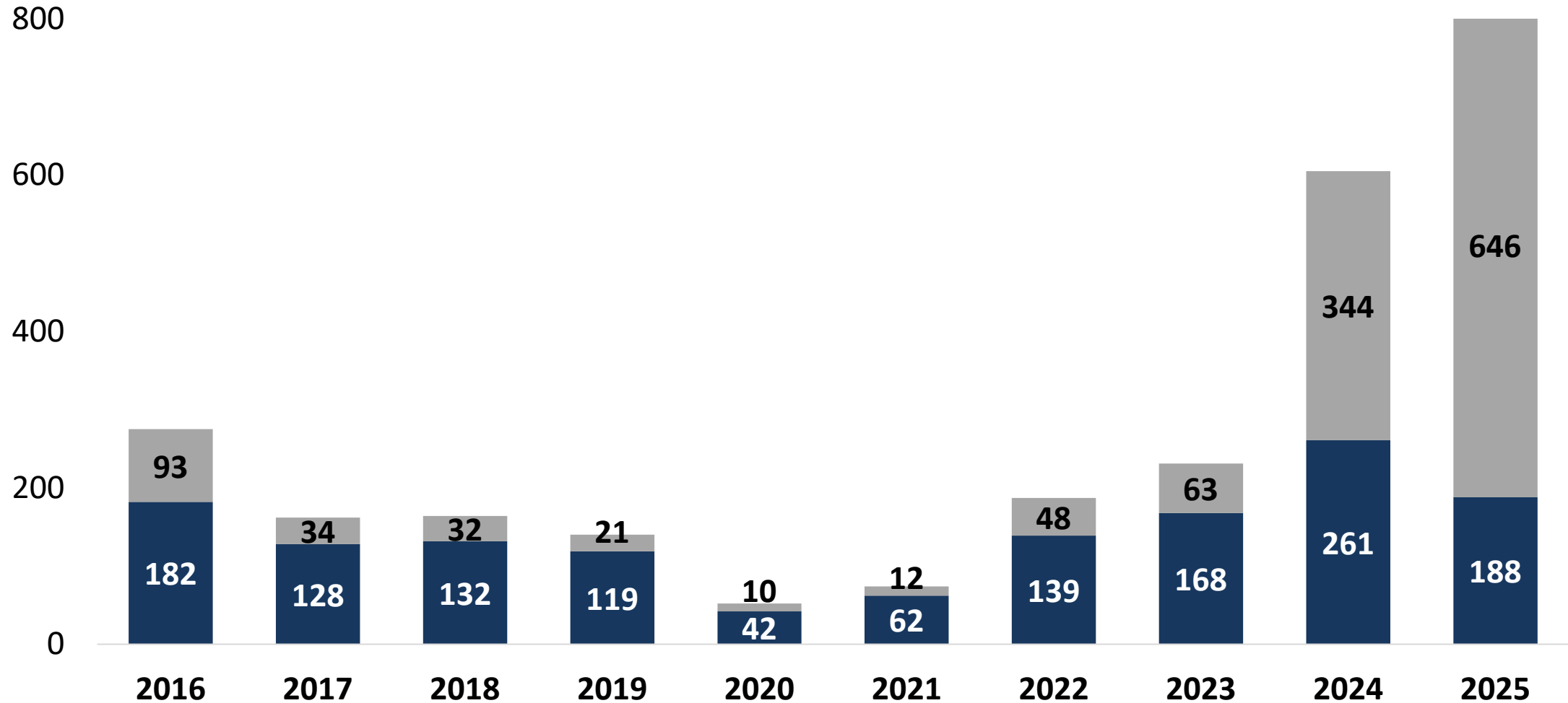
# Immigrants with B Class Status have Increased Dramatically



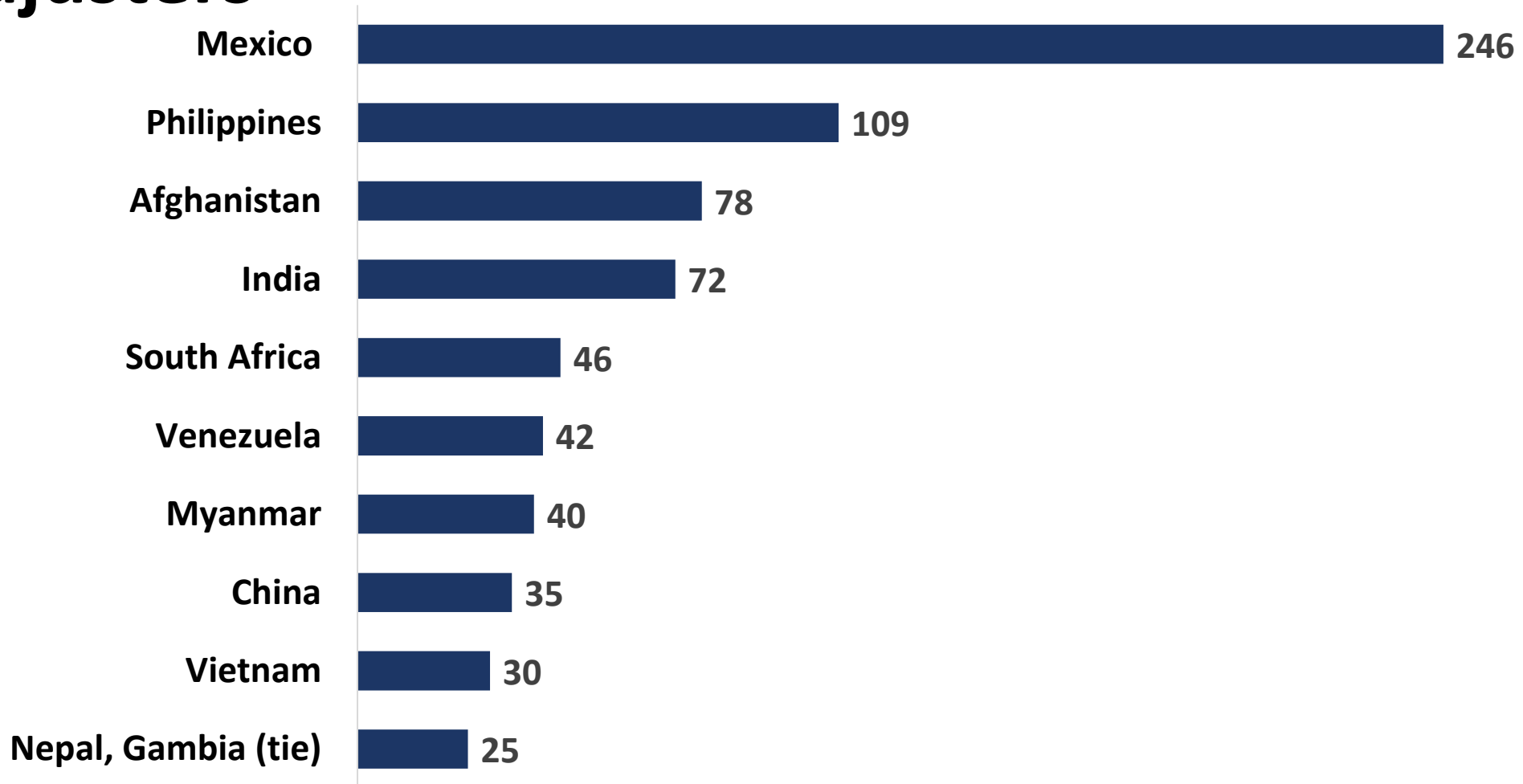
# Status Adjuster Notifications Have Also Increased



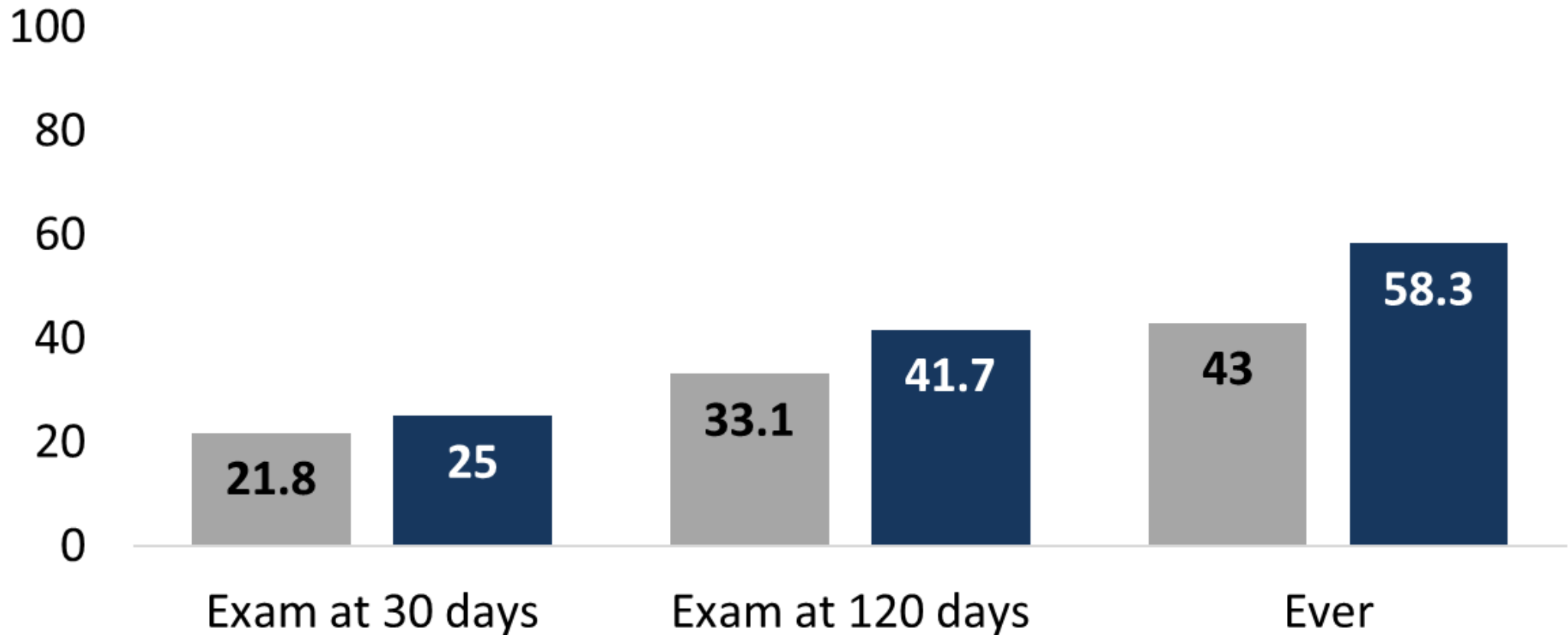
# B2 Notifications Have Become More Common Than B1 Notifications



# Top Countries of Birth for 2025 Arrivals and Status Adjusters



# A Higher Percent of Refugees Than Immigrants Have Evaluations Completed at 30 Days, 120 Days, and Ever (2025)



## State B Class Take Aways and Initiatives



- Challenges with increase in volume.
- Needs assessment for better private-public collaboration.
- Shared monitoring of 30-, 120-day evaluation metric.

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## Chapter 1: Introduction

# Now Published! Wisconsin Tuberculosis Manual

<https://www.dhs.wisconsin.gov/tb/tb-manual-chapter-1.pdf>

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# Tuberculosis Post-Treatment Plan for Drug-Resistant TB (P-03725 and P-03725a)

Information for Patients

## Tuberculosis (TB) Post Treatment Plan for Drug-Resistant TB

*Drug-Resistant TB can be more difficult to treat. As a patient, it is important to understand the process we use to make sure that the TB has been completely treated.*

### Why is drug resistant TB harder to treat?

Some of the bacteria that cause TB have changed so that the usual medicines we use to treat TB don't work as well, this is called drug-resistant TB. When this happens, we must use other medicines to treat the TB bacteria. It is important to make sure the new medicine has worked and the TB doesn't come back. We do this through post-treatment plans for people who had drug-resistant TB.



### What happens during the post-treatment plan?

A nurse from your local health department will continue to work with you for 24 months after you have finished treatment for your TB. During this time, they will check on you to see how you are feeling and collect nine additional sputum specimens for testing. They will also make sure that you are getting the correct medical screenings at the correct times to make sure the TB bacteria has not begun to grow again. The chart below lists the timing for each activity during your post-treatment plan.

Follow-up Date	Months Post-Treatment	Evaluation Activities			
		Sputum Collection	Symptom Review	Medical Evaluation	Chest X-Ray
	End of Treatment	X	X		X
	1		X		
	2		X		
	3	X	X	X	
	6	X	X	X	X
	9	X	X	X	
	12	X	X	X	X
	15	X	X	X	
	18	X	X	X	
	21	X	X	X	
	24	X	X	X	X



### What you should do during your post-treatment plan

During your post-treatment plan for drug resistant TB, you should inform the nurse working with you or the local health department right away if you feel unwell or have symptoms of TB infection. Symptoms can include:

- A bad cough
- Chest pain
- Coughing up blood or phlegm
- Weakness or fatigue
- Unexplained weight loss
- No appetite
- Chills
- Fever
- Sweating at night

Local health department: \_\_\_\_\_

Nurse: \_\_\_\_\_

Phone number: \_\_\_\_\_

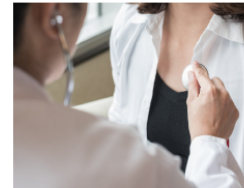
You will see a doctor for a medical evaluation several times during your post-treatment plan. Your medical evaluation appointments will be at:

Clinic name: \_\_\_\_\_

Phone number: \_\_\_\_\_

It is important for you to attend any scheduled appointments with the nurse for sputum collection and symptom evaluation, as well as appointments with the clinic for medical evaluation and chest x-rays during your post-treatment plan.

This allows us to learn if the TB bacteria have begun to grow again as early as possible, and the doctor can start treatment to stop the infection from getting worse.



### Financial Assistance

If you experience a financial hardship due to your TB treatment, the Wisconsin Department of Health Services TB Program offers the Wisconsin TB Assistance Program for medical service costs.

This program is designed to encourage and support people through the end of their treatment for TB.

Please talk to your public health nurse for more information about this assistance program.

Technical Instructions for Public Health

## Tuberculosis (TB) Post Treatment Plan for Drug Resistant TB

### Who should be monitored?

Best practice recommends a post-treatment monitoring plan be implemented for any individual whose susceptibility testing indicated resistance to or intolerance of rifampin and/or resistance to multiple first-line drugs.

### What Should I Do?

A vital aspect of treating drug-resistant TB is oversight of the post-treatment plan to ensure the client receives appropriate follow-up in a timely manner. This allows us to identify potential instances of treatment failure as early as possible. Sputum collection and symptom evaluation should occur as indicated in the MDR TB Post Treatment Plan document. While you will not personally perform the medical evaluations or chest x-rays, you may facilitate them by helping the client schedule these appointments with the clinic, and reminding the client to attend scheduled appointments.



### What is symptom evaluation? What symptoms should I assess for?

Symptom evaluation is exactly what it sounds like—you check on the client to evaluate whether or not they are experiencing symptoms that may be related to a re-occurrence of their infection. In all cases, you will want to evaluate for systemic symptoms such as:

- Fever
- Cough
- Chest Pain
- Shortness of breath or dyspnea on exertion
- Chills
- Night Sweats
- Unexplained or Undesired Weight Loss
- Fatigue/ Loss of Energy
- Hemoptysis (coughing blood)

Depending on the site of TB infection, your evaluation may include other symptoms such as:

- Headache
- Difficulty concentrating/ thinking
- Loss of consciousness
- Swollen or enlarged lymph nodes
- Back pain
- Difficulty urinating, flank pain with or without hematuria (blood in the urine)
- Abdominal pain, nausea and/or vomiting
- One or more painful, swollen joints
- In women—pelvic pain, abnormal vaginal bleeding, fertility issues
- Skin lesions

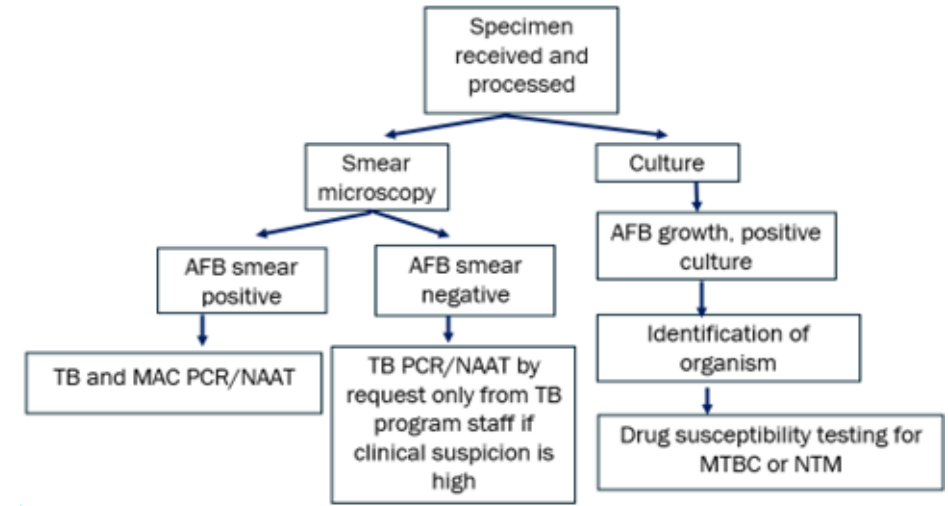


# Tuberculosis Labs for Nurses Reference

## ([P-03730](#))

## Tuberculosis (TB) Lab Results Reference for Nurses

Testing algorithm at Wisconsin State Laboratory of Hygiene (WSLH)



### Interpretation of AFB Smear, TB PCR, and Culture Results

Test Type:	What a positive <i>M. tuberculosis</i> result means:
AFB smear	Some type of acid fast bacilli (AFB) were seen through the microscope (TB or Non-Tuberculous Mycobacterium (NTM)).
TB PCR/ NAAT	TB DNA was detected in the sample. This confirms active TB disease.
Culture	TB is alive and growing in the sample. This confirms active TB disease that is viable. This is the gold standard for TB diagnosis.

# Program Evaluation Section Added to Website

## Tuberculosis: Wisconsin Data

In 2023, 54 people were identified with tuberculosis (TB) disease in Wisconsin. This [Tuberculosis in Wisconsin one-page fact sheet, P-02194A](#) (also available in Dari, Hmong, Kirundi, Burmese, Russian, Ukrainian, Tagalog, Somali, Rohingya, and Vietnamese, and Spanish) gives an overview of TB statistics.



[Wisconsin TB cases by public health region and county, 2014-2023, P-00438 \(PDF\)](#) is a fact sheet with the number of active TB disease cases by region and county and includes a 10-year count by county and public health region.

This fact sheet is updated each fall to include the previous year.

[Wisconsin TB Program Evaluation, NTIP and ARPE: Trends and Goals](#) is the slide set of program evaluation metrics used by TB programs nationwide to see the work the Wisconsin TB Program is engaged in to improve services to people with TB in Wisconsin. For local or Tribal health departments (LTHDs) interested in doing their own TB program evaluation, contact us at [DHSWITBProgram@dhs.wisconsin.gov](mailto:DHSWITBProgram@dhs.wisconsin.gov) for questions or assistance.

## Other resources

[Close all](#) [Open all](#)

National Data	+
Global Data	+



## Wisconsin TB Program Evaluation, NTIP and ARPE: Trends and Goals

Wisconsin TB Program  
Bureau of Communicable Diseases  
Division of Public Health

# Expanded Patient Education Materials

Now in English, Rohingya, Vietnamese, Somali, Hindi, Hmong, Burmese, Spanish, Russian, Dari, Kirundi, and Ukrainian.

<https://www.dhs.wisconsin.gov/tb/about.htm>

## Frequently asked questions

[Close all](#) [Open all](#)

How is active TB disease spread? +

What are the signs and symptoms of active TB disease? +

What should you do if you are exposed to active TB disease? +

What is bovine TB? +

## Resources

### Department of Health Services resources

- [Active Tuberculosis Disease Fact Sheet, P-42099](#) – A fact sheet with information on TB infection and TB disease, how TB spreads, signs and symptoms, prevention, and treatment, available in English, Rohingya, Vietnamese, Somali, Hindi, Hmong, Burmese, Spanish, Russian, Dari, Kirundi, and Ukrainian.
- [Latent Tuberculosis Infection Fact Sheet, P-42099b](#) – A fact sheet with information on TB infection, medicine, testing, prevention, and treatment, available in English, Rohingya, Vietnamese, Somali, Hindi, Hmong, Burmese, Spanish, Russian, Dari, Kirundi, and Ukrainian.
- [Financial Assistance for TB or LTBI-Fact Sheet, P-03549 \(PDF\)](#): A fact sheet to spread awareness of financial resources available to TB / LTBI clients, with a spot for LTHD contact information.
- [How can I prevent tuberculosis \(TB\)? P-02504](#) – An infographic outlining steps people can take to prevent TB (also available in Rohingya, Vietnamese, Somali, Hindi, Dari, Hmong, Burmese, Kirundi, Russian, Ukrainian, and Spanish)
- [Wisconsin TB cases by local public health regions and county, P-00438 \(PDF\)](#) – A fact sheet with number of active TB disease cases by region and county.
- [Local Public Health in Wisconsin](#) – A link to local public health departments in Wisconsin.
- [Biosafety Recommendations for Individuals Handling Carcasses from Animals Known or Suspected to Have Tuberculosis, P-00295 \(PDF\)](#) – A fact sheet with information for safe management of animal carcasses.
- [Bureau of Communicable Disease Archived Webinar page](#) – A link to archived webinars on different communicable disease topics, including TB.

# Patient and Clinician HIV Education

[P-03576](https://www.dhs.wisconsin.gov/publications/p03576.pdf)

<https://www.dhs.wisconsin.gov/publications/p03576.pdf>

[P-03576a](https://www.dhs.wisconsin.gov/publications/p03576a.pdf)

<https://www.dhs.wisconsin.gov/publications/p03576a.pdf>

**DO YOU KNOW YOUR TB PATIENT'S HIV STATUS?**

If your patient has active TB, there are several reasons you should consider testing for HIV:

- We recommend testing for HIV regardless of other risk factors.
- Active TB is a known risk factor for HIV.
- HIV increases the risk of TB.
- TB accelerates HIV progression and accelerates LTBI.
- Globally, 6.7% of people with TB are also living with HIV.
- In an 8-year study, 10% of TB patients who were not tested for HIV did not survive.

**DO YOU KNOW YOUR HIV STATUS?**

If you have active Tuberculosis (TB) disease, you should be tested for HIV.

- Active TB disease can cause HIV to progress faster.
- Untreated HIV can progress to AIDS. AIDS impacts your body's ability to fight off illnesses, including TB.

**How can you get an HIV test?**

Contact your doctor and ask them about getting an HIV test. This testing is covered by most insurance plans or through public health.

**Need access to an HIV test?**

DHS is partnering with Simple Health Kit to provide free at-home HIV tests that get sent to your door step. Ask your provider about the special access code for people with TB to order your kit.

**Need additional support?**

Receiving a TB or HIV diagnosis can be scary, but you are not alone. We are TB Support Groups is a resource for you to participate in online support groups to get additional social support.

# Recorded Webinars

On demand training on LTBI, respiratory isolation guidelines, financial assistance, and more!

<https://www.dhs.wisconsin.gov/tb/health-pros.htm>

## Recorded webinars from the Wisconsin TB Program

- [Latent Tuberculosis Infection: What You Need to Know](#) (March 18, 2025): Learn what latent tuberculosis is, how often it is diagnosed in Wisconsin, and how it is treated. Passcode: Cal\*m!0V [View the Latent Tuberculosis Infection: What You Need to Know \(PDF\)](#).
- [Updated Guidelines for Tuberculosis Isolation in the Community](#) (October 16, 2024): The Wisconsin Department of Health Services (DHS) has issued DPH Numbered Memo [BCD 2024-03: Wisconsin Tuberculosis Statement on the National Tuberculosis Coalition of America \(NTCA\) Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings \(PDF\)](#). Review the Wisconsin TB Program recommendations for implementing the updated guidance on community respiratory isolation and restrictions (RIR) for people with TB (PWTB) in the state of Wisconsin. Passcode: ir?!^.?0 [View the Updated Guidelines for TB Isolation in the Community recorded webinar \(PDF\)](#).
- [IGRA for Nurses](#) (September 27, 2022): Learn about Interferon Gamma Release Assay (IGRA) blood tests and how they are used to identify patients with past or infection with TB. This knowledge will allow nurses to identify which indeterminate or borderline test results require follow-up.
- [TB 101 \(PDF\)](#) (August 24, 2021): Learn general concepts about TB. [View the IGRA for Nurses recorded webinar](#).
- DHS TBLTBI Training for New Staff (April, 2023): A webinar by the Wisconsin TB Program introducing TB and LTBI concepts and reporting for new LTHD staff. View the recording of this webinar. [View the DHS TBLTBI Training for New Staff recorded webinar](#).
- [Financial Assistance through the Wisconsin Tuberculosis Program \(PDF\)](#) (Sept. 14, 2021): Geared towards local health departments, learn more about resources available for evaluating and treating patients with TB and latent TB infection, including the TB Dispensary and the TB Treatment Assistance Programs. [View the Financial Assistance through the Wisconsin Tuberculosis Program recorded webinar](#).
- [Evaluation for TB Disease and TB Case Management \(PDF\)](#) (Sept. 28, 2021): Learn about nurse care management for active TB disease. [View the Evaluation for TB Disease and TB Case Management recorded webinar](#).
- [The TB Laboratory \(PDF\)](#) (Oct. 12, 2021, Simon, reproduced with permission): Learn about collecting specimens and interpreting testing for TB. [View the TB Laboratory recorded webinar](#).

Check out additional [archived webinars](#) from the Bureau of Communicable Diseases.

# Medical Consultation through WTBP

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



# Wisconsin TB and Refugee Health Program Staff at DHS



Claire  
Leback



Pat  
Heger



Mary  
Raschka



Andrea  
Liptack



Julie Tans  
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# Questions?

## TB Program Contact Information

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