

# Patient Education

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# Introduction

## Purpose

Use this section to do the following:

- Determine what information to cover in education sessions.
- Educate patients about tuberculosis (TB) generally.
- Educate patients about latent TB infection (LTBI) and active disease, and the differences between them.
- Identify which forms to use to document education efforts.

An important part in helping patients to adhere to treatment plans is to educate them about TB. This means talking to them about what causes TB, the way TB is spread, how TB is diagnosed, and their specific treatment plan.<sup>1</sup> Patients cannot be expected to adhere to treatment recommendations if they are not educated about TB and how it is treated, and patients who understand these concepts are more likely to adhere to treatment.

Patients with LTBI need to understand that they are infected with TB, that they may have specific risks for progressing to TB disease, and that they can take precautions to protect themselves, their family, and their friends. Patients with TB disease need to understand the seriousness of the disease and why it is important to adhere to treatment. In order to prevent relapse and drug resistance, clinicians must prescribe an adequate regimen and make sure that patients adhere to treatment.<sup>2</sup> To ensure completion of treatment, the public health department should thoroughly educate the patient, monitor the patient's adherence, and use incentives and enablers.<sup>3,4,5</sup>

Patient education is often a long process, and can consume a great deal of time and resources. Be prepared to repeat some or all of the educational process with the patient and their family or friends, using a variety of mediums and styles to enhance their understanding and acceptance. Many patients, especially those with cultural or linguistic barriers, will require supplemental or review encounters to achieve complete understanding and acceptance of their disease or infection status, and their treatment plan. The patient's family or close social network can be key sources of support and guidance for the patient. Thus, educating these people is another way of ensuring that all parties understand and accept the patient's status and treatment plan. This can be especially true of foreign-born patients, who frequently seek extensive support from within their own familial or social-ethnic groups. Do not expect to succeed on the first few encounters with any patient. Be prepared to invest a long-term effort in building a positive relationship with the patient, whereby they grow to feel comfortable in exchanging information with you.

## Policy

Local health departments determine the content for TB education that is provided to patients with TB disease and LTBI. The MDCH TB Control Program recommends local health departments to use this manual to assist in designing educational materials for use in their communities.



For roles and responsibilities, refer to the “Roles, Responsibilities, and Contact Information” topic in the Introduction.

## State Laws and Regulations

Local health departments are empowered under the Michigan Health Code (333.5201 & 333.5203) to provide education as necessary to persons with confirmed or suspected tuberculosis disease or LBTI.

## Materials and Resources



Recommended educational materials and resources are available on the website of the Michigan Advisory Council for Elimination of Tuberculosis at <http://www.michigantb.org/hcp/tool.asp>. Select the appropriate topic under the “Education Section” tab.

The MDCH TB Control Program recommends retention of education materials shared and discussed with the patient in the patient’s chart, as well as the date when such materials were discussed with the patient. Also, local health departments should maintain a list of local resources for referral of patients. For example, a list identifying referral options for substance abuse rehabilitation/recovery, psychiatric counseling or treatment, social service or work-assistance programs. Local health departments hold primary responsibility for making referrals as needed to promote a patient’s adherence to treatment.

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## General Guidelines

Table 1: GUIDELINES FOR THE EDUCATIONAL PROCESS

When Educating Tuberculosis Patients	
Do	Don't
<ul style="list-style-type: none"><li>▪ Find out what patients know and believe about tuberculosis (TB). Reinforce and provide correct TB information, and disabuse them of any misconceptions.</li><li>▪ Use good skills to interview and influence patients and to problem solve.</li><li>▪ Go through the educational material with patients. Use language appropriate to their level of understanding. If necessary, use an interpreter.</li></ul>	<ul style="list-style-type: none"><li>▪ Flood patients with information about TB and its effects without allowing them to participate in the discussion.</li><li>▪ Hand out pamphlets and brochures to patients without going through the materials with them.</li></ul>

## Language and Comprehension Barriers

In the initial assessment, assess for and address any potential language and comprehension barriers.

1. Assess the patient's ability to speak and understand instructions, including potential barriers, such as not speaking English as primary language, deafness, speech deficit, or learning disability.
2. Assess literacy in the patient's primary language.
3. Provide all instructions and communications in the appropriate language.
4. Use interpreters, visuals, or other educational methods to promote understanding.
5. Provide educational materials appropriate to the patient's language and reading level.
6. Make referrals to an appropriate service and notify it of any language and comprehension concerns.



For more information on cultural sensitivity, refer to the *Participant's Workbook* for Session 4: "Working with Culturally Diverse Populations" in the *Directly Observed Therapy Training Curriculum for TB Control Programs* (Francis J. Curry National Tuberculosis Center Web site; 2003) at this hyperlink:

<http://www.nationaltbcenter.ucsf.edu/catalogue/epub/index.cfm?uniqueID=2&tableName=DOTE> .

Click on "Trainer's Guide", then "Section 4". Also review "Participants Workbook", then "Session 4".



For assistance with language issues, see the *Language Services Resource Guide for Health Care Providers* (The National Health Law Program Web site; 2006) at this hyperlink:

<http://www.healthlaw.org/library.cfm?fa=download&resourceID=89928&apView=folder&print> .

References and contact information for translation services in Michigan can be found through this reference. Note that this file may download slowly.

A list of resources for non-English patient education materials is also available through the website of the Michigan Advisory Committee for Elimination of Tuberculosis at <http://www.michigantb.org/hcp/tool.asp>. Under the "Education Section" tab select link 4, Multi-language TB Educational Materials.

## Education Topics

During the initial assessment, directly observed therapy (DOT) appointments, and monthly monitoring, educate the patient as needed on the topics that follow..

### Medical Diagnosis

In the initial interviews with the patient, provide information about TB and the patient's treatment plan. During DOT appointments and monthly monitoring, confirm and reinforce the patient's understanding of these topics.

1. Discuss the difference between TB disease and TB infection.
2. Explain the signs and symptoms of TB, how TB is transmitted, ways to prevention transmission, and treatment.
3. Explain that TB is both treatable and preventable.
4. Explain the importance of completing treatment.
5. Discuss diagnostic procedures used to make or confirm a diagnosis of TB, such as chest radiography, sputum microscopy, and tuberculin skin testing. Stress the importance of testing and follow-up.
6. Discuss the current medical treatment plan and rationale. MDCH TB Control Program recommends that all patients be required to sign the treatment plan and a DOT agreement.
7. Explain the need for regular medical monitoring and follow-up during the disease process. Discuss how treatment will be monitored (i.e., sputum, blood tests, vision screening, weight check, etc.). Encourage the patient to be an active participant in their own care and treatment.
8. Discuss the roles of the patient (engage in treatment), the health department (case management, monitoring, contact tracing, and supervision of treatment), and the private provider (treatment and monitoring). Encourage the patient to contact the case manager immediately for any issues and problems that arise during treatment. Reinforce with the patient that the case manager and the local health department are responsible to make sure that any problems or difficulties during treatment are addressed.
9. Explain the risks of treatment relapse or failure (i.e., prolonged disease and discomfort, prolonged transmission to others, development of drug resistance) and the need to complete treatment to prevent relapse.
10. Explain the signs and symptoms of possible relapse or failure and encourage the patient to report them immediately to the case manager.

## Contact Investigation

When a contact investigation is necessary, educate the index patient about the process and confidentiality.

1. Discuss the contact investigation process.
2. Reinforce the confidentiality of investigation, but warn the patient of the potential for contacts to guess the patient's identity. Review with the patient your health department's policies regarding a patient's right to notify their own contacts. Discuss the potential benefits and risks of notifying their own contacts versus having the health department notify them.



For more information, see *Effective TB Interviewing for Contact Investigation: Self Study Modules* (Department of Health and Human Services Centers for Disease Control and Prevention Division of Tuberculosis Elimination Web site; 2006) at this hyperlink:  
[http://www.cdc.gov/tb/pubs/Interviewing/selfstudy/pdf/tbinterviewing\\_ssm\\_modules.pdf](http://www.cdc.gov/tb/pubs/Interviewing/selfstudy/pdf/tbinterviewing_ssm_modules.pdf) .

## Isolation

If isolation is necessary, educate the patient about how to take proper precautions.

1. Explain isolation precautions and restrictions, if appropriate. MDCH TB Control Program recommends that all patients placed in isolation be required to sign an isolation agreement.
2. Explain the behavior changes needed for infection control. Discuss permitted and prohibited activities, limiting and excluding visitors, covering the mouth and nose when coughing and sneezing, and using a mask. Discuss how certain contacts may be at higher risk for developing TB disease if exposed (i.e., children or immunosuppressed) and why special precautions must be used if the patient could encounter such people.
3. Explain the home environmental changes needed for infection control. Discuss ventilation and sunlight. Explain how to dispose of items soiled with potentially infectious material.
4. Discuss the requirements for release from isolation. Advise the patient that clearance is contingent upon clinical condition and continued compliance with the treatment regimen.

If a patient requires isolation at their home or another residential setting, refer to CDC's "Guidelines for Preventing Transmission of *M. tuberculosis* in Health-Care Settings, 2005", pp 26 – 27, pp 43 – 44, and the table on page 127; available at [http://www.cdc.gov/tb/pubs/mmwr/mmwr\\_infection.htm](http://www.cdc.gov/tb/pubs/mmwr/mmwr_infection.htm).

## Side Effects and Adverse Reactions

Educate all patients receiving antituberculosis medications about the medications' potential side effects and adverse reactions.

1. Explain the names, dosages, and rationale for the drug treatment plan as well as the importance of treatment.
2. Explain the common side effects and methods to improve symptoms.
3. Explain signs and symptoms of drug toxicity.
4. Direct the patient on what actions to take if side effects or signs and symptoms of toxicity appear.
5. Explain potential effects of alcohol and/or drug use on treatment and the increased risk for side effects and toxicity.



For more information on side effects and adverse reactions, see the “Side Effects and Adverse Reactions” topics in the Treatment of Tuberculosis Disease section or the Treatment of Latent Tuberculosis Infection section.

## Adherence

MDCH TB Control Program recommends that all patients receiving antituberculosis medication be educated about the importance of treatment, their responsibilities during treatment, and the consequences of nonadherence.

1. Explain the drug names and dosages and the rationale for the drug treatment plan.
2. Explain the importance of treatment and follow-up for active TB.
3. Explain the importance of regular monitoring visits.
4. Discuss the treatment plan and expectations. Advise the patient on the patient's responsibilities and expected behavior regarding treatment compliance and follow-up activities. Have the patient sign the treatment plan and a DOT agreement.
5. Advise the patient on Michigan's laws regarding TB disease and the responsibility and authority that local health departments have to control and treat TB disease. For example:
  - a. Local health departments are required to protect the health of people residing in their jurisdiction. This includes, if necessary, issuing instructions or restrictions to an individual or a group. (MCL 333.2451 & 333.5117)
  - b. Local health departments are required to treat people in their jurisdiction who have serious communicable diseases, including TB. (MCL 333.5117)
  - c. Local health departments are required to employ legal measures, if necessary, to accomplish these goals. Such measures may include verbal or written warnings or orders to individuals or groups, or court-ordered intervention such as education, isolation and treatment. (MCL 333.5203, 333.5205, 333.5207)

## Assessment for Patient Adherence or Difficulty

The MDCH TB Control Program recommends that all patients being evaluated for TB disease or LTBI be assessed for potential adherence or compliance difficulties. Local health departments are encouraged to develop and utilize their own assessment tools, and the MDCH TB Control Program has developed two draft assessment tools based on difficult TB cases that have occurred in Michigan during recent years. "Staff Risk Assessment for Tuberculosis Patient Compliance and Adherence" is suggested for completion by public health staff, and "Patient Questionnaire for Tuberculosis Education" is suggested for completion by the patient. These forms may be used as they are or modified to suit your health department's needs.

### **Staff Risk Assessment for Tuberculosis Patient Compliance and Adherence**

1. Name of Patient \_\_\_\_\_ 2. DOB \_\_\_\_\_  
3. Alias \_\_\_\_\_ 4. Client ID# \_\_\_\_\_  
5. Case Mgr: \_\_\_\_\_ 6. Agency \_\_\_\_\_  
7. Patient Address \_\_\_\_\_  
8. Telephone number(s) \_\_\_\_\_  
9. Best way to contact or find patient if no phone is available:  
Person \_\_\_\_\_ Phone # \_\_\_\_\_  
10. Interviewer: \_\_\_\_\_ 11. Date: \_\_\_\_\_

### **Medical History and Past TB History**

12. Patient currently taking TB medication?  Yes  No (Mark each med patient is taking)  
 INH  RIF  Rifamate  EMB  PZA  Other \_\_\_\_\_  
13. Patient currently receiving DOT?  Yes  No  
14. Is patient's employer aware of patient's TB status?  Yes  No  
15. All *other* medications that patient currently takes and dosages  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
16. Previous history of TB disease?  No  Yes (year) \_\_\_\_\_  
 pulmonary  extra pulmonary \_\_\_\_\_  
17. Previous treatment for TB disease?  No  Yes  
18. Specify previous TB therapy, dates and dose, and prescribing physician/clinic:  
 INH \_\_\_\_\_  RIF \_\_\_\_\_  
 Rifamate \_\_\_\_\_  EMB \_\_\_\_\_  
 PZA \_\_\_\_\_  Other \_\_\_\_\_  
Physician/clinic & phone \_\_\_\_\_  
19. Previous Hospitalization for TB?  No  Yes Discharge date: \_\_\_\_\_  AMA  
20. Source of TB: family history:  No  Yes  Unknown  
Other exposure (relationship/date) \_\_\_\_\_

21. Current additional illness/medical conditions and diagnosis (dates)

22. Patient's current medical provider (name/address)? \_\_\_\_\_

23. Last time patient was seen (date) \_\_\_\_\_

24. HIV Screening test done? No Yes Positive Negative Unknown

**Medical Referral Needed:** Yes No **Agency/Dept:**

**Date referred:** \_\_\_\_\_ **Follow up needed?** Yes No **Frequency:**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preventive Health and Substance Abuse**

25. Smokes cigarettes Yes No packs per day \_\_\_\_\_ #years \_\_\_\_\_

26. Smokes cigars Yes No # per day \_\_\_\_\_ #years \_\_\_\_\_

27. Chews tobacco Yes No times per day \_\_\_\_\_ #years \_\_\_\_\_

28. Alcohol use Never Yes (amt/frequency) \_\_\_\_\_ Quit \_\_\_\_\_

29. Street drug use Never Yes (type, frequency and duration of use) \_\_\_\_\_

Are these drugs having an effect on patient's life? Yes No

30. Does patient understand why they need to stop using drugs/alcohol during TB treatment? Yes No

31. Sexual activity: male female both multiple partners not sexually active

32. Safer sex practices: Birth control never rarely consistently

Condom never rarely consistently

33. Have you ever been told you have a learning disability or do you have difficulty understanding new information? \_\_\_\_\_

**Preventive Health/Substance counseling referral Needed:** Yes No

**Agency:** \_\_\_\_\_ **Date referred:**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Psychosocial Status**

34. Marital Status: Single Married Domestic Partner Divorced Separated  
Widowed (year) \_\_\_\_\_
35. Housing: House/Own Apt/Rent Shelter Homeless Hotel  
Other: \_\_\_\_\_  
How long at this residence (days/months/years): \_\_\_\_\_  
If transient or homeless, where does patient spend their evenings? \_\_\_\_\_
36. Source of Income: Employment (specify) \_\_\_\_\_ SSI  
Unemployment None
37. Transportation: How do you get to clinic appointments? \_\_\_\_\_  
Transportation Needs: Yes No
38. Clothing: Adequate Inadequate
39. Speaks English: Not at all Limited Fluent  
Reads English: Not at all Limited Fluent  
Writes English: Not at all Limited Fluent
40. Birthplace: US Other country (specify & date entered US) \_\_\_\_\_
41. Health care coverage: Uninsured/self pay SSI/Medicaid Private Ins  
Other \_\_\_\_\_
42. Has a problem with healthcare: Yes No  
Needs primary care provider: Yes No
43. Support from family: Financial Emotional Domestic
44. Family violence: Yes No Potential for violence: Yes No
45. Does client exhibit psychiatric/behavioral symptoms? Yes No  
Specify \_\_\_\_\_
46. Would client need a psychiatric evaluation? Yes No

**Psychiatric/Social Services Referral Needed:** Yes No

**Agency/Program:** \_\_\_\_\_ **Date referred:** \_\_\_\_\_

**Follow up recommended?** Yes No **Frequency:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adherence/Compliance**

47. Client accepts dx: Yes No
48. Client understands TB disease process and treatment: Yes No
49. Family understand TB disease process and treatment: Yes No
50. Client is alert and able to care for self: Yes No

- 51. Client has disabilities: Yes No
- 52. Client needs assistance with: \_\_\_\_\_
- 53. Client is agreeable to DOT: Yes No DOT contract on file: Yes No  
Convenient time/place for DOT \_\_\_\_\_
- 54. Treatment Plan completed? Yes No  
Patient aware of Treatment plan? Yes No  
Date reviewed with client \_\_\_\_\_
- 55. Is client at risk for non-compliance? Yes No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: The following questions in this form indicate potential risk factors for non-compliance or complication: 16, 17, 19, 28, 29, 35, 47, 53, 54, 55.**

**The following questions in the patient self-assessment form indicate potential risk factors for non-compliance or complication: 15, 16, 25, 26, 28, 29, 30, 33.**

**Patient Questionnaire for Tuberculosis Education**

- 1. Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_ 3. Phone \_\_\_\_\_
- 4. Address \_\_\_\_\_
- 5. What language do you read best? \_\_\_\_\_
- 6. What language do you speak best? \_\_\_\_\_
- 7. Do you have a job? Yes No
- 8. How many hours do you work per week? \_\_\_\_\_
- 9. Where do you work? \_\_\_\_\_ 10. What is your occupation? \_\_\_\_\_
- 11. Do you have medical benefits? Yes No
- 12. Do you have your own car? Yes No
- 13. If not, do you have money for a bus? Yes No
- 14. Were you born outside of the United States? Yes No
- 15. Are you comfortable discussing medical or health information in English?  
Yes No  
If not, which language(s) would you prefer to use? \_\_\_\_\_
- 16. What is the best way for you to learn or talk about medical or health information?  
Talking/Listening  
Reading/writing  
Both
- 17. Do you see a doctor regularly? Yes No
- 18. Do you have other medical conditions? Yes No What other medications do you currently take? \_\_\_\_\_

19. Have you had flu shots or pneumonia shots recently? Yes No
20. Are you in pain at this time? Yes No
21. Has your weight changed recently? Yes No
22. Have you had recent changes in your eating habits? Yes No
23. Have you ever been abused? Yes No  
Are you being abused now? Yes No
24. Have you ever been tested for HIV? Yes No
25. Have you had TB disease before? Yes No  
If yes, were you treated? Yes No
26. How well do you feel you understand TB? Very Well Some Not at all
27. Since you have been told you have TB, do you feel you could use more help?  
Yes No
28. Please describe your TB treatment plan. \_\_\_\_\_
- 
29. Please describe how you feel about your TB diagnosis and status. Sad Happy  
Worried Shunned Fear Confused Ashamed No problem
- 
30. Do you experience difficulty with any of the following skills or abilities?  
Forget your name, address, or date  
Following simple directions  
Confused or get lost easily
31. Do you feel anxious? Yes No
32. Have you ever been told you have a learning disability? Yes No
33. Have you ever taken medications for depression? Yes No

Thank you for sharing this information. A nurse will meet with you to answer any questions and talk about other services that may help you, and how you can access them.

Sources for draft patient assessment forms:

City of New York TB Clinical Policies and Protocols, 4<sup>th</sup> Ed. Available at:

<http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-protocol.pdf>

Waccamaw Public Health District, Myrtle Beach, SC. TB Nurses: 1986.

New Jersey Medical School, Global Tuberculosis Institute. *Performance Guidelines: A Supervisor's Guide to the Assessment and Development of Field Investigation Skills*. Available at: <http://www.umdnj.edu/globaltb/productlist.htm>.

New Jersey Medical School, Global Tuberculosis Institute. *Performance Guidelines for Contact Investigation: The TB Interview*. Available at: <http://www.umdnj.edu/globaltb/productlist.htm>.

New Jersey Medical School, Global Tuberculosis Institute. *TB Interview Checklist*. Available at: <http://www.umdnj.edu/globaltb/productlist.htm>.

## Patient Education Materials

The Centers for Disease Control and Prevention (CDC) offers the following patient education materials online (verified active 7 January, 2009).

- *Get the Facts About TB Disease:*  
[http://www.cdc.gov/tb/pubs/pamphlets/TB\\_disease\\_EN\\_rev.pdf](http://www.cdc.gov/tb/pubs/pamphlets/TB_disease_EN_rev.pdf)
- *Protect Your Friends and Family from TB: The TB Contact Investigation:*  
[http://www.cdc.gov/tb/pubs/pamphlets/TB\\_contact\\_investigation.pdf](http://www.cdc.gov/tb/pubs/pamphlets/TB_contact_investigation.pdf)
- *Questions and Answers About TB 2005:*  
<http://www.cdc.gov/tb/faqs/pdfs/qa.pdf>
- *Staying on Track with TB Medicine:*  
[http://www.cdc.gov/tb/pubs/pamphlets/TB\\_trtmnt.pdf](http://www.cdc.gov/tb/pubs/pamphlets/TB_trtmnt.pdf)
- *Stop TB:*  
<http://www.cdc.gov/tb/pubs/Posters/images/StopTB.pdf>
- *Tuberculosis: General Information:*  
<http://www.cdc.gov/tb/pubs/tbfactsheets/tb.htm>
- *Tuberculosis: Get the Facts!:*  
<http://www.cdc.gov/tb/pubs/pamphlets/TBgtfctsEng.pdf>
- *What You Need to Know About TB Infection:*  
[http://www.cdc.gov/tb/pubs/pamphlets/TB\\_infection.pdf](http://www.cdc.gov/tb/pubs/pamphlets/TB_infection.pdf)
- *What You Need to Know About the TB Skin Test:*  
[http://www.cdc.gov/tb/pubs/pamphlets/TB\\_skin\\_test.pdf](http://www.cdc.gov/tb/pubs/pamphlets/TB_skin_test.pdf)

The Michigan TB Nurse Network has also assembled a variety of patient education materials. They are available for download through the web site of the Michigan Advisory Committee for Elimination of Tuberculosis at: <http://www.michigantb.org/hcp/tool.asp>. We recommend downloading files to your computer for easier viewing (right-click on the desired link and then choose "Save As..."), rather than attempting to view the documents online.

## Resources and References

### Resources

#### Patient Education Information for Healthcare Workers

- CDC. “Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection” (*MMWR* 2000;49[No. RR-6]). Available at: <http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf> (and updates available at: [http://www.cdc.gov/tb/pubs/mmwr/mmwr\\_updates.htm](http://www.cdc.gov/tb/pubs/mmwr/mmwr_updates.htm) ).
- ATS, CDC, IDSA. “Treatment of Tuberculosis” (*MMWR* 2003;52[No. RR-11]). Available at: <http://www.cdc.gov/mmwr/PDF/rr/rr5211.pdf> .
- CDC. *Self-Study Modules on Tuberculosis* (Division of Tuberculosis Elimination Web site; 1999). Available at: <http://www.phppo.cdc.gov/phtn/tbmodules/Default.htm> .
  - Module 9: “Patient Adherence to Tuberculosis Treatment.” Available at: <http://www.phppo.cdc.gov/phtn/tbmodules/modules6-9/Default.htm> .
  - Module 4: “Treatment of Tuberculosis Infection and Disease, Adherence to Treatment.” Available at: <http://www.phppo.cdc.gov/phtn/tbmodules/modules1-5/Default.htm> .
- CDC. *TB Elimination: Now Is the Time! 2007* (Division of Tuberculosis Elimination Web site; 2007). Available at: <http://www.cdc.gov/tb/pubs/nowisthetime/default.htm> .

#### Patient Education Materials for Patients

- CDC. *TB Education and Training Resources* [TB Education and Training Resources Web site]. Available at: <http://www.findtbresources.org/scripts/index.cfm> .
- CDC, Division of Tuberculosis Elimination. *Education and Training Materials* [Division of Tuberculosis Elimination Web site]. Available at: <http://www.cdc.gov/tb/pubs/default.htm> .
- Minnesota Department of Health. *Tuberculosis: Patient Education Materials* [Minnesota Department of Health Web site]. Available at: <http://www.health.state.mn.us/divs/idepc/diseases/tb/brochures.html> .
- University of Washington Harborview Medical Center. *Patient Education Resources: All Languages* [EthnoMed Web site]. Available at: [http://ethnomed.org/ethnomed/patient\\_ed/index.html#tuberculosis](http://ethnomed.org/ethnomed/patient_ed/index.html#tuberculosis) .

## References

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- <sup>1</sup> CDC. Module 4: treatment of TB infection and disease. *Self-Study Modules on Tuberculosis* [Division of Tuberculosis Elimination Web site]. 1999:12. Available at: <http://www.phppo.cdc.gov/phtn/tbmodules/modules1-5/Default.htm> . Accessed January 26, 2009.
- <sup>2</sup> CDC. Module 4: treatment of TB infection and disease. *Self-Study Modules on Tuberculosis* [Division of Tuberculosis Elimination Web site]. 1999:12. Available at: <http://www.phppo.cdc.gov/phtn/tbmodules/modules1-5/Default.htm> . Accessed January 26, 2009.
- <sup>3</sup> CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49(No. RR-6):38–39.
- <sup>4</sup> National Tuberculosis Controllers Association, National Tuberculosis Nurse Consultant Coalition. *Tuberculosis Nursing: A Comprehensive Guide to Patient Care*. Atlanta, GA: 1997:64, 69, 74.
- <sup>5</sup> CDC. Module 9: patient adherence to tuberculosis treatment. *Self-Study Modules on Tuberculosis* [Division of Tuberculosis Elimination Web site]. 1999:9–11. Available at: <http://www.phppo.cdc.gov/phtn/tbmodules/modules6-9/Default.htm> . Accessed January 26, 2009.