

# TB TIDINGS

Volume 3, Issue 1 Fall 2005

[www.michigantb.org](http://www.michigantb.org)

## New TB Control Staff join MDCH

Recent changes have occurred in our current Tuberculosis program in the past few months. There are many new faces to meet, all of whom are looking forward to working with you in the future.

**Carrie Arnold, MPH** has recently replaced Sue Spieldenner as TB Program Coordinator. Carrie has worked at several local health departments around Michigan and received her MPH in epidemiology from the University of Michigan, where she wrote her thesis on risk factors for extrapulmonary TB. We wish Sue all the best in her new position in tuberculo-

sis control in the state of California.

**Tracina Cropper** has met a number of TB staff in local health departments as she introduces herself as the new CDC TB Public Health Advisor to locales throughout Michigan. She began work here in late spring, having previously worked in TB control in Texas.

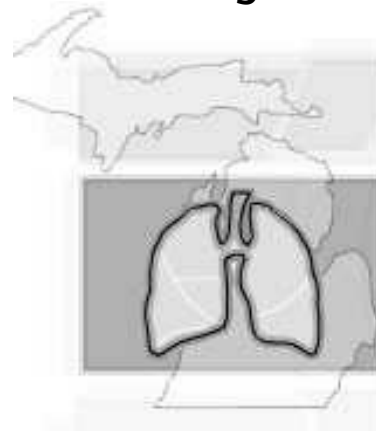
**Julie McCallum, RN, MPH** the regional TB nurse for Western and Northern Michigan, is currently on maternity leave until the end of November.

**Gail Denkins, RN**, the regional TB nurse for Southeastern Michigan, has de-

cidated to pursue other ventures by taking a public health nursing position with the Luce-Mackinac-Alger-Schoolcraft (LMAS) District Health Department in the Upper Peninsula. We wish Gail all the best.

The TB Control program has also moved to downtown Lansing with the Bureau of Epidemiology staff, and are currently settling in to their new location across from the Capitol Building.

Please contact us at (517) 335-8165 with questions you might have about any and all aspects of TB control and prevention in Michigan.



## We've Moved!

Please note our new address:

MDCH/Communicable Disease Division  
201 Townsend St.  
Capitol View Bldg, 5th floor  
Lansing, MI 48913

Phone numbers and email addresses will remain the same.

## Register now for 2005 TB Conference

The Michigan TB Conference, "Scaling Up and Sustaining Effective TB Control," will be held on Tuesday, November 29 at the Kellogg Center on the campus of Michigan State University. Registration begins at 7:45 am, and the conference concludes at 3:10 in the afternoon.

An information-packed day is planned, featuring a keynote address by inter-

nationally recognized speaker Dr. Anne Fanning, from the University of Alberta, Canada. Highlights of topics covered include an international perspective on TB elimination, TB screening of immigrants and refugees, TB and HIPAA law, interpretation of TB lab results, and administration of TB medication to children.

There is an advance regis-

tration fee of \$75 (if you register by Nov. 18); walk-in registration is \$90.

For more information, contact Mary Davidson at the American Lung Association of Michigan at (800) 543-LUNG or go to [www.michigantb.org](http://www.michigantb.org) for all of the latest conference information, including a downloadable agenda and directions to the Kellogg Center. See you there!

## What's in this issue

- New staff members join the TB control program at MDCH
- We've moved! Please note our new mailing address.
- Guidelines on routine chest x-rays in known skin test reactors.
- Register now to reserve your spot at the 2005 Michigan TB Conference on November 29.

**Michigan Department of Community Health, Communicable Disease Division**

201 Townsend St.  
Capitol View Bldg, 5th floor  
Lansing, MI 48913

Phone: 517-335-8165  
Fax: 517-335-8263

## Regional TB Nurse wanted for Southeast Michigan

The nurse consultant will provide TB advice and assistance to local health departments by sustaining effective working relationships and ensuring the consistency of local TB control programs. S/he will also teach classes in skin testing, case management, and contact investigations. The candidate must be willing to spend a minimum of one day per week in Lansing at MDCH offices.

Qualifications include a bachelor's degree in nursing plus a minimum of three years public health experience. A valid Michigan state nursing and driver license is also required. Excellent oral and communication skills also required.

**Send cover letter and resume to:**

Mary Davidson  
American Lung Association of Michigan  
403 Seymour  
Lansing, MI 48933  
(517) 484-7313  
Fax: (517) 484-2118

**Carrie Arnold, MPH**  
TB Program Coordinator  
arnoldc@michigan.gov

**Tracina Cropper**  
CDC Public Health Advisor  
croppert@michigan.gov

**Bridget Kavanaugh-Patrick**  
Bovine TB Eradication Liaison  
patrickb@michigan.gov

**Gladys Simon**  
TB Unit Clerk  
simong@michigan.gov

**TB Control Phone:**  
**(517) 335-8165**

## Upper Peninsula designated Bovine TB Free

On September 30, 2005, the U.S. Department of Agriculture amended the bovine TB regulations to designate the Upper Peninsula of the State of Michigan as an accredited-free zone.

This action relieves restrictions on the interstate movement of cattle and bison from the Upper Peninsula.

USDA is considering public comment on this action and it must be received on or before December 5, 2005. To submit or view public comments, go to:

<http://www.epa.gov/feddocket>

Bovine TB is a contagious and infectious disease. It affects cattle, bison, deer, elk, goats, and other warm-blooded species, including humans.

Bovine TB in infected animals and humans manifests itself in lesions of the lung, bone, and other body parts, causes weight loss and general debilitation, and can be fatal. At the beginning of the last century, bovine TB caused more losses of livestock than all other livestock diseases combined.

## Worksheet to accompany CDC guidelines

The CDC will be publishing a new set of guidelines for conducting contact investigations that include strategies for prioritizing both cases to investigate and contacts to these cases, to be released this winter.

As part of this effort, MDCH is in the process of designing worksheets to assist you with your contact investigations and the annual ARPE reports. The worksheets have been designed as an aid in investigations and will

be modifiable per local health department needs. They should be available by the end of the year.

Check out [www.michigantb.org](http://www.michigantb.org) for updates on these worksheets.

## Recommendations for routine CXRs on TST positives

We have recently received a number of questions on the need for repeat chest x-rays for known positive responders or people who have completed treatment for latent or active TB disease.

It is recommended by the CDC that a baseline chest x-ray be kept on file for persons in the above categories. Should a person need repeat screening (such as a healthcare worker or other person regularly tested for employment purposes), it is best to screen for signs and symptoms of TB using a questionnaire. If a person shows signs of active TB disease, a current chest x-

ray can be compared to the baseline to see if any changes have occurred. There is no other need to repeat a chest x-ray on a regular basis.

It is best to obtain a chest x-ray if a person does not have their films or cannot have them sent to you so that a comparison can be made in the event it becomes necessary. Repeat the chest x-ray if you find the films to be damaged or otherwise unacceptable.

Regardless of how long ago the person completed a course of TB or LTBI treatment (five to ten years and beyond), a routine chest x-ray

is still deemed unnecessary unless signs and symptoms of TB are demonstrated.

It is also important to note that previous receipt of BCG vaccine is not a contraindication to TB skin testing. While a reaction to a TST is somewhat suspect as a false positive in a recipient of BCG, they are also much more likely to have been exposed to *Mycobacterium tuberculosis* than a non-recipient. The greater the induration, the more likely they are infected with MTB and not just responding from BCG (if it is over 10mm, have a high index of suspicion).

Thank you for screening!