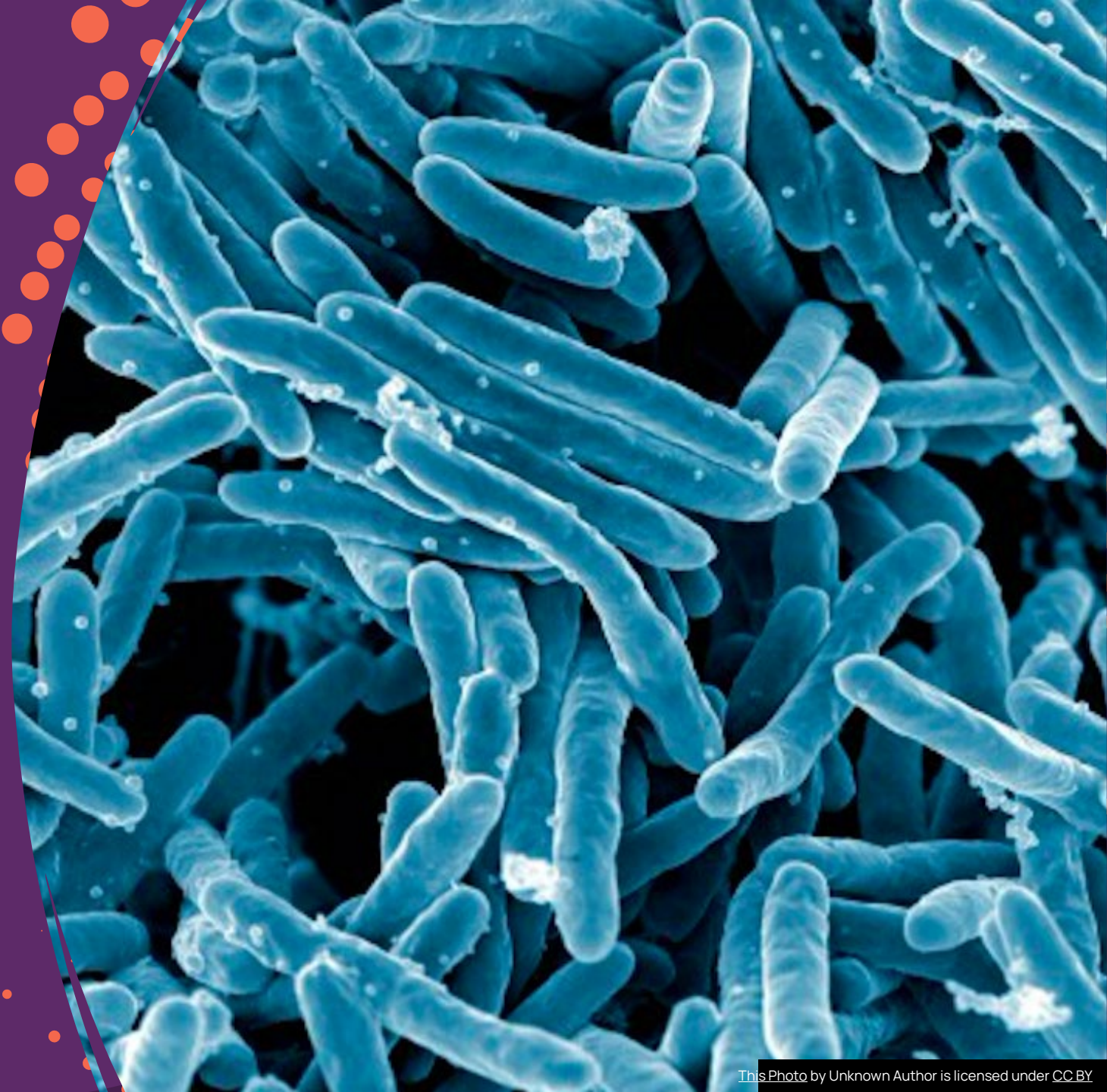




# Tuberculosis: TB in New Mexico

Brenda Montoya Denison, MPH, BSN, RN  
TB Program Manager/ TB Nurse Consultant  
New Mexico Department of Health





**This presenter has no conflict of interest or disclosures**

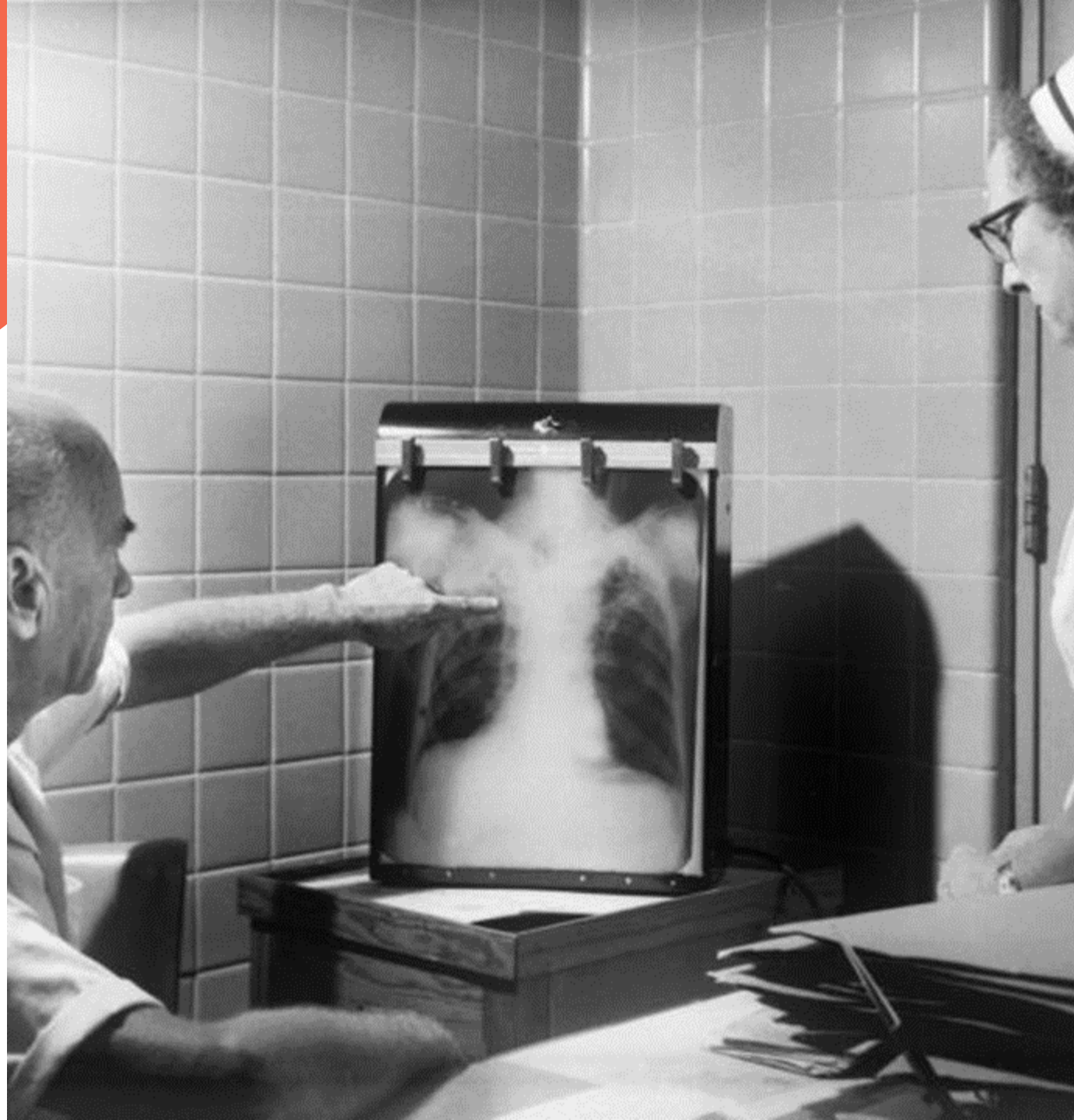
# Objectives

By the end of the session, participants will be able to:

1. Describe current tuberculosis epidemiology in New Mexico
2. Describe the steps in the diagnosis and evaluation of Latent TB infection and Active TB disease
3. List LTBI treatment regimens per CDC guidelines
4. Describe how to report active and LTBI in New Mexico

# Tuberculosis (TB)

- Tuberculosis is caused by a bacterium called *Mycobacterium tuberculosis*.
  - MTBC includes *M. tuberculosis*, *M. bovis*, and *M. africanum*
- The bacteria commonly infects the lungs (pulmonary), but can be extrapulmonary
  - kidney, spine, ocular and brain
  - Pulmonary, pleural are infectious
- Treated with antibiotics





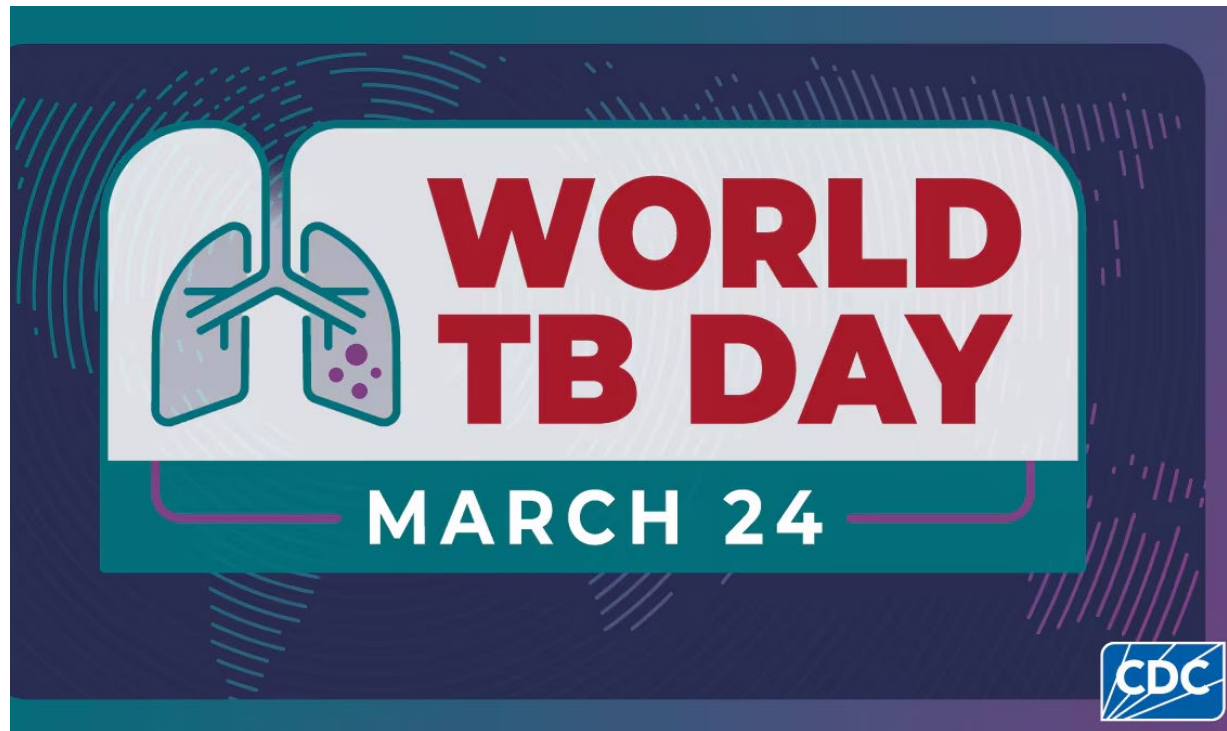
# TB: An Ancient Disease

- Tuberculosis has plagued humanity for centuries
- Evidence of TB has been found in ancient mummies over 4,000 years old
- Has been called:
  - Phthisis (Hippocrates 450 BC)
  - Scrofula (Middle Ages)
  - White Plague (1700's)
  - Consumption (1800's)
  - Tuberculosis (1834)
  - Latent TB infection (1909)
- Believed to be hereditary



*La Miseria* by [Cristóbal Rojas](#) (1886).

# TB in History



- By 1882, 1 in 7 died due to tuberculosis
- Dr. Robert Koch discovered the bacteria that causes TB on March 24, 1882

# TB History in New Mexico

- Climate prescription for cure
  - Dry
  - High elevation
  - Sunny
- 1920, 10% of NM population were seeking a cure for TB (Owens, n.d.)
- Treatment
  - Sanatoriums
    - Nutritious food
    - Fresh air
    - Rest
    - Lung removal
  - Cod liver oil
  - Vinegar massages
  - Inhaling hemlock or turpentine
- Streptomycin discovered in 1943

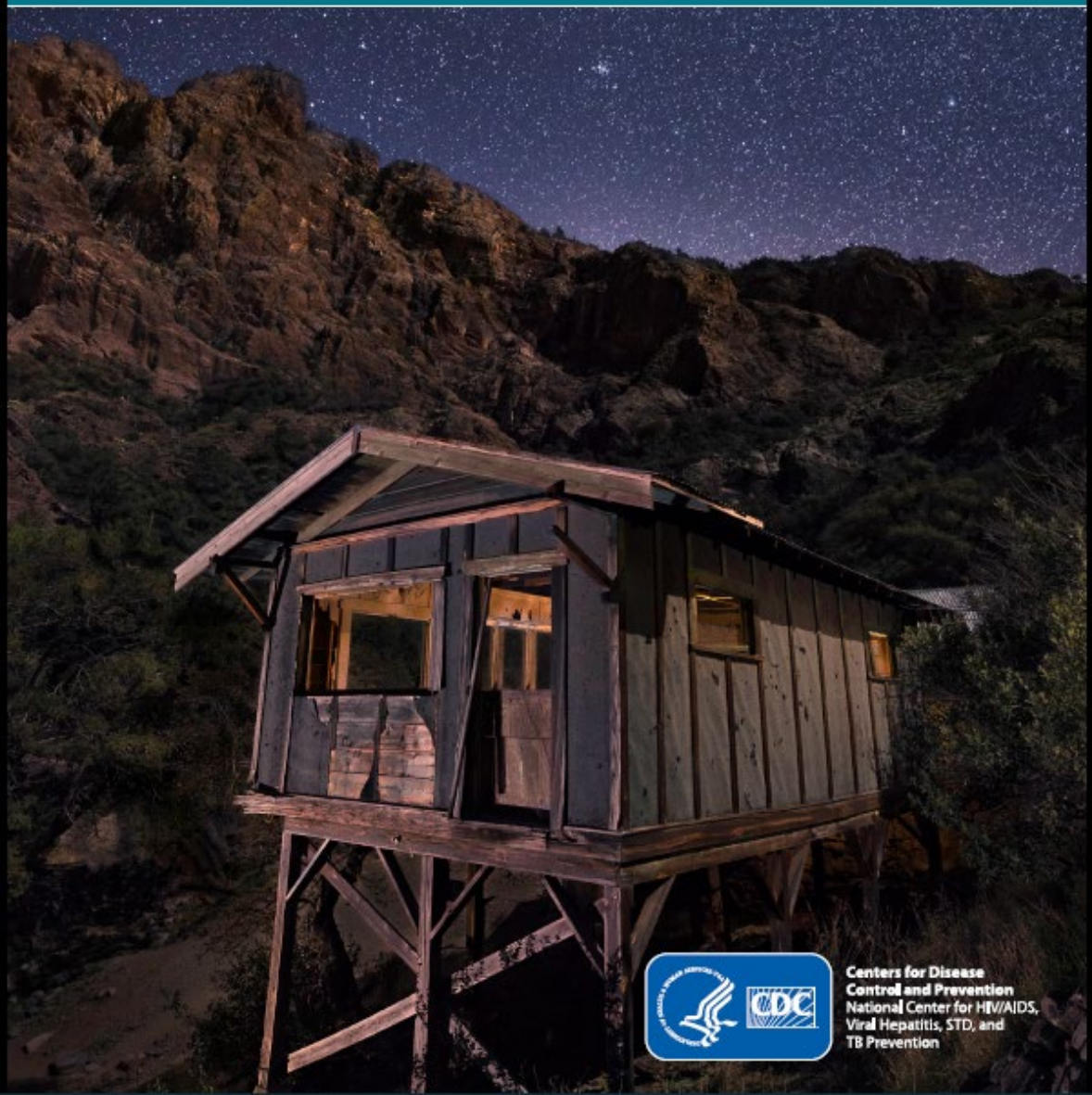


New Mexico Sanatoriums 1880-1940; image from *Chasing the Cure in New Mexico*, courtesy Museum of New Mexico



2016

REPORTED TUBERCULOSIS IN THE UNITED STATES



Centers for Disease  
Control and Prevention  
National Center for HIV/AIDS,  
Viral Hepatitis, STD, and  
TB Prevention



New  
Mexico  
featured on  
2016 CDC  
report



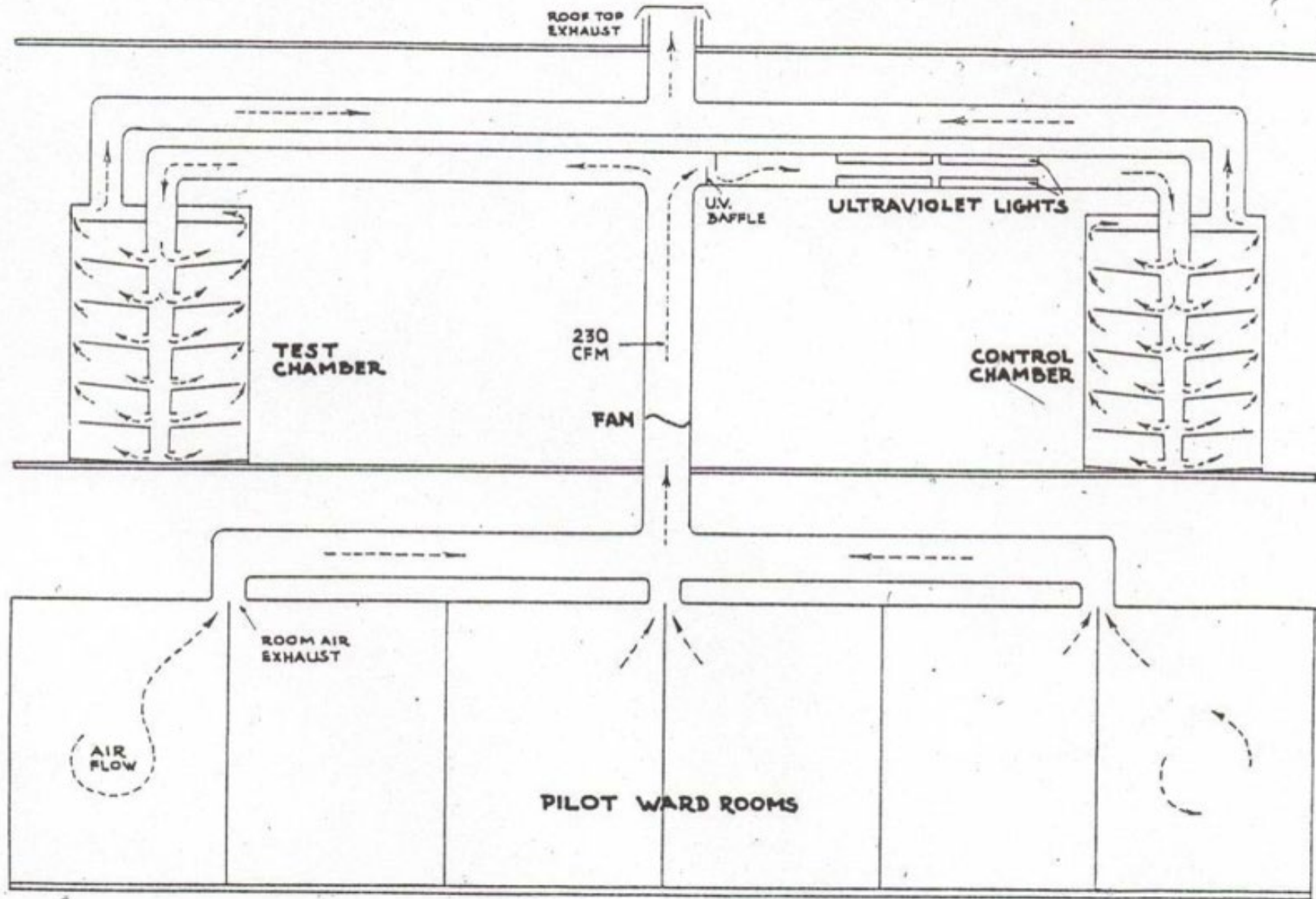
# TB in History

1950, Dr. Richard L Riely worked with guinea pigs as a Johns Hopkins Hospital Researcher.

He proved that particles the size of a mote of dust could transmit TB.

- R. L. RILEY, C. C. MILLS, W. NYKA, N. WEINSTOCK, P. B. STOREY, L. U. SULTAN, M. C. RILEY, W. F. WELLS, AERIAL DISSEMINATION OF PULMONARY TUBERCULOSIS A TWO-YEAR STUDY OF CONTAGION IN A TUBERCULOSIS WARD, *American Journal of Epidemiology*, Volume 70, Issue 2, September 1959, Pages 185-196, <https://doi.org/10.1093/oxfordjournals.aje.a120069>





# Transmission

## Airborne Transmission:

- Coughs
- Laughs
- Talks
- Sings





# TUBERCULOSIS



**YOUR KISS OF  
AFFECTION  
THE GERM OF  
INFECTION**



Hundreds Die of Consumption

BECAUSE

**SPITTING  
SPREADS DISEASE**



Do not spit yourself—Ask others to stop

ISSUED BY THE  
**VIRGINIA ANTI-TUBERCULOSIS ASSOCIATION**  
1110 Capitol Street, Richmond, Va.  
WRITE FOR INFORMATION ON CONSUMPTION

# PREVENT DISEASE



**CARELESS  
SPITTING, COUGHING, SNEEZING,  
SPREAD INFLUENZA  
and TUBERCULOSIS**



ISSUED BY THE VIRGINIA ANTI-TUBERCULOSIS ASSOCIATION, RICHMOND, VA.

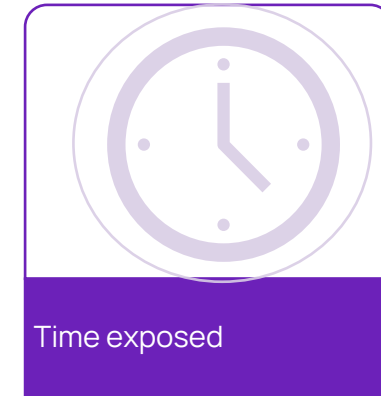
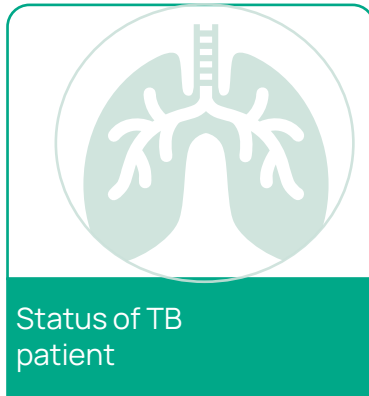


# Transmission

- Tuberculosis **cannot** be spread by:
  - Sharing dishes and utensils
  - Using towels and linens
  - Handling food
  - Brief contact



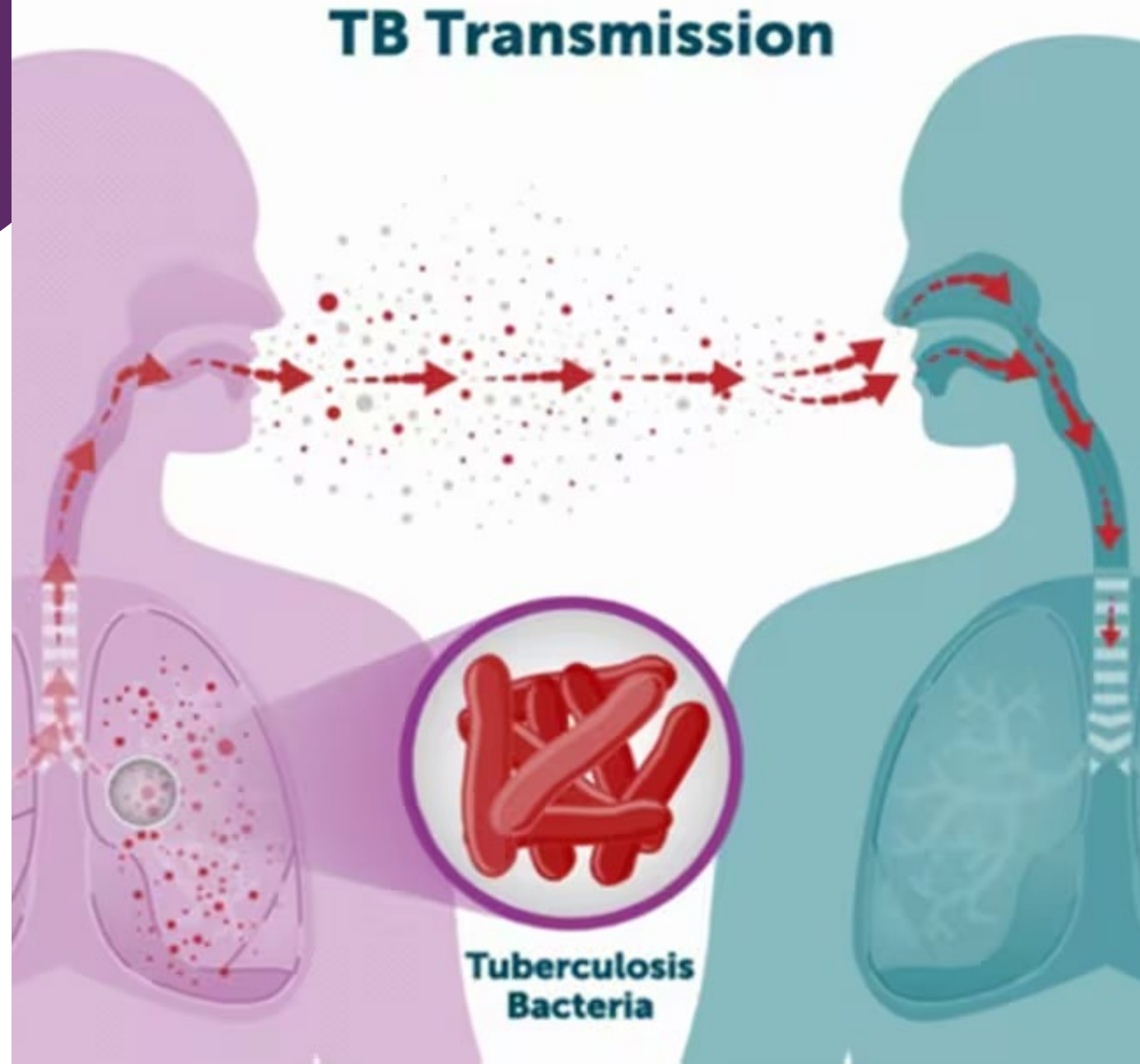
# Factors to consider TB transmission





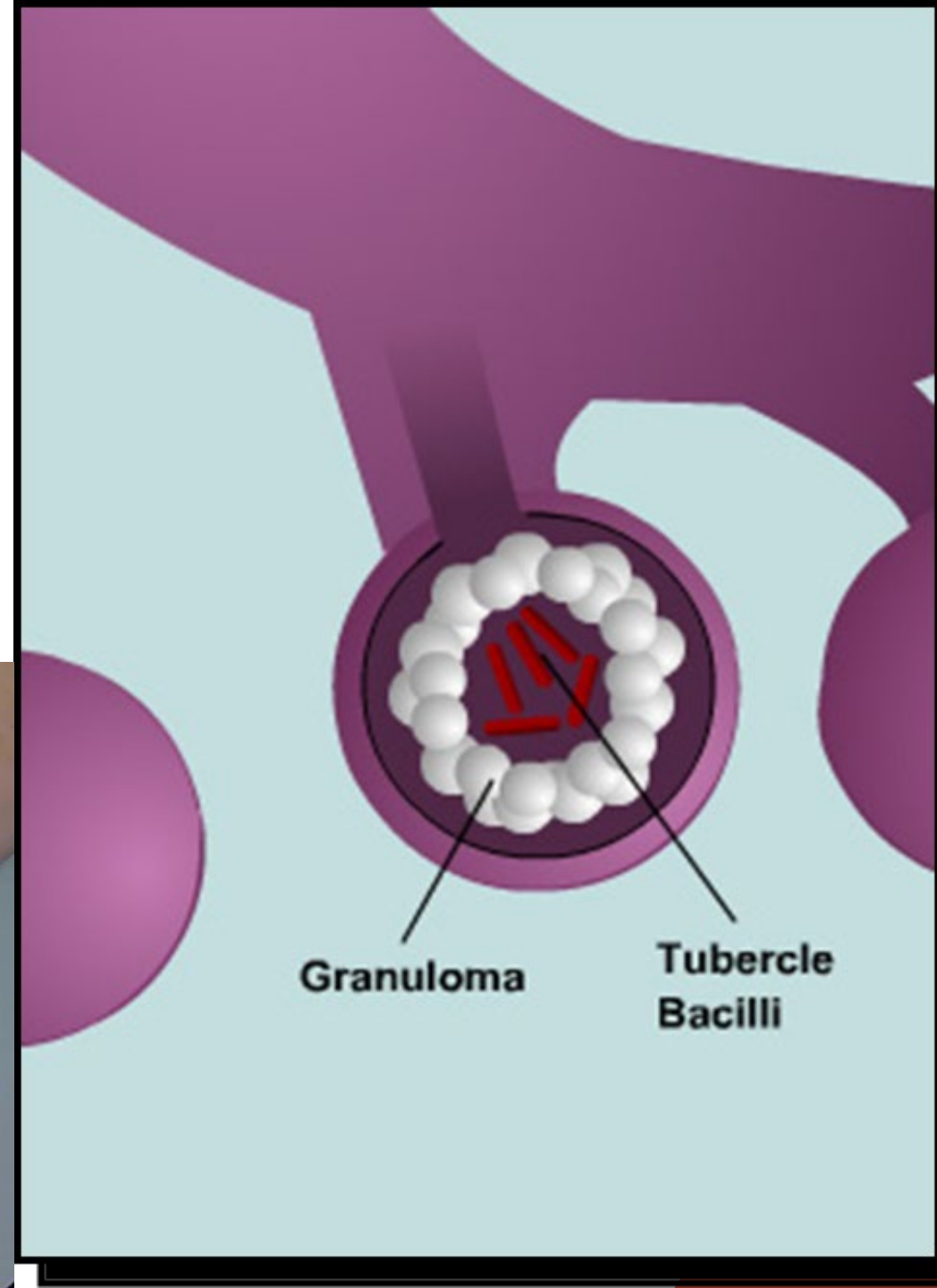
# Two Conditions Exist

- Not everyone infected with TB bacteria becomes sick.
- TB bacteria can live in the body without making the person sick
  - Latent TB Infection
- If the immune system can not keep the bacteria dormant, the bacteria becomes active, multiplying and making people sick
  - Active TB disease

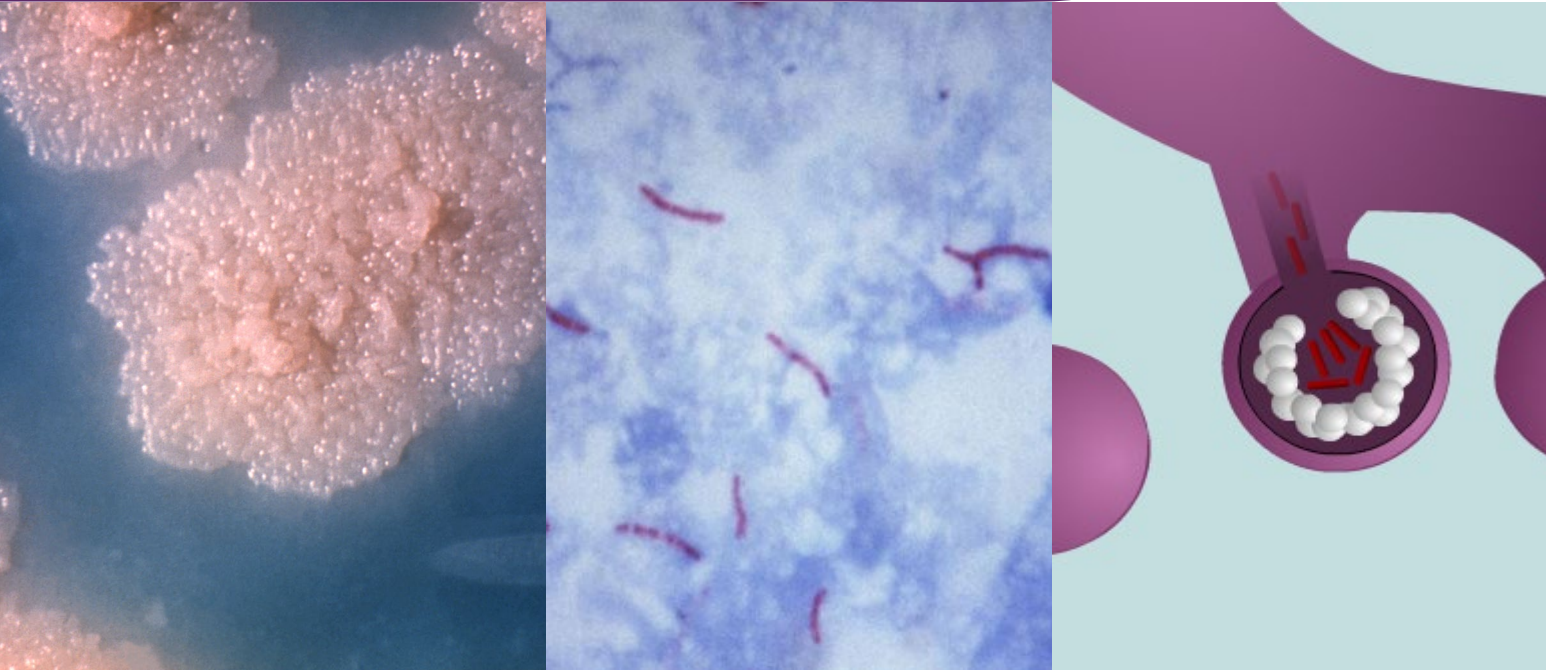


# Latent TB Infection (LTBI)

- Person:
  - Positive skin test or Blood test
  - Normal chest x-ray
  - Asymptomatic
  - **Not infectious**
  - Bacteria does not grow on culture



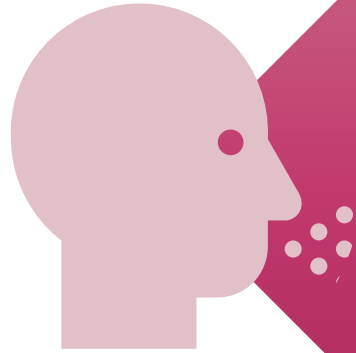
# Active TB Disease



- Symptomatic
  - Persistent cough > than 3 weeks
  - Fever/chills
  - Night sweats
  - Fatigue
  - Weight loss
  - Bloody sputum
- Often infectious to others
- **May have positive skin test/blood test**
- Bacteria grows on culture
- abnormal x-ray/imaging
- Notifiable Condition – “Case”



# Tuberculosis Risk Factors



increased likelihood of exposure to persons with TB disease



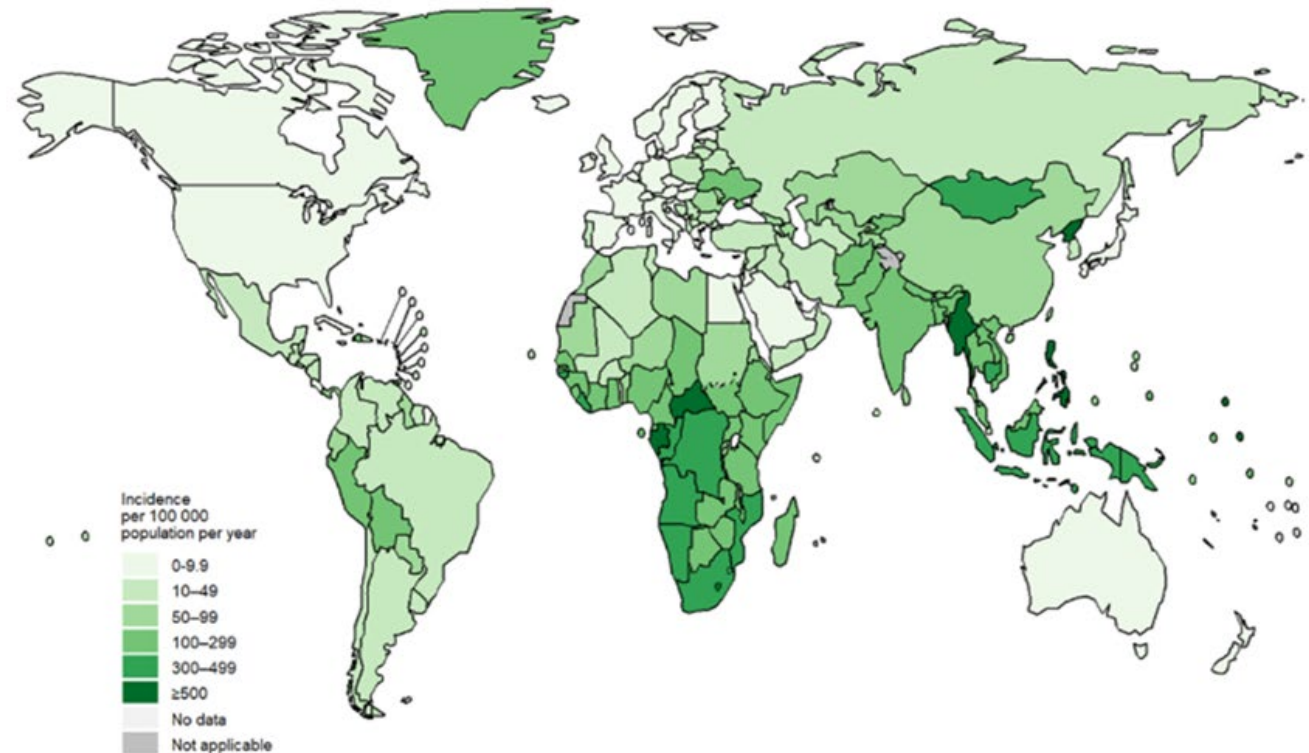
clinical conditions that increase their risk of progressing from LTBI to TB disease

# TB exposure risk

**Fig. 1.1.3** Estimated TB incidence rates, 2023

## Persons at risk for exposure to persons with TB disease include:

- Close contacts to person with infectious TB
- Persons who have immigrated from areas of the world with high rates of TB
- Persons who work or reside with people who are at high risk for TB in facilities or institutions such as hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for those with HIV



# Persons at high risk for developing TB Disease

## Persons who have been recently infected with TB bacteria




- Close contacts to an infectious TB disease case
- Children less than 5 years of age who have a positive TB test
- Groups with high rates of TB transmission,
  - homeless persons,
  - injection drug users, and
  - persons with HIV infection
- Recent infection

## Persons with medical conditions that weaken the immune system

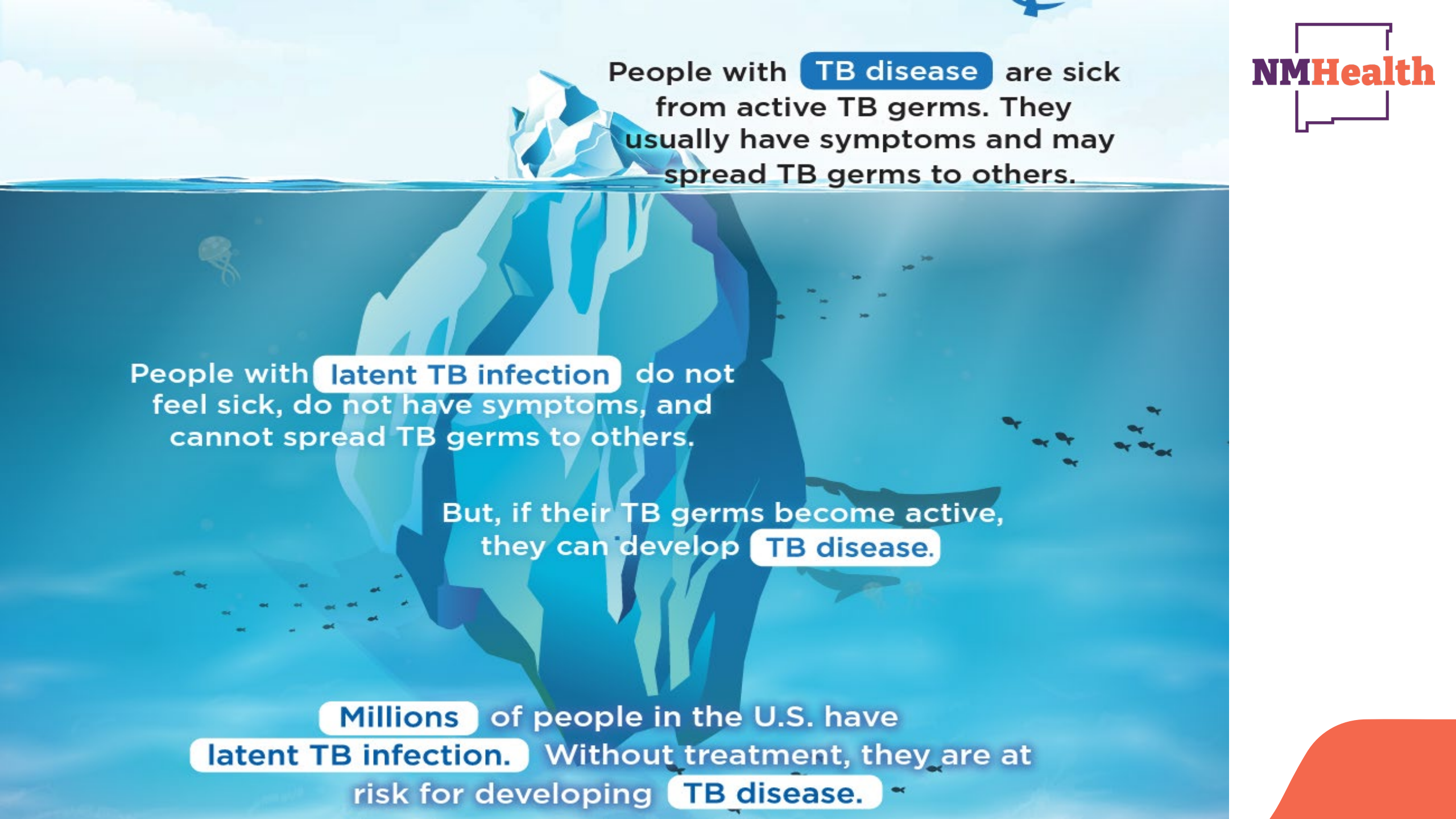
- Babies and young children often have weak immune systems. Other people can have weak immune systems, too, especially people with any of these conditions:
  - HIV infection (the virus that causes AIDS)
  - Substance abuse
  - Certain lung diseases such as silicosis
  - Diabetes mellitus
  - Severe kidney disease
  - Low body weight
  - Organ transplants
  - Head and neck cancer
  - Medical treatments such as corticosteroids or organ transplant
  - TNF anatonists



# Risk of Progression to active TB disease

<b>TB infection and no risk factors</b> (about 10% over a lifetime)	<b>TB infection and diabetes</b> (about 30% over a lifetime)	<b>TB infection and HIV infection</b> (a very large risk over a lifetime)
		
<p>For people with TB infection and <b>no risk factors</b>, the risk is about 5% in the first 2 years after infection and about 10% over a lifetime.</p>	<p>For people with TB infection and <b>diabetes</b>, the risk is 3 times greater, or about 30% over a lifetime.</p>	<p>For people with TB infection and <b>HIV infection (not on HIV treatment)</b>, the risk is about 7% to 10% PER YEAR, a very large risk over a lifetime.</p>

Source: Self Study Module 1  
<https://www.cdc.gov/tb/publications/slidesets/selfstudy/default.htm>

An illustration of an iceberg floating in the ocean. The tip of the iceberg is above the water surface, while the much larger, jagged base is submerged. The water is a deep blue, and there are several small black fish swimming around the submerged part of the iceberg. The sky is light blue with a few white clouds. A small blue bird is visible in the top right corner of the sky.

People with **TB disease** are sick from active TB germs. They usually have symptoms and may spread TB germs to others.

People with **latent TB infection** do not feel sick, do not have symptoms, and cannot spread TB germs to others.

But, if their TB germs become active, they can develop **TB disease**.

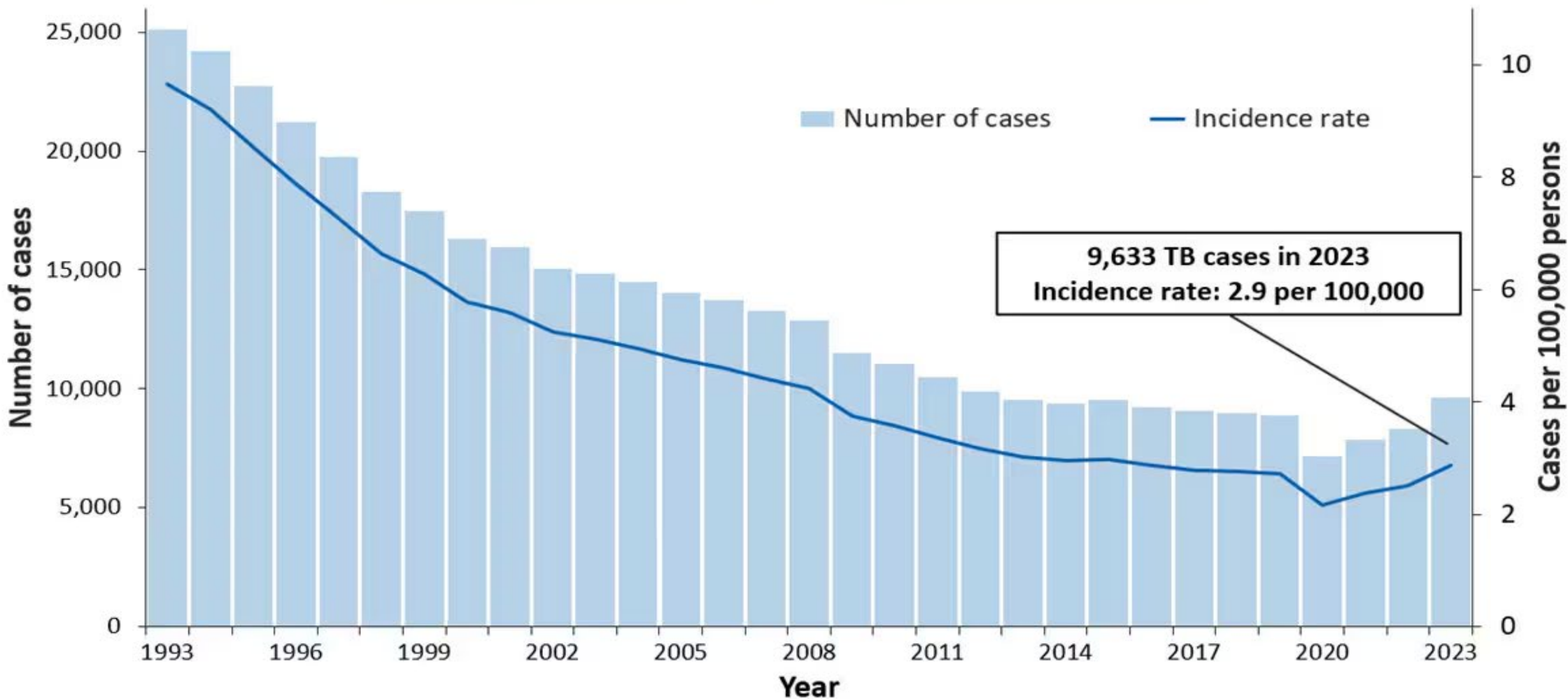
**Millions** of people in the U.S. have **latent TB infection**. Without treatment, they are at risk for developing **TB disease**.

# TB Today

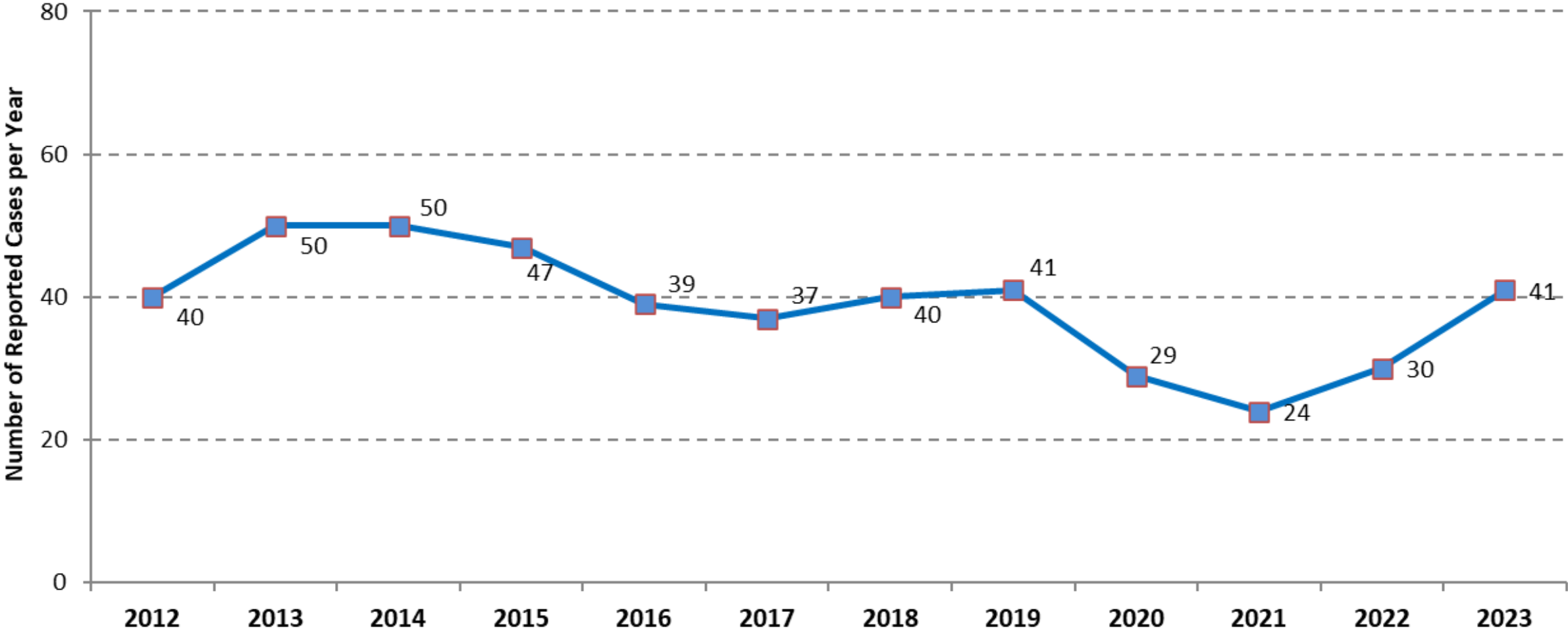
- Tuberculosis continues as one of the world's deadliest communicable disease.
- TB is the second leading infectious disease killer, after COVID
- In 2023, 10.8 million people fell ill with TB (WHO, 2025)
- 1.25 million died from TB in 2023.
- A person is newly infected with TB every second
- 1/3 of the world's population is infected with tuberculosis
- Estimated that 13 million in the US



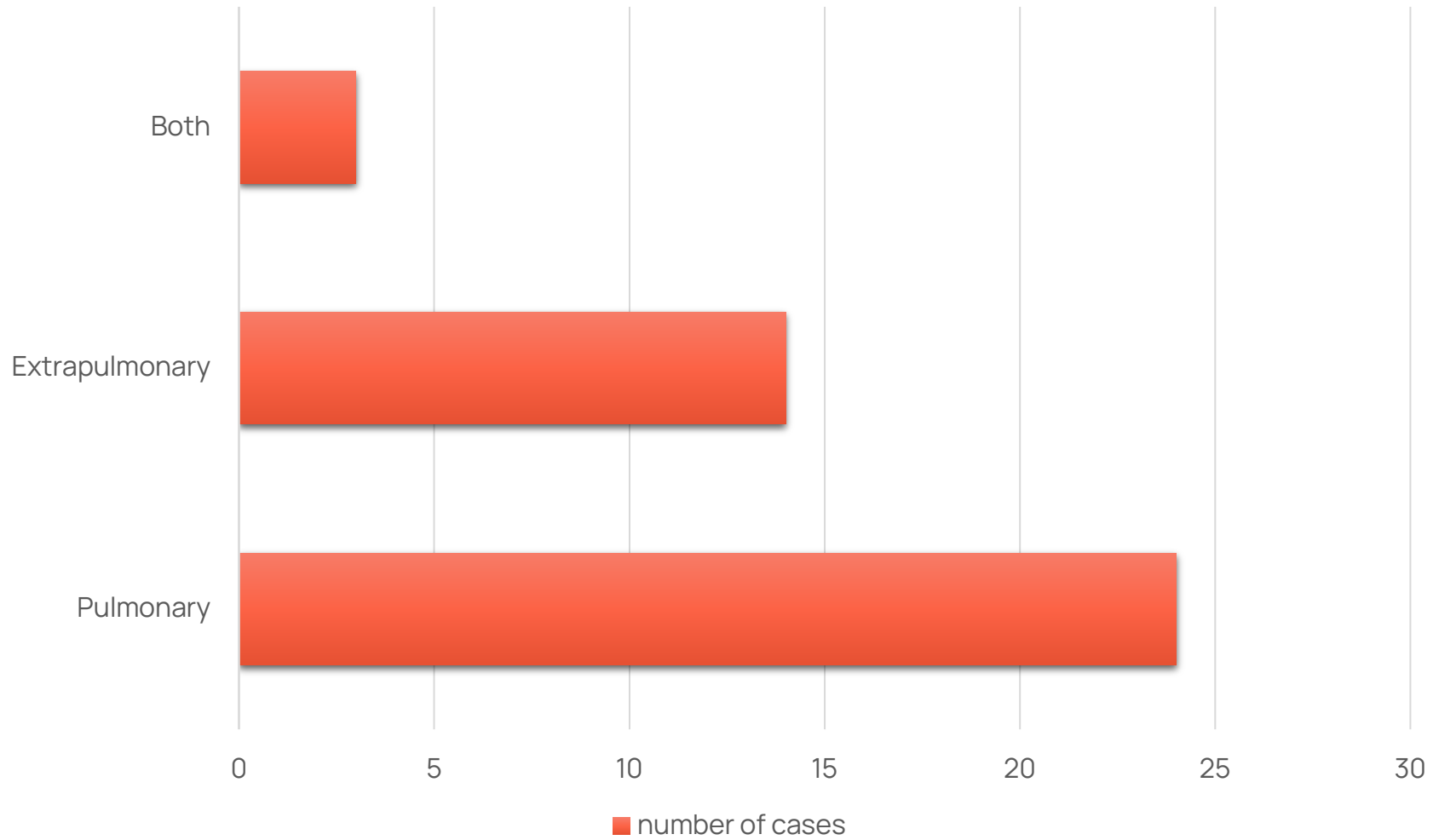
# TB Cases and Incidence Rates, United States, 1993–2023



# Number of Active TB Cases per Year, New Mexico, 2012 - 2023



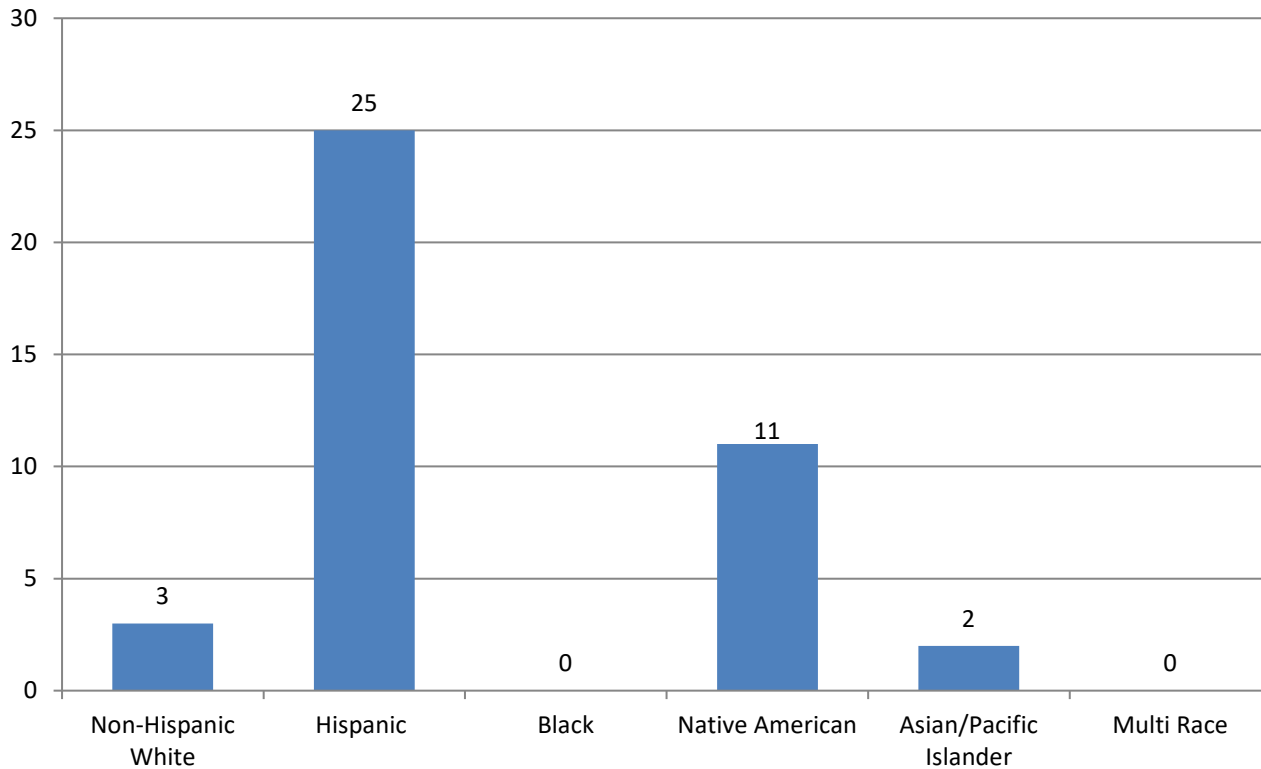
## TB cases by Site of Disease, 2023



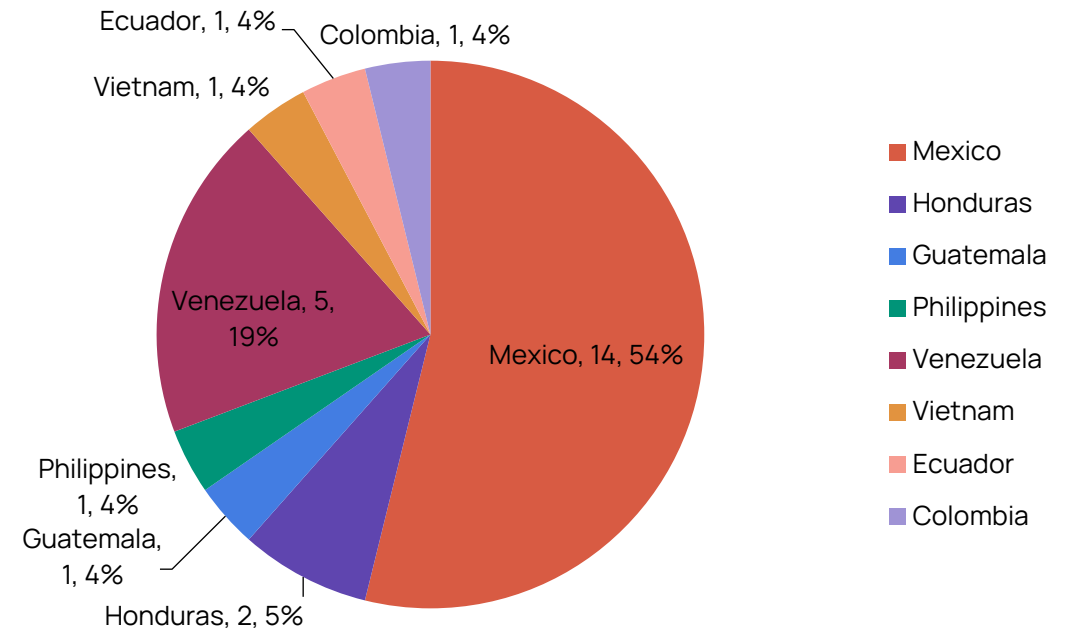


# 2023 TB in New Mexico

### NM TB Cases by Race/ Ethnicity



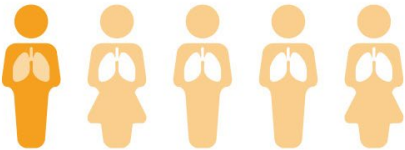
### Country of birth, 2023



# Risk Factors for TB



To eliminate tuberculosis (TB), we must prioritize groups at increased risk of TB

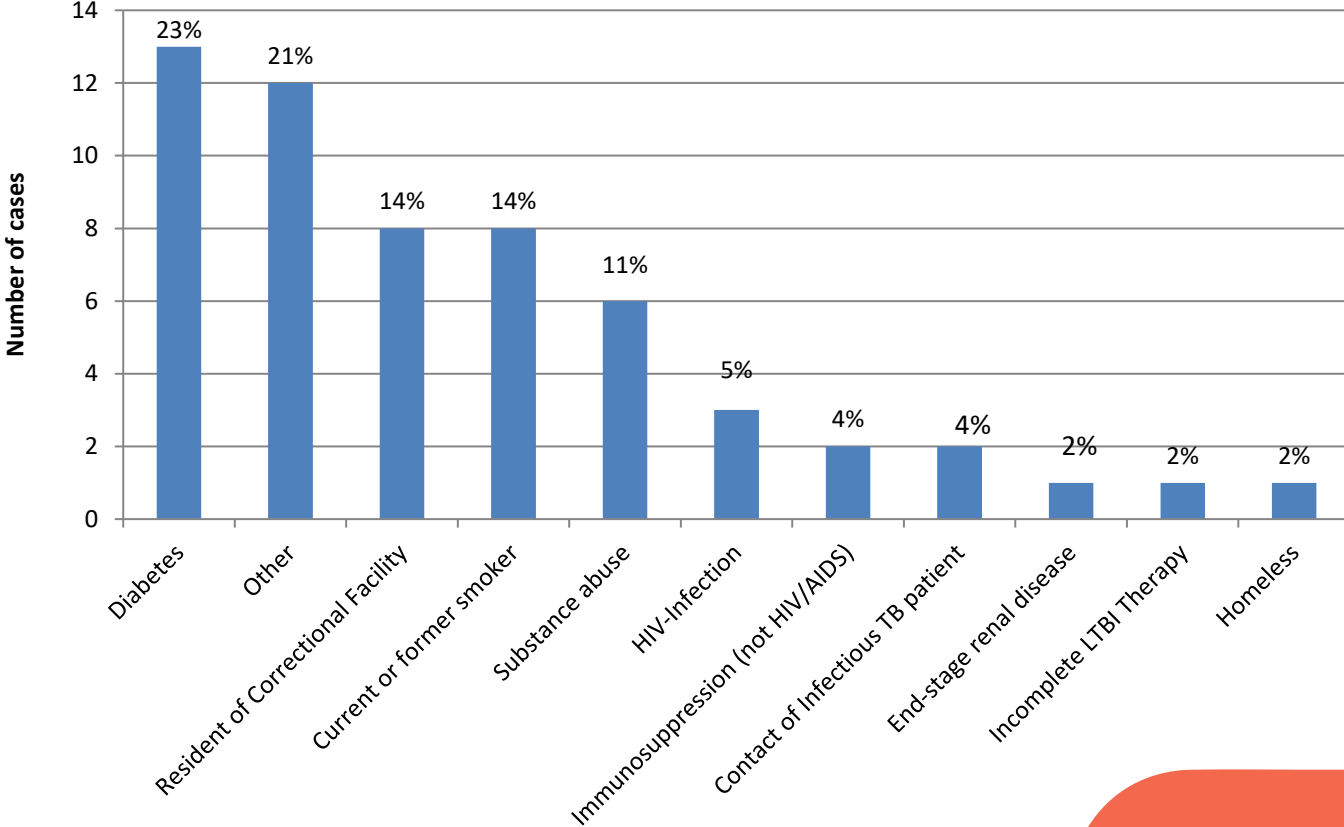


**1 OUT OF 5**  
people with TB disease  
also has **diabetes**

[www.cdc.gov/tb](http://www.cdc.gov/tb)



**Risk Factors per Report of Verified Case of Tuberculosis (RVCT) Form, New Mexico, 2023**



# Tuberculosis Prevention Program

The New Mexico Tuberculosis Prevention Program's primary mission is to prevent and control the spread of Tuberculosis, by ensuring that active TB cases receive adequate care, nurse case management, directly observed therapy, and a contact investigation if infectious. The three strategies to prevent and control TB are:

1. Decrease the incidence of TB through timely diagnosis of active TB disease, appropriate treatment and management of persons with active TB disease
2. Prevent and reduce new transmission of active TB by prompt investigation, evaluation and treatment of close contacts of patients with contagious TB.
3. Advance toward TB elimination through prevention of TB among the substantial population of New Mexico residents with LTBI.



# Program Services

The New Mexico TB Program prioritizes public health resources to ensure services are available to carry out these functions, by order of priority. Our efforts are heavily concentrated on the first two strategies. Services beyond that are further prioritized and based on available resources.

- Evaluation, diagnosis, case management and supervision of treatment provided to individuals with presumptive or confirmed active TB disease.
  - Referral services for patients moving out or into New Mexico; ensuring continuity of care
  - Contact investigation, evaluation, and treatment of contacts with exposure to confirmed active TB cases.
  - Education and training to statewide community TB stakeholders
  - Clinical guidance and expert medical consultation services.
  - TB surveillance
  - Risk Screening and testing for other targeted high-risk populations (based on available resources)
- Treatment of latent TB infection (LTBI) in the following high-risk populations:
    - Those with known recent exposure (i.e., within the last 2 years)
    - All children and adolescent (Children under 5 are the highest priority)
    - Pregnancy
    - HIV infected with positive TB test (TST or IGRA)
    - Persons with a history of untreated or inadequately treated TB disease, including those with fibrotic changes on the chest x-ray consistent with prior TB disease
    - Potential recipients for organ transplants
    - Recent immigrants (within the last 5 years) with positive IGRA, abnormal chest x-ray, and immune-compromising medical conditions that present a higher risk for accelerated progression to TB Disease
    - Persons experiencing housing insecurity
    - LTBI cases with complex issues maybe referred for NM DOH care. TB program staff will review and determine assistance.



Marcos Burgos  
**Medical Director**  
**TB Controller**



Brenda Montoya Denison  
**Nurse Manager**  
**Nurse Consultant**



Libby Enriquez  
**TB Nurse Consultant**



Johnna Peters  
**CDC Public Health Advisor**



Angie Bartok  
**Epidemiologist**



Sally Smith  
**TB Nurse Consultant**



RuthAnn Goradia  
**TB Nurse Consultant**

# How can you help us reach TB Elimination?



Stay up to date with LTBI Guidelines



Test and treat (those at highest risk of progression)



Implementing new evidence-based treatment guidelines – Shorter courses for LTBI



Report all TB Cases, including rule out cases, and LTBI

# Community based LTBI treatment

Those with immune-compromising medical conditions below are encouraged to seek and complete a curative course of treatment from their Primary Care Provider (PCP) or Community Health Clinic (CHC).

- Immunosuppressed persons receiving equivalent of  $\geq 15$  mg prednisone/day x1 month or more OR persons on Anti TNF/biologic drugs with a positive IGRA/TST
- Persons with silicosis, diabetes, chronic renal failure, chronic lung disease, leukemia or cancer of the head, neck or lung
- Cigarette smokers, persons who abuse drugs and/or alcohol with a positive IGRA/TST
- Weight below 10% of ideal body weight, history of gastrectomy, jejunioileal bypass with a positive IGRA/TST
- Recent (within 2 years) conversion from negative IGRA to positive IGRA result

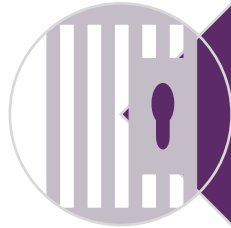
\*\*LTBI cases with complex issues maybe referred for NM DOH care. TB program staff will review and determine assistance.



# CDC TB Screening recommendations



Birth or residence in a country with a high or medium incidence rate of TB, regardless of year of arrival



Live or used to live in congregate settings

- Homeless shelters
- Correction facilities



Immunosuppression (current or planned) related to

- Medication use (TNF antagonists, corticosteroids, transplant therapy)
- Health condition (HIV infection, Silicosis, renal disease, leukemia, cancer, Diabetes, gastrectomy or jejunioileal bypass, low body weight, Substance use)



Close contacts to persons with TB disease – NM DOH TB Program

Children who are contacts to persons with TB Disease – NM DOH TB Program  
– high priority

# CA Public Health Risk Assessment Form



## California Adult Tuberculosis Risk Assessment (>18 years old)



Despite being preventable, tuberculosis (TB) disease continues to cause significant suffering and death in the state of California. Even with modern treatments, more than [1 in 6 Californians with TB die](https://bit.ly/cdc_tbca_data) (bit.ly/cdc\_tbca\_data). TB is also a health disparity in California, with a disproportionate impact on people born outside the United States. **Identifying and treating persons with latent TB infection (LTBI) is the most promising tool to prevent TB disease.**

- Use this tool to identify asymptomatic adults for LTBI testing.
- Do not treat for LTBI until active TB disease has been excluded.
- A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

If a patient has symptoms of TB disease, including cough (for more than 2 weeks), fevers, night sweats, unexplained weight loss, or an abnormal chest x-ray consistent with TB disease, they should undergo further workup. **Contact your local TB control program** (<https://www.ctca.org/locations.html>) if there is suspicion for active TB disease.

### LTBI testing is recommended if any of the boxes below are checked.

Only repeat TB testing if there is a new risk factor since last screening

- Birth, travel, or residence** for at least 1 month, or frequent border crossing in a country with an elevated TB rate\*  
Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons
- Immunosuppression**, current or planned  
HIV infection, organ transplant recipient, treated with biologic agents including TNF-alpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication
- Close contact** to someone with infectious TB disease during lifetime
- Homelessness or incarceration**, current or past  
Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional facility during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is excluded.

- None**; no TB testing is indicated at this time.

Provider: \_\_\_\_\_  
Assessment Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
(Place sticker here if applicable)

For more information about using this tool and for the most current version, go to the [TB Risk Assessment page](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-Adult-TB-Risk-Assessment.pdf) (cdph.ca.gov/tbriskassessment).

### LTBI testing is recommended if any of the boxes below are checked.

Only repeat TB testing if there is a new risk factor since last screening

- Birth, travel, or residence** for at least 1 month, or frequent border crossing in a country with an elevated TB rate\*  
Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons
- Immunosuppression**, current or planned  
HIV infection, organ transplant recipient, treated with biologic agents including TNF-alpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication
- Close contact** to someone with infectious TB disease during lifetime
- Homelessness or incarceration**, current or past  
Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional facility during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is excluded.

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-Adult-TB-Risk-Assessment.pdf>

# U.S. Preventive Services Task Force



## Recommendation Summary

Population	Recommendation	Grade
Asymptomatic adults at increased risk of latent tuberculosis infection (LTBI)	The USPSTF recommends screening for LTBI in populations at increased risk.  See the "Assessment of Risk" section for additional information on adults at increased risk.	<b>B</b>



## Pathway to Benefit

To achieve the benefit of screening, it is important that persons who screen positive for LTBI receive followup and treatment.

Update May 2023- <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/latent-tuberculosis-infection-screening>

# Test Selection



## Section 1: Immunologic Tests for Tuberculosis Infection: Test Selection

- In current diagnostic guidelines, IGRAs are generally preferred, but the TST is acceptable
- In choosing a test consider the patient's history of BCG, age, and ability to return for a second appointment
- IGRAs are preferred for most non-US-born patients who received, or may have received, BCG vaccination or who have non-tuberculous mycobacterial infections

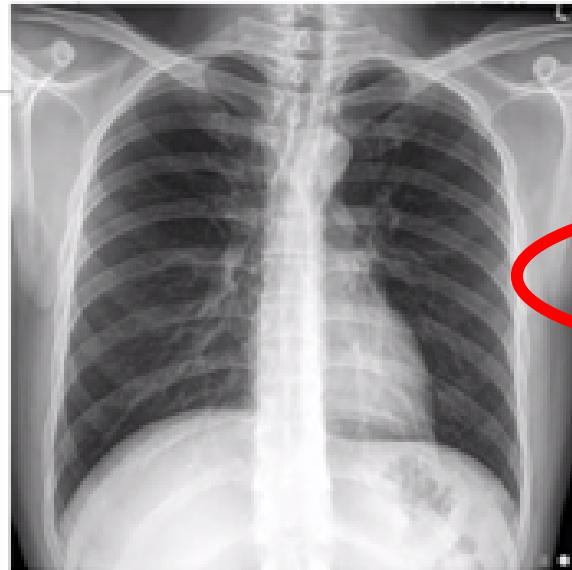


# Diagnosis of LTBI

- All persons with a positive result from a TB test (interferon-gamma release assay or TST) should be medically evaluated for TB disease.
- A diagnosis of **latent TB infection** is made if a person has a positive TB blood test or TB skin test result, and a medical evaluation does not indicate TB disease.
- A complete medical evaluation for TB disease has five components:
  1. Medical history
  2. Physical examination
  3. Test for TB infection ([TB blood test](#) or [TB skin test](#))
  4. Chest radiograph
  5. Bacteriologic examination if symptomatic or abnormal chest radiograph (sputum smear microscopy, nucleic acid amplification testing, culture)
- Culture is the gold standard microbiologic test for the diagnosis of TB disease, not TST or IGRA



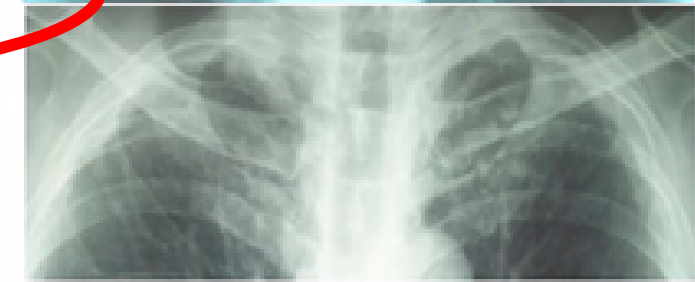
# Evaluation of Persons with Positive TB Test Results



Person has a positive test for TB infection

TB disease ruled out?

Consider for LTBI treatment



Person accepts and can receive treatment of LTBI

Develop a plan of treatment with patient to ensure adherence

If person refuses or is unable to receive treatment for LTBI, follow-up (TST or IGRA and serial chest radiographs are unnecessary)

Educate patient about the signs and symptoms of TB disease



# Deciding Whether to Treat



## Section 4: Deciding Whether to Treat and Choosing a Regimen: Decision Whether to Treat

- The reason to recommend LTBI treatment is based on the patient's risk of developing active TB disease
- For some patients, the risks of adverse effects or drug-drug interactions may outweigh the risk of not treating
- The patient should be educated about the advantages and disadvantages of treatment

# Regimens to Treat LTBI



## Section 4: Deciding Whether to Treat and Choosing a Regimen: Table 3 Recommendations for Regimens

Regimen	Priority Rank	Recommendation	Quality of Evidence (High, Moderate, Low, Very Low)
3HP	Preferred	Strong	Moderate
4R	Preferred	Strong	Moderate (HIV-negative)*
3HR	Preferred	Conditional	Very low (HIV-negative) Low (HIV-positive)
6H	Alternative	Strong <sup>^</sup> Conditional	Moderate (HIV-negative) Moderate (HIV-positive)
9H	Alternative	Conditional	Moderate

\* No evidence reported in persons with HIV infection.

<sup>^</sup> Strong recommendation for persons unable to take a preferred regimen (e.g., because of drug intolerability or drug-drug interactions)

Source: Adapted from Sterling TR, et al. Guidelines for the treatment of latent tuberculosis infection: recommendations from the National Tuberculosis Controllers Association and CDC, 2020. MMWR Recomm Rep. 2020 Feb 14;69(1):1-11.



# Adverse Reactions to LTBI Treatment

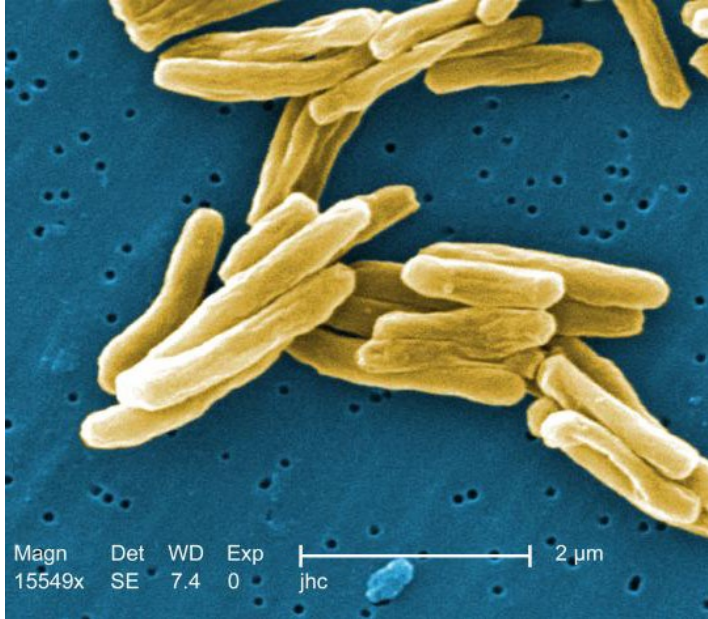
- Dizziness or lightheadedness
- Loss of appetite
- Flu-like symptoms
- Severe diarrhea or light-colored stools
- Shortness of breath
- Feelings of sadness or depression
- Fever
- Unexplained weight loss
- Brown urine (color of coffee or cola)
- Yellowish skin or eyes
- Rash
- Persistent tingling or prickling sensation of hands and feet
- Persistent tiredness or weakness lasting 3 or more days
- Stomach pain
- Easy bruising or bleeding
- Joint pain
- Nausea
- Vomiting

Patients should be instructed to stop medications and contact a health care worker immediately if they have symptoms of a serious adverse reaction:

- As many as 10% to 20% of people treated with isoniazid (INH) will have mildly elevated liver test results during treatment; however, in most cases test results return to normal.

Rarely, isoniazid (INH) can cause [hepatitis](#) or [peripheral neuropathy](#).

# Rule out active Tuberculosis Disease



3 Sputum's for AFB smear, PCR and culture should be ordered and referred to NM DOH for further evaluation :

- Fever
- Night Sweats
- Weight loss
- Loss of appetite
- Fatigue
- Cough (especially lasting  $\geq 3$  weeks)
- Hemoptysis
- Chest pain
- Shortness of breath

Extrapulmonary symptoms: should be considered in the differential diagnosis of ill persons who have systemic symptoms and who are at high risk for TB disease.

- Hematuria (TB of the Kidney)
- Headache or Confusion (TB meningitis)
- Back pain (Pott's disease/TB of the spine)
- Hoarseness (laryngeal TB)
- Swollen glands (Lymph node TB)
- Swollen, painful joints (TB of bone or cartilage)

# Current TB disease treatment through NM Health DOH services



This Photo by Unknown Author is licensed under CC BY

- Active TB Disease
  - Combination of 4 Antibiotics (Standard)
  - Treatment 6 – 9 months
  - Daily Observed Therapy
  - Nurse case management
  - Contact Investigation/Treatment of contacts
- Drug Resistance
  - More antibiotics
  - Longer treatment

# TB Treatment/Management

## Nurse Case Management

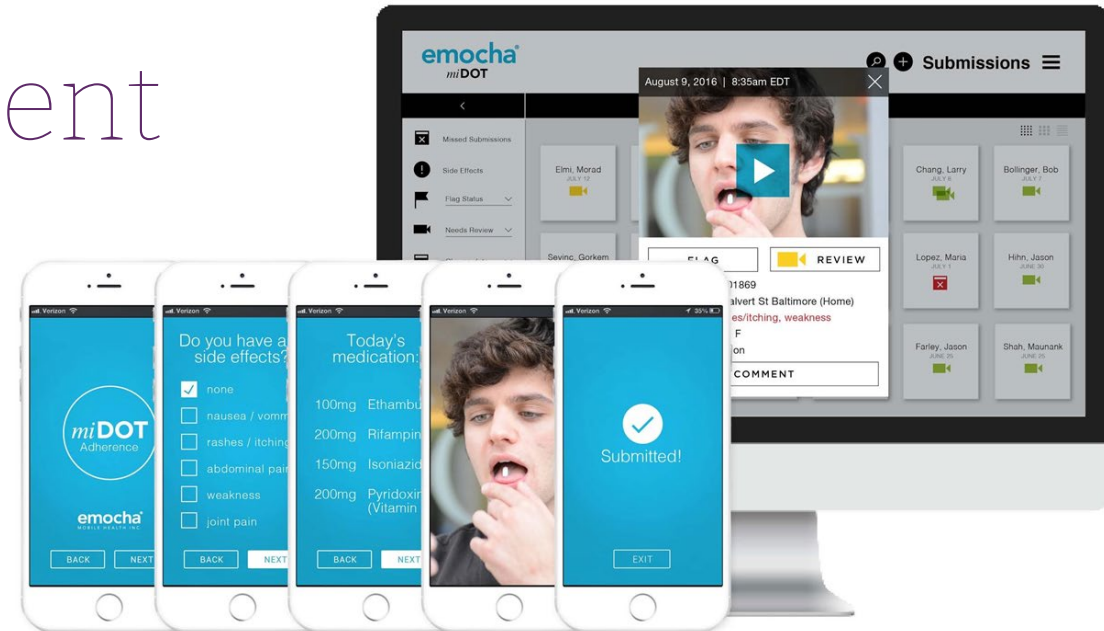
- Local PHN provide TB services to patients

## Medications given

- Home visits
- Office visits
- School visits
- Community sites
- eDOT – electronic/video visits

## Provide support to patients throughout treatment

- Social
- Emotional/psychological
- Physical
- Medical
- Advocacy
- Referral and resources





# Reporting Presumptive TB or Active TB Disease



## NOTIFIABLE DISEASES OR CONDITIONS IN NEW MEXICO 7.4.3.13 NEW MEXICO ADMINISTRATIVE CODE

### ALL REPORTS INCLUDING ELECTRONIC LABORATORY REPORTS OF NOTIFIABLE CONDITIONS MUST INCLUDE:

1. The disease or condition being reported;
  2. Patient's name, date of birth/age, gender, race/ethnicity, address, patient's telephone numbers, and occupation;
  3. Physician or licensed healthcare professional name and telephone number; and
  4. Healthcare facility or laboratory name and telephone number, if applicable.
- Laboratory or clinical samples for conditions marked with [\*] are required to be sent to the Scientific Laboratory Division.

### EMERGENCY REPORTING OF DISEASES OR CONDITIONS

The following diseases, confirmed or suspected, require **immediate reporting** by telephone to Epidemiology and Response Division at 505-827-0006.

#### Infectious Diseases

Anthrax*	<i>Haemophilus influenzae</i> invasive infections*	Rubella (including congenital)
Avian or novel influenza*	Measles	Severe Acute Respiratory Syndrome (SARS)*
Bordetella species (including pertussis)*	Meningococcal Infections, invasive*	Smallpox*
Botulism (any type)*	Middle East Respiratory Syndrome	Tularemia*
Cholera*	Plague*	Typhoid fever*
Diphtheria*	Poliomyelitis, paralytic and non-paralytic	Viral hemorrhagic fever
	Rabies	Yellow fever

#### Other Conditions

Acute illnesses or conditions of any type involving large numbers of persons in the same geographic area	Severe smallpox vaccine reaction	Other illnesses or conditions of public health significance
Illnesses or conditions suspected to be caused by the intentional or accidental release of biologic or chemical agents*	Suspected foodborne illness in two or more unrelated persons*	
	Suspected waterborne illness or conditions in two or more unrelated persons*	

#### Infectious Diseases in Animals

Anthrax	Rabies
Plague	Tularemia

### ROUTINE REPORTING OF DISEASES OR CONDITIONS

**Infectious Diseases** (Report case within 24 hours to Epidemiology and Response Division by fax at 505-827-0013 or by phone at 505-827-0006; or contact the local health office)

Arboviral disease	Hansen's Disease/Leprosy	Q fever
Brucellosis	Hantavirus pulmonary syndrome	Relapsing fever
<i>Campylobacter</i> infections*	Hemolytic uremic syndrome	Rocky Mountain spotted fever
Chikungunya virus disease	Hepatitis A, acute	Salmonellosis*
<i>Clostridium difficile</i> *	Hepatitis B, acute or chronic	Shigellosis*
Coccidioidomycosis	Hepatitis C, acute or chronic	St. Louis encephalitis infections
Colorado tick fever	Hepatitis E, acute	<i>Streptococcus pneumoniae</i> invasive infections*
Cryptosporidiosis	Influenza-associated pediatric death	Tetanus
Cysticercosis	Influenza, laboratory confirmed hospitalization only	Trichinellosis
Cyclosporiasis	Legionnaires' disease	Toxic shock syndrome
Dengue	Leptospirosis	Varicella
<i>E. coli</i> O157:H7 infections*	Listeriosis*	<i>Vibrio</i> infections*
<i>E. coli</i> , shiga-toxin producing (STEC) infections*	Lyme disease	West Nile Virus infections
Encephalitis, other	Malaria	Western equine encephalitis infections
Giardiasis	Mumps	<i>Yersinia</i> infections*
Group A streptococcal invasive infections*	Necrotizing fasciitis*	
Group B streptococcal invasive infections*	Psittacosis	

**Infectious Diseases in Animals** (Report case within 24 hours to Epidemiology and Response Division at 505-827-0006; or contact the local health office).

Arboviral, other	Psittacosis
Brucellosis	West Nile Virus infections

#### Tuberculosis\*

Report suspect or confirmed cases to NM department of health tuberculosis program by fax at 505-827-0163 or by phone at 505-827-2471 or 505-827-2473. active disease within 24 hours; infection within 72 hours.

Persons with suspected or confirmed active TB disease must be reported to the NM DOH within 24 hours by phone at 1-833-796-8773, or by fax at 505-827-0163 in accordance with 7.4.3.13 New Mexico Administrative Code.

# Reporting Latent TB Infection

Persons with **Latent TB Infection**, as defined below, must be reported to the NM DOH **within 72 hours** by phone at 1-833-796-8773, or by fax at 505-827-0163 in accordance with 7.4.3.13 New Mexico Administrative Code.

## Latent TB Infection CSTE Case Definition

1. Positive TB Skin test or a positive interferon gamma release assay (IGRA) AND
2. No clinical evidence compatible with TB Disease including:
  - a. No signs or symptoms consistent with TB Disease by provider assessment
  - b. AND Chest imaging without abnormalities consistent with TB (chest radiograph or CT scan) OR Abnormal chest imaging that could be consistent with TB Disease with microbiologic testing that is negative for MTB complex
  - c. AND where TB Disease has been clinically ruled out

# Reporting information

The following information must be reported to NM DOH TB Program:

- The condition being reported
- Patient's name, date of birth/age, gender, race/ethnicity, address, patients telephone numbers and occupation;
- Physician or licensed healthcare professional name and telephone number;
- And healthcare facility or laboratory name and telephone number
- Pertinent diagnostic information including but not limited to results of Mantoux skin and IGRA (Interferon Gamma Assay) tests, laboratory tests, radiographic examinations, and physical examinations.



# Referral for LTBI tx through NM DOH

Healthcare providers should only refer individuals with medical conditions that increase their risk for progression to active disease. **Providers must include supporting documentation for the diagnosis (i.e., physical examination, testing results, radiology reports, risk assessment) with the referral.**

Priority will be given to individuals at highest risk for progression to disease with no health insurance.

- Please complete Referral Form which is required
- Fax referrals to the NM DOH TB Program and program staff will contact the patient to schedule an appointment or to obtain more information. Walk-ins are not accepted.
- NM DOH TB cannot proceed with referral services until all required documentation is received
- NOTE: All referred LTBI treatment services are provided contingent on available public health resources. Treatment services may be suspended at any time. Priority will be given to individuals at highest risk for progression to disease with no little or no health insurance or have low income.



Michelle Lujan Grisham  
Governor

Gina DeBlassie  
Interim Cabinet Secretary

New Mexico Department of Health

## **TUBERCULOSIS CONTROL PROGRAM**

Phone: 1-833-796-8773 Fax: 1-505-827-0163

### **Referral for TB Treatment (select):**

LTBI  Active TB Disease

Referral Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Phone Number: \_\_\_\_\_

#### Records to Include with Referral:

Test Results: Copy of IGRA or TST

Additional laboratory findings:  
CBC/CMP, AFB smear/PCR/culture  
results; other lab results

Radiology: Chest X-Ray report  
(within 3 months of date of referral)

Patient demographic information  
form

Clinic documentation/risk  
assessment of TB

Documentation of most recent  
clinic note

#### Select criteria for increased risk of progression of LTBI to TB disease (please check all that apply)

Known recent exposure in the last 2 years

All children and adolescent (Children under 5 are the highest priority)

Pregnancy

HIV infected individuals with positive TB test (TST or IGRA)

Persons with a history of untreated or inadequately treated TB disease, including those with fibrotic changes on chest radiography consistent with prior TB disease

Potential recipients of organ transplants

Recent immigrants (within last 5 years) with positive IGRA, abnormal chest x-ray, and immune-compromising medical conditions that present a higher risk for accelerated progression to TB disease

Persons experiencing housing insecurity

Persons with LTBI and complex co-morbidities (determined by TB program staff review)

# TB consultation request

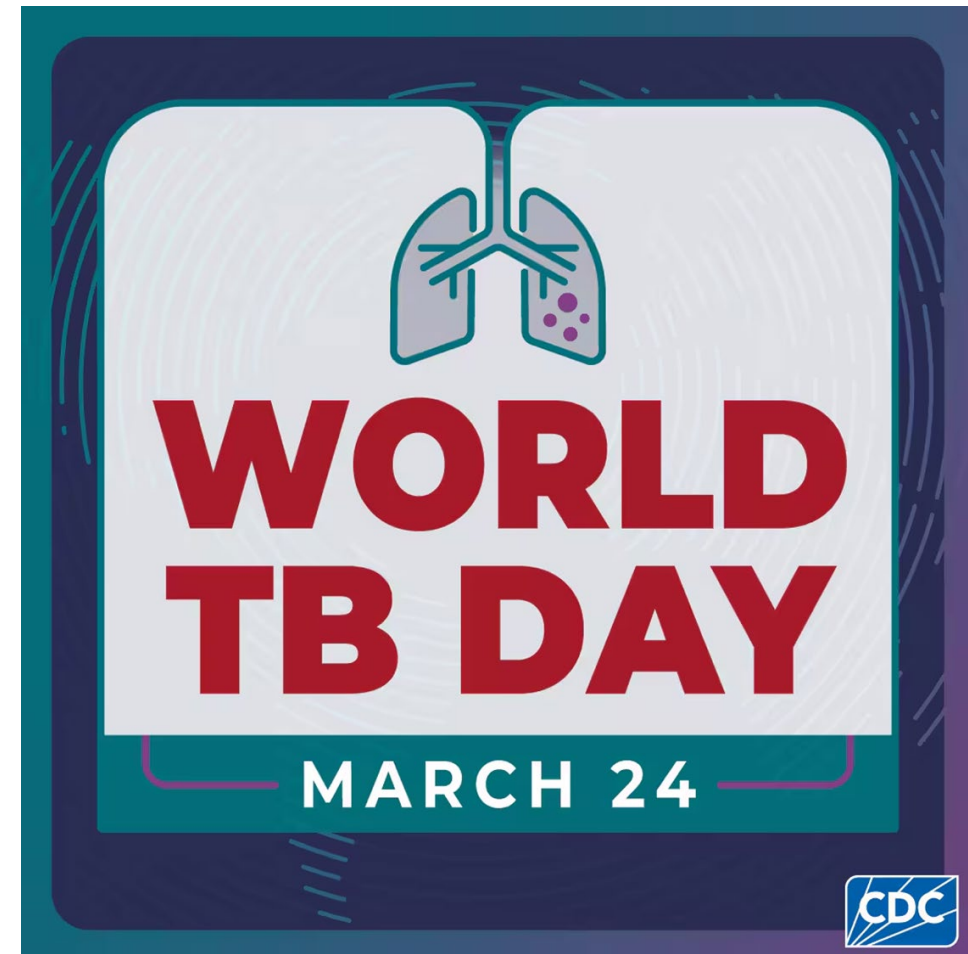
NM DOH TB Program is available for consultation for LTBI treatment recommendations, if needed. Consultation can be requested by calling 1-833-796-8773 or emailing [doh-tb-program@doh.nm.gov](mailto:doh-tb-program@doh.nm.gov) (**request and contact information only, do not include PHI in email**).





# TB elimination in NM

The increase in TB disease in the United States in 2023 highlights a necessity to advance TB prevention efforts to regain momentum toward the United States' goal of TB elimination.

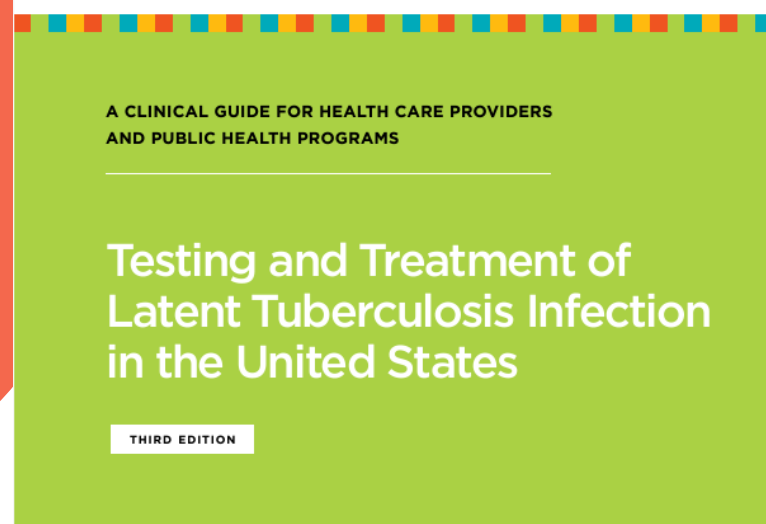


# Resources

CDC Guidelines - <https://www.cdc.gov/tb/hcp/clinical-guidance/index.html>

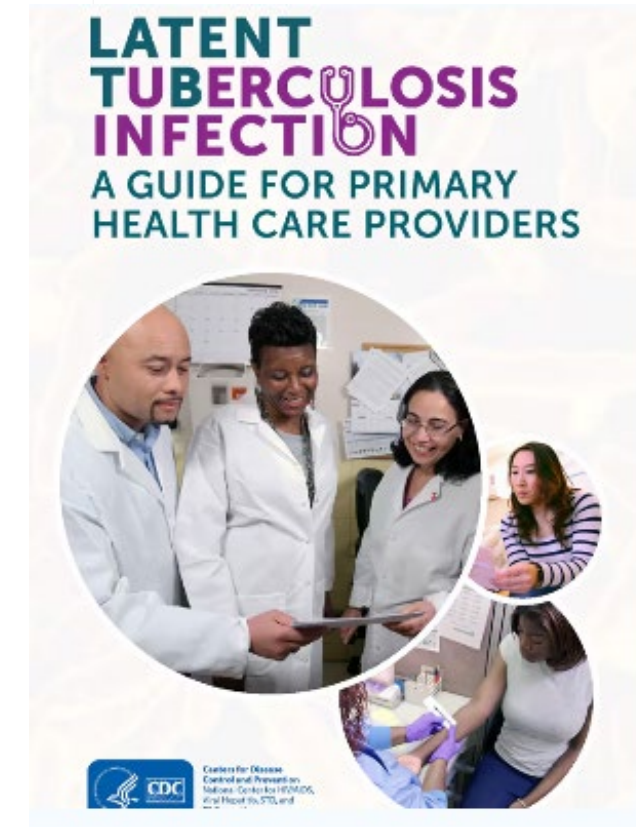
CDC LTBI Booklet - <https://www.cdc.gov/tb/hcp/education/latent-tb-infection-guide-primary-care-providers.html>

NTCA LTBI - Testing and Treatment of Latent Tuberculosis Infection in the United States: A Clinical Guide for Health Care Providers and Public Health Programs – 3<sup>rd</sup> edition - [https://tbcontrollers.org/docs/NSTC/LTBI\\_Clinical\\_Guidelines\\_2024\\_FINAL.pdf](https://tbcontrollers.org/docs/NSTC/LTBI_Clinical_Guidelines_2024_FINAL.pdf)



Formerly titled *Testing and Treatment of Latent Tuberculosis Infection in the United States: Clinical Recommendations – A Guide for Health Care Providers and Public Health Programs*

**NTCA NSTC**  
National Society of  
Tuberculosis Clinicians



# Contact Us

## Website

- <https://www.nmhealth.org/about/pd/idb/tbpp/>

## Email

- [doh-tb-program@doh.nm.gov](mailto:doh-tb-program@doh.nm.gov)

## Information Line

- 1-833-796-8773



# Questions

