

CACET Meeting Minutes  
Wednesday May 26, 2010

In attendance: Lynn Sosa, Danielle Orcutt, Heidi Jenkins, Margaret Tate, Michele Meade, Steve Updegrave, Lloyd Friedman, Jim Hadler, Joe Gadbow

1. Use of NAA testing at the state lab

There was much discussion on the current draft of the guidelines. In particular, clarification was requested on the statement of how much antituberculous therapy a patient can have received prior to collecting a specimen for NAA testing. While this issue is not addressed in the CDC guidelines, it is noted in the package insert for the test. Lynn will discuss with Gary Budnick and obtain the package insert for committee members to review.

Additionally, there was feedback given on the section of the guidelines addressing interpretation of NAA test results. It was suggested that the MMWR wording on test interpretation be substituted for the current explanation.

2. Updates from the TB Program

--The TB Program has a new refugee/immigrant coordinator funded through an MOA with DSS. Alison Stratton started on 5/21/10.

--The TB Program is managing three new MDR-TB cases, all diagnosed within the last few months. The cases have been very interesting and challenging. In 2009, there were no MDR-TB cases diagnosed in Connecticut.

--The TB Program in conjunction with the lab is working on expanding Quantiferon testing done at the lab. In particular, we have started working with public health clinics to incubate samples on site; this was done in the context of a contact investigation and it would not have been possible to offer QFT to contacts otherwise.

--There will be a medical student working with the TB Program over the next month to look at HIV testing among TB cases. This is part of the program's evaluation plan for the year as we are working to improve our numbers to meet the national goal set by CDC.

--Last year's evaluation plan for the TB program focused on contact investigations. We had our CSTE fellow and another MPH student work on this project for us and we are still in the process of organizing the data and results. Lynn should have a summary of the results ready for the next meeting.

3. Revision of guidance for colleges/universities

The committee was in agreement that the CACET guidelines from 1998 should be revised. People who had reviewed the MACET guidance from 2003 felt that was too comprehensive and likely more than we wanted to address in our guidelines; however, the addition of state-specific forms would likely be beneficial to our document. The ACHA guidelines from 2008 were also distributed to determine if any elements from that document would be helpful. After some discussion, it was determined that the two areas that are the most important to address in this document are the use of IGRAs and how to educate students (especially those that are foreign born) about TB and LTBI. Committee

members feel that it will be extremely important to have a meeting with college health professionals to introduce and discuss the updated guidelines once they are complete.

Lynn will work on putting together a draft document to be sent to the rest of the committee this summer.

The next CACET meeting will likely be scheduled for September. Possible dates will be circulated soon.