MONTANA DPHHS
Healthy People. Healthy Communities.

Department of Public Health and Human Services

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Technical Guidance Regarding Official Rule Change

Tuberculosis ARM Changes

37.114.1001 – Tuberculosis Diagnosis

Language describing testing for diagnosis was deleted because the definitions were outdated and because diagnostic testing for TB continues to rapidly change. Specific diagnostic language was replaced with the current, national TB case definition. The TB case definition includes both laboratory criteria and clinical case criteria.

37.114.1002 – Tuberculosis: Communicable State

The previous rule required that a person with TB be considered communicable until they became culture negative, which is not consistent with current science or practice. The rule was changed to reflect that a person diagnosed with an active TB process will be considered to continue to have active TB until completing an adequate treatment regimen. Communicability (and thus the need for isolation) is addressed in 37.114.1005.

Healthcare facilities must now notify the local health department before a patient with active TB is discharged from the facility. This requirement is necessary to ensure that local health departments are aware of intended transfers of TB cases and necessary transition planning can be accomplished.

37.114.1005 – Isolation of Case/Testing and Quarantine of Contacts

This rule required that a person with communicable TB, as previously defined, be isolated until culture negative. Again, this requirement is not supported by current science or practice. The updated language states that a person with active TB must be in isolation until he/she is not able to transmit TB as determined by the local health officer and the State TB Program. The understanding of TB transmission is changing rapidly and the new rule language provides the flexibility needed to make the determination for each patient based on national guidelines or currently accepted practices.

The rule language was also updated to reflect that contacts who are symptomatic (vs. those in a communicable state) for TB disease can be quarantined until active disease has been ruled out.

37.114.1006 – Treatment Standards

This section was updated to reflect newly published national treatment guidelines of drug-susceptible tuberculosis. For the treatment of multiple-drug resistant (MDR) TB or other findings beyond the scope of the above guidelines, the assistance of a TB expert physician approved by the local health department and the State TB Program must be used.

Another vital addition to this section is the requirement for all persons with active tuberculosis to be treated using Directly Observed Therapy (DOT) until treatment is complete. The DOT plan must be approved by the local health officer and the State TB Program office. The use of DOT has been the standard of care for treating TB patients in the U.S. for some time. Montana local county, tribal, and Indian Health Service jurisdictions have long recognized the need for DOT to achieve treatment completion, but the requirement by ARM now provides the necessary authority to ensure its use. Because treatment for TB is long in duration, requires multiple medications and is often complicated, DOT is necessary to achieve treatment completion and thus, stop the cycle of transmission.

37.114.1010 – Employee of School/Day Care Facility Provider

The section requiring a tuberculin skin test prior to employment at schools and day cares was repealed. CDC guidelines discourage TB testing of low-risk persons and groups because when the prevalence of latent TB infection is low, testing results in an unsatisfactorily high number of false positive tests. Montana is a low-incidence state for active tuberculosis: only four cases of TB were reported in Montana in 2016 and in the last decade (2007-2016) an average of seven cases were reported annually. CDC and the State TB Program instead recommend that providers and local public health jurisdictions only test individuals who are at risk for TB.

37.114.1015 – Case Follow-up, Reporting, and Contact Investigation

Updated national guidelines are referenced for both treatment follow-up and performing contact investigations. In addition, this rule section now requires local health jurisdictions to provide a monthly TB case follow-up report to the State TB Program, including the date treatment is completed. The previous rule only required an update every three months. The new rule also specifically requires that local health jurisdictions complete a contact investigation for each infectious TB case and submit reports to the State TB Program that document the progress of the contact investigation as well as a final summary of the investigation.

37.114.1016 – Submission of Specimen/Culture

Previous language only specified that a specimen be submitted, which generally refers to a primary patient specimen. The language was updated to allow a provider or laboratory to submit *either* a specimen or culture from all culture-positive tuberculosis cases to the Montana Public Health Laboratory.