

CTCA MEMBERSHIP MEETING MINUTES

DATE: April 30, 2004
EC MEMBERS PRESENT: Charlie Crane, Karen Smith, Jeanne Soukup, Sam Sanders, Sarah Royce, Bob Benjamin, Allyson Tabor, Kathleen Moser
EC MEMBERS ABSENT: None
OTHERS PRESENT: Members

Item	Discussion	Action Steps	Who	Due
I. Introductions				
II. Approval of Past Minutes	April 04 Minutes Motion to approve, seconded, approved (10 yes, 0 no)			
III. Voting	A. Bylaws Changes Motion to Approve all, seconded, approved (18 yes, 0 no) B. Election of New Officers. <i>The nominating committee presented the following candidates:</i> <ul style="list-style-type: none"> • President: Charles Crane • President-Elect: Allyson Tabor • Secretary/Treasurer: Tony Paz • TB Controller at Large: Kathy Moser • Rural & Other Small Health Jurisdictions Representative: Charlotte Clunn Motion to Approve all, seconded, approved (18 yes, 0 no)			
IV. Reports	A. Executive Committee: Karen Smith, President, provided handout. B. Treasurer's Report: Allyson Tabor, Secretary/Treasurer, reported an expected balance of \$27,000 at the end of the fiscal year. The account has been steady for the past few years. There is now a new spreadsheet to track CTCA funds. <i>Charles Crane announced the implementation of a new scholarship fund. Donations were accepted during the Registration process. About \$2,500 has been distributed for this conference. Tax deductible contributions can be made payable to CTCA Scholarship Fund. He and others made donations at the meeting.</i> C. Nurses and Allied Health Professionals Committee: Jerry Grandon, NAHPF Chair, reported two positive steps CTCA has taken to allow for a more cohesive community, opening the NAHPF meeting to TB Controllers and including NAHPF faculty as conference faculty. D. Policy and Legislative Update for TB Controllers: Bob Benjamin, Past President and Chair of the Legislative Committee, reported that SB 1847 language is being finalized between Senator Perata's office and the California Nurses Association. <i>Charles Crane noted the new meeting format to not hold the TBC meeting and the NAPHF meeting concurrently. He encouraged all to attend the TBC meeting.</i>			

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	<p>E. Advisory Council on the Elimination of TB (ACET): Masae Kawamura, Chair ACET submitted the following report <i>in absentia</i>: ACET continues to tackle unresolved TB control issues.</p> <p>Overriding concern:</p> <ul style="list-style-type: none"> • Funding is “woefully” inadequate for TB elimination: program intensification targeting higher morbidity groups (rural SE African Americans, US-Mexico border TB Control) targeted testing, implementation of national strategic plan for training and education, TB and corrections ACTION taken: letter written to HHS Sec. Thompson summarizing the issues and request made to meet with him (see attachment) <p>Workgroups</p> <ul style="list-style-type: none"> • 2003 TB in African Americans of the Southeast: Consultation with national stakeholder agencies held by ACET and CDC on May 13 and 14, 2003. Increased awareness and information sharing and dissemination was accomplished. Secretary Thompson asked to put TB on the health disparities list. ACET awaits a response. (workgroup concluded, CDC to follow-up on future activities) • 2004 TB and the Foreign Born with a focus on legal immigration screening policies and control of TB in undocumented immigrants. 1998 MMWR recommendations are being reexamined. <ul style="list-style-type: none"> - Considering the following recommendations: mandatory B1 notification follow up, call for overseas culture and susceptibility testing, pre-entry LTBI diagnosis, QA and feedback loop for B notification system - Cost of rising global MDR that ends up in the US - New or undocumented immigrant access to care <p>ACET has called for the guideline revisions and updates</p> <ul style="list-style-type: none"> • 1998 FB recommendations (in workgroup) • CDC Infection Control guidelines (nearly completed) • CDC corrections guidelines (in workgroup) <p>Other Areas of interest:</p> <ul style="list-style-type: none"> • OSHA rescinds rule-making for TB and infection control 12/31/03. • ACET concerns include <ul style="list-style-type: none"> - 12/03 <i>Federal Register</i> notice indicated that OSHA will apply the General industry respiratory protection standard (GIRPS) to control of occupational exposure of <i>M tb</i>. This standard was specifically developed for hazardous 			

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	<p>substances from airborne contaminants and chemical toxins and is not appropriate for infectious agents like TB</p> <ul style="list-style-type: none"> - Need for annual fit testing (unfair burden and costs on hospitals), required under GIRP standard - Fit testing vs. wearing better fitting masks (assign "fit factor scale") - CDC TB infection Control statement may conflict with OSHA's assigned protection factor rule <ul style="list-style-type: none"> • Laboratory standards and regionalization Report given by Association of Public Health laboratories (APHL) concludes <u>against</u> regionalization and encourages Fast Track models, networks, consolidation of certain activities and coordination and more ongoing training. <p>F. California Conference of Local Health Officers: Bob Benjamin, Past President and Chair of the Legislative Committee, reported that currently California has 21% of the nation's cases of TB and 17% of the funding for TB control. CCLHO has advocated for California to get a fair share of federal funding more quickly than currently scheduled by the CDC. Also, the Dept. of Corrections is dismantling their Public Health Division. The Dept. of Corrections and Dept. of Health Services has been asked for their plans to effectively cope with the work that will still need to be done within the corrections community.</p> <p>G. National TB Controllers Association: Sarah Royce, TB Controller At Large, I.O.M. Report guided agenda items. One of these is B Notification. More resources are needed in rural and small jurisdictions to manage B Notification cases of MDR TB.</p> <p>H. California TB Elimination Advisory Committee (CTEAC) Subcommittee on Rural and Other Small Health Jurisdictions: Samuel Sanders, CTCA EC and Dr. Frank Alvarez, CTEAC RSHJ subcommittee chair presented the following update: The RSHJ Advisory Group met on December 11, 2003 to develop a TB Control template to provide an outline of essential operational and programmatic components for RSHJ TB programs. Carol Sparks is the TBCB coordinator for this project and is finalizing the template for review by RSHJ TB Controllers and the CTCA Executive Committee (EC).</p> <p>One year ago the CTCA RSHJ representative was charged, by CTCA EC, with seeing that California Public Health Laboratory Directors (CaPHLD) partner with CDHS MDL to ensure that private and public labs have mycobacteriology services consistent with national and state standards. Toward this end a Statewide TB Laboratory Planning Project/CDC Cooperative grant renewal process was initiated. Participants from CAPHLD, DHS MDL, TBCB and Dr. Frank Alvarez, as the RSHJ representative, have been meeting to propose a more comprehensive and integrated PH TB lab network to ensure timely testing and results among clinicians and TB Controllers. A PH lab survey was recently distributed this month to all PH lab</p>			

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	<p>directors, and will be presented today to TB Controllers for their input.</p> <p>RSHJ was also asked to provide technical assistance to Health Officers Association of California to propose legislation revising California TB screening laws. On 11 March 2004 the CTCA TB Screening Workgroup met and agreed that a survey of controllers was needed to ensure that the workgroup best served its audience. The survey was sent electronically to all controllers on 4 April 2004 and the results from the respondents indicate the following. Most controllers agree that: 1) screening of teachers, food handlers and bus drivers should stop unless these individuals are in a high risk group or they are contacts to active TB cases; 2) many programs have already stopped testing the aforementioned groups; 3) private providers should be educated about when and whom to screen; 4) private providers should treat those patients who are reactors themselves rather than referring those patients to their local health departments; 5) budget constraints make treatment of patients with tuberculosis disease and their contacts the highest priorities rather than treating LTBI; 6) ATS/CDC guidelines may make it unnecessary for CTCA to issue a policy or a statement about routine TB screening, LTBI treatment, DOPT or the financing , referring and the prioritizing of patients to local health departments; and 7) the TST waiver tool which Doctor Alvarez has developed would be most helpful for controllers' as well as private providers' use.</p> <p>The collection of survey data is ongoing, and, once more data are collected and reviewed, the results will be shared with you.</p> <p>I. American Lung Association of California TB Technical Advisory Group: Barbara Cole, Chair TB TAG, distributed report.</p> <p>J. Francis J. Curry Center: John Lewis, Acting Executive Director, future partnerships with CTCA are guaranteed. What shape they take to be developed in long term planning currently underway.</p>			
IV. Legislative Issues	<p>A. SB 1847: Bob Benjamin, Past President, Chair Legislative Committee, Language being worked out with Senator Perata's office and the California Nurses Association.</p> <p>B. National Legislation: Sarah Royce, TB Controller At Large, distributed a Fact Sheet.</p>			
V. Upcoming Conferences	<p>A. CTCA Fall Business Meeting(s)</p> <p>TB Controllers would like to meet twice per year. <i>NAPHF will decide today about having a Fall meeting this year. There will be no Membership meeting this Fall.</i></p>	TB Controllers will be notified with the next meeting date.	Judith	June 30, 2004
VI. Items from the floor	None			