

Tuberculosis Elimination Initiative
Implementation Plan
San Diego County

July 13, 2021

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San Diego County Tuberculosis Elimination Initiative Implementation Plan, June 2021.

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EXECUTIVE SUMMARY

Strategic global, national, and State initiatives have led the charge for Tuberculosis (TB) elimination. In 2014, the World Health Organization (WHO) launched the *End TB Strategy* with the goal of ending the global TB epidemic. The Centers for Disease Control and Prevention's (CDC) Division of TB Elimination *Strategic Plan for 2016-2020* provides a national strategy for TB elimination (defined as less than one case per million annually). In California, the TB Control Branch of the California Department of Public Health (CDPH) outlined a 5-year action plan (2016-2020) for TB Elimination, created by a collaboration of stakeholders. San Diego County is following the global, national, and State initiatives with a public-private partnership: The San Diego County TB Elimination Initiative (TBEI).

On July 23, 2019, the San Diego County Board of Supervisors (Board) authorized staff to develop and launch the San Diego County TBEI. The initiative is a coordinated effort to build a TB elimination framework that serves the County's diverse population and engages key stakeholders and communities impacted by TB. The primary objective of this initiative is to decrease the incidence of active TB cases in San Diego County from 7.9 cases per 100,000 population (2019) to less than 1 case per million population by 2040. (Note this target was adopted from the *California Tuberculosis Elimination Plan, a Five-Year Action Plan, 2016 – 2020* and requires additional modeling and feasibility assessment for San Diego County.)

Beginning in January 2020, a network of multi-sector TBEI stakeholders from over 25 unique agencies, collaborated to identify key recommendations and supporting activities to address local needs and barriers to TB elimination in San Diego County. This report provides a summary of the TBEI methodology, findings, recommendations, and Implementation Plan that support TB prevention and elimination in San Diego County.

INTRODUCTION: TB ELIMINATION IN SAN DIEGO COUNTY

TB is a communicable bacterial disease transmitted from person-to-person. TB usually affects the lungs, but it can also affect other parts of the body such as the brain, kidneys, or the spine. Treatment of active TB is usually treated by taking several drugs for six to nine months. However, the majority of people infected with TB do not become ill right away, but instead harbor the bacteria in their bodies; this is referred to as latent tuberculosis infection (LTBI). LTBI cannot be transmitted to others, but without treatment, these individuals have a five to ten percent risk of reactivation and progression to infectious TB disease in their lifetimes. Identifying individuals with LTBI via testing and treating persons with LTBI is an important strategy to prevent TB.

San Diego County's annual TB incidence was 5.7 cases per 100,000 persons in 2020, which is higher than both the California and national rates. Important contributing factors to this high rate include our diverse population and our location along the US-Mexico border.

Approximately 175,000 San Diego County residents are infected with LTBI, which can progress to active TB disease if left untreated. An estimated 25% of individuals with LTBI are aware of their infection and only 15% have been treated. Finding and treating LTBI will prevent active TB cases in San Diego County and is an important strategy to accelerate progress towards achieving the goal of TB elimination. Efforts at the State and national levels can be leveraged to define the burden of LTBI and identify the stages where patients are lost to care in the process from LTBI diagnosis to treatment completion, known as the LTBI care cascade.

San Diego County has a pivotal opportunity to leverage the global, national and California strategies for TB elimination, and to be on the forefront of statewide efforts. Our multi-sector partnerships and binational collaboration uniquely position us for this effort. Moreover, the increased adoption of blood tests (interferon gamma release assays) to diagnose LTBI reduces false positives and new short-course LTBI treatment regimens now recommended by CDC increase the likelihood of treatment being completed by patients. Furthermore, the US Preventive Services Task Force recommends screening asymptomatic adults for LTBI in populations at increased risk (2016 Grade B recommendation).

The primary objective of this initiative is to decrease the incidence of active TB cases in San Diego County from 7.9 cases per 100,000 population (2019) to less than one case per million population by 2040. (Note this target was adopted from the *California Tuberculosis Elimination Plan, a Five-Year Action Plan, 2016 – 2020* and requires additional modeling and feasibility assessment for San Diego County.)

METHODOLOGY

The County of San Diego (County), Health and Human Services Agency (HHSA), Public Health Services (PHS) convened the TBEI Advisory Committee, Steering Committee and five Action Committees in January 2020 with key community stakeholders from over 25 unique agencies including 35 non-county participants. The seven committees established were:

1. **Advisory Committee** – This committee guides the work of the TBEI and makes critical decisions regarding the governance, vision, and cross-cutting activities of the initiative.
2. **Steering Committee** – This committee is comprised of co-chairs of the Action Committees and serves to coordinate the activities of the initiative.
3. **Access, Testing and Treatment Committee** – This committee is largely comprised of clinicians and direct service staff who work in settings providing TB diagnostic and treatment services. They identified strategies for testing and treatment for latent tuberculosis infection (LTBI) for high-risk community populations, as well as provider outreach and peer-to-peer education.

4. **Surveillance and Monitoring Committee** – This group consists of clinicians, researchers, and epidemiologists. They identified strategies to understand the LTBI burden and monitor the LTBI care cascade to measure progress towards the elimination goal.
5. **Consumer and Advocacy Committee** – This group is comprised of members who are TB survivors who have undergone the diagnosis and treatment process related to TB and can provide feedback based on first-hand experiences.
6. **Communication and Marketing Committee** – This group is comprised of health educators, community outreach workers and other representatives that serve high-risk TB populations. They identified strategies to create accurate messaging for providers serving high-risk patients and for all individuals associated with the LTBI cascade of care.
7. **Schools Committee** – This group includes nurses, medical directors, physicians, and administrators from colleges, universities, and K-12 schools in San Diego County. They focused on strategies to standardize TB screening protocols and procedures, starting with higher education institutions, to prevent risk of TB transmission on school campuses, which are high risk environments.

The committee members identified barriers to screening, testing, treating, and effectively tracking LTBI care for populations at highest risk for LTBI in San Diego County. Stakeholders analyzed TB elimination strategies by the State and other counties and identified opportunities to address local needs. The participants developed six key recommendations focused on San Diego County priorities to eliminate TB. These recommendations were provided to the Board in a memorandum dated for February 16, 2021. Due to stakeholder involvement in the COVID-19 response efforts, the TBEI received input from all TBEI stakeholders through committee meetings, individual interviews, and email communications. The Implementation Plan for TB elimination, which is summarized in this document, outlines how the County will address the TBEI recommendations.

FINDINGS: BARRIERS TO TB PREVENTION IN SAN DIEGO COUNTY

The chart below provides a summary of the feedback received from TBEI stakeholders and committee members:

Topic	Barriers Identified by TBEI Stakeholders
Capturing LTBI Quality Metrics	<ul style="list-style-type: none"> ▪ The Centers for Medicare and Medicaid Services (CMS) does not currently include LTBI metrics in their reported quality measures. ▪ Clinics do not systematically collect country of birth. ▪ Clinics do not often follow-up on completion of treatment. ▪ Clinics may not know what data to collect. ▪ Many clinics lack ability and funding to change their electronic health record (EHR) frequently. ▪ Manual screening assessment can be a burden on providers.

Topic	Barriers Identified by TBEI Stakeholders
	<ul style="list-style-type: none"> ▪ Many clinics do not have a reliable way to identify steps of the care cascade in their EHR. ▪ LTBI care cascade data is needed to inform intervention planning. ▪ Capability to share LTBI information across systems is needed to ensure testing/treatment occurs and is not duplicated as patients seek care in different settings or from different providers.
Provider Education	<ul style="list-style-type: none"> ▪ Many providers do not currently understand LTBI cascade’s public health value. ▪ Many providers are not aware of shorter-term treatments for LTBI. ▪ Providers have many competing priorities to cover with patients. ▪ Clinics have ongoing LTBI training needs – to account for provider turnover and per diem providers. ▪ Providers are not successful at moving high risk populations from positive test to treatment. ▪ Providers do not have ready access to culturally appropriate, easily accessible tools and messaging to use with all high-risk LTBI patients that contain targeted messaging.
Patient Education	<ul style="list-style-type: none"> ▪ Many non-US born populations see TB risk as widespread in their countries and attribute a positive test to the Bacillus Calmette-Guerin (BCG) vaccine; they need to understand the rationale for LTBI treatment. ▪ Some people at risk for LTBI are not tech savvy, rely on trusted community members for information and have difficulty navigating health care. ▪ It is hard to convince uninsured and cash pay patients to seek LTBI testing and treatment because they don't perceive themselves as being sick.
Access to Care	<ul style="list-style-type: none"> ▪ Cost of Interferon-Gamma Release Assays (IGRAs) and short-course treatments present barriers to uninsured patients. ▪ Some patients do not want to travel to County to access free/discounted care. ▪ Many clinics do not provide routine screening for patients at risk for LTBI. ▪ A streamlined process for coordination of TB/LTBI screening and testing is needed between FQHCs and mental health services.
Schools	<ul style="list-style-type: none"> ▪ Disparities and gaps exist across current screening procedures and messaging at schools: <ul style="list-style-type: none"> ▪ Many Student Health centers have limited funding. ▪ Community Colleges cannot mandate TB tests linked to enrollment. ▪ Not all colleges have EHRs. (Many rely on paper-based documentation.) ▪ Web-based, culturally appropriate student messaging and electronic screening is not accessible at all schools. ▪ Many students referred to treatment for LTBI do not access it. Reasons include: <ul style="list-style-type: none"> ▪ Students think they test positive due to the BCG vaccination. ▪ Students do not want to pay out-of-pocket and many are uninsured. ▪ Students feel invulnerable and do not comprehend the lifetime risk of LTBI. ▪ Students are concerned about side effects of treatment.

Additionally, TBEI stakeholders discussed the following themes during committee meetings:

Surveillance System Capabilities and TB Elimination Evaluation

PHS conducts public health surveillance for active TB. However, there is no comprehensive LTBI surveillance system currently implemented at the national level, in California or in San Diego County.

Enhanced Partnerships Need to be Leveraged:

There are significant opportunities to collaborate with, integrate efforts, and leverage the surveillance, infrastructure and resources of partner programs targeting populations at risk for LTBI (e.g., HIV, COVID-19, USPSTF Grade A and B guidelines).

RECOMMENDATIONS

The San Diego County Tuberculosis Elimination Initiative stakeholders developed the following six key recommendations: 1) Improve LTBI care cascade outcomes; 2) Promote awareness of LTBI as a major public health concern which is preventable and curable; 3) Develop a LTBI surveillance system to describe the burden of LTBI and monitor improvement of the LTBI cascade of care; 4) Implement TB screening in educational systems; 5) Improve access to treatment for LTBI and active TB; 6) Secure sufficient resources for implementing TBEI strategies. These recommendations support the *Live Well San Diego* vision by building better health through increased life expectancy and improved quality of life through prevention and treatment of a curable infectious disease.

1. Improve LTBI care cascade outcomes.

The LTBI care cascade shows the proportions of high-risk populations that have been tested and diagnosed with LTBI as well as the proportions starting and completing LTBI treatment. It assists in identification of gaps in the care cascade to guide further study and development of interventions to successfully close the gaps. Given 80% of active TB cases arise from untreated LTBI, LTBI care cascade outcomes can be improved by finding and engaging persons and populations at risk for LTBI, applying focused and effective strategies for TB testing, and optimizing LTBI treatment. Providing support and technical assistance for community providers to develop LTBI care cascades within their organizations and use the cascades for self-evaluation of care performance can enhance patient outcomes leading to fewer cases of active TB.

The implementation plan includes three activities:

- 1.1 Create TB/LTBI Community of Practice;
- 1.2 Engage community providers in demonstration projects for LTBI care cascade development and enhancement; and

1.3 Develop toolkit and best practices repository (ongoing for LTBI care cascade and models for access, screening, testing and treatment).

Activity 1.1 creates a forum of champions from practices, community organizations and schools that serve populations at risk for LTBI. This forum will allow stakeholders to share tools, practices, and strategies for LTBI care cascade implementation and metrics development and can advise on tools helpful to disseminate more widely to primary care providers. This forum will also enable the County to develop a greater understanding of reporting capacity and needs of community providers.

Activity 1.2 provides support and technical assistance for community providers to develop or enhance LTBI care cascades.

Activity 1.3 consists of partnership with the State to identify and share effective LTBI care cascade tools, EHR enhancements, provider communications resources and metrics set for providers and clinics (including LTBI care cascade value messaging).

2. Promote awareness of LTBI as a major public health concern which is preventable and curable.

By creating an effective communication campaign to encourage and promote testing and treatment of LTBI, individuals can become aware that LTBI can be diagnosed and treated easily, and treatment of LTBI prevents future development of active TB. Effective communication strategies which target high risk populations and healthcare providers who care for these populations can help to address health disparities in TB. Promotion of testing and treatment of LTBI with the use of patient education materials in a broad array of languages allows for improved communication between at risk patients and their healthcare providers.

The implementation plan includes four activities:

- 2.1 Engage and educate Providers about LTBI care cascade value and strategies;
- 2.2 Identify and address gaps in patient education materials and resources for San Diego County populations at high risk for LTBI;
- 2.3 Develop effective, culturally competent community and patient outreach communication campaign (Non-US born populations at highest risk for LTBI); and
- 2.4 Explore partnership opportunities to target binational, cross-border, and migrant worker populations.

Activity 2.1 focuses on effective provider education, training, toolkit, and presentations regarding when and how to conduct a LTBI risk assessment, test and treat for LTBI to influence patient care decisions and share discounted/free care options to improve access for patients.

Activity 2.2 includes conducting needs assessments for high-risk populations and providers that serve them, supporting tools development and identifying opportunities to leverage existing partner disease infrastructure for hard-to-reach LTBI populations).

Activity 2.3 involves partnerships and opportunities to leverage communication channels and community resources to promote LTBI care among high-risk populations, including web-based and culturally competent resources.

Activity 2.4 recognizes the importance of collaboration with national and state agency groups focused on improving health along the US-Mexico border, and other programs working with high-risk populations to identify options for LTBI screening, testing and linkage to care.

3. Develop a LTBI surveillance system to describe the burden of LTBI and monitor improvement of the LTBI cascade of care.

Developing a surveillance system for LTBI diagnosis and treatment would help to capture metrics along the LTBI care cascade. Using the LTBI surveillance system, standard reports would assist in identifying actionable gaps in the LTBI care cascade and measuring the effectiveness of interventions designed to address gaps.

The implementation includes three activities:

- 3.1 Develop standard LTBI reporting measures for San Diego County community providers;
- 3.2 Establish a system to share LTBI patient data across healthcare and social services systems; and
- 3.3 Develop reporting system for sharing of metrics by County community providers.

Activity 3.1 supports County partnership with the State to create a gold standard list of recommended LTBI reporting measures for County providers and clinics to work toward that support the US Preventive Task Force Grade B recommendation and substantiate establishment of TB/LTBI CMS quality of care metrics.

Activity 3.2 requires analysis of existing platform functionality and approach through baseline source data collection and gap assessment (e.g., San Diego Immunization Registry, San Diego Health Connect).

Activity 3.3 promotes the longer-term objective of aggregate LTBI quality metrics reporting by community providers in San Diego County and the use of data to both measure progress and drive strategies to improve outcomes.

4. Implement TB screening in educational systems.

Implementing TB screening in educational systems like high schools and colleges can lead to early detection and prevention of active TB and detection of LTBI in younger populations. Screening all college students for TB risk factors, providing education regarding the need for

testing, and enhancing communication of local resources for treatment can decrease LTBI and active TB cases. Furthermore, developing web-based tools and resources for student populations can allow easier and more timely access to screening, testing and LTBI treatment.

The implementation plan includes four activities:

- 4.1 Offer TB screening risk assessment as a resource in admissions or registration process for community colleges in San Diego County;
- 4.2 Screen high school seniors for TB risk factors in high-risk districts;
- 4.3 Establish a centralized web-based tool for the LTBI risk assessment questionnaire and electronic linkage to follow-up care for usage by colleges; and
- 4.4 Provide culturally and linguistically appropriate linkage to care materials for students.

Activity 4.1 engages decisionmakers and influential champions for schools without screening policies to identify pilot site(s) with community colleges.

Activity 4.2 engages decisionmakers and influential champions for high school, county and district leadership to identify sites to conduct a pilot program for LTBI screening, testing, and education.

Activity 4.3 provides a survey-based TB/LTBI risk self-assessment tool in appropriate languages on the County web site that will be a resource for community colleges and other populations with linkage to locations to access LTBI testing and treatment.

Activity 4.4 recognizes the need for focus groups to address specific gaps in materials, resources, and messaging needs/channels (including linkage to care) for student populations.

5. Improve access to treatment for LTBI and active TB.

Working with pharmacies, clinics, and community healthcare providers to lower cost of treatment options for LTBI, including access to shorter duration options, is crucial to TB elimination. Moreover, improving access to and awareness about County programs for discounted and free treatment of uninsured and vulnerable patient populations would assist in treatment of active and latent TB, as well as decrease overall cases.

The implementation plan includes four activities:

- 5.1 Leverage existing vaccination and testing infrastructure that targets similar high-risk populations;
- 5.2 Expand access to County discounted and no cost TB/LTBI testing and treatment program;
- 5.3 Encourage telehealth options for LTBI screening and treatment; and
- 5.4 Address cost of IGRA testing and short-course treatment options for uninsured, self-pay and insured patients.

Activity 5.1 will identify pilot "hot spot" site(s) where LTBI education, screening and testing can be imbedded into existing vaccination and testing procedures in place for other diseases.

Activity 5.2 provides broader access to care and streamlined resourcing through expansion of telehealth to all County regional public health LTBI clinics.

Activity 5.3 leverages the Community of Practice to promote telehealth for TB/LTBI care through sharing of TB/LTBI telehealth experience, platforms, and resource models.

Activity 5.4 addresses the cost of care through a provider needs assessment and task force to determine specific cost issues and solutions, as well as partnership with the State to support statewide health plan coverage of IGRA testing and short-course treatment medications.

6. Secure sufficient resources for implementing TBEI strategies:

Elimination of TB via public-private partnership, with participation from community clinics and healthcare providers and outreach to high-risk communities requires increased funding streams. Sufficient funding will broaden and support TB elimination efforts countywide and provide the capacity to fully execute the TBEI implementation plan.

The implementation plan includes one activity:

6.1 Collaborate with national, state, county and local community stakeholders and partners to apply for relevant funding to implement TBEI strategies.

Implementation Plan – Phased Approach

The TB Elimination Initiative identified the phases below based on assessment of impact, feasibility, and funding. The activities and timing are scalable pending available funding streams, resources, and COVID-19 impact.

Recommendations and Activities	Phase A June 2021 start	Phase B June 2022 start	Phase C June 2023 start
Recommendation 1: Improve LTBI care cascade outcomes			
1.1 Create TB/LTBI Community of Practice	x		
1.2 Engage community providers in demonstration projects for LTBI Care Cascade development and enhancement	x		
1.3 Develop toolkit and best practices repository (ongoing for LTBI care cascade and models for access, screening, testing and treatment)	x		
Recommendation 2: Promote awareness of LTBI as a major public health concern which is preventable and curable.			
2.1 Engage and educate Providers about LTBI care cascade value and strategies	x		
2.2 Identify and address gaps in patient education materials and resources for San Diego County populations at high risk for LTBI	x	x	
2.3 Develop effective, culturally competent community and patient outreach communication campaign (Non-US born populations at highest risk for LTBI)			x
2.4 Explore partnership opportunities to target binational, cross-border, and migrant worker populations			x
Recommendation 3: Develop a LTBI surveillance system to describe the burden of LTBI and monitor improvement of the LTBI cascade of care.			
3.1 Develop standard LTBI reporting measures for San Diego County community providers	x		
3.2 Establish a system to share LTBI patient data across healthcare and social services systems		x	x
3.3 Develop reporting system for sharing of metrics by County community providers			x
Recommendation 4: Implement TB screening in educational systems			
4.1 Offer TB screening (risk assessment) as a resource in admissions or registration process for community colleges in San Diego County		x	x
4.2 Screen high school seniors for TB risk factors in high-risk districts		x	x

Recommendations and Activities	Phase A June 2021 start	Phase B June 2022 start	Phase C June 2023 start
4.3 Establish a centralized web-based tool for the LTBI risk assessment questionnaire and electronic linkage to follow-up care for usage by colleges	x		
4.4 Provide culturally and linguistically appropriate linkage to care materials for students		x	x
Recommendation 5: Improve access to treatment for LTBI and active TB.			
5.1 Leverage existing vaccination and testing infrastructure that targets similar high-risk populations	x	x	
5.2 Expand access to County discounted and no cost TB/LTBI testing and treatment program	x		
5.3 Encourage telehealth options for LTBI screening and treatment	x	x	
5.4 Address cost of IGRA testing and short-course treatment options for uninsured, self-pay and insured patients		x	x
Recommendation 6: Secure sufficient resources for implementing TBEI strategies.			
6.1 Collaborate with national, state, county and local community stakeholders and partners to apply for relevant funding to implement TBEI strategies	x	x	x

DISCUSSION

The diverse stakeholders that collaborated to develop the key recommendations and Implementation Plan activities are committed to realizing TB elimination for San Diego County. The barriers they identified, associated with gaps in tuberculosis awareness, provider and patient education, engaging and testing populations most at risk for LTBI, LTBI surveillance, as well as lack of resources - must be addressed.

Though the County PHS conducts robust surveillance for active TB as a collaborative partner in both the national and California surveillance systems, there is no comprehensive LTBI surveillance system currently implemented at the national level, in California or in San Diego County. The County has recently gained preliminary experience for reporting of LTBI, via a pilot project for civil surgeons due to a federal requirement for reporting, and is also working to utilize positive interferon gamma release assay results now required to be reported electronically by laboratories for California residents.

To monitor progress in TB elimination, San Diego County needs systems in place to define the burden of LTBI and identify the stages where patients are lost to care in the process from LTBI diagnosis to treatment completion. While a robust surveillance system is a longer-term goal, it

is important to begin assessing needs for individual clinics and communities to directly understand their capacity, help them address barriers in implementing a LTBI care cascade, and build the capability to collect recommended metrics.

To evaluate the progress of TB elimination, the program will identify process metrics that measure the success of each implementation activity in supporting the recommendation it supports. The Community of Practice will establish a forum to provide feedback, sharing of practices, LTBI care cascade learnings and metrics development. The Phase A of TBEI implementation will establish a foundation that supports further implementation activities and partnership.

Since the TB Elimination Initiative began planning and developing recommendations, the COVID-19 pandemic began. Its potential impact on control and prevention of TB in San Diego County must be acknowledged. The WHO outlined the following impact on TB elimination efforts:

- Potential for Poor Outcomes for TB Patients: While experience on COVID-19 infection in tuberculosis (TB) patients remains limited, it is anticipated that people ill with both TB and COVID-19 may have poorer treatment outcomes, especially if TB treatment is interrupted.
- Similar Risk Factors for TB and COVID-19: Older age, diabetes, and chronic obstructive pulmonary disease (COPD) are linked with more severe COVID-19 and are also risk factors for poor outcomes in TB. All measures should be taken to ensure continuity of services for people who need preventive and curative treatment for tuberculosis (TB).
- Opportunities for Collaboration: The response to COVID-19 can benefit from the capacity building efforts developed for tuberculosis (TB).

Likewise, TBEI stakeholders have identified the opportunities for TB and LTBI prevention to leverage the education, testing and vaccination infrastructure now in place for COVID-19 to target hard-to-reach populations at risk for LTBI in San Diego County, especially in geographic areas and communities that are high risk for both COVID-19 and TB/LTBI risk.

Several key conditions unique to San Diego position the county for success in TB elimination:

- A strong network of committed clinical champions;
- A rich network of community health centers and advocates dedicated to serving the populations at risk for TB throughout the County;
- A strong network of education institutions committed to addressing the gaps in TB prevention; and
- Exceptional leaders from the CDPH dedicated to developing and implementing an innovative, data-driven, and collaborative statewide TB elimination plan, and supporting the San Diego County TBEI Implementation Plan.

CONCLUSION

The San Diego County Tuberculosis Elimination Initiative has been successful, to date, in developing a network of diverse stakeholder engagement, commitment, and partnership that has led to key recommendations and an actionable Implementation Plan. The first phase of the implementation plan will help establish a foundation for TB elimination activities going forward. While there is strong commitment to the activities outlined, the scope, pace and success of TB elimination efforts will be dependent on funding streams and COVID-19 impact. Furthermore, partnerships with national, State, and local entities are critical to the success of the implementation activities.

NEXT STEPS

San Diego County is ready to begin implementing the locally developed recommendations for TB elimination and evaluating opportunities for funding. The Community of Practice, included in the first phase of Implementation, will serve as a forum to continue the collaboration and sharing of practices across the network of stakeholders involved in this Initiative.

PARTICIPATING ORGANIZATIONS

Aetna
California Department of Public Health, Tuberculosis Control Branch
California State University San Marcos, Student Health Services
Centers for Disease Control & Prevention, Division of Global Migration & Quarantine
Champions for Health
Family Health Centers of San Diego
Health Center Partners of Southern California
Healthy Campus Consultants
Healthy San Diego
Hospital Association of San Diego and Imperial Counties
Indian Health Council
Kaiser Permanente
La Maestra Community Health Centers
Mesa College Student Health Services
Mira Costa College Student Health Services
Neighborhood Healthcare
Peak Health Group
Point Loma University Student Health Services
Samahan Health
San Diego Community College District
San Diego County Medical Society
San Diego County Office of Education
San Diego County Sheriff's Office
San Diego State University, Student Health Services
San Diego Unified School District
San Ysidro Health Center
Sharp Healthcare
Sun Health Medical Clinic
United Healthcare
United States Navy, Balboa Hospital
University of California San Diego, Epidemiology
University of California San Diego, Infectious Disease and Global Public Health
University of California San Diego, Medicine
University of California San Diego, Pediatrics
University of San Diego, Hahn School of Nursing
University of San Diego, Student Health Services
Vista Community Clinic