

# The role of TB coordinators in the Netherlands

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Erasmus MC

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Disclosure slide for speakers at further training events

<b>Disclosure of speaker's interests</b>	
<b>(Potential) conflict of interest</b>	<b>None/</b>
<b>Potentially relevant company relationships in connection with event <sup>1</sup></b>	<b>Company names</b>
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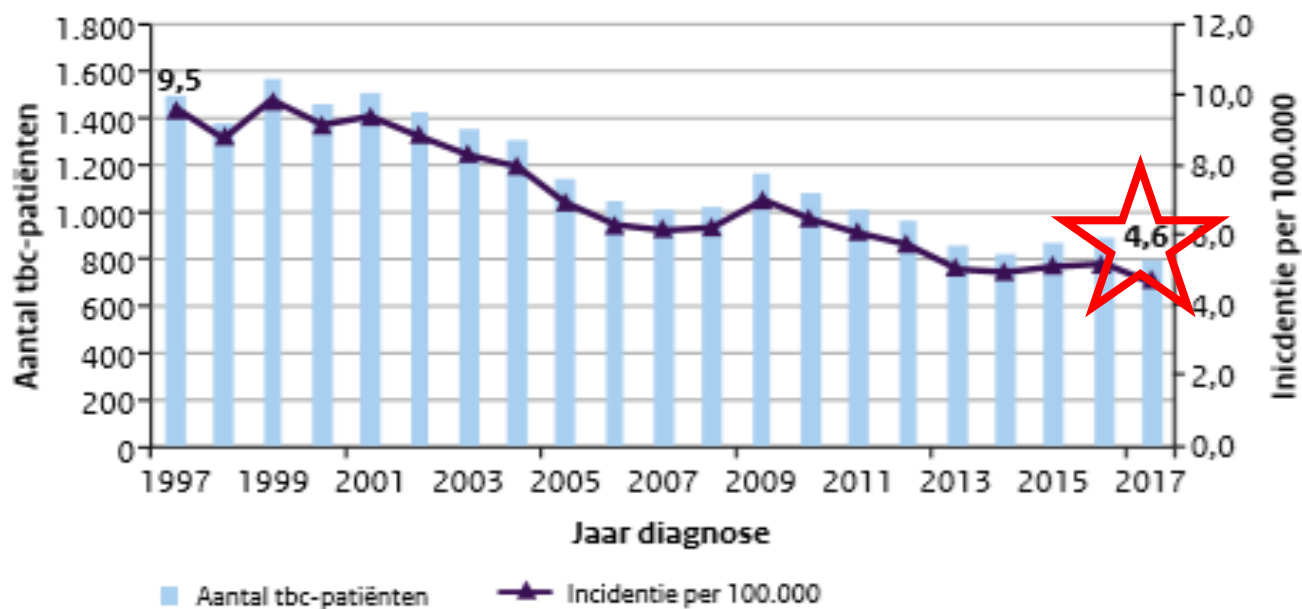
# Content

- Why - Epidemiology
- What - Responsibilities
- Training
- Coverage
- Refresher courses
- Future

# Epidemiology

## Incidentie

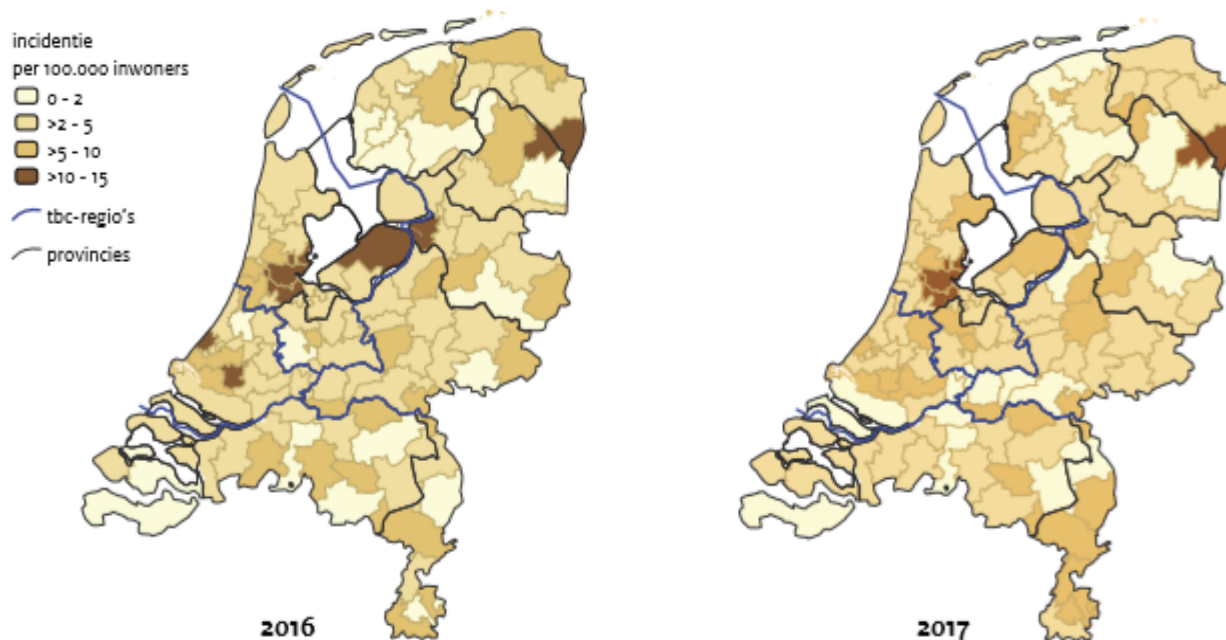
Figuur 1 Aantal tbc-patiënten en incidentie per 100.000 inwoners, 1997-2017.



Na een toename van het aantal tbc-patiënten in Nederland in 2015 en 2016 nam het aantal in 2017 weer af. Er werden 787 tbc-patiënten gerapporteerd ten opzichte van 887 in 2016 en 862 in 2015. Dit komt overeen met een incidentie van 4,6 per 100.000 inwoners. In 2017 werd bij één op de vier tbc-patiënten een besmettelijke vorm vastgesteld.

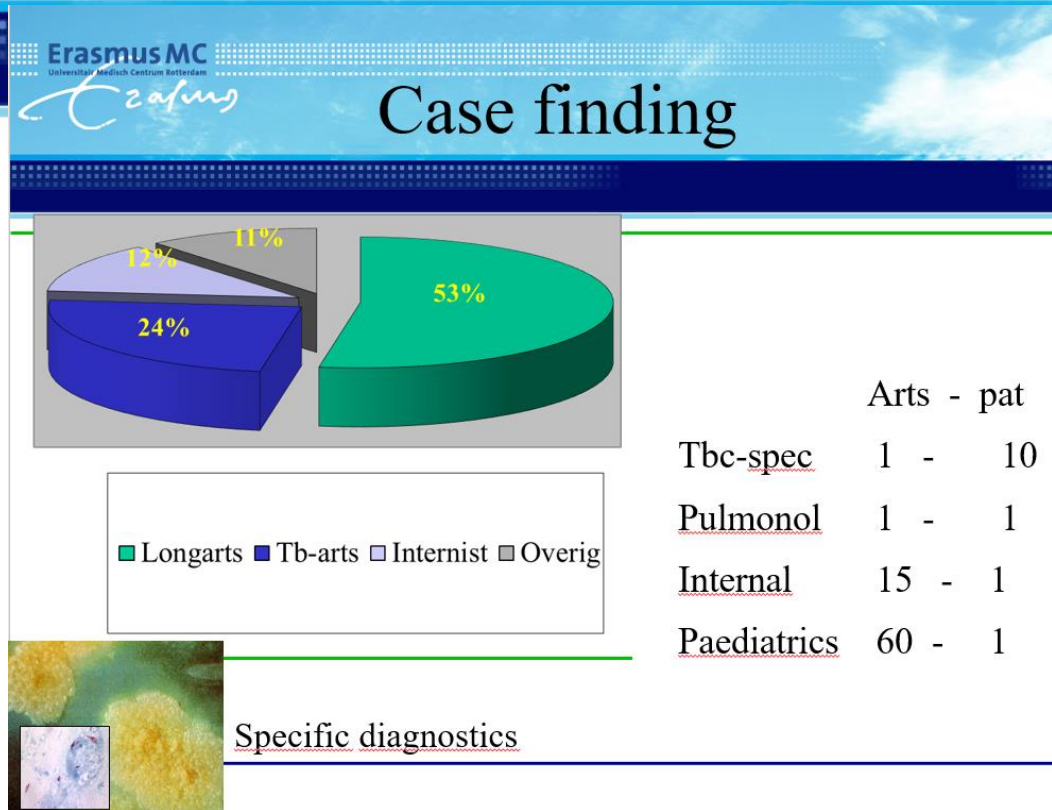
# Epidemiology

**Figuur 9** Incidentie van tuberculose per 100.000 inwoners naar tweecijferig postcodegebied op basis van de woonplaats van de patiënt, 2016-2017.





# Consequences



Declining expertise amongst health care professionals  
(National Tuberculosis Plan 2011-2015)

→ Recommendation establishment TB coordinator

# What

Reference consultant within a hospital for all TB questions

Can be contacted by all colleagues, hospital board

Contact for Public Health

Responsible for TB infection prevention within hospital

Up to date knowledge of relevant guidelines

# Tasks + duties (1)

- 1 Responsible for hospital's TB policy, including prevention and infection control reference consultant within a hospital for all TB questions
- 2 Accountable for to the Hospital Management Board on TB issues
- 3 Has overview of all positive bacteriology tests
- 4 Supervises clinical management (including isolation) all TB patients



# Tasks + duties (2)

- 5 Consultant all TB questions within hospital
- 6 Co-coordinates interventions after in-hospital transmission of TB
- 7 Coordinates multidisciplinary clinical case discussions
- 8 Organizes teaching and other educational sessions

# 2 Days Training course

## Erasmus MC, PH Rotterdam, KNCV



### Programma donderdag 08/03

10.00-10.30	Inleiding
10.30-11.00	De tb-coördinator
11.00-11.30	Koffie
11.30-12.30	De Patiënt
12.30-13.30	Lunch
13.30-15.00	Diagnostiek + eigen casuïstiek
15.00-15.30	Thee
15.30-16.30	Behandeling
16.30-17.00	Samenvatting
17.00	Vertrek naar restaurant Prachtig borrel/diner

### Programma vrijdag 09/03

07.00-08.30	Ontbijt + uitchecken
09.00-10.00	Samenwerking GGD, wettelijk kader
10.00-10.30	Koffie
10.30-12.00	Infectiepreventie
12.00-13.00	Lunch
13.00-14.30	Work up immuunsuppressie
14.30-15.30	Casuïstiek deelnemers
15.30-16.00	Samenvatting/evaluatie

# Erasmus Contents course (1)

- 1 Epidemiology, clinical presentation (how to recognise a patient)
- 2 TB diagnosis (knowledge all tests & value)
- 3 TB treatment (where and how to treat)

# Erasmus Contents course (2)

- 4 How to organise infection prevention
- 5 Legal framework TB/cooperation with PH
- 6 Latent TB/work up pre-immunosuppression (who and how to test, how to treat latent TB)



# Interactive, 15-20 participants





# Coverage/Results

9 Masterclasses since 2011

Trained 130 doctors

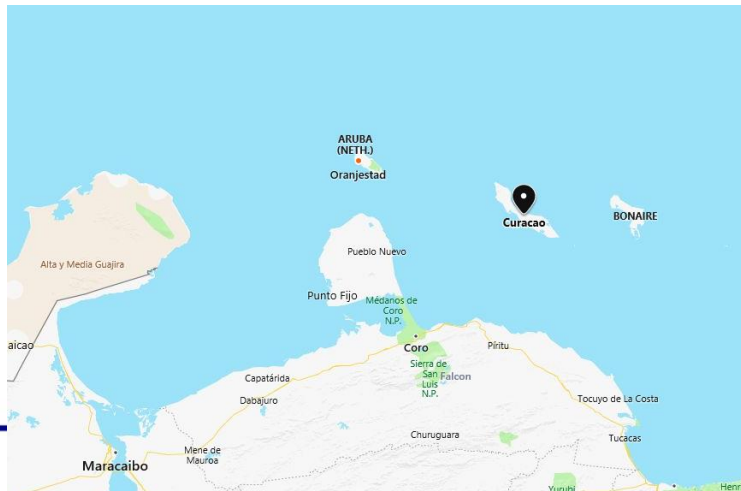
121 pulmonologists

8 PH doctors

1 Internal medicine specialist

78 hospitals / 88 hospitals NI (89%) have TB coordinator

1 TB coordinator in Netherlands Antilles



# Results

Network of TB coordinators

Twice yearly updates (epidemiology: annual TB Surveillance Report )

Annual 1 day refresher Course combined with Public Health

- focus on guidelines/relevant literature/year in review
- case presentations by coordinators

Participation in working groups like Mortality Audit

Case publications in “*Tegen de Tuberculose*”

# Implementation

Endorsed by Dutch Thoracic Society (NVALT)

Task formulation by NVALT

TB coordinator as required function during professional review visits

# Conclusion & future perspectives

Through TB coordinator knowledge and awareness are maintained despite declining incidence

Nearly 90% coverage of all hospitals

Strengthening cooperation between clinical and public health care

Important: continuous training

Present/Future: TB coordinator performing public health tasks in regions with insufficient public health coverage?