The role of TB coordinators in the Netherlands

M Bakker, lung specialist
Erasmus MC
EACCTB November 13 2019
Disclosure slide for speakers at further training events

<table>
<thead>
<tr>
<th>Disclosure of speaker's interests</th>
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<tbody>
<tr>
<td>(Potential) conflict of interest</td>
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<tr>
<td>Potentially relevant company relationships in connection with event</td>
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<td>• Sponsorship or research funding</td>
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Content

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

Epidemiology

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

Case finding

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
1. Responsible for hospital’s TB policy, including prevention and infection control. Consultant within a hospital for all TB questions.

2. Accountable 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.
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
## Programma donderdag 08/03

<table>
<thead>
<tr>
<th>Tijd</th>
<th>activiteit</th>
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<tr>
<td>10.00-10.30</td>
<td>Inleiding</td>
</tr>
<tr>
<td>10.30-11.00</td>
<td>De tb-coördinator</td>
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<td>11.00-11.30</td>
<td>Koffie</td>
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<tr>
<td>11.30-12.30</td>
<td>De Patiënt</td>
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<tr>
<td>12.30-13.30</td>
<td>Lunch</td>
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<tr>
<td>13.30-15.00</td>
<td>Diagnostiek + eigen casuïstiek</td>
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<td>15.00-15.30</td>
<td>Thee</td>
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<td>15.30-16.30</td>
<td>Behandeling</td>
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<tr>
<td>16.30-17.00</td>
<td>Samenvatting</td>
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<td>17.00</td>
<td>Vertrek naar restaurant Prachtig borrel/diner</td>
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## Programma vrijdag 09/03

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<td>Ontbijt + uitchecken</td>
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<tr>
<td>09.00-10.00</td>
<td>Samenwerking GGD, wettelijk kader</td>
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<td>10.00-10.30</td>
<td>Koffie</td>
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<tr>
<td>10.30-12.00</td>
<td>Infectiepreventie</td>
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<td>12.00-13.00</td>
<td>Lunch</td>
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<tr>
<td>13.00-14.30</td>
<td>Work up immuunsuppressie</td>
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<td>14.30-15.30</td>
<td>Casuïstiek deelnemers</td>
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<tr>
<td>15.30-16.00</td>
<td>Samenvatting/evaluatie</td>
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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)
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 Nl (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
Neraly 90% coverage of all hospitals
Strenthening 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?