


UFVISITOR WIRELESS INSTRUCTIONS FOR WINDOWS



STEP 1: On the bottom right hand corner of your screen, click on the wireless icon , from the list of wireless networks, select **'ufvisitor'** and click **connect**.

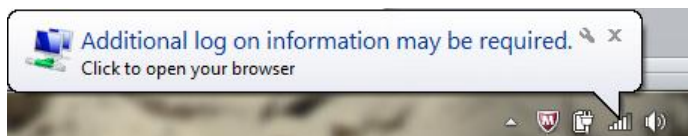


STEP 2: Open Internet Explorer (or preferred browser) and the following portal screen will appear.

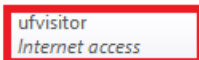
STEP 3: Type in your Phone Number on the left and select either ● Text Message or ● Voice Call and click Request PIN. When you receive your 4 digit PIN, enter your phone number and PIN on the right hand side. Click Login and your Home page will load. **This connection will be active for one week.**

To check your wireless network and status:

Your wireless should be connected to **'ufvisitor'** and you may see the following message.



To check your wireless status, put your mouse on the wireless icon to verify that you are connected to **ufvisitor Internet access**





PERINATAL CASE MANAGEMENT PROGRAM

Florida Department of Health—Alachua County

SERVING 15 COUNTIES IN NORTH CENTRAL FLORIDA!

- Individualized case management for high-risk pregnant women and their newborns
 - Medication assistance and reminders
 - Transportation assistance
- Linkage to social services including WIC, Healthy Start, Medicaid, Food Assistance and mental health services
 - Support at doctors' appointments for mom and baby
 - Limited access to newborn necessities
 - A single point of contact for questions and concerns
 - Home visits based on client's needs

For referrals or questions, contact Teonia Burton at 352-334-8874

Florida Department of Health—Alachua County

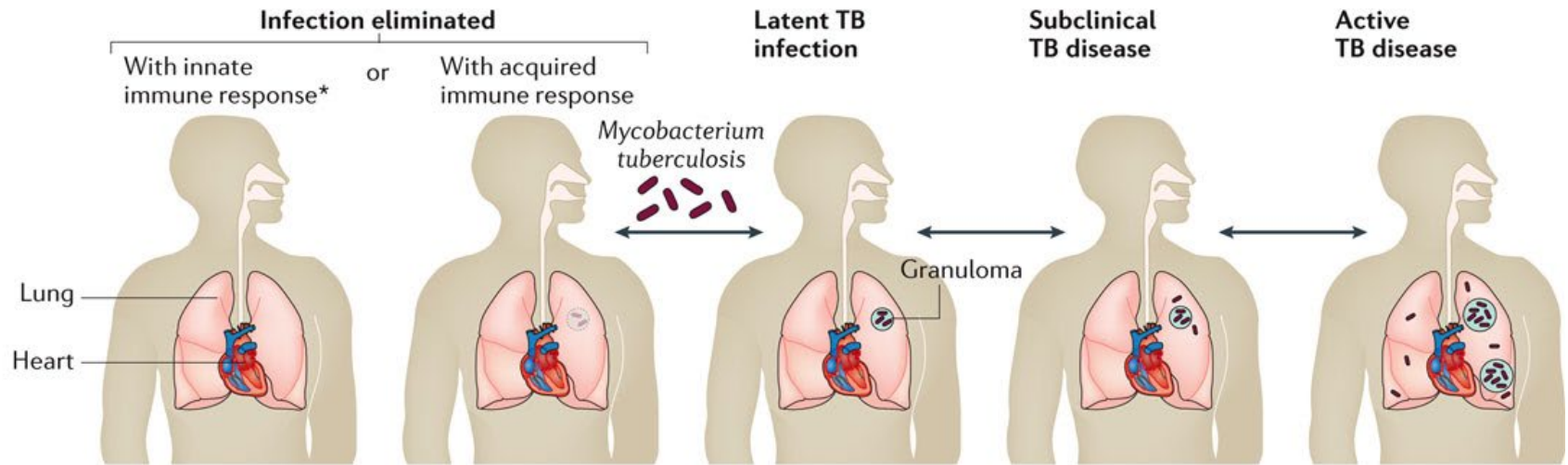
Teonia Burton
Perinatal Coordinator
Phone: 352-334-8874

Alachua County Health Department
PO Box 5098
Gainesville, FL 32627



Person with LTBI (Infected)	Person with TB Disease (Infectious)
Has a small amount of TB bacteria in his/her body that are alive, but <u>inactive</u>	Has a large amount of active TB bacteria in his/her body
Cannot spread TB bacteria to others	May spread TB bacteria to others
Does not feel sick, but may become sick if the bacteria become active in his/her body	May feel sick and may have symptoms such as a cough, fever, and/or weight loss
Usually has a TB skin test or TB blood test reaction indicating TB infection	Usually has a TB skin test or TB blood test reaction indicating TB infection
Radiograph is typically normal	Radiograph may be <u>abnormal</u>
Sputum smears and cultures are <u>negative</u>	Sputum smears and cultures may be <u>positive</u>
Should consider treatment for LTBI to <u>prevent</u> TB disease	<u>Needs treatment for TB disease</u>
Does not require respiratory isolation	May require <u>respiratory isolation</u>
Not a TB case	<u>A TB case</u>

The spectrum of TB — *Mycobacterium tuberculosis* infection to active (pulmonary) TB disease



	Infection eliminated With innate immune response*	or With acquired immune response	Latent TB infection	Subclinical TB disease	Active TB disease
TST	Negative	Positive	Positive	Positive	Usually positive
IGRA	Negative	Positive	Positive	Positive	Usually positive
Culture	Negative	Negative	Negative	Intermittently positive	Positive
Sputum smear	Negative	Negative	Negative	Usually negative	Positive or negative
Infectious	No	No	No	Sporadically	Yes
Symptoms	None	None	None	Mild or none	Mild to severe
Preferred treatment	None	None	Preventive therapy	Multidrug therapy	Multidrug therapy

Positive IGRA or TST <u>5mm induration</u> or more is considered positive in:	Positive IGRA or TST <u>10mm induration</u> or more is considered positive in:
<ul style="list-style-type: none"> • HIV-infected persons 	<ul style="list-style-type: none"> • Recent immigrants from high TB prevalence countries
<ul style="list-style-type: none"> • Recent contacts to a person with infectious TB 	<ul style="list-style-type: none"> • Injection drug users
<ul style="list-style-type: none"> • People with fibrotic changes on a CXR consistent with old TB 	<ul style="list-style-type: none"> • Residents and employees of high-risk congregate settings (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities).
<ul style="list-style-type: none"> • Organ transplant recipients 	
<ul style="list-style-type: none"> • People who are immunosuppressed for other reasons (e.g., taking the equivalent of >15mg/day of for more than one month, or taking TNF-α antagonists) 	
Positive IGRA response or a TST <u>15mm of induration</u> or more is considered positive in:	
<ul style="list-style-type: none"> • A person who has no risk factors for TB[*] 	

**Although skin testing programs should be conducted only among high-risk groups, certain individuals may require skin testing for employment or school attendance.
An approach independent of risk assessment is not recommended by CDC or the ATS.*

Latent TB Infection Treatment Regimens

Drugs	Duration	Interval	Comments
Isoniazid and Rifapentine	3 months	Once weekly*	Not recommended for persons who are: <ul style="list-style-type: none"> • Less than 2 years old, • Living with HIV/AIDS and taking antiretroviral medications with clinically significant or unknown drug interactions with rifapentine, • Presumed infected with INH- or RIF-resistant M. tuberculosis, and • Women who are pregnant or expect to become pregnant within the 12 week regimen.
Rifampin	4 months	Daily	Not recommended for persons who are: <ul style="list-style-type: none"> • Living with HIV/AIDS and taking antiretroviral medications with clinically significant or unknown drug interactions with rifampin (rifabutin may be used as a substitute), • Presumed infected with RIF-resistant M. tuberculosis, and • Women who are pregnant or expect to become pregnant within the 4 month regimen.
Isoniazid	6 months	Daily	Not recommended for persons who are presumed infected with INH-resistant M. tuberculosis.
		Twice weekly**	Not recommended for persons who are presumed infected with INH-resistant M. tuberculosis.
Isoniazid	9 months	Daily	Not recommended for persons who are presumed infected with INH-resistant M. tuberculosis. Preferred treatment for: <ul style="list-style-type: none"> • Persons living with HIV AIDS and taking antiretroviral medications with clinically significant or unknown drug interactions with once-weekly rifapentine or daily rifampin, • Pregnant women (with pyridoxine/vitamin B6 supplements)
		Twice weekly**	Not recommended for persons who are presumed infected with INH-resistant M. tuberculosis. Preferred treatment for pregnant women (with pyridoxine/vitamin B6 supplements)

*Use Directly Observed Therapy (DOT) or Self-Administered Therapy (parentally-administered SAT to children)

**Use Directly Observed Therapy (DOT)

Note: Due to the reports of severe liver injury and deaths, CDC recommends that the combination of rifampin (RIF) and pyrazinamide (PZA) should not be offered for the treatment of latent TB infection.

MMWR: Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent *Mycobacterium tuberculosis* Infection

Box 2: Guidance to health care providers during treatment of LTBI with a combination regimen of 3HP

- Evaluate all patients for active TB disease both before and during LTBI treatment
- Inform the patient or parents or legal guardians about possible AE and instruct them to seek medical attention when symptoms of possible adverse reaction first appear; particularly drug hypersensitivity reactions, rash, hypotension, or thrombocytopenia.
- Conduct monthly evaluations to assess treatment adherence and AE, with repeated patient education regarding adverse effects at each visit.
- Order baseline hepatic chemistry blood tests (at least AST) for patients with the following specific conditions: HIV, liver disorders, postpartum period (≤ 3 months after delivery), regular alcohol use, injection drug use, or use of medications with known possible interactions.
- Conduct blood tests at subsequent clinical encounters for patients whose baseline testing is abnormal and for others at risk for liver disease. Discontinue 3HP if a serum AST concentration is ≥ 5 times ULN in the absence of symptoms or ≥ 3 times ULN in the presence of symptoms.
- In case of a possible severe AE, discontinue 3HP and provide supportive medical care. Conservative management and continuation of 3HP under observation can be considered in the presence of mild to moderate AE as determined by HCP.

2018. Borisov AS, Bamrah Morris S, Njie GJ, et al. Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent *Mycobacterium tuberculosis* Infection. MMWR Morb Mortal Wkly Rep 2018;67:723–726. DOI: <http://dx.doi.org/10.15585/mmwr.mm6725a5>.

Resources – Fact Sheets

- Testing for TB, http://www.cdc.gov/tb/publications/factseries/skintest_eng.htm
- A New Tool to Diagnose Tuberculosis: The Xpert MTB/RIF Assay, http://www.cdc.gov/tb/publications/factsheets/testing/xpert_mtb-rif.htm
- Recommendations for Human Immunodeficiency Virus (HIV) Screening in Tuberculosis (TB) Clinics, <http://www.cdc.gov/tb/publications/factsheets/testing/hivscreening.htm>
- Interferon-Gamma Release Assays (IGRAs) - Blood Tests for TB Infection, <http://www.cdc.gov/tb/publications/factsheets/testing/igra.htm>
- Tuberculin Skin Testing <http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>
- Diagnosis of Tuberculosis Disease <http://www.cdc.gov/tb/publications/factsheets/testing/diagnosis.htm>
- Targeted Tuberculosis Testing and Interpreting Tuberculin Skin Test Results, <http://www.cdc.gov/tb/publications/factsheets/testing/skintestresults.htm>

Resources

- Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children <https://academic.oup.com/cid/article/doi/10.1093/cid/ciw694/2629583/Official-American-Thoracic-Society-Infectious>
- Updated Guidelines for the Use of Nucleic Acid Amplification Tests in the Diagnosis of Tuberculosis MMWR 2009; 58 (01): 7-10.
 - Guidelines for the Diagnosis for LTBI in the 21st Century <http://globaltb.njms.rutgers.edu/downloads/products/guideltbi.pdf>
- Guide to the Application of Genotyping to Tuberculosis Prevention and Control, <http://www.cdc.gov/tb/programs/genotyping/manual.htm>
- Lardizabal AA, Reichman LB. 2017. Diagnosis of latent tuberculosis infection. Microbiol Spectrum 5(1):TNMI7-0019-2016. doi:10.1128/microbiolspec.TNMI7-0019-2016.

SNTC Contacts

Main Office

866-265-SNTC (7682)

Email

SNTC@medicine.ufl.edu

Website

<http://sntc.medicine.ufl.edu>

Medical Consultation

800-4TB-INFO (24/7)

<https://sntc.medicine.ufl.edu/ConsultRequest.aspx> (business hours)

We look forward to working with you!

North Florida AIDS Education and Training Center

- ⦿ A partner of the Southeastern AIDS Education and Training Center (SE AETC) at Vanderbilt University
- ⦿ Located at the University of Florida in Gainesville, FL
- ⦿ Located in the Emerging Pathogens Institute
2055 Mowry Rd., Suite 250 Gainesville FL 32610
- ⦿ 352-273-7845
- ⦿ Website: <http://aetc.medicine.ufl.edu/>



Join us Wednesdays on the Web!



Weekly Webcasts!

- 1, 2, 4th Wednesdays
 - 9am-10am, (EST)
- 3rd Wednesday
 - 1pm-2pm (EST)

Archived Webcasts!

Watch Archived Webcast of past events anytime!

<http://www.seaetc.com/education-training/>

Southeast AIDS
Education &
Training Center













Various Topics Include:

- HIV and Homelessness
- Taking a Comprehensive Sexual History
- Retention and Engagement in Care
- Best Practices in Caring for Transgender Patients
- HIV and Aging
- Female Condoms: Use, Value, & Access
- Social Determinants of HIV
- The Syndemic of HIV and Mental Illness: Recognizing the Signs and Symptoms
- HIV and Haitian Immigrants
- Ethical Dilemmas: A Case Based Discussion
- And many more!

Training Opportunities

 **We provide training to the following, but not limited to:**

-  Physicians
-  Advance Practice Nurses
-  Nurses
-  Physician Assistants
-  Pharmacists
-  Social Workers/Case Managers
-  Oral Health Professionals
-  Mental Health and Substance Abuse Professionals
-  Other health care professions, especially Ryan White CARE Act-funded providers
-  Other health professionals providing direct service to people with HIV/AIDS

 **Here's a list of training we can bring to your organization, free of charge:**

-  HIV Pre and Post Exposure Prophylaxis
-  Motivational Interviewing for Providers
-  Client Engagement and Retention in HIV Care
-  Cultural Competency in HIV Care
-  Transgender/MSM/LGBTQ HIV Care
-  Pregnancy/Perinatal HIV Care
-  HIV in Pulmonary Disease
-  Developing Post Exposure Prophylaxis Protocols
-  Fourth Generation Testing, Epidemiology and Prevention of HIV
-  And many more!