



The Tuberculosis Epidemiologic Studies Consortium (TBESC) will be evaluating the ability of IGRAs to predict future active TB disease and will study innovative tools, techniques, and regimens to improve acceptance and completion of LTBI treatment. The Denver Metro Tuberculosis Control Program (DMTB) as part of Denver Health and Hospital Authority (DHHA) is applying to continue as a site for the TBESC. DMTB has been a very successful site during the first TBESC. We participated in 9 research studies and met or exceeded enrollment targets in each. Denver TBESC staff participated in all aspects of the first TBESC and would continue in the next consortium. These activities included developing protocols and data collection forms, rapidly obtaining IRB approval, enrollment of participants, data abstraction, data entry, internal and external quality assurance, data analysis, and dissemination of results through manuscripts and presentations. In addition, Denver TBESC staff participated in the Research, Process Evaluation, Publications and Presentations, Bylaws, and External Relations committees as either Chair, Co-chair, or as active members.

DMTB is partnering with the DHHA Refugee Clinic at Lowry and the DHHA Infectious Diseases (ID) Clinic. These clinics provide care annually to over 6,000 adults and children who are at risk for LTBI including high-risk groups like recent refugees, immigrants with Class B TB, other recently arrived foreign-born persons, local contacts to active TB, and HIV-infected patients. DMTB, Refugee, and ID clinics have successfully collaborated on prior research projects and DMTB is the referral site for patients diagnosed with TB or LTBI. In addition, DMTB is the referral site for all DHHA clinics including the federally qualified Community Health Services (CHS) clinics. CHS provides care for 150,000 patients annually, many of whom were born in countries with a higher TB burden and who have medical risk factors for TB reactivation. All DHHA clinics are part of an integrated healthcare system, and share a common medical record system, laboratory and radiology department. The Denver TBESC staff is employed by DMTB and has access to records from all DHHA clinics which simplifies data collection and patient tracking.

DMTB staff has experience enrolling and following patients through participation in the TBESC evaluation of IGRAs in healthcare workers (TO#18) and the TB Trials Consortium (TBTC) Prevent TB Trial. Our loss to follow-up was low in both studies due to the efforts and innovations of our research staff. This study will be staffed and managed by the current DMTB TBESC personnel, thereby maintaining the knowledge and capacities gained during the first TBESC. We are confident in our ability to enroll a minimum of 500 high-risk patients undergoing screening for LTBI and will follow them for 2 years. The integrated nature of the clinics and laboratory, direct access to high-risk patients, and experienced staff make DMTB well suited to succeed in the goals and objectives of the next TBESC.