TB PREVENTION AND CONTROL:
WORKING WITH THE HOMELESS

OBJECTIVES

Upon completion of this session, participants will be able to:

1. Explain the responsibilities of the Health Department and homeless shelter staff in preventing and controlling TB and ATDs (aerosol transmissible diseases) in shelter facilities

2. Identify ways in which shelter staff can create an environment that limits the spread of TB and other ATDs

3. Explain the importance of TB screening for shelter staff and clients

INDEX OF MATERIALS

<table>
<thead>
<tr>
<th>PAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-11</td>
</tr>
</tbody>
</table>

1. TB prevention and control: working with the homeless – slide outline
   Presented by: Maria Cuevas, MSN, RN

ADDITIONAL REFERENCES

- Curry International Tuberculosis Center, Homelessness and TB Toolkit, 2015. URL: http://www.currytbcenter.ucsf.edu/sites/default/files/product_tools/homelessnessandtbtoolkit/


TB Prevention and Control: Working with the Homeless
Los Angeles County

Objectives
• Explain the responsibilities of the Health Department and homeless shelter staff in preventing and controlling TB and ATDs (aerosol transmissible diseases) in shelter facilities
• Identify ways in which shelter staff can create an environment that limits the spread of TB and other ATDs
• Explain the importance of TB screening for shelter staff and clients

Why is TB a problem in the homeless?
• The homeless face challenges that make them less able to fight off active TB disease:
  – Poor nutrition
  – Poor access to healthcare
  – Poor adherence to follow-up care
  – Substance abuse
  – Limited access to HIV education and prevention measures
Why is TB a problem in the homeless?
- More direct contact with other people who have active TB disease
- Difficulty locating the patient and contacts if they are mobile
- Episodic incarceration
- Migration from one jurisdiction to another
- Psychiatric illness (including chemical dependency disorders) that hinder communication or participation
- Co-morbidity (HIV, DM, Hepatitis)

Challenges to Early Detection and Prevention of TB among the Homeless
- Resource-intensive
  Will require aggressive/sustained interventions lasting years
- Difficult to control due to challenges in finding cases, contacts, and ensuring completion of TB treatment
- Will require close collaboration among health departments, hospitals, community based medical providers and homeless shelters

LA County Cases by Homeless Status 2000-2014

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<th>Year of Confirmation</th>
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<td>662</td>
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<td>2014</td>
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Interventions underway to control and prevent transmission of TB among the homeless

- Issued Shelter Guidelines
- Established MOUs w/ JWCH, UCLA at URM, and LA Christian Medical Clinics to screen for TB disease and Tx Latent TB Infection (LTBI)
- Recommend the use of alternative short-course Tx regimens (e.g., 12 doses of once-weekly isoniazid and rifapentine under direct observation, or 4 months of rifampin)
- Provide incentives and enablers to enhance uptake, adherence and completion of preventive treatment

Contact Investigation in Homeless Populations

Early Identification of TB Exposure

- Interview Patient:
  - Develop rapport and trust
  - Identify location for the interview and identify who should be present
  - Interview as soon as possible, even before discharge from the hospital
  - Include detailed information
  - Focus on social networks and settings for unknown contacts
Early Identification of TB Exposure

• Decide whether or not to initiate CI:
  – Initiating a Contact Investigation:
    • Determine how and when to notify the facility
    • Establish close communication and identify contact person(s) for public health and for the facility
    • Coordinate CI activities (action plan & timelines)
    • Obtain electronic contact roster (i.e. Name, Date Of Birth, Country Of Birth, contact info, prior TB screening, known medical conditions)

• Establish infectious period:
  – Ask patient about previous medical visits and contact medical providers or hospitals to determine the likelihood that the patient was contagious at that time.
  – Review records of symptom screening performed at the shelter during entry to the shelter to refine potential start date of infectious period

• Visiting Sites of Exposure:
  – Contact shelter administration and shelter TB Liaison
  – Conduct a site visit and complete site environment assessment worksheet
  – Determine if index patient was part of any programs or obtained any services
  – Obtain electronic rosters of clients, including room or bed location
  – Review cough log
  – Set up educational sessions for staff and clients
Early Identification of TB Exposure

- Identifying exposed contacts:
  - **Congregate sites/settings**
    - Proximity: bed/cot assignment (concentric circle)
    - Duration: examine total number of days for clients/contacts that stayed at the shelter during infectious period of the index case

*Note: If you suspect multiple cases at one shelter, call TBCP APS (for non LA County, contact supervisor or epidemiologist) to identify if cases are related based on genotype or epi-linked to detect how to best approach a CI.

Early Identification of TB Exposure

- Identifying exposed contacts:
  - **Non-Congregate sites/settings**
    - Notify owner or manager about the need for CI
    - Conduct multiple visits to the site (during similar times that the patient visited the site) to identify regular customers and clients
    - Ask about regular customers or clients
    - Encourage compliance for screening and testing using incentives and enablers.

Guidelines for Preventing TB in Homeless Shelters


TB Prevention and Control: Working with the Homeless
Aerosol Transmissible Disease

- To control ATD Cal-OSHA guidelines were developed to protect worksite employees and their clients (appendix A)
- Applies to healthcare setting, correctional facilities, drug treatment programs and homeless shelters
- Examples of ATD
  - Pneumonia
  - SARS, H1N1
  - Tuberculosis
  - Chickenpox
  - Measles
  - Influenza
  - Meningitis

Responsibilities of the Health Department

- TB Control Program & Community Health Service use ATDs regulations to help homeless shelters prevent and control TB/ATDs in their facilities
- Investigate, follow-up, and treat reported cases and suspected cases of TB and their contacts
- Provide short term SROs housing and meals assistance to facilitate treatment completions
- Provide expert consultation and training
- Gather data through mandated reporting and ongoing surveillance

Responsibilities of L.A. County Homeless Shelters

- Protect clients, staff, and volunteers from TB and other ATD exposure
- Detect active TB disease among clients at an early stage
- Decrease the chance that homeless persons will be turned away from shelters
- Ensure referral to a healthcare provider for medical screening and care
TB Prevention and Control Measures
Six Steps to reduce the spread of ATDs in Shelters

1. Appoint a TB/ATD liaison
2. Create an environment that limits the spread of TB & ATDs
3. Enforce screening and other requirements for staff
4. Enforce screening and referral requirements for clients
5. Keep accurate, legible, and confidential records
6. Establish clear communication pathways

TB/ATD Prevention & Control Measures 6 Key Steps

HMIS Swipe Card Revision
Screen all clients at intake

- Ask clients about symptoms of active TB disease during intake
  - Do you have a cough that has lasted for more than 3 weeks?
  - Have you lost weight for no apparent reason during the past month?
  - Have you had lots of sweating at night where you’ve soaked your sheets or clothing during the past month?
  - Have you coughed up blood in the past month?
  - Have you been more tired than usual over the past month?
  - Have you had fevers almost daily for more than one week?

LAHSA Shelter Intake Screen

Establish a cough alert protocol

- Watch clients for signs and symptoms of active TB disease
- List names of those coughing on the shelter Cough Alert Log
- Refer clients with active TB symptoms to a medical provider for medical evaluation
- Clients must show TB clearance within 7 days of admission
TB Case Management and Contact Investigation Intensive
May 26-28, 2015
Curry International Tuberculosis Center

Cough Alert Log

<table>
<thead>
<tr>
<th>Cougher Name</th>
<th>Date of Cough</th>
<th>Date Last Seen</th>
<th>Direct Contact w/ Coughing</th>
<th>Name of Staff</th>
<th>Comments</th>
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TB/TD Symptom Questionnaire

Establish a cough alert protocol

- Implement procedures that protect employees and clients
  - Speak to the client confidentially
  - Express the need for a chest x-ray and medical evaluation
  - Make tissues, trash cans, and surgical masks available to clients that are coughing and sneezing
  - Ask clients to cover their nose and mouth when coughing or sneezing
  - Post TB-related posters and pamphlets
  - Keep sick clients away from other clients
TB Case Management and Contact Investigation Intensive
May 26-28, 2015
Curry International Tuberculosis Center

Cover Your Cough Sign

Require Routine TB screening

- California law requires annual TB screening for all employees and volunteers who have direct client contact

Established MOU for Targeted testing:
- Central City Community Health Center
- John Wesley Community Health (JWCH Institute)
- Los Angeles Christian (LA Christian)
- Union Rescue Mission (URM)
TB Case Management and Contact Investigation Intensive
May 26-28, 2015
Curry International Tuberculosis Center

LAHSA Shelter Contract Language

EXHIBIT
STANDARDIZED TUBERCULOSIS ("TB") GUIDELINES
Contractor acknowledges and certifies that it will implement the following procedures as recommended by the County of Los Angeles Department of Public Health Tuberculosis Control Program:

1. Screen all employees and all volunteers in direct contact with Clients
2. Appoint a shelter TB Liaison
3. Screen Clients for Infectious TB symptoms at Intake
4. In addition to screening Clients for TB symptoms at Intake, asymptomatic Clients seeking admission to the shelter must show evidence of TB clearance by a healthcare provider within seven (7) days after initial admission to the shelter
5. Establish a Cough Alert Protocol ("CAP")
6. Refer any employee, volunteer or Clients with Infectious TB symptoms for immediate medical evaluation.

Contractor additionally acknowledges and certifies that, pursuant to this Agreement’s HMIS Compliance Certification, it will report each and any event as defined in that Certification.

Need more information?

- LA County Department of Public Health, Tuberculosis Control Program
  (213) 745-0800 or tb@ph.lacounty.gov
  Website: http://publichealth.lacounty.gov/tb/index.htm
- California Department of Public Health, Tuberculosis Control Branch
  (510) 320-3000 or tbcb@cdph.ca.gov
  www.cdph.ca.gov/programs/tb/
- California Code of Regulations, Section 5199 Aerosol Transmissible Diseases
  http://www.dir.ca.gov/title8/5199.HTML

Questions?

TB Prevention and Control: Working with the Homeless