TB among Persons Experiencing Homelessness

Sapna Bamrah Morris, MD

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National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of TB Elimination

Overview

- Defining the problem
 - Surveillance data (Tom Navin covered)
 - CDC investigation experience
 - New analysis of recent transmission data
- $\hfill \square$ Ways to address the problem and Why
 - CDC's experience
- Improving understanding of how programs address the problem (survey)
- □ Partners outside of DTBE



DEFINING THE PROBLEM

TB Incidence Rate 2007-2012*

□ Homeless TB Incidence Rate: 44 per 100,000
□ U.S.TB Incidence Rate: 4 per 100,000

Year	Homeless TB cases by NTSS	Total number of homeless individuals (HMIS data)	TB incidence (homeless)
2007	828	1,588,595	52
2008	757	1,593,794	47
2009	667	1,558,917	43
2010	642	1,593,150	40
2011	599	1,502,196	40
2012	583	1,488,371	39

*Sources include NTSS data and HUD Annual Homelessness Assessment Report

NTSS and NTGS Analysis

INT J TUBERC LUNG DIS 17(11):1414-1419 © 2013 The Union http://dx.doi.org/10.5588/ijtld.13.0270 E-published ahead of print 12 September 2013

Tuberculosis among the homeless, United States, 1994–2010

S. Bamrah, R. S. Yelk Woodruff, K. Powell, S. Ghosh, J. S. Kammerer, M. B. Haddad

□ First time we have published

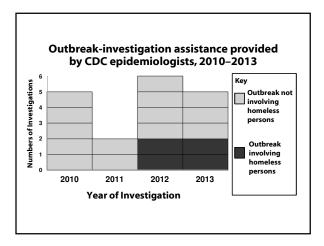
- National homeless TB incidence rate
- Homeless TB patients' clustering rates

□ Updated analysis from 2005

Similar conclusions regarding substance use and advanced disease at diagnosis

NTSS and NTGS Analysis (2)

- $\hfill \square$ Important findings:
- □ 20% of homeless TB patients are foreign born
 - Foreign-born TB patients who are homeless are similar in risk factors to U.S.-born homeless TB patients
- Substance use continues to be a major problem among
 TB patients who are reported as homeless
 - Homeless patients with TB were 11 times more likely to report substance use than nonhomeless patients with TB
- □ TB patients who are homeless are more often incarcerated at time of diagnosis
 - 9% homeless v. 3% nonhomeless

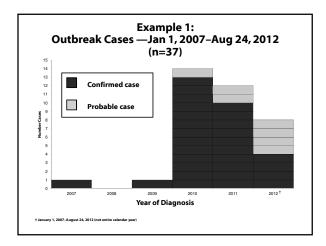


Comparison of outbreaks, by association with homelessness

Characteristic	Patients predominantly non-homeless (N=14)	>80% patients homeless (N=4)	Total (N=18)
Number of cases investigated	138	233	371
Mean per outbreak	10	58	
Median per outbreak	8	49	
Range	3–28	37–99	
Number of contacts identified	7,888	31,217	39,105
Mean per outbreak	563	7,804	
Median per outbreak	320	5,935	
Range	105-2,493	1,393-17,954	
Corrections, n (%)	3 (23%)	0	3 (18%)
High-incidence jurisdiction, n (%)	0	3 (75%)	3 (24%)

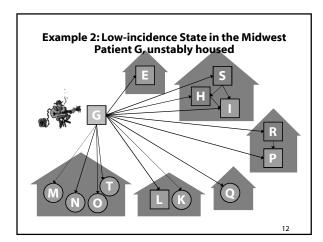
Common features of outbreaks, 2010-2013

- Excluding 2 outbreaks in Puerto Rico, 14/16 (88%) outbreaks involved predominantly U.S.-born
 - In remaining 2 outbreaks, all foreign-born patients had been in the United States ≥10 years
- Congregate settings were commonly implicated as primary sites of transmission
 - 3 outbreaks involved health-care facilities
 - 4 outbreaks involved homeless shelters
 - 3 outbreaks involved corrections facilities
 - 9 outbreaks involved substance-use venues



Example 2: Large outbreak in a high-incidence setting

- Approximately 130 TB cases reported as homeless, but 45 cases linked by genotype and epidemiology
 - Suggesting recent transmission
- □ Patients stayed at 10 major shelters while infectious
- Investigation identified 17,954 unique people who stayed at the same shelter overnight with at least 1 infectious case
 - Over 4,700 people stayed >30 nights at the same shelter with at least one infectious case



Preliminary Analysis using a Yet-to-be-Published Algorithm: Recent Transmission & Homelessness

	Crude Odds Ratio (95% confidence intervals)			
	Not recent transmission	Limited recent transmission (cluster of ≤4 cases)	Elevated recent transmission (cluster of ≥5 cases)	
Homeless (when compared to non-homeless TB patients)	Reference	2.0 (1.6-2.5)	9.1 (7.3-11.2)	

Outcomes of homeless versus non-homeless TB patients

- Homeless patients were more likely to have had advanced disease than nonhomeless patients
 - Higher prevalence of cavitary and AFB smear positive TB disease
- Homeless TB patients had a greater likelihood of not completing treatment due to being lost to follow-up, having moved or refusing treatment
 - US-born homeless TB patients had 2.3 times (2.2-2.5) and foreign-born homeless TB patients 2.6 times (2.3-2.9) the odds of not completing treatment.
 - Incarcerated homeless patients were less likely to complete treatment



ADDRESSING THE PROBLEM

Why be concerned about an outbreak of TB among the homeless?

- Persons experiencing homelessness are at higher risk of TB than the general population
 - Congregate settings (shelters)
 - Higher rates of incarceration
 - Mental illness
 - Substance use
 - Limited access to health care
 - Delays in diagnosis leading to more severe disease
- While outbreaks may indicate that the majority of recent transmission is occurring in congregate settings, TB can and will spread to the community at large

What are the best practices to control TB among the homeless?

- Limited literature, so unable to update recommendations based on literature review alone
- DTBE and local/state programs with experience during outbreak response
 - Connecting Health Care for the Homeless (HCH) Grantees to TB programs
 - Leveraging knowledge of shelter directors during outbreak investigations
 - LTBI treatment for those who are infected
 - Large pool of potential cases at higher risk of progression
 - Providing DOT for LTBI treatment onsite at shelters or other satellite sites
- □ Housing First programs

Survey of county TB control programs

- Investigation of interventions for TB control among persons experiencing homelessness
- □ Surveyed 220 jurisdictions
 - Inclusion criteria: >15 cases from 2009–2011, at least 1 homeless
 - Mean number of TB cases: 114.3 (median 48)
 - Mean number of homeless cases: 7 (median 3)
 - Questions regarding TB outbreaks, staff capacity, partnerships, contact investigations, housing interventions
- □ 161 responses (73%) from local jurisdictions
 - 48% >500,000 population
 - 52% < 500,000 population

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Survey: TB Outbreaks among Homeless

Years	No outbreaks	1 outbreak	2 or more outbreaks	Total Jurisdictions Reporting
2011– 2013	76%	12%	6%	151
2008- 2010	78%	9%	1%	143
2005– 2007	74%	11%	3%	140

^{*} Preliminary data

Survey: Perceptions of and Policies Regarding TB among Persons Experiencing Homelessness* (N=161)

 48% of jurisdictions reported TB among homelessness to be a problem for their program

□ Policies:

- 44% reported having a written policy on addressing TB among the homeless
- 16% reported that they rely on other guidelines or policies including CDC guidelines from 1992

* Preliminary data



ONGOING ACTIVITIES & PARTNERSHIPS

Ongoing Activities & Collaborations with Partners

- □ Survey of TB programs to support best practices
- Collaboration with National Health Care for the Homeless Council (HRSA)
 - Technical assistance onsite
 - Webinar
- Collaboration with US Interagency Council on Homelessness (USICH)
 - Working with multiple members to help agencies "THINK TB"
- □ Curry TB Center Toolkit
- □ Homeless workgroup

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For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333 Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348 E-mail: cdcinfo@cdc.gov Web: http://www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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