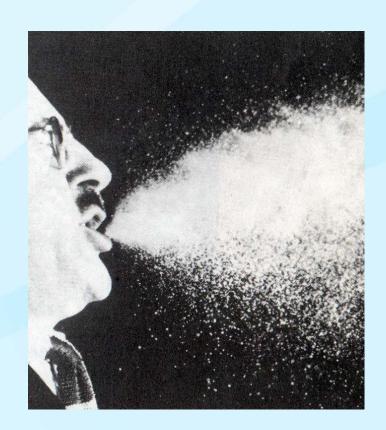
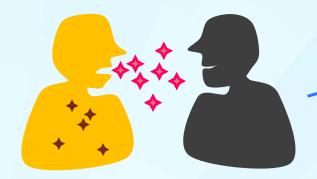
#### **Tuberculosis (TB) 101**

- Mycobacterium tuberculosis
- Transmitted in air
- Usually affects the lungs, but also other sites
- Common symptoms of TB disease: cough, fever, weight loss



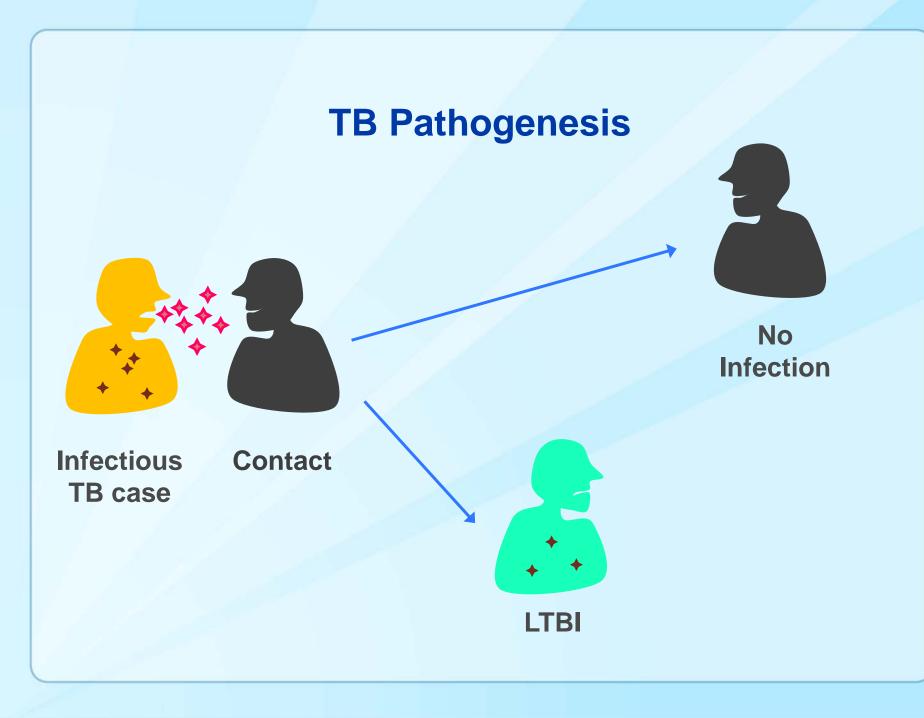


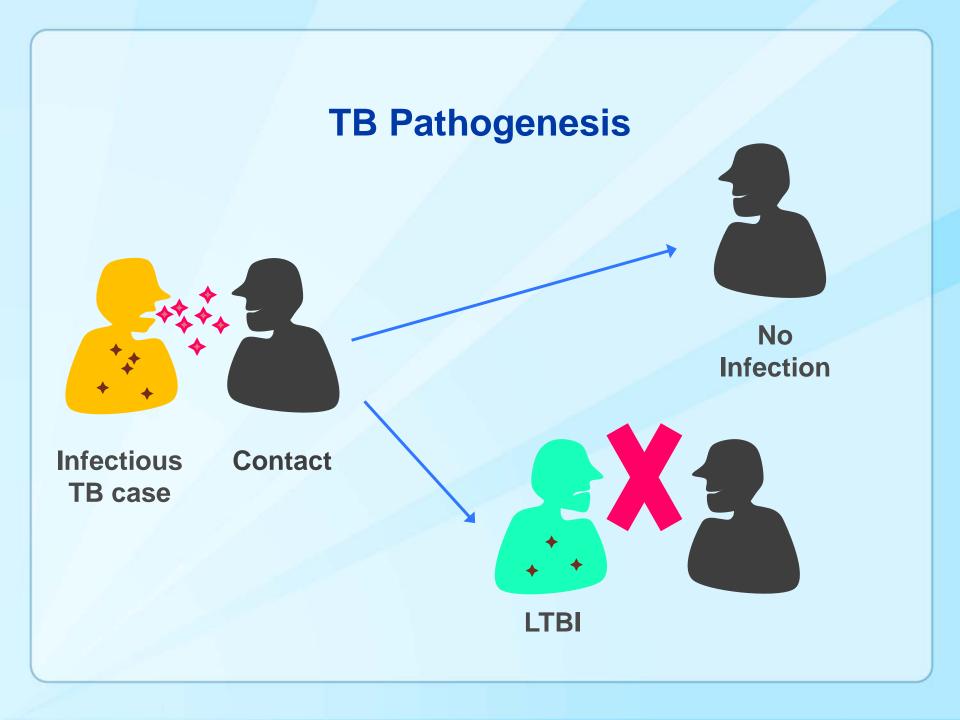


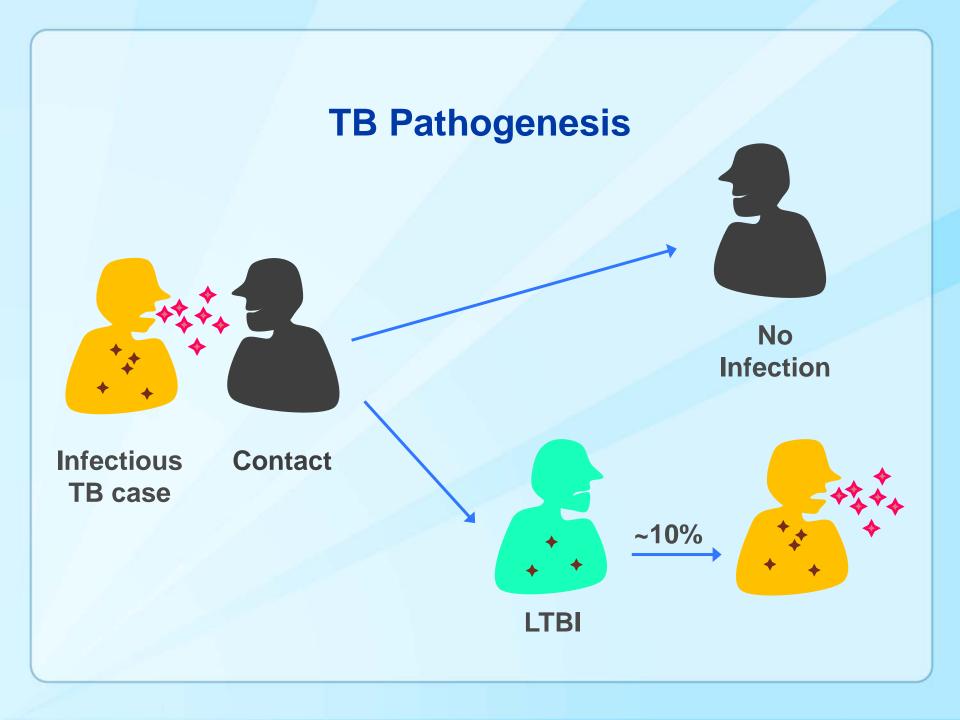
Infectious Contact TB case

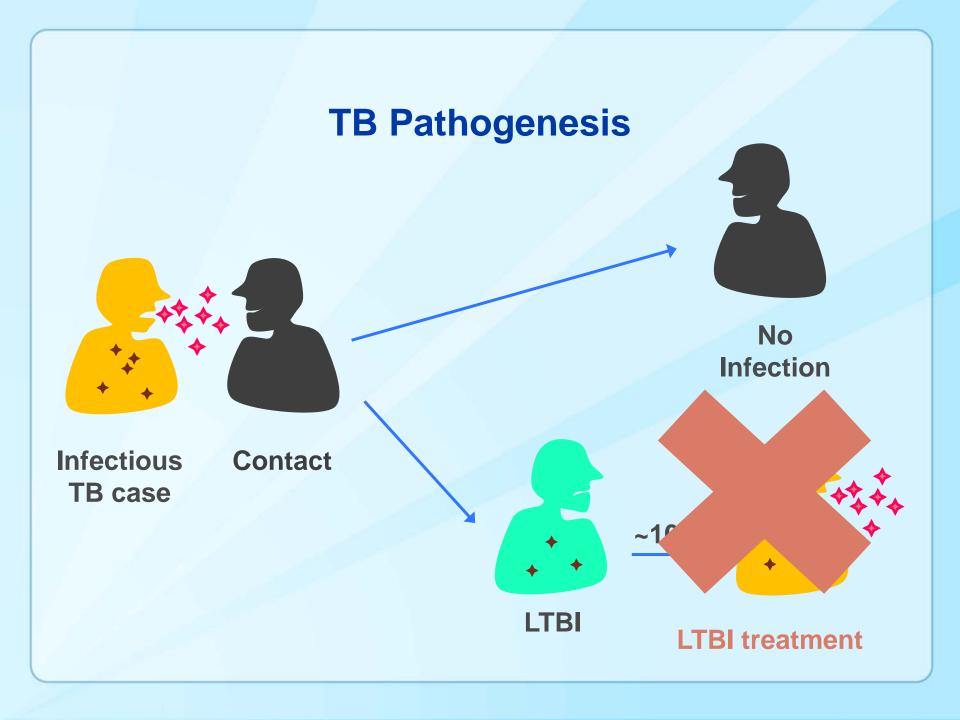


No Infection







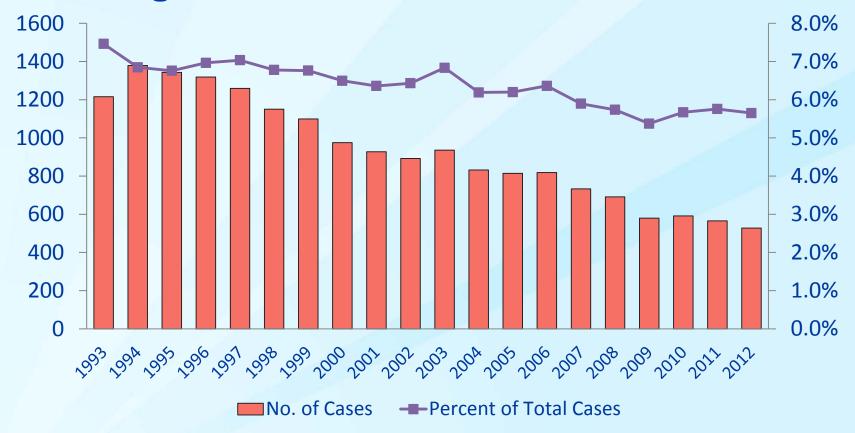


### **TB & Homelessness: National Perspective**

- 1% of the U.S. population in a given year
- Well established association between TB and the homeless



# TB Cases Reported as Homeless in the 12 Months Prior to Diagnosis, Age ≥15, United States, 1993-2012\*



\*Updated as of June 10, 2013

Note: Homeless within past 12 months of TB diagnosis



### CDC Experience: TB and Homelessness

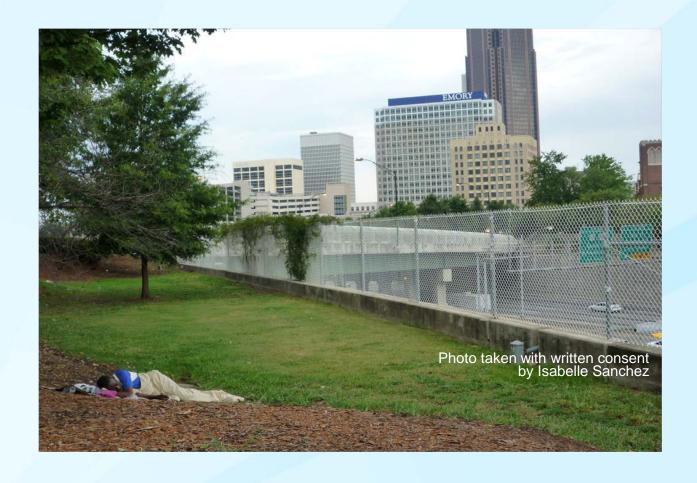
□ TB Incidence Rate (homeless): 44 per

100,000

U.S. TB Incidence Rate:

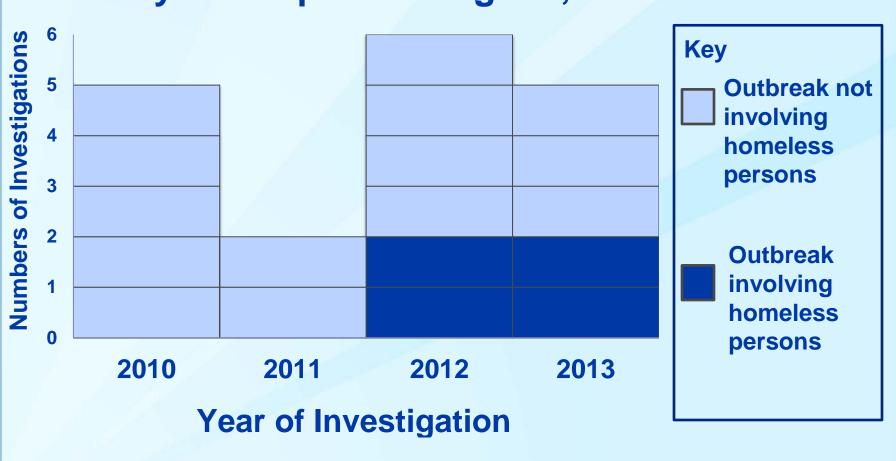
100,000

 Over half of the patients involved in TB outbreaks investigated by CDC in 2010–2013 were homeless



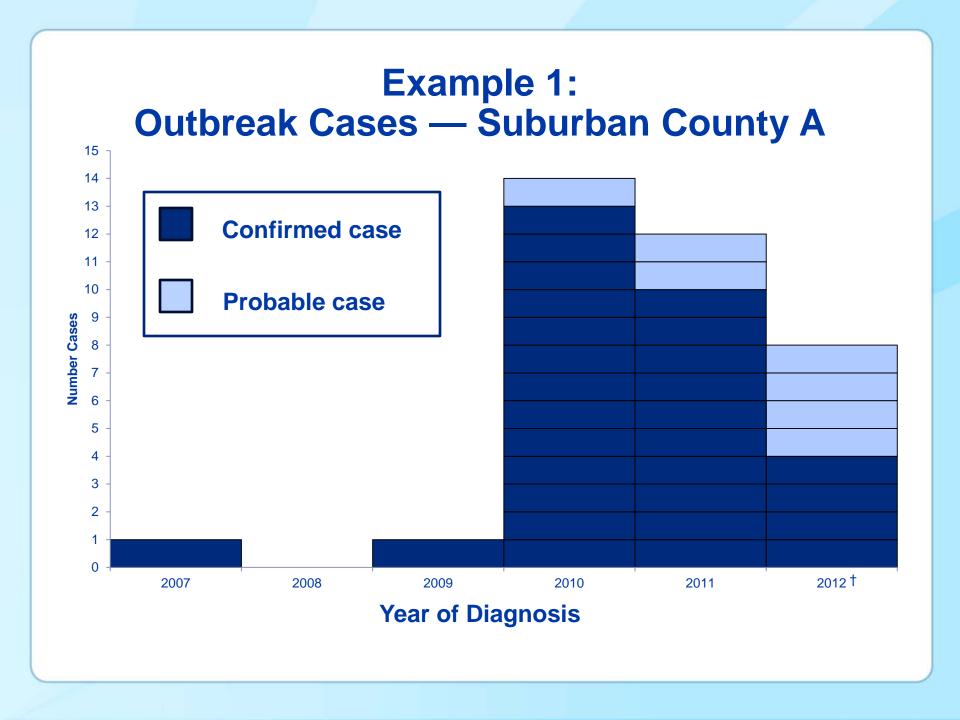
### **TB OUTBREAKS**

### Outbreak-investigation assistance provided by CDC epidemiologists, 2010–2013



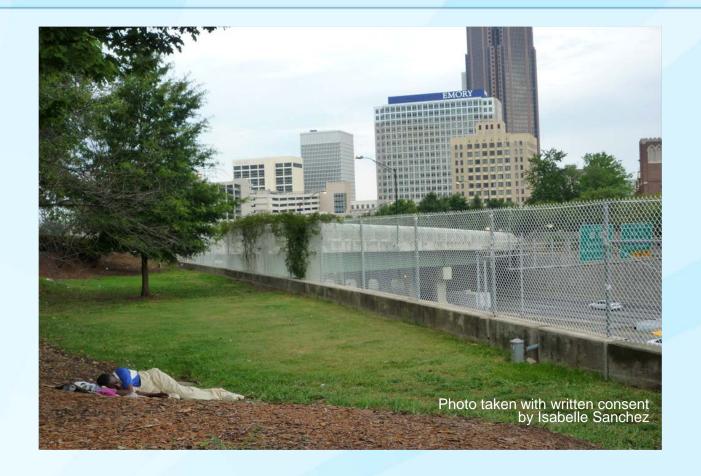
# Comparison of outbreaks, by association with homelessness

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



# **Example 2: Large Outbreak in a High-Incidence Setting**

- Approximately 130 TB cases reported as homeless, but 45 cases linked by genotype and epidemiology
  - Indicating 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



#### PREVENTING AND TREATING TB

### Interventions to Address TB among Persons Experiencing Homelessness

- Using location-based contact investigations to supplement traditional name-based contact investigations
  - Focus on where patients were while contagious
  - Utilize knowledge of shelter staff about social networks
- Offering incentives and enablers for TB evaluation or treatment (e.g., housing, food, transportation)
- Engaging partners outside of public health who provide services to persons experiencing homeless
- Providing treatment of TB infection to prevent future cases of TB

#### **TB in Shelters**

- Partnerships between with local TB control program and shelters are essential
- Especially during an outbreak, the TB program might need to work with the shelter to conduct active case-finding for TB at the shelter
  - Resource-intensive
  - Challenging to obtain political will
  - Plan for housing and treatment needs to be in place
- Some shelters have feared stigmatization, but needs to be balanced with obligation to inform shelter staff, clients, and volunteers about their risk of TB

### Administrative Controls to Prevent and Control TB Transmission

- Administrative controls
  - Cough monitor (requires training)
  - Attendance logs & bed maps
  - Symptom screening upon intake (requires training)
  - Establishing timely referral procedures
  - Routine screening for TB for clients & staff
- National Health Care for the Homeless (NHCHC) offers assistance
  - Technical assistance can be requested (nhchc.org)
- Health Resources and Services Administration (HRSA) funds Health Care for the Homeless (HCH) clinics, which have assisted TB programs with TB screening in shelters

#### **Housing First Programs**

- Housing first programs: an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing
- TB outcomes have never been studied in housing first programs
- Housing first programs have demonstrated
  - Improved HIV treatment adherence
  - Improved overall health outcomes
  - Cost savings
  - Improved patient experience
- Local TB programs identify and help provide housing assistance during intensive phase of treatment

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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.

