

# MAKING A GOOD PROGRAM BETTER

## DEVELOPING STRATEGIES TO EXPAND LATENT TUBERCULOSIS TESTING AND TREATMENT IN HIGH RISK COMMUNITIES

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TB Control

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# Disclosures

NONE

# WHAT WOULD YOU DO?



# Tuberculosis (TB) Disease: Only the Tip of the Iceberg

There are **two** types of TB conditions:  
**TB disease** and **latent TB infection**.

People with **TB disease** are sick from active TB germs. They usually have symptoms and may spread TB germs to others.

People with **latent TB infection** do not feel sick, do not have symptoms, and cannot spread TB germs to others.

But, if their TB germs become active, they can develop **TB disease**.

**Millions** of people in the U.S. have **latent TB infection**. Without treatment, they are at risk for developing **TB disease**.



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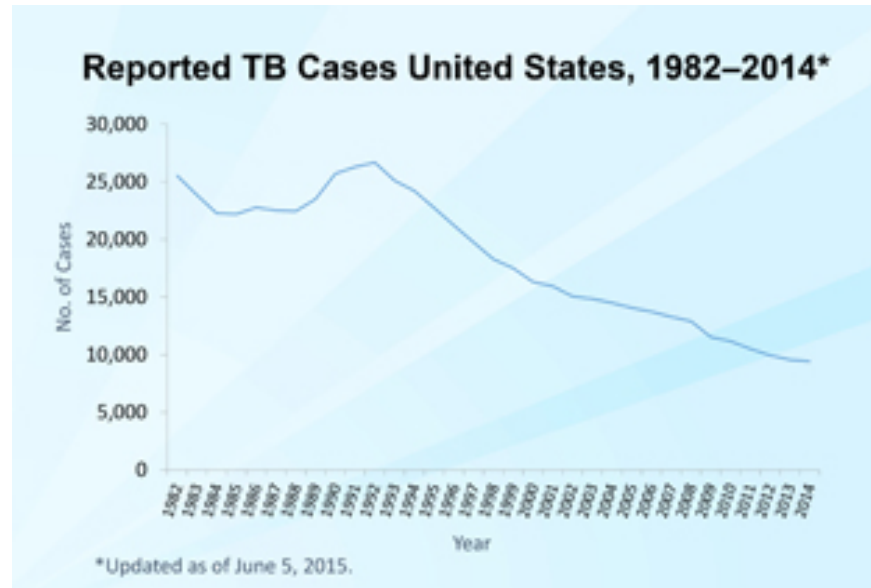
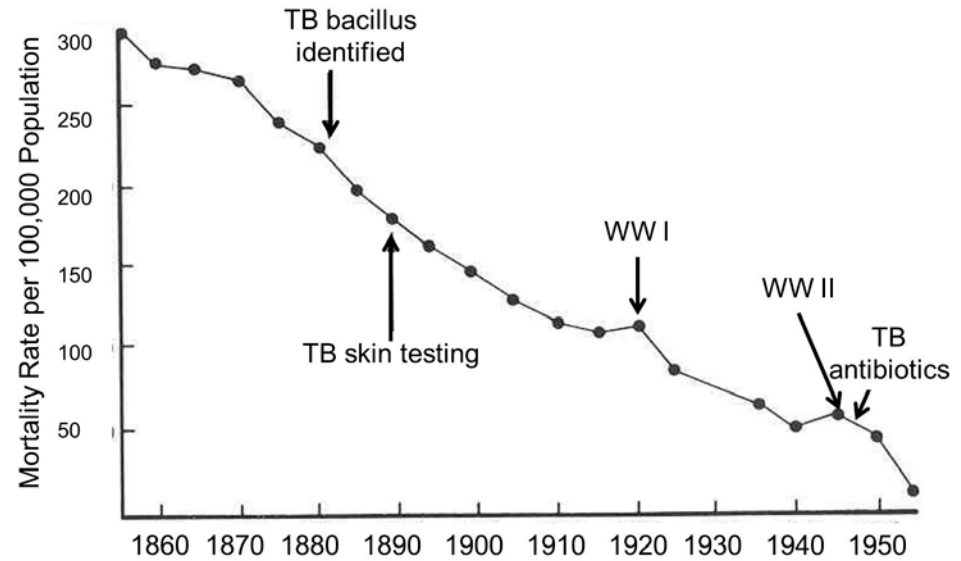
To learn more about TB, visit  
[www.cdc.gov/tb](http://www.cdc.gov/tb)

# Objectives

**Participants will leave this session with insight into:**

- 1—intensifying efforts to locate and treat persons with LTBI
- 2—developing communication and education plans to reach clients and health care providers (HCPs)
- 3—developing new, novel, or enhanced partnerships with high-risk populations and HCPs

# TB History



# Recent Infection as a Risk Factor

## **Factors that increase the risk of getting infected with TB:**

- Residence in or travel to a country with high rates of TB
- Close contacts to persons with infectious TB
- Children  $\leq 5$  years
- Residents and employees of high-risk congregate settings (e.g. homeless shelters, correctional facilities, healthcare facilities)

## Increased Risk for Progression to TB Disease

Persons more likely to progress from LTBI to TB disease include

- HIV infected persons
- Injection drug use
- Transplantation with immunosuppressant use
- Those receiving TNF- $\alpha$  antagonists for treatment of rheumatoid arthritis or Crohn's disease
- Certain medical conditions such as Silicosis, Diabetes



# The Case for Targeted Testing

TB testing for individuals at increased risk for developing disease



# Key Risk Groups for TB in United States

- Foreign-born: 67% of cases; case rate 13 times higher than US-born
- Racial/ethnic minorities: ~85% of cases; case rates 7-28 times higher than whites
- HIV infected: ~ 7% of cases
- Homeless: ~ 6% of cases
- Incarcerated: ~ 4% of cases
- Substance abuse: 7-12% of cases

# Homeless Outbreak

Year Counted	No. of Homeless Cases (linked)
2009	10
2010	10
2011	2
2012	7
2013	3
2014	1
2015	0
Total	33

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# Why Burmese are at Risk of TB Disease?



# Burmese

Year Counted	No. of Burmese Cases	No. of Burmese LTBI (approximate)
2009	4	161
2010	5	83
2011	5	120
2012	6	294
2013	8	363
2014	9	300
2015	16	287
2016	*	
Total	53	1608

# Strategies

- Form advisory group that will include TB experts and community leaders. The purpose of the advisory group is to provide education to local providers and hospitals providing care to the target population
- Partner with community leaders in the Burmese community
  - Work with community stakeholders to identify the needs of the target population and determine best practices for increased LTBI identification, treatment, and management.
- Identify and partner with members of the Burmese community that work in the education system, health care system, and other organizations within Indianapolis/Marion County
  - develop best practices within the target population.
- Develop partnership with residency programs and nursing schools and refugee agencies to educate future health care providers on TB and LTBI.

# Strategies

- Quarterly health fairs
  - TB skin testing or IGRA testing
  - chest x-ray referrals
  - dental services
  - immunization services
  - lead screening
  - WIC services
  - assistance enrolling in appropriate health insurance programs provided by CKF patient navigators
- Health fair participants with positive TB tests will be referred to a bi- weekly TB clinic sponsored by the proposed project.



THANK YOU!

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