

Santa Barbara County PUBLIC Health DEPARTMENT	Manual: TB Manual	
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TITLE: Enhanced Homeless TB Control		

POLICY

The Santa Barbara County Public Health Department will provide, through an Enhanced Homeless TB Control Program, medical case management and LTBI treatment for homeless/ shelter TST/QFT converters and new positives to prevent their progression to active tuberculosis.

PURPOSE

The primary goal is for early identification and treatment of active TB resulting from untreated LTBI infection in homeless individuals. Through an enhanced, comprehensive, case management plan, homeless/shelter individuals with LTBI will be offered an opportunity to complete an LTBI treatment regimen and/or will be closely monitored by Disease Control (DC) staff in an effort to prevent future outbreaks in this high risk population.

PROCEDURE

Case Management of Previously Established Homeless/Shelter Converters

1. All homeless/shelter converters will be assigned to a HSA/MA via the PHN Database.
2. All homeless/shelter converters will have access to Chest Clinic for QFT, chest x-ray and medical assessment by the TB Control Officer/designated medical provider for possible LTBI therapy. Confirmation of converter status will be established by QFT testing.
3. If QFT is positive, LTBI therapy will be offered to those deemed medically eligible by the TB Control Officer/designated medical provider and followed monthly in Chest Clinic.
4. If QFT is negative, homeless client will have QFT repeated every 6 months, with priority DC management for the first 2 years.
5. Homeless/shelter converters on LTBI therapy will be re-assigned by the SPHN to a DC PHN via the PHN Database for case management through completion of therapy. SPHN will complete LTBI Case Management Referral Form and submit via email to DC PHN.
6. Homeless/shelter converters with a positive QFT refusing or ineligible for LTBI treatment will remain assigned to the HSA/MA and will require a chest

- x-ray and symptom review every 6 months for 2 years, then referred back to the established routine shelter clearance process.
7. All homeless/shelter converters who do not complete initiated LTBI therapy will be closed to PHN case management and followed through the established Enhanced Homeless TB Control Program.
 8. Designated DC staff (PHN/HSA/MA) will ensure shelter clearance and update PHN Shelter Clearance TB Database.
 9. Designated DC staff (PHN/HSA/MA) will flag each converter in the PHN Database for appropriate recall.
 10. Incentives for homeless/shelter converters will be prioritized by the DC SPHN and DC&P Manager. Accurate logs will be maintained for each incentive awarded.

Homeless/Shelter Converter Referrals via the Confidential Morbidity Report (CMR) Process

1. CMR will be assigned by the DC Office to the DC PHN through the established DC referral case distribution protocol.
2. PHN opens case, obtains CXR and schedules client for medical evaluation at Chest Clinic.
3. If the homeless/shelter client refuses LTBI therapy, PHN case management is closed, and the client is followed through the established Enhanced Homeless TB Control Program.

Case Management of Homeless/Shelter New TST Positive

(no prior TST documentation)

1. All new positive TST homeless/shelter clients will have access to Chest Clinic for QFT, chest x-ray and medical assessment by the TB Control Officer/designated medical provider for possible LTBI therapy. Confirmation of LTBI status will be established by QFT testing.
2. If QFT is positive, LTBI therapy will be offered to those deemed medically eligible by the TB Control Officer/designated medical provider and will be followed monthly in Chest Clinic.
3. If QFT is negative, homeless client will have QFT repeated every 6 months, with priority DC management for the first 2 years.
4. Homeless/shelter new QFT positive client on LTBI therapy will be assigned by the SPHN to a DC PHN via the PHN Database for case management through completion of therapy. SPHN will complete LTBI Case Management Referral Form and submit via email to DC PHN.
5. Homeless/shelter new positive QFT client refusing or medically ineligible for LTBI treatment will be followed through the established Enhanced TB Control Program which requires chest x-ray every year and symptom review every 6 months for 2 years. Thereafter, the client will be followed by established routine shelter clearance process.
6. Homeless/shelter new positive QFT client who fails to complete initiated LTBI therapy will be closed to PHN case management and followed through established Enhanced TB Control Program for symptom review and chest x-ray for the remainder of the two year period, then referred back to the established routine shelter clearance process.

7. Designated DC staff (PHN/HSA/MA) will ensure shelter clearance and update PHN Shelter Clearance TB Database.
8. Designated DC staff (PHN/HSA/MA) will flag each new QFT positive in the PHN Database for appropriate recall.
9. Incentives for new positive QFT homeless/shelter client will be prioritized by the DC SPHN and DC&P Manager. Accurate logs will be maintained for each incentive awarded.