ACTIVE TUBERCULOSIS IN A DRUG TREATMENT **FACILITY:** CONTACT INVESTIGATION CHALLENGES AND SUCCESSES

Elise Huebner

Ryan Moeller

Stella Mulhollan

Margaret Richardson

Williamson County & Cities Health District

INTRODUCTIONS

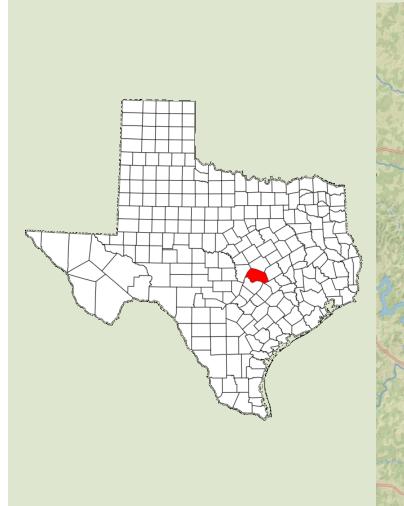
Margaret Richardson, BSN, RN – Identification of active TB patient

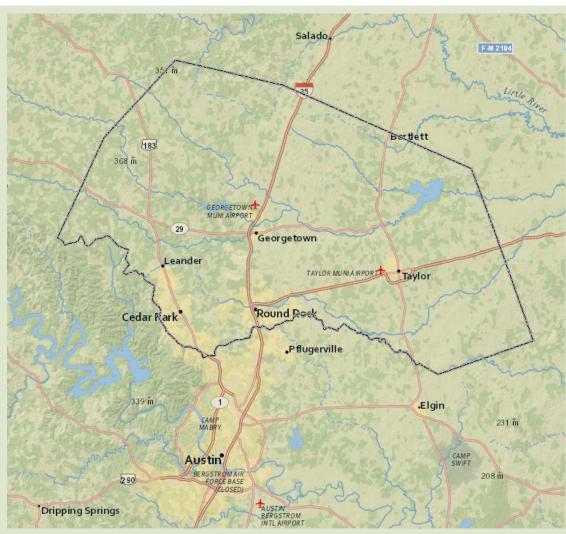
Ryan Moeller – Incident Management

Elise Huebner, MS, CPH – Contact investigation

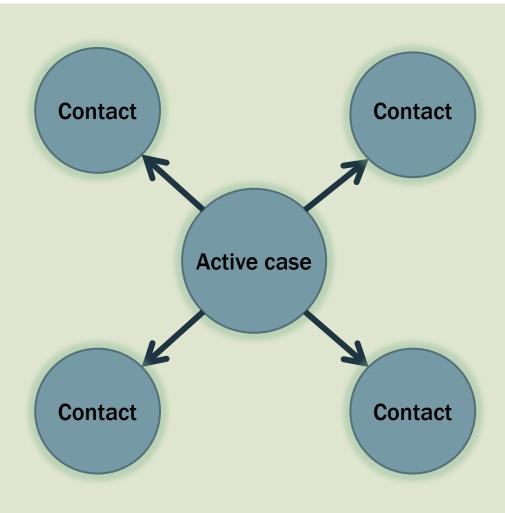
Stella Mulhollan, BSN, RN – Treatment of latent TB patients

DRUG TREATMENT FACILITY IN WILLIAMSON COUNTY

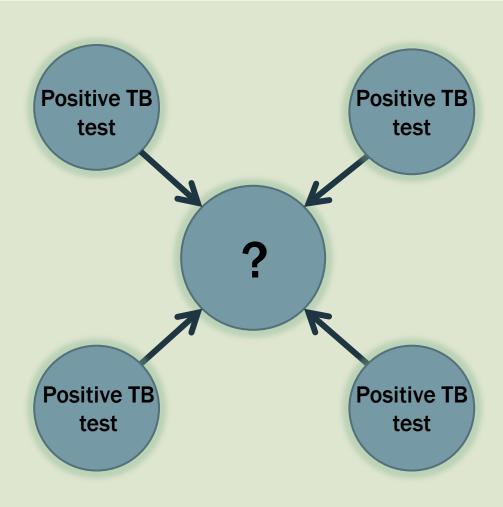




TYPICAL TB CONTACT INVESTIGATIONS



ATYPICAL TB CONTACT INVESTIGATION



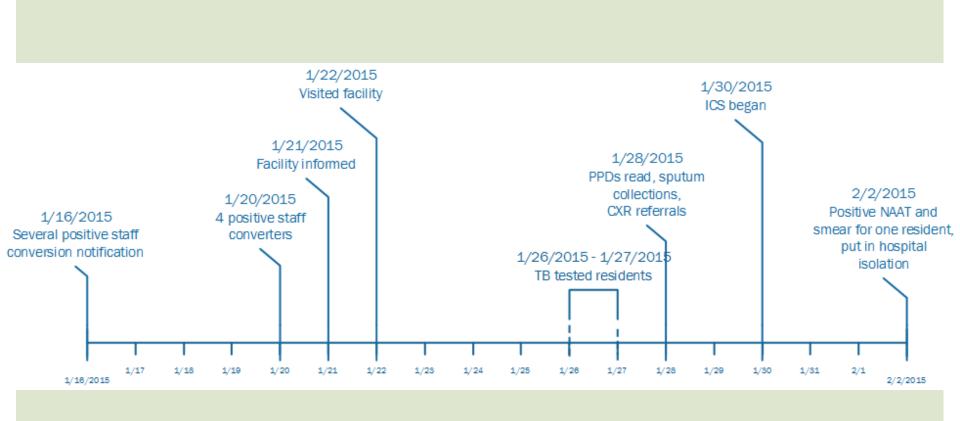
FACILITY TB TESTING

- All residents were tested for TB prior to admission
- All staff were tested upon hire and annually
- All positive results had CXR (chest x-ray) done to rule out active TB
- We had baseline results on all residents/staff
- Conversions were noted on annual staff testing

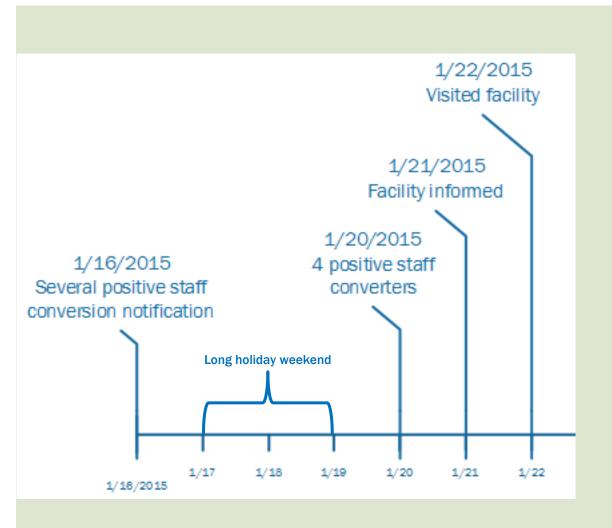
RISK FACTORS FOR THE DRUG TREATMENT FACILITY RESIDENTS

- Previously incarcerated at other correctional facilities
- Social behaviors
 - Previous substance abusers
 - Including IV drug use
- Sense of urgency due to discharges and admissions still occurring

TIMELINE: IDENTIFYING THE ACTIVE TB PATIENT



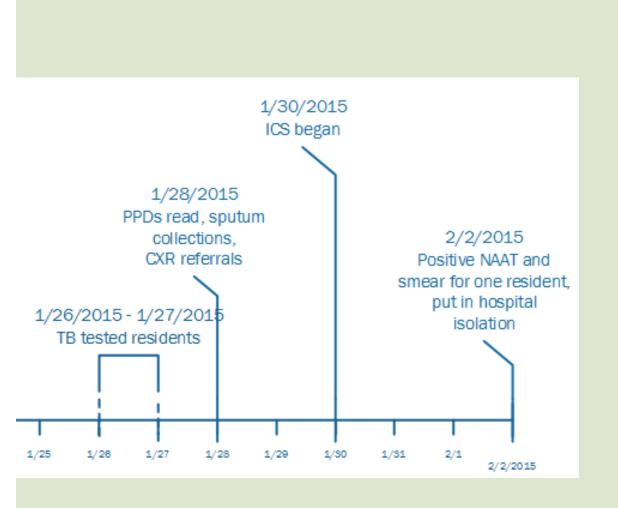
TIMELINE: NOTIFICATION AND DISCUSSION





February								
Su	Мо	Tu	We	Th	Fr	Sa		
1	2	3	4	5	6	7		
8	9	10	11	12	13	14		
15	16	17	18	19	20	21		
22	23	24	25	26	27	28		

TIMELINE: EVALUATING RESIDENTS AND ISOLATION OF ACTIVE TB CASE



January								
Su	Мо	Tu	We	Th	Fr	Sa		
				1	2	3		
4	5	6	7	8	9	10		
11	12	13	14	15	16	17		
18	19	20	21	22	23	24		
25	26	27	28	29	30	31		



INCIDENT COMMAND IMPLEMENTATION

- WCCHD routinely refers clients for chest x-rays to a local hospital
- 40 clients identified as needing chest x-ray for TB exposure
- Hospital given 15 minutes notice
- Clients arrive in vans at hospital at 4:30pm on Friday

INCIDENT ASSESSMENT

- Who's in charge?
- How long will this TB investigation last?
- Are there multiple jurisdictions involved?
- Are there multiple agencies involved?
- Could this incident have political sensitivities?
- Could this incident have media interest?
- Is the incident under control?
- Could this incident develop negative public perception?
- What are the agencies involved?

AGENCIES INVOLVED

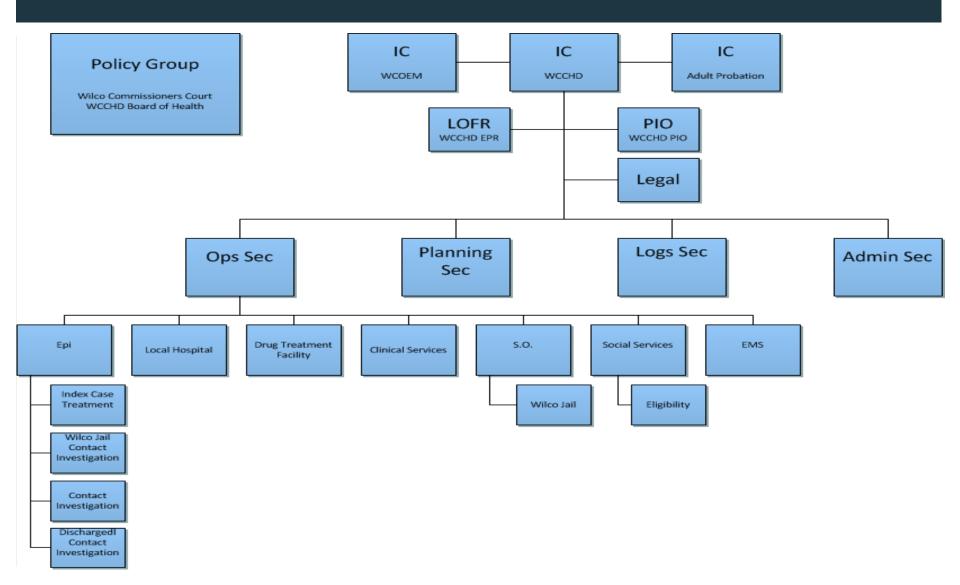
WCCHD

- Public Information Officer (PIO)
- Emergency Preparedness and Response
- Disease Control and Prevention
- TB program
- Clinical Services
- Social Services
- Drug Treatment Facility
- Adult Probation Services
- Texas Department of Justice
- Williamson County Office of Emergency Management
- Williamson County Emergency Communication Services
- Williamson County EMS
- Williamson County Sheriff's Department / Williamson County Jail
- Health Service Region 7
- Local Hospital
- Georgetown Office of Emergency Management

INCIDENT ACTION PLAN

- Identified all participating agencies
- Established a routine meeting/conference call schedule
- Established SMART objectives for each participating agency
- Established a SITREP schedule
- Established clear lines of communication and plan

WHY WAS ICS NEEDED FOR THIS INVESTIGATION?



CONTACT INVESTIGATION: IDENTIFYING ALL POSSIBLE CONTACTS

Categories of Contacts Initially Identified	Count
Contract Workers	25
Drug Treatment Facility Discharged Residents	129
Drug Treatment Facility Residents	107
Drug Treatment Facility Staff	40
Drug Treatment Facility Visitors	132
Drug Treatment Facility Volunteers	157
Jail Contact - Inmates	171
Jail Contact - Officers	24
Public Health Staff	11
Social Contacts to the Active Case	3
Grand Total	799

CONTACT INVESTIGATION: PRIORITIZED CONTACTS FOR EVALUATION

Categories of Contacts Prioritized for Testing	Count
Contract Workers	14
Drug Treatment Facility Discharged Residents	63
Drug Treatment Facility Residents	80
Drug Treatment Facility Staff	40
Drug Treatment Facility Visitors	0
Drug Treatment Facility Volunteers	29
Jail Contact - Inmates	171
Jail Contact - Officers	24
Public Health Staff	11
Social Contacts to the Active Case	3
Grand Total	435

EPIDEMIOLOGICAL INVESTIGATION TOOLS

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February 2015				
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE 1 TDCJ Home							
Offender Information Search							
Please specify of	one or more of the following fields:						
Search Hints							
Last Name:							
First Name:							
TDCJ Number:							
SID Number:							
Gender:	ALL ▼						
Race:	ALL ▼						
Search							

Texas Department of State Health Services						
Tuberculosis Referral Form						
	Date:					
To: Receiving Person or Agency and Address	From: Address of Person of Referring Agency					
Patient	Social Security Number					

CONTACT INVESTIGATION: FINAL CASE STATUS (PERCENTS)

Categories of Contacts Final Case Status	Confirmed	LTBI	Previous Tx	Not a Case	Lost to Follow Up	Total
Contract Workers				57%	43%	100%
Drug Treatment Facility Discharged Residents		25%		31%	44%	100%
Drug Treatment Facility Residents	1%	34%	1%	56%	8%	100%
Drug Treatment Facility Staff		18%	3%	80%		100%
Drug Treatment Facility Visitors						0%
Drug Treatment Facility Volunteers		3%	3%	72%	21%	100%
Jail Contact - Inmates			3%	26%	71%	100%
Jail Contact - Officers				96%	4%	100%
Public Health Staff			9%	91%		100%
Social Contacts to the Active Case				100%		100%
Grand Total	0%	12%	2%	49%	37%	100%

CONTACT INVESTIGATION: FINAL CASE STATUS (COUNTS)

Categories of Contacts Final Case Status	Confirmed	LTBI	Previous Tx	Not a Case	Lost to Follow Up	Total
Contract Workers				8	6	14
Drug Treatment Facility Discharged Residents		9		11	16	36
Drug Treatment Facility Residents	1	36	1	60	9	107
Drug Treatment Facility Staff		7	1	32		40
Drug Treatment Facility Visitors						0
Drug Treatment Facility Volunteers		1	1	21	6	29
Jail Contact - Inmates			5	44	122	171
Jail Contact - Officers				23	1	24
Public Health Staff			1	10		11
Social Contacts to the Active Case				3		3
Grand Total	1	53	9	212	160	435

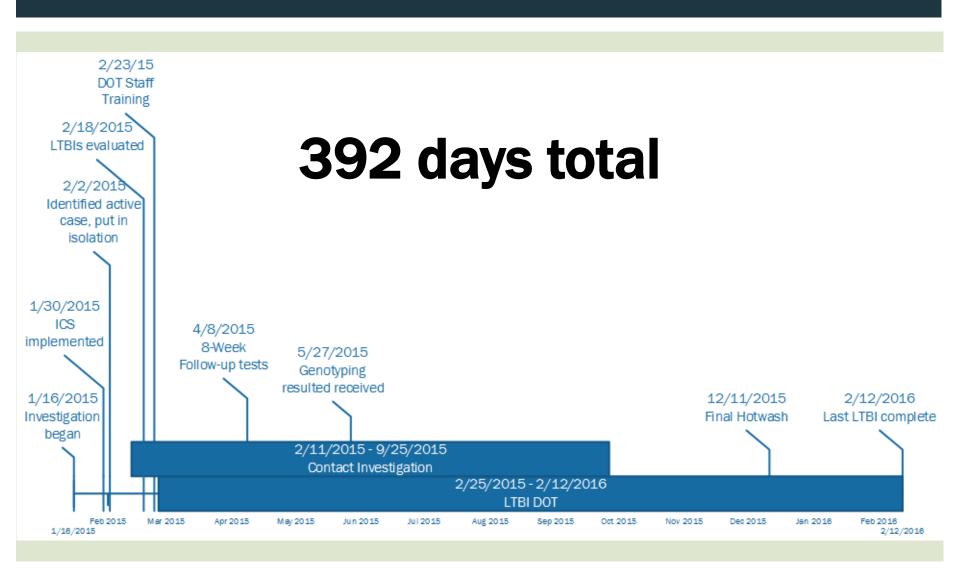
LATENT TB TREATMENT

- Staff of the Drug Treatment Facility
 - Tested and treated at area WCCHD sites
- Residents of the Drug Treatment Facility
 - Strict facility rules and limited resources necessitated a non-standard approach to LTBI therapy
 - Facility staff trained to perform directly observed therapy (DOT)

CLINICAL SERVICES NURSING RESPONSIBILITIES

- Initiated and managed LTBI therapy for residents
- Served as subject matter experts for residents and staff
- Performed monthly toxicity assessments
- Medical director onsite physical examinations
- Coordinated post-discharge continuation of LTBI therapy

COMPLETE TIMELINE



STRENGTHS

- Identification of active TB patient
 - Full cooperation from facility
 - Partnerships with ATCHHS, DSHS Region 7, and DSHS Central Office provided additional nurses, epidemiologists, and phlebotomists
 - Investigation was kept out of the media
- Incident Management
 - Effective and appropriate in managing a large-scale contact investigation
 - Planning and partnerships with other local emergency organizations
 valuable for timely communication and cooperation
 - Collaborated with WCCHD Social Services to assist active TB patient

STRENGTHS (CONTINUED)

- Contact investigation
 - Texas Department of Justice, Williamson County Jail, DSHS Region 7,
 ATCHHS, other LHDs very helpful in tracking down and testing contacts
 - Drug treatment facility provided contact information on former residents and volunteers
- Treatment of latent TB patients
 - Completion rates:
 - Staff: 100%
 - Residents for which WCCHD Initiated LTBI Treatment: 97% !!!
 - National average: 46%¹

CHALLENGES

- Identification of active TB patient
 - Former substance abusers can be difficult blood draws
 - Some needed counseling by facility staff post-blood draw
 - WCCHD clinical surge capability, specifically phlebotomy
- Incident Management
 - Back-door request for information from outside agency
 - A post on social media created a confidentiality concern

CHALLENGES (CONTINUED)

- Contact investigation
 - Locating and testing previous residents
 - Incorrect addresses provided
 - Many counties involved → referral paperwork retrieval took longer
- Treatment of latent TB patients
 - Some residents had contraindications to 12-week therapy and needed either 4-month or 9-month therapy
 - Prior to therapy completion, some residents were discharged and left the county, making transitional care difficult

RECOMMENDATIONS & LESSONS LEARNED

WCCHD

- Initiate ICS sooner to:
 - Avoid testing delays and miscommunication with other organizations
 - Improve coordinated efforts
- Involve WCCHD and Williamson County PIOs sooner
- Update the drug treatment facility more frequently during initial ICS
- DSHS Region 7
 - Support WCCHD's ICS structure and provide expertise, resources
 - Follow-up with residents on any STD testing provided
- Drug Treatment Facility
 - Log all room and roommate assignments
 - Maintain up-to-date volunteer information

ACKNOWLEDGMENTS

- Austin/Travis County Health and Human Services
- City of Georgetown Emergency Management
- City of Georgetown Fire Department
- St. David's Healthcare
- Texas Department of Criminal Justice
- Texas Department of State Health Services
- Williamson County & Cities Health District
- Williamson County Adult Probation Department
- Williamson County Emergency Communications
- Williamson County EMS
- Williamson County Office of Emergency Management
- Williamson County Sheriff's Office

QUESTIONS? CONTACT US

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