Department of Homeless Services
Department of Social Services

# OFFICE OF POLICY, PROCEDURES AND TRAINING

James K. Whelan
*Executive Deputy Commissioner*

**DHS-PB-2019-019**

| **SUBJECT:** | **APPLICABLE TO:** | **ISSUED:** |
|---|---|---|
| Guidelines for Staff: Tuberculosis Control | All DHS Directly Operated and Contracted Facilities | September 15, 2019<br><br>*(REPLACES PROCEDURE NUMBER 10-001)* |

| **ADMINISTERED BY:** | **APPROVED BY:** |
|---|---|
| Office of the Medical Director | Joslyn Carter, Administrator<br>Department of Social Services/<br>Department of Homeless Services |

## ■ PURPOSE

To provide guidance to shelter and other Department of Homeless Services (DHS) staff for the screening, prevention, and control of tuberculosis (TB) among clients residing in DHS facilities.

## ■ BACKGROUND

TB is caused by *Mycobacterium Tuberculosis*, bacteria which can be spread through the air from one person to another. TB bacteria generally infect the lungs, but can also infect other parts of the body, such as the kidneys, brain, or spine. TB bacteria may be transmitted when an individual with active TB disease of the lungs or other parts of respiratory system coughs, speaks, laughs, sings, or sneezes. People nearby may inhale these bacteria and become infected.

Most of those who are infected with TB do not develop an active disease, but instead the infection remains dormant, a state called latent TB infection, or LTBI. People with LTBI have TB bacteria in their bodies, but these bacteria are not active. These individuals do not have symptoms of TB disease and cannot spread the bacteria to others.

Only 5%-10% of people with LTBI will develop active TB disease in their lifetime.[1] People recently infected with TB and those with immune suppression are most likely to develop active TB. People with latent TB infection may be offered treatment to prevent them from developing TB disease.

People with active, infectious TB disease of the respiratory system are most likely to spread the bacteria to people with whom they spend time routinely, such as family members, friends, schoolmates or co-workers.[2]

Not all persons with active TB are infectious. For example, those who have TB outside of the respiratory system are not infectious. People with TB, that are initially infectious, are no longer considered infectious after they have taken adequate antibiotic treatments for a period of approximately 2 weeks, provided that the infection is also responding to treatment clinically (e.g., improving symptoms, decreasing amount of bacteria in sputum). This can be demonstrated by a negative sputum smear examination.

Although TB is the leading cause of death due to an infectious disease worldwide, the disease is relatively rare in the United States. However, it remains an important health concern, particularly for those who were born in or travel to areas where TB is more common, and for people who are homeless. In 2017, 613 cases of TB were reported in New York City; 23 occurred among people experiencing homelessness and, 6 lived in a DHS facility during the time that they were ill with TB.[3]

For more information on signs and symptoms for TB, TB treatment and TB prevention please see the Tuberculosis Factsheet (for clients) (**DHS-49**) and the Tuberculosis Factsheet (for shelter and street staff) (**DHS-50**)**.** Shelter staff will provide the **DHS-49** form to clients diagnosed with TB infection or TB disease. The Tuberculosis Flyer for Patients with Symptoms of TB (**Attachment A**) is also available for distribution to clients with symptoms of TB.

## ■ DEFINITIONS

### I. BTBC

Department of Health and Mental Hygiene (DOHMH) Bureau of Tuberculosis Control

[1] Force, U. P. (2016, September 06). USPSTF Recommendation: Screening for Latent Tuberculosis in Adults. Retrieved from https://jamanetwork.com/journals/jama/fullarticle/2547762.
[2] Tuberculosis (TB). (2016, July 26). Retrieved from https://www.cdc.gov/tb/topic/basics/howtbspreads.htm
[3] Tuberculosis in New York City 2017. (2017). Retrieved from http://www1.nyc.gov/assets/doh/downloads/pdf/tb/tb2017.pdf.

**II. Client**

A person who is homeless and receiving services in a DHS facility or from a DHS outreach team.

**III. DHS Facility/Site**

DHS operated or contracted shelter or site or program (includes traditional shelter, safe haven and drop-in-center), which provide services and shelter to clients.

**IV. Staff**

All the employees working at a DHS facility or site.

**V. Patient**

A person who has been confirmed or suspected of having TB.

**VI. TB Testing**

Tests to detect TB infection include Interferon Gamma Release Assay (IGRA), a blood test (such as Quantiferon-Gold [QFT] or T-Spot) and the Tuberculin Skin Test (TST), an older test which involves injecting a protein from the TB bacteria under the skin of the arm.

**VII. Latent TB Infection (LTBI) Patient**

A person with latent TB infection as demonstrated by a positive TB test, as defined above, with a normal chest X-ray and absence of TB symptoms.

**VIII. TB Contact Investigation**

A process to identify and evaluate persons exposed to a patient with active TB, and to provide appropriate treatment for LTBI and TB disease.

**IX. TB Disease Patient**

A person with active TB disease with symptoms and multiplying bacteria.

## ■ PROCEDURE FOR SCREENING FOR TUBERCULOSIS INFECTION AND MANAGEMENT OF CLIENTS WITH TB

## I. Purpose

To prevent TB exposure among clients residing in DHS directly operated and contracted facilities.

## II. Overview of the Procedure

All DHS clients residing in congregate settings will be screened for TB, during assessment and thereafter if exposure to someone with infectious TB disease occurred. Routine annual TB testing is not necessary. All TB screening results must be added to Client Assistant Rehousing Enterprise System (CARES).

## III. Procedure

A. Screening for TB Infection in Single Adult Shelters

1. All DHS clients in single adult shelters and congregate settings, will be tested for TB:

    - Upon arrival for the first time in the shelter system; or
    - If they have not been in the shelter system for more than 1 year.

2. If a client had a documented negative IGRA or TST in the last 12 months, the test doesn't need to be repeated.

3. If a client has a documented positive TB test or history of TB disease, the test doesn't need to be repeated. See "Clients with a History of Positive TB Test" below (page 5).

4. Clinics at each single adult assessment site will perform a TB test for all clients entering the shelter system, preferably with an interferon gamma release assay (IGRA) such as the QuantiFERON® (QFT) blood test, or if an IGRA is not possible, using the Tuberculin Skin Test (TST). For more information on testing for LTBI Please refer to: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5905a1.htm?s_cid=rr5905a1e.

B. Screening for TB Infection in Families with Children and Adult Family Shelters

Clients residing in families with children and adult family shelters will only be tested for TB upon exposure or based on clinical factors.

C. Screening for TB Infection in Safe Haven and Drop-in Centers

1. Safe Haven sites with an **on-site** clinical provider will offer a TB test and encourage clients to accept:

    - Upon arrival for the first time or acceptance into the Safe Haven; or
    - If they have not been in the Safe Haven for more than 1 year.

2. Safe haven sites with **no on-site** clinical provider, upon arrival to the Safe Haven, will (1) offer a referral for a TB test to a neighboring clinic or hospital; or (2) if the client refuses the referral, staff will perform a brief screening using the TB Symptoms Check List (**DHS-52**). If a client answers 'yes' to any of the questions, they may need to be tested for TB, and then staff will provide a referral for TB evaluation to a local hospital or to one of the DOHMH TB clinics listed on the DOHMH TB Clinic Locations (**DHS-51**) .

3. Clients arriving at **drop-in centers** are not required to receive a TB test as they will not live in these facilities. Upon arrival to a drop-in center, staff will perform a brief screening using the questions found on the **DHS-52** form. If a client answers "yes" to any of these questions, staff will provide a referral for a TB evaluation at a local hospital or one of the DOHMH TB clinics listed on the **DHS-51** form.

4. For clients who have used a **drop-in center** more than once or are engaged with a street outreach team, the clinical team will make every effort to perform or provide a referral for a TB test.

D. Clients with a History of a Positive TB Test

If a client has a prior documented positive IGRA, TST or history of TB disease, the test is not to be repeated. Staff will perform a symptoms check using the **DHS-52** form, and if the client answers 'yes' to any of the questions, they will need a complete TB evaluation at a hospital or clinic.

E. Follow-up for a Positive TB Screening Test

1. Clients with a new positive IGRA or TST result must receive a follow-up chest X-ray, via referral to a DOHMH clinic listed on the **DHS-51** form, local clinic or a hospital, with a note explaining the reason for the referral.

2. If the client was tested at an onsite shelter/site clinic, for example at an assessment site, clinic staff will provide the referral to the outside clinic for further testing.
3. If the client has no symptoms suggestive of TB and the chest X-ray is normal, no further testing is needed.

4. If the chest X-ray is abnormal, more testing may be needed, based on clinical findings (see **Table 1** below). The outside clinic evaluating the client will perform the needed evaluation and testing.

5. As needed, clients will be sent to a DOHMH chest center listed on the **DHS-51** form or a hospital for TB testing (such as sputum smear and culture) to rule out active TB and receive treatment as appropriate.

6. Clients do not need an annual TB test or annual chest X-ray. This includes clients with a positive IGRA or TST who have had a normal chest X-ray or who have completed treatment for latent TB. The DHS assessment site clinician will evaluate clients with a history of a positive TB test before repeating the chest X-ray.

**Table 1:** TB test results, interpretation and actions required (for new TB test results only)

| **TB test results** | **Interpretation** | **Action required by shelter staff** |
|---|---|---|
| Positive TST or IGRA | Possible TB infection | Referral to have a Chest X-Ray |
| Negative TST or IGRA | Someone with no known recent exposure to TB and no symptoms consistent with TB, TB disease is not likely | No action required |
| Positive TST or IGRA, normal chest X-ray, absence of symptoms consistent with TB | Latent TB or no active disease | Treatment for latent TB infection, if recommended |
| Positive TST or IGRA and abnormal chest X-ray | TB infection or TB disease is possible | Diagnostic microbiology evaluation- sputum smear, culture |
| Positive diagnostic microbiology test for TB | TB disease confirmed | Client must be admitted to a hospital for treatment |

F. <u>Clients with Suspected or Confirmed TB</u>

1. If shelter staff learn or suspect that a client has signs and symptoms of TB, they should take the following steps:

    - Refer the client immediately to an on-site medical provider for evaluation, if available.
    - If an on-site medical provider is not available, call the 24-hour TB hotline 844-713-0559 to check if a client has known TB or was treated for TB, or with any other TB-related question or concerns. During non-business hours, callers will be directed to call Poison Control to speak with a physician-on-call if the matter is urgent. For non-urgent matters such as a patient look-up, shelter staff can leave a message and DOHMH Bureau of Tuberculosis Control (BTBC) staff will return the call the following day.
    - Call 911 if a client is thought to have active and untreated pulmonary TB.

2. If a client states they **have TB or have history of TB**, staff should:

    - Refer the client to the on-site medical provider, if available. If the medical provider is not on-site or there is no onsite medical provider, call the 24-hour TB hotline 844-713-0559 to determine whether the client has been diagnosed with active TB or latent TB.
    - If the client has active TB, ask the TB hotline if the client currently has TB in the lungs or the throat (respiratory TB). If TB is only outside of the respiratory system, it is not infectious to others.
    - Ask if they are on an anti-TB treatment, how long they've been on treatment, and if they have a clinical note about treatment. If available, record the name of the medications. Ask if the client is no longer infectious.
    - If the client is not receiving treatment or is still infectious based on what the TB hotline says, send client to a hospital, or DOHMH chest center if one is nearby and open.

3. While the client is awaiting medical evaluation or Emergency Medical Service (EMS), shelter staff should:

    - Provide a surgical mask and tissue to the client to cover their mouth while coughing.
    - Separate the client from others by placing them in an isolated room or office, with open windows or air conditioning venting to the outside, until EMS arrives. Keep the room unoccupied for half a day after using the room for someone with TB.

4. Shelter staff do not need to wear a mask while attending to a client who is wearing a mask.

5. Clients with suspected or confirmed TB must remain hospitalized and cannot be discharged to shelter until a medical evaluation excludes TB or the client receives sufficient treatment and has 3 negative sputum smear tests.

G. Notification

1. If DOHMH becomes aware of confirmed, active TB in a person experiencing homelessness who is currently or recently a DHS client, staff from DOHMH's Bureau of TB Control (BTBC) will promptly notify designated staff at the DHS Office of the Medical Director (OMD) via secure email or a phone call. DHS OMD will notify appropriate program leadership about the TB case and the required actions to be taken.

2. If a DHS site staff member becomes aware of a suspected or confirmed case of TB, staff will immediately notify the DHS Program Administrator about the suspected or confirmed case of TB, who will notify DHS OMD right away. The DHS OMD will notify and discuss the case with DOHMH.

H. Management and Prevention of TB

1. Using the **DHS-49** and **DHS-50** forms shelter staff will inform clients that TB can be treated. In addition, staff will ensure:

    - Shelter has surgical masks and tissues to offer to the client with TB.
    - Patient covers their mouth and nose when coughing or sneezing and receives a surgical mask and/or tissues for that purpose.
    - "Cover your cough" posters (**Attachment B**) is at all facilities.

2. Shelter staff will assist patients with TB in accessing care and facilitating Directly Observed Therapy (DOT) based on instructions from DOHMH.

3. A patient can return to the shelter after several days of TB treatment and after clearance from DOHMH and the medical director of DHS. DOHMH will notify DHS OMD via email once the client is cleared to return to the shelter.

## ■ PROCEDURE FOR SCREENING OF SHELTER/SITE STAFF FOR TB INFECTION AND PREVENTION OF OCCUPATIONAL EXPOSURE

## I. Purpose

To ensure that all staff at DHS directly operated and contracted sites are tested for TB when they are hired and that occupational exposure is minimized.

## II. Overview of Procedure

Leadership at all DHS sites will ensure that their staff is tested for TB when they are hired and thereafter upon exposure to someone with active, potentially infectious TB disease. This procedure applies to all DHS facilities as well as Outreach Teams. DHS will ensure that all staff is screened for TB during routine review of staff requirements.

## III. Procedure

A. Screening for TB Infection

1. Directors of all DHS, directly-operated and contracted facilities, will ensure that all staff are tested for TB when they are hired and if exposure to TB occurs at their work place.

2. Annual TB testing is not necessary.

3. Staff may receive the TB test at their own primary care provider.

4. For staff who are uninsured when they are hired, the Directors of all DHS directly-operated and contracted facilities will ensure that they are tested for TB within 120 days of starting employment.

5. If the TB test is positive, a follow-up clinical evaluation must be done as shown in Table 1 (page 6), including a visit with a clinician, who will conduct a symptom check, physical exam and a chest X-ray. Appropriate follow-up testing may be needed based on these results.

6. Annual routine chest X-rays are not necessary.

B. Actions After a Positive TB Test

A positive TB test in the absence of symptoms of TB disease and with a normal chest X-ray likely means the employee has a latent TB infection. The employee can work in the facility and is not infectious. This is not a medical emergency.

Employees who are diagnosed with TB disease must provide medical documentation that they are receiving anti-TB treatment, are no longer contagious and have been cleared to return to work. This documentation must be provided according to DHS Time and Leave regulations.

C. Staff Who Have Had a Positive TB Test

If any staff member has a documented prior positive IGRA or TST, the test is not to be repeated. If the staff member had a normal chest X-Ray after that positive TB test, they need to provide a copy of the report, if possible. Their medical provider will need to perform a TB symptom check when they are hired, and if they answer yes to any of the questions, then they need a complete TB evaluation. Staff should provide a report of the evaluation.

D. Prevention and Control of Occupational Exposure to TB

1. The DHS program and facility Director will ensure the rapid identification, isolation, masking and transportation of any person suspected of having TB to a DOHMH chest center or a hospital emergency department.

2. Facility staff will instruct all clients to cover their mouths when coughing or sneezing (use **DHS-49**, **DHS-50**, **DHS-52**, and **Attachment B** for client education).

3. Clients awaiting medical evaluation or transportation must wear a surgical mask.

4. It is not necessary for staff to wear a surgical mask, as these masks do not provide adequate protection because of leakage and loose facial seals. Therefore, staff will minimize face-to-face contact with the client suspected of having TB while client is awaiting care or transportation to a hospital.

5. Any client who is not willing to wear a mask, they must be provided with tissue. Face-to-face contact with this client should be kept to the strict minimum.

6. Clients suspected of having TB should be placed in a room with a closed door while waiting to be seen at the site clinic or transported to an outside clinic to minimize contact with staff and other clients. Keep the room unoccupied for half a day after using it for a client with active pulmonary TB.

7. Site Directors must ensure that staff adhere to the TB screening guidelines and keep all records of TB testing for their staff. These records will be provided to DHS Facilities and Logistics units as requested.

8. Staff will notify their supervisor, who will notify the site Director of any client who presents signs and symptoms of TB, such as a cough for 3 more weeks, unexplained weight loss, fever, and night sweats. The site director will notify their Program Administrator who will then notify others at DHS as described above.

E. Monitoring TB Testing

All staff of DHS directly operated and contracted shelters will receive a TB test (QFT or TST) with appropriate follow-up if positive, from a healthcare provider. All site and program Directors will report annually to the DHS executive office, no later than July 31 of each year, that their employees have had a TB test when hired or thereafter as per the guidelines in this policy. Directors will retain a copy of the staff member's TB test results and make those available to DHS upon request for periodic verification.

## ■ CONTACT INVESTIGATION

### I. Purpose

To ensure that all cases of TB disease among staff and clients are investigated and that exposure to, and transmission of TB are minimized.

### II. Overview of the Procedure

Identifying and evaluating the contacts of a person with infectious TB is an essential component of TB control, and is particularly important in congregate settings. When a patient with TB ("index patient") is homeless, contact investigations require close collaboration between the DOHMH, BTBC and DHS. TB is a reportable condition by law; therefore, it is important for DHS facilities (street and shelter) to share identifying information of clients with TB or those suspected of having TB with DOHMH for contact investigation to prevent transmission to others.

### III. Procedure

A. Detection of TB among Homeless New Yorkers

Cases of TB among homeless New Yorkers may be identified via several routes, including:

- Routine, mandated reporting of confirmed or suspected TB to BTBC
- Periodic data linkages between the BTBC electronic TB surveillance database (Maven-TB) and data from DHS client database for recent clients
- Identification of a client with TB by DHS affiliated clinic

When a case of TB is confirmed in a person who was homeless during the period when he or she may have been infectious (defined below), BTBC will inform DHS OMD about the plans to initiate a contact investigation.

B. Notification

1. DOHMH will notify the DHS OMD of active TB cases, including potential TB outbreaks among persons who are homeless, and of the need for contact investigation.

2. BTBC will provide personal identifying information for the index patient such as name, date of birth (if known) or other available information about the patient to a designated person in the DHS OMD. These personal identifiers will enable DHS to query the DHS systems of record (CARES and StreetSmart). If the patient is not found in these databases, DHS will ask the DHS Outreach Team about whether they may know the index patient.

3. The DHS OMD will communicate with DOHMH and coordinate the response with DHS programs, shelters and sites, including any Street Homeless Solutions sites or programs.

4. The DHS Medical Director or a designee will discuss the case and plans for contact investigation with DOHMH.

5. Once a decision is made that a contact investigation is needed, the DHS Medical Director or a designee will contact leadership of the respective DHS division (such as the Deputy or Associate Commissioner) to inform them of the case(s). The DHS OMD will put BTBC in contact with DHS program leadership, who will then include the respective Program Administrator in an email response. The Program Administrator will introduce the shelter director to the DOHMH BTBC staff via email.

C. Contact Investigation Process

1. DOHMH will schedule any necessary visits to the shelter directly with the shelter Director. DHS program leadership and OMD will be copied on all communications between DOHMH and shelter directors.

2. The index patient will be interviewed by a BTBC case manager and an attempt will be made to identify friends, roommates, associates, and shelter staff with whom the patient interacted with at the shelter while potentially infectious. DHS and the shelter Director will also review records to identify potentially exposed residents and employees, and will provide that list to BTBC.

3. BTBC will use a concentric circle approach as defined and planned by DOHMH to prioritize contacts for evaluation for TB infection. Closest contacts will be given top priority for assessment. If transmission among close contacts is identified, the investigation may be expanded to include the next circle of contacts.

4. In congregate shelters, priority will be given to contacts who slept in the same room as the index patient and/or in surroundings beds. In family shelters and Safe Havens, priority will be given to family members, named friends or close associates of the index patient, and participants in same group activities or who spent time in common areas such as dorm rooms, lunch or recreation rooms. Staff who may have been exposed, (i.e., case managers, therapists, etc.) will also be offered testing by BTBC staff.

5. If a contact is no longer at the shelter where the exposure occurred, DHS will query its databases and provide any updated information on the location of the individual. For individuals who are still in the shelter system, DHS will alert the client's current shelter director that a representative from DOHMH will call or email regarding the need for the contact investigation. DOHMH will follow up with the shelter to reach the individuals. DOHMH will follow up with contacts that are no longer homeless to arrange for an evaluation.

D. <u>TB Testing in a Shelter for Contact Investigation</u>

1. BTBC staff will conduct all contact investigations at DHS sites, including the interview of the index patient, contact tracing, education sessions and all TB testing, on site.

2. Shelter/site leadership and staff will facilitate the contact investigation.

3. If a shelter/site has a clinic onsite, the Medical Director of the clinic and lead Clinician onsite will be made aware and may assist in the investigation if possible, for example, by providing space for blood drawing or interview of contacts, if such space is available.

4. In the following circumstances, exposed contacts at a DHS site (resident or staff) will be offered a free medical evaluation, including a chest X-ray and, if indicated, treatment at a DOHMH chest center listed on the **DHS-51**.

    - If they are found to have a newly positive test for TB infection during the investigation
    - If a contact has a history of a previous TB infection or disease
    - If a contact has signs or symptoms suggestive of a possible active TB disease
    - If a contact has a medical history that increases the risk of developing TB disease

5. Once all results are available, BTBC will assess whether transmission of TB has occurred and determine whether the investigation should be expanded further. The transmission assessment results will be shared with the DHS OMD.

6. According to TB guidelines, testing should happen approximately 8 weeks after a contact's last interaction with the index patient during the infectious period, as it may take up to 8 weeks for an exposed person's immune system to develop a detectable response to TB infection.

E. Reporting and Documenting TB Contact Investigation Results

1. DOHMH will communicate the investigation progress, assessment results, and future plans to the DHS Office of the Medical Director (OMD) promptly.

2. The DHS OMD will also reach out to DOHMH at any point when information is needed.

3. DHS OMD staff will add a medical note in the index client's CARES record to summarize the result of the investigation.

4. BTBC will provide DHS OMD a list of contacts tested and found to have TB infection for each contact investigation.

5. BTBC will provide a quarterly report to DHS OMD on all on-going contact investigations and TB cases among DHS clients and other homeless persons as aggregate numbers, separately for DHS clients and other homeless persons not known to DHS, including the following:

    - Number of persons suspected of having TB
    - Number of confirmed TB cases
    - Number of cases with respiratory TB
    - Number of cases with extra pulmonary TB

- Number of contact investigations conducted
- Number of contacts identified (clients and staff)
- Number of contacts with newly identified latent TB infection (clients and staff) by shelter
- Number of contacts started on anti-TB treatment
- Number of instances where TB transmission is thought to have occurred in a shelter or other DHS site

## ■ DATA SHARING

### I. Purpose

To verify whether people experiencing homelessness diagnosed with TB in New York City, through routine matches between DOHMH's TB Registry and DHS' CARES and StreetSmart database have completed TB treatment or are currently receiving treatment.

### II. Overview of data sharing process

On a monthly basis, DHS provides to DOHMH a list of clients who have resided or currently reside in the DHS shelter system since the most recent data transmission to DOHMH. DOHMH will use the DHS data to identify which DHS clients have or are presumed to have TB or those who have been exposed to TB. More details are available in the Memorandum of Understanding (MOU) between DOHMH and DHS.

DOHMH will use this data to:

- Identify whether TB patients are homeless when such status is not previously known by the TB case manager;
- Locate TB patients in the DHS system who have not completed a full course of treatment;
- Identify contacts of infectious TB patients;
- Identify congregate settings as sites of exposure; and
- Alert DHS and DHS-affiliated street outreach teams about TB patients who are currently lost to care and may have contact with DHS or DHS-affiliated street outreach teams.

## ■ CONFIDENTIALITY

### I. Purpose

To maintain client confidentiality and protect all their personal information.

### II. Procedure

TB test results are protected medical information and are not to be disclosed, other than to the tested individual, and those who need to know for treatment and contact investigation purposes. There are situations where an employee's or client's TB status necessitates disclosure of confidential information, including the following:

- When conducting a **TB contact investigation**: it may be necessary to reveal the identity of a patient to an Administrator and the DHS Medical Director or designee. This might occur when there is a need to identify where a TB patient spent time for the purpose of determining which employees or clients have had close contact with the patient. The patient's name may only be revealed to an appropriate Administrator(s) with the understanding that the information will not be released to other employees or clients.
- **Sharing of information with other agencies:** the law allows the release of TB information to Physicians or institutions providing an examination or treatment to a patient and also to DOHMH. When there is an ongoing need to share information to protect public health, agreements may be negotiated between agencies, establishing the type of information to be shared, who will have access to it and how the information will be transmitted. There must be a legitimate medical or public health need for the information - and these organizations are not permitted to re-disclose the information unless necessary to treat the patient or protect the public health.

## III. Legal Mandate

- New York City Health Code §11.03(b) and New York State Sanitary Code §2.6, state that DOHMH must investigate cases of communicable disease, to ascertain sources of infection, discover contacts and unreported cases, and to take other steps to reduce mortality and morbidity.

- New York State Public Health Law §2221 and Health Code §11.05(b) authorize DOHMH to access medical records of known or suspected TB patients.

- New York State Public Health Law §2222 imposes duties on attending Physicians, or in their absence or failure, on local health officers, to provide for the safety of all individuals occupying the same house or apartment as a TB patient.

- NYSDSS Regulation 18 NYCRR §509.1 states that local welfare districts must ensure that all recipients with tuberculosis are known to the local official health agency.

- New York State Social Services Law §136(2) and implementing regulations at 18 NYCRR §357.2 authorize DHS to disclose confidential public assistance data to the Commissioner of Health or their authorized representative for purposes

directly connected with the administration of public assistance, including investigations conducted in connection with the administration of such programs.

- NYC Administrative Code §23-1202(c)(2)(a) authorizes DHS to disclose identifying information to an external party for purposes that have been designated in advance by the Agency Privacy Officer as routine, including the DHS designation of disclosures for purposes of preventing or combatting threats to public health and safety and for assisting with monitoring and controlling the spread of disease in DHS facilities and the general population.

- For more information on TB, call 311 or visit the NYC Department of Health website http://www1.nyc.gov/site/doh/health/health-topics/tuberculosis.page. Other resources include the Centers for Disease Control and Prevention https://www.cdc.gov/tb/topic/basics/default.htm.

*Effective Immediately*

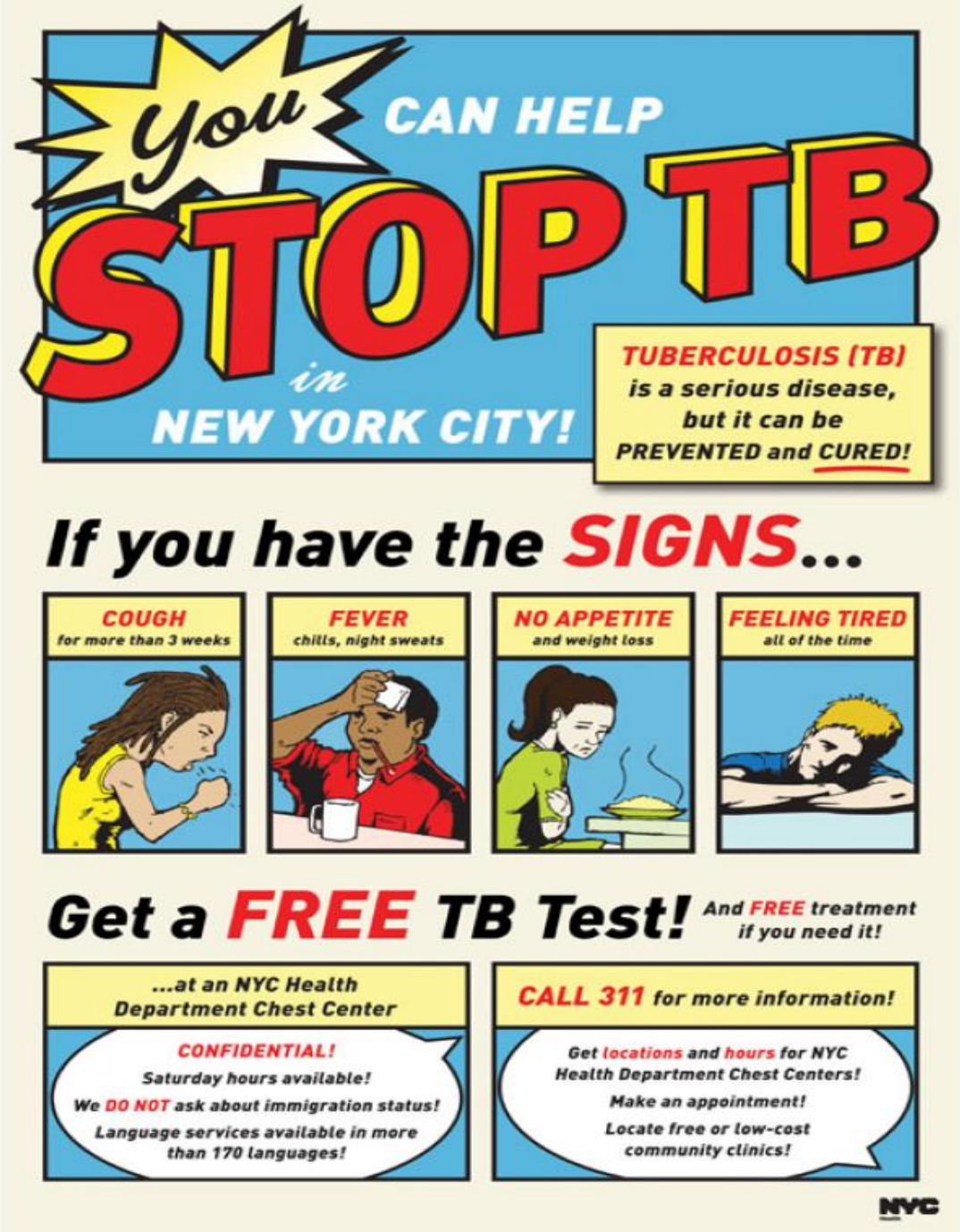
## ■ ATTACHMENTS

**Attachment A** Tuberculosis Flyer for Patients with Symptoms of TB
**Attachment B** "Cover your cough" Poster

**DHS-49** Tuberculosis Factsheet (for Clients) (09/11/2019)
**DHS-49 (S)** Tuberculosis Factsheet (for Clients) (09/11/2019)
**DHS-50** Tuberculosis Factsheet (for Shelter and Street Staff) (09/11/2019)
**DHS-51** DOHMH TB Clinic Locations (09/11/2019)
**DHS-51 (S)** DOHMH TB Clinic Locations (09/11/2019)
**DHS-52** TB Symptoms Check List (09/11/2019)
**DHS-52 (S)** TB Symptoms Check List (09/11/2019)

ATTACHMENT A

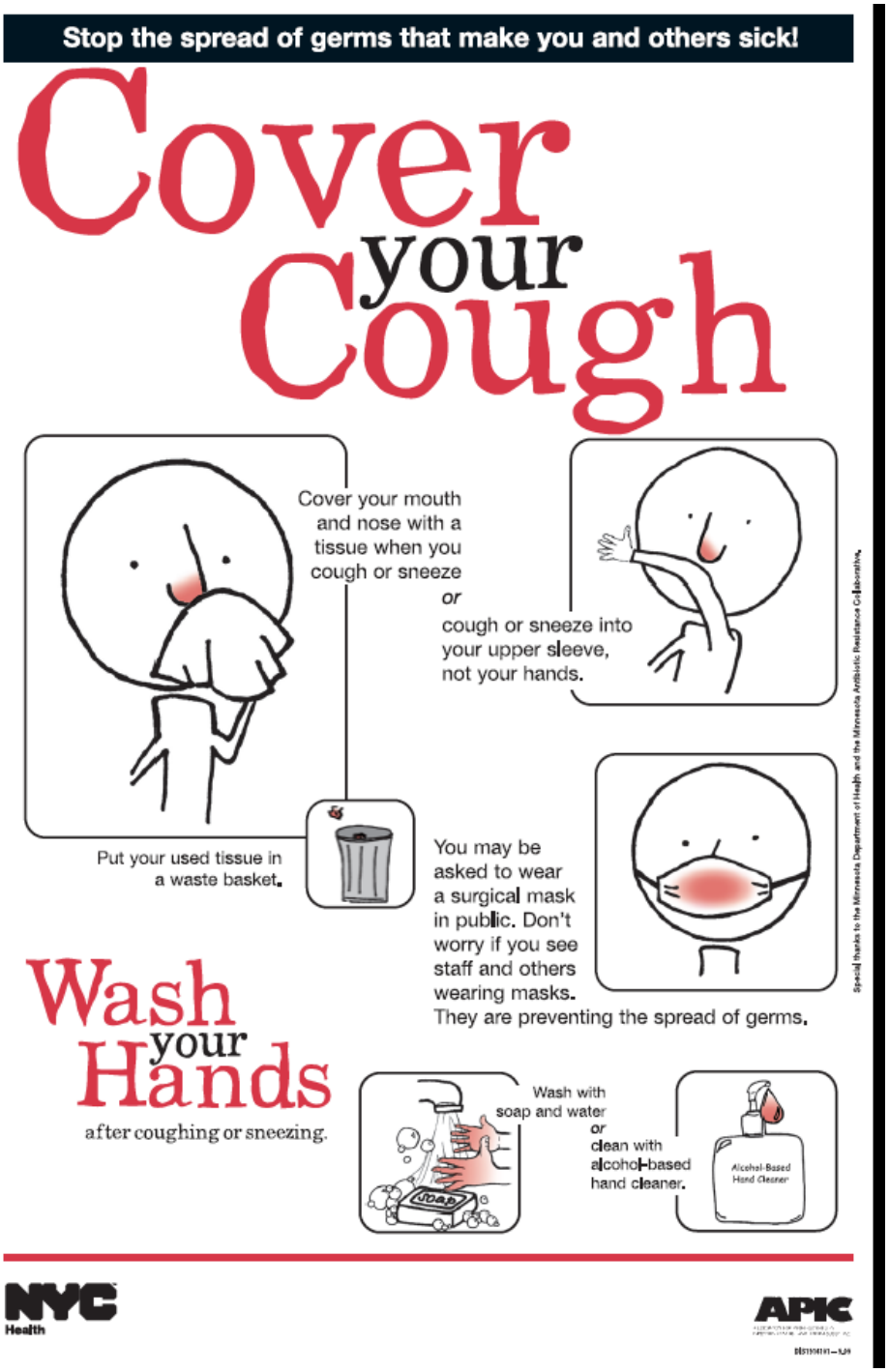
# Tuberculosis Flyer for Patients with Symptoms of TB




Source: https://www1.nyc.gov/assets/doh/downloads/pdf/tb/you-can-stop-tb.pdf

ATTACHMENT B

# "Cover Your Cough" Poster




Source: https://www1.nyc.gov/assets/doh/downloads/pdf/cd/cyc-poster-clinics.pdf

Department of Homeless Services
Department of Social Services

# FACT SHEET-TUBERCULOSIS (FOR CLIENTS)

## What is Tuberculosis (TB)?

Tuberculosis (TB) is a disease that can damage a person's lungs or other parts of the body and can cause serious illness. People of all ages, all nationalities, and all incomes can get TB. In almost all instances, with modern medicine tuberculosis can be cured.

## How does someone get TB?

TB is a serious disease caused by bacteria. It is spread from person to person through the air, and usually affects the lungs. When a person who is sick with TB coughs, sneezes, or speaks, they put TB germs in the air. Other people may breathe in the TB germs, and some may become sick.

*Brief* contact with people who are sick with TB (such as on trains or buses) is unlikely to give a person TB. TB is not spread by shaking hands, sharing food or having sex. People usually get TB germs in their bodies only when they spend a long time around someone who is sick with TB - for example, if they live or work with someone with TB every day. Most people do not know they have TB until they become sick. That is why it is a good idea for people at high risk for TB to get tested. With proper care and treatment, TB can be prevented and cured.

SAMPLE

## What happens when someone breathes in TB germs?

Most people who breathe in TB germs do not get sick. When a person's immune system is strong, bacteria cannot spread and are dormant. This is called TB infection or latent (sleeping) TB. As long as the immune system stays strong, people with TB infection do not feel sick, and they cannot spread their TB germs to others. However, if the immune system becomes weak, people with TB infection can become sick. If a person has a TB infection, health care provider will tell them if taking medicine is needed.

## What are the symptoms of Active TB Disease?

When a person cannot fight TB bacteria and they become sick. This is called active TB disease. People with active TB usually have these symptoms:

- Coughing for more than 3 weeks
- Weight loss
- Heavy sweating at night
- Fever
- Feeling tired all the time
- Chills
- Loss of appetite

**(Turn page)**

People with active TB must take medicine to kill the bacteria and prevent damage to the lungs and other parts of the body, including the brain, spine and kidneys. Until they take medicine, people with active TB in their lungs are contagious. They can spread the disease to others when they speak, cough, sing, or sneeze.

**How is TB treated?**

To get well and protect others from getting the TB germs, people with active TB must take medicine. If they do not, they will not get well. They may even die.

TB medicine has to be taken for several months to work. People with active TB feel better once they start taking medicine - symptoms usually go away quickly. The TB bacteria may come back, though, if a person does not take their medicine long enough. If this happens, the TB bacteria may be stronger and much harder to kill.

Active TB can be treated with 4-9 months of medication. Only a health care provider can tell when it is safe to stop taking medicine. Remembering to take TB medicine every day can be hard, and directly observed therapy (DOT) can help the patient. In a DOT program, a health care worker makes sure the patient takes the TB medicine every day. It is a proven way to stay on schedule with TB medicine, and it is free!

**How is TB prevented?**

Annual testing may be recommended for the following:

- People who anticipate repeated or prolonged exposure to a person with TB disease
- People with HIV infection
- People who became infected with TB bacteria in the last 2 years
- People who inject illegal drugs
- People who are sick with other diseases that weaken the immune system
- People who are elderly
- People who were not treated correctly for TB in the past

SAMPLE

Source: Facts about Tuberculosis. NYC DOHMH. http://www1.nyc.gov/site/doh/health/health-topics/tuberculosis-facts.page.
TB prevention. Center for Disease Control and Prevention 2016. https://www.cdc.gov/tb/topic/basics/tbprevention.htm

Department of Homeless Services
Department of Social Services

# HOJA DE DATOS - TUBERCULOSIS (PARA LOS CLIENTES)

## ¿Qué es la tuberculosis (*Tuberculosis, TB*)?

La tuberculosis es una enfermedad que puede dañar los pulmones u otras partes del cuerpo, y puede causar serios problemas de salud. Toda persona, sin importar su edad, nacionalidad, o ingresos económicos puede contraer *TB*. Con la medicina actual, la *TB* puede ser curada en casi todos los casos.

## ¿Cómo se contrae la *TB*?

La *TB* es una seria enfermedad causada por una bacteria. Se transmite de persona a persona a través del aire, y afecta usualmente a los pulmones. Cuando una persona que tiene *TB* tose, estornuda o habla, propaga los gérmenes al aire. Otra persona puede inhalar dichos gérmenes y enfermarse.

El contacto breve (por ejemplo, en trenes y autobuses) no es suficiente para trasmitirla. La *TB* no se propaga al estrecharse las manos, compartir alimentos o por tener relaciones sexuales. La gente tiende a contagiarse los gérmenes de la *TB* solamente cuando pasa mucho tiempo con una persona enferma; por ejemplo, cuando viven o trabajan todos los días con una persona que tiene *TB*. La mayoría de la gente no sabe que padece de *TB* hasta que se enferma. Por ello, es importante que la gente con alto riesgo de padecer *TB*, se examine con un médico. Con tratamiento y cuidado adecuados, la *TB* puede ser prevenida y curada.

SAMPLE

## ¿Qué pasa cuando alguien respira los gérmenes de la *TB*?

La mayoría de la gente que respira los gérmenes de la *TB* no se enferma. Cuando el sistema inmunitario de una persona es fuerte, las bacterias no se propagan y permanecen latentes. Esto se llama infección de tuberculosis o *TB* latente (durmiente). Si el sistema inmunitario de una persona con *TB* latente permanece fuerte, dicha persona no se sentirá enferma, y no será capaz de propagar los gérmenes a otras personas. Pero si el sistema inmunitario de una persona con *TB* latente se debilita, se puede enfermar. Si una persona tiene *TB* latente, un proveedor de servicios médicos puede indicarle si necesita tomar medicamentos.

## ¿Cuáles son los síntomas de la enfermedad de *TB* activa?

Cuando una persona no puede luchar contra la bacteria de la *TB*, se enferma. Esto se llama enfermedad de *TB* activa. La gente con *TB* activa usualmente presenta los síntomas siguientes:

- Tos que dura más de 3 semanas.
- Pérdida de peso.
- Sudores nocturnos intensos.
- Fiebre.
- Sensación continua de cansancio.
- Escalofríos.
- Pérdida de apetito.

**(Voltee la página)**

La gente con *TB* activa debe medicarse para matar a la bacteria y prevenir todo daño a los pulmones y a otras partes del cuerpo, lo que incluye el cerebro, la columna vertebral y los riñones. La gente que tiene *TB* activa en sus pulmones es contagiosa hasta que se cure con medicamentos. Puede transmitir la enfermedad a otros cuando habla, tose, canta o estornuda.

**¿Cómo se trata la *TB*?**

Para sanarse y proteger a otras personas del contagio de los gérmenes de la *TB*, la gente con *TB* activa tiene que medicarse. Si no lo hace, no se sanará, y hasta corre el riesgo de morir.

Los medicamentos contra la *TB* tienen que tomarse durante varios meses para que sean efectivos. La gente con *TB* activa se siente mejor cuando comienza a tomar los medicamentos. Es usual que los síntomas desaparezcan rápidamente. Pero la bacteria de la *TB* podría regresar si la persona no toma los medicamentos por el tiempo debido. En dicho caso, la bacteria de la *TB* puede que sea más fuerte y más difícil de eliminar.

La *TB* activa puede ser tratada tomando medicación entre 4 y 9 meses. Solamente un proveedor de servicios médicos puede determinar cuándo es seguro dejar de tomar el medicamento. Acordarse de tomar el medicamento para la *TB* cada día, puede ser difícil. La terapia de observación directa (*Directly Observed Therapy, DOT*) puede ayudar al paciente. En un programa *DOT*, un personal médico se encarga de asegurar que el paciente se tome la medicina contra la *TB* todos los días. Es una manera segura de mantener constante la toma del medicamento contra la *TB*, ¡y es gratis!

SAMPLE

**¿Cómo se previene la TB?**

Se pueden recomendar exámenes anuales para:

- Personas que anticipan estar en contacto repetido o prolongado con una persona que tiene *TB.*
- Personas infectadas con el VIH.
- Personas que hayan sido infectadas con *TB* durante los últimos 2 años.
- Personas que se inyectan drogas ilegales.
- Personas enfermas cuyo sistema inmunitario se encuentra debilitado por otras enfermedades.
- Ancianos.
- Personas que en el pasado no recibieron el tratamiento adecuado para la *TB*.

Fuente de información: Datos sobre la tuberculosis. Departamento de Salud e Higiene Mental de la Ciudad de Nueva York (*New York City*, *Department of Health and Mental Hygiene*, *NYC DOHMH*.) http://www1.nyc.gov/site/doh/health/health-topics/tuberculosis-facts.page.

Prevención de la TB. Centros para el Control y la Prevención de Enfermedades 2016. (*Centers for Disease Control and Prevention, CDC*) https://www.cdc.gov/tb/topic/basics/tbprevention.htm

Department of Homeless Services
Department of Social Services

# FACTS ABOUT TUBERCULOSIS
# (For Shelter and Street Staff)

## What is Tuberculosis (TB)?

Tuberculosis (TB) is a disease caused by a bacteria called *mycobacterium tuberculosis*. TB is spread from person to person through the air. Although TB usually affects the lungs, it can also affect other parts of the body, such as the brain, kidneys or spine. TB is a serious disease, but it is preventable and curable.

## How does someone get TB?

TB germs enter the air when a person who is sick with TB coughs, sneezes, sings, laughs, or talks. A person can become infected with TB when they spend a lot of time indoors around someone who is sick with TB – for example, if they live or work with someone with TB.

A person cannot get TB from shaking hands, sharing food or dishes, or having sex. Brief contact with someone who is sick with TB (such as on trains or buses) is very unlikely to spread TB.

## What happens when someone breathes in TB germs?

When a person breathes TB germs into their lungs, the body's immune system builds a "wall" around the germs and prevents infection from spreading. When this happens, the germs become inactive and do not cause damage to the body or make someone feel sick. This is called **latent TB infection** or **LTBI**. People with LTBI do not feel sick and do not have any symptoms. People with LTBI cannot spread the germs to other people.

SAMPLE

If the immune system becomes weak from another disease or from medicines or age, TB infection can develop into active TB diseases. A person with active disease in their lungs or throat can spread TB to other people.

## What are the symptoms of Active TB Disease?

A person with active TB disease usually has one or more of the following symptoms:

- Cough for 3 or more weeks or coughing up blood (if pulmonary TB – TB in lungs).
- Loss of appetite
- Weight loss
- Fatigue and weakness
- Fever
- Night sweats
- Sometimes there are no symptoms at all

A person with latent TB infection will not have any symptoms.

**(Turn page)**

**Who is at risk for TB?**

Anyone can get TB, but people are at higher risk if any of the following applies:

- **The person has spent a lot of time around someone who is sick with TB disease.** This could be at home, at work, at school, or at any other location where the person spend a lot of time.
- **The person has a health condition that weakens the immune system**. (Examples include HIV infection, cancer, organ transplant, or if a person takes certain medicines.)
- **The person has traveled to or lived in a country with a lot of TB.** (Examples include countries other than the United States, Canada, Australia, New Zealand, and countries in Western or Northern Europe)

**What do I do if I see someone who has TB symptoms?**

If someone doesn't have TB symptoms but does have any of the risk factors listed above, getting a TB test is the first step. If the test is positive, the person will need a chest x-ray and medical check up to see if they have active TB disease or LTBI. Staff should help the person seek medical care as soon as possible or call the 24-hour TB hotline at 844-713-0599 for more information.

**What if someone has had the BCG vaccine?**

The BCG vaccine does not usually protect adults against TB. A person may still become infected with TB germs and have LTBI or active TB. Even if someone has had BCG, they will still need a TB test. A positive TB skin test does not mean that BCG is working. It likely means a true TB infection. A blood test for TB is more accurate with the BCG vaccination.

SAMPLE

**How is TB treated?**

TB disease can be treated and cured by taking several medicines for 6 to 12 months. After a person has taken medicine for 2 weeks and is feeling better, that person can no longer spread TB germs. The doctor will tell patients when they can return to work, school, or other activities.

If a person has TB infection but not TB disease, the doctor may give medicine to kill the TB germs and prevent TB disease from developing.

**When can a person with active TB return to the DHS facility after treatment?**

A person with active TB of the respiratory system (in lungs, trachea, larynx) can return to the facility after taking adequate antibiotic treatment for a period of approximately 2 weeks, provided that the infection is also responding to treatment clinically (e.g., improving symptoms, decreasing amount of bacteria in sputum). This can be demonstrated by three negative sputum smear examinations.

**(Turn page)**

**What can you do if someone in the facility says that they have TB?**

Refer the person to on-site medical provider for evaluation (if available).

If on-site medical provider is not available, take the following steps:

- Ask the person if they have TB disease or Latent TB. When was it diagnosed? Has the person received any treatment?
- Call 24-hour TB Hotline 844-713-0599 to check if a person is a known TB patient or was treated with TB.
  - If a person is known to have Latent TB or have been treated for TB, then the person is okay to stay in the facility.
  - If the person has active and/ or untreated pulmonary TB call 911 to send this person to the hospital.
  - If the person in not in registry but has symptoms of TB and/ or responds yes to risk assessment form given in Appendix 3 send the person to NYC Health Department clinics (listed below) for an evaluation.

**Can the Health Department help me with TB?**

Yes. The Health Department works with every person in NYC who has TB to make sure that they get treatment and that their family and friends stay healthy too.

SAMPLE

The Health Department also operates 4 TB clinics in NYC (Appendix 2). Each clinic:

- Provides **free** TB testing, treatment and care
- Does **not** require health insurance
- Does **not** ask about immigration status

**If you have additional questions, please call 311 or go to our website at www.nyc.gov/health/tb or call the 24-hour TB hotline 844-713-0599 to check if a client has a known TB case or has been treated for TB or for any other TB-related question or concerns.**

Department of Homeless Services
Department of Social Services

# DOHMH TB Clinic Locations

| | |
|---|---|
| **BRONX** | |
| **Morrisania Chest Center**<br>1309 Fulton Avenue,1st Floor<br>Bronx, NY 10456<br>**718-838-6876** | **Hours:** Wednesday, Thursday, and Friday, 8:30 a.m. to 5 p.m.<br>**Bus:** Bx11, Bx15, Bx21, Bx35, Bx41 |
| **BROOKLYN** | |
| **Fort Greene Chest Center**<br>295 Flatbush Avenue Ext., 4th Floor<br>Brooklyn, NY 11201<br>**718-249-1468** | **Hours:** Monday through Friday: 8:30 a.m. to 5 p.m. Saturday, 8:30 a.m. to 4:30 p.m.<br>**Subway:** A, C to Jay St – Metro Tech / B, Q, R to DeKalb Ave. / 2,3,4,5 to Nevins Street<br>**Bus:** B25, B26, B38, B52, B54 |
| **MANHATTAN** | |
| **Washington Heights Chest Center**<br>600 West 168th St, 3rd Floor<br>New York, NY 10032<br>**212-368-4500** | **Hours:** Monday and Tuesday, 8:30 a.m. to 5 p.m.<br>**Subway:** A, C, 1 to 168 Street<br>**Bus:** Bx7, M2, M3, M5, M100 |
| **QUEENS** | |
| **Corona Chest Center**<br>34-33 Junction Boulevard, 2nd Floor<br>Jackson Heights, NY 11372<br>**718-396-5154, 718-396-5134** | **Hours:** Monday and Thursday: 8:30 a.m. to 8 p.m. Tuesday, Wednesday and Friday: 8:30 a.m. to 5 p.m. Saturday, 8:30 a.m. to 4:30 p.m.<br>**Subway:** 7 to Junction Boulevard<br>**Bus:** Q23, Q49, Q66, Q72 |

**Services provided at these clinics:**

- TB Testing by skin test/ IGRA blood test
- Chest X-ray
- Medical Evaluation for TB
- Treatment for active TB disease
- Treatment for TB Infection
- Sputum Induction
- Social Services Referral
- HIV Counseling and Testing
- Directly Observed Therapy (in-person/video conference)

SAMPLE

Source: https://www1.nyc.gov/site/doh/services/tuberculosis-chest-centers.page

Department of Homeless Services
Department of Social Services



# Ubicación de las clínicas de tuberculosis del DOHMH

| | |
|---|---|
| **BRONX** | |
| **Morrisania Chest Center**<br>1309 Fulton Avenue,1st Floor (1er piso)<br>Bronx, NY 10456<br>**718-838-6876** | **Horas:** Miércoles, jueves y viernes: de 8:30 a.m. a 5 p.m.<br>**Autobus:** Bx11, Bx15, Bx21, Bx35, Bx41 |
| **BROOKLYN** | |
| **Fort Greene Chest Center**<br>295 Flatbush Avenue Ext., 4th Floor (4to piso)<br>Brooklyn, NY 11201<br>**718-249-1468** | **Horas:** De lunes a viernes: 8:30 a.m. a 5 p.m.<br>Sábados, de 8:30 a.m. a 4:30 p.m.<br>**Tren:** A, C, estación de Jay St – Metro Tech<br>B, Q, R, estación de DeKalb Ave.<br>2,3,4,5 estación de Nevins Street<br>**Autobus:** B25, B26, B38, B52, B54 |
| **MANHATTAN** | |
| **Washington Heights Chest Center**<br>600 West 168th St, 3rd Floor (3er piso)<br>New York, NY 10032<br>**212-368-4500** | **Horas:** Lunes y martes, de 8:30 a.m. a 5 p.m.<br>**Tren:** A, C, 1, estación de la 168 Street<br>**Autobus:** Bx7, M2, M3, M5, M100 |
| **QUEENS** | |
| **Corona Chest Center**<br>34-33 Junction Boulevard, 2nd Floor (2do piso)<br>Jackson Heights, NY 11372<br>**718-396-5154, 718-396-5134** | **Horas:** Lunes y viernes: de 8:30 a.m. a 8 p.m.<br>Tuesday, Wednesday and Friday: 8:30 a.m. to 5 p.m.<br>Saturday, 8:30 a.m. to 4:30 p.m.<br>**Tren:** 7, estación de Junction Boulevard<br>**Autobus:** Q23, Q49, Q66, Q72 |

SAMPLE

**Estos son los servicios proporcionados en estas clínicas:**

- Examen cutáneo para prueba de tuberculosis /Prueba de sangre IGRA
- Radiografía del torax
- Evaluación médica para tuberculósis
- Tratamiento para la enfermedad activa de tuberculosis
- Tratamiento para la infección de tuberculosis latente
- Inducción del esputo
- Referencia para servicios sociales
- Consejería y prueba de VIH
- Terapia de observación directa (en persona/por video conferencia)

Fuente de información: https://www1.nyc.gov/site/doh/services/tuberculosis-chest-centers.page

Department of Homeless Services
Department of Social Services

# TB Symptoms Check List

| NAME | CARES ID | CASE ID |
|---|---|---|
| | | |

| Symptoms | Yes | No |
|---|---|---|
| Prolonged cough (3 weeks or more) | | |
| Fever (not explained by another illness) | | |
| Night sweats (not explained by another condition) | | |
| Unintentional and unexplained weight loss | | |
| Coughing up blood | | |

*If a person responds **'Yes'** to any of the above symptoms, send this person for complete TB evaluation.*

SAMPLE

Department of Homeless Services
Department of Social Services

# Lista de verificación de síntomas de la tuberculosis

| NOMBRE | IDENTIFICACIÓN DE CARES | NÚM. DE CASO |
|---|---|---|
| | | |

| Síntomas | Sí | No |
|---|---|---|
| Tos prolongada (por 3 semanas o más) | | |
| Fiebre (no causada por otras enfermedades) | | |
| Sudores nocturnos (no causados por otra condición) | | |
| Pérdida de peso sin intención o explicación | | |
| Tos con sangre | | |

*Si la persona responde **'Sí'** a uno de los síntomas aquí mencionados, envíela para una evaluación completa de TB.*

SAMPLE