



Philadelphia TB Newsletter

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Tuberculosis Control Program
500 S. Broad Street, 2nd Floor
Philadelphia, PA 19146

Jim Kenney
Mayor

Jane Baker
Acting Health Commissioner

Caroline Johnson, MD
Acting Deputy Health
Commissioner,
Acting Chief Medical Officer &
Director, Division of Disease
Control

David Schlossberg, MD, FACP
TB Program Medical Director

Molly Harrar, MS
TB Program Director

The Philadelphia TB Newsletter is a publication that is intended to be a resource for clinicians, infection control personnel, and laboratories who diagnose, treat, and/or report tuberculosis (TB) in Philadelphia. It provides treatment updates and recommendations, reviews local and national TB epidemiology, and presents case studies.

Contributing to this issue:

David Schlossberg, MD
Medical Director

Christina Dogbey-Smith, MPH
TB Epidemiologist
Editor

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Home Isolation of TB Patients

David Schlossberg, MD
Medical Director, Tuberculosis Control Program

The Philadelphia TB Control Program is frequently asked if patients being treated for TB may leave the hospital while they are still contagious. The answer is a qualified “yes.” According to Centers for Disease Control guidelines traditional isolation requires 1) two weeks of appropriate therapy PLUS 2) a clinical response PLUS 3) three consecutive negative smears, taken eight hours apart, one of which should be an early-morning specimen. However, this isolation may be instituted at the patient’s home, while the patient is still contagious, if the following criteria are met: there should be no highly-susceptible persons at the home, e.g. children under five or anyone who is immunosuppressed; the patient may not have visitors; the patient may not leave home except for doctor visits, in which case a surgical mask should be worn; the house should be as well-ventilated as possible; the patient should observe good respiratory hygiene and cough into tissues which are then discarded. The treating phy-

sician should determine the likelihood of each patient’s cooperation with these guidelines.

When the above criteria are satisfied, the patient may be released from hospital isolation, provided the anti-TB treatment is continued. When a patient’s initial sputum smears are negative, they may be considered non-contagious after only 5-7 days of therapy.

As additional caveat, two forms of extra-pulmonary TB should be managed as pulmonary TB with regard to contagiousness: laryngeal TB and pleural TB. Pleural TB should be managed as possibly contagious because 40%-50% of patients with TB that appears limited to the pleura, i.e. with no apparent parenchymal involvement, will grow MTB from their sputum.

As a reminder, all suspected and confirmed cases of tuberculosis must be reported to the Tuberculosis Control Program within 24 hours.

TB in Popular Culture

- Characters with tuberculosis frequently appeared in Fyodor Dostoevsky's novels. Indeed Dostoevsky himself was a TB patient
- The novel *The Constant Gardener* by John LeCarre is about TB drugs being tested on unwitting patients in Africa and the dangers of a global pandemic of drug resistant TB
- In the 2014 film *Winter's Tale*, the protagonist falls for a girl suffering from TB
- In his autobiography *Angela's Ashes* Frank McCourt describes the prevalence of consumption (TB) in his native Ireland
- Mimi, the heroine of *La Boheme* has tuberculosis.

Tuberculosis In High Risk Populations: TB and the Homeless

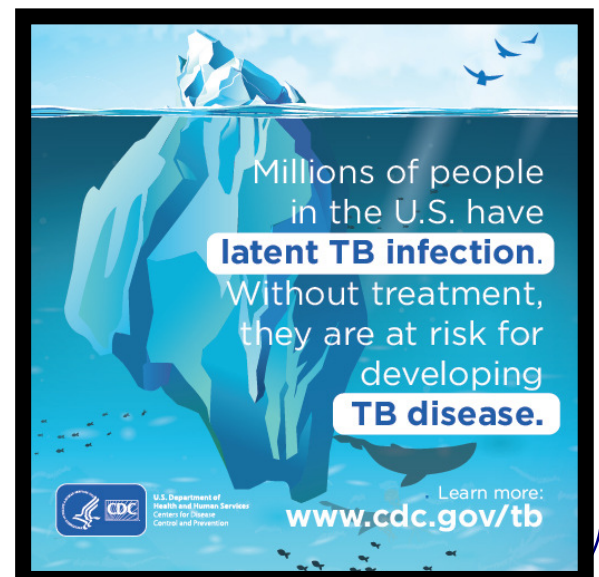
M. Christina Dogbey-Smith, MPH
TB Epidemiologist

With colder weather approaching, Philadelphia's homeless population will be in search of shelter during the winter months. According to the Centers for Disease Control homelessness is designated as a significant risk factor for the spread of Tuberculosis because homeless individuals have a high occurrence of conditions that increase the risk of TB including substance abuse, HIV infection and living in crowded congregate settings. Currently approximately 1.2% of Philadelphia residents are considered homeless- either unsheltered on the streets, sleeping in cars or accessing shelter services. However, in 2014, 4% of active TB cases were homeless at the time of diagnosis. Overall, 5% of U.S. TB patients were homeless at the time of diagnosis.

The Philadelphia Tuberculosis Control Program uses special strategies and maintains key relationships with organizations that serve homeless individuals in Philadelphia. A social worker on staff ensures that individuals are connected to supportive services such as SNAP benefits, Temporary Assistance for Needy Families and Medicaid. In addition, the field staff provides Directly Observed Therapy to patients and will make arrangements to meet individuals where

they are to provide medications and conduct contact investigation. In addition, the program provides transportation support to and from Flick Clinic for medical follow up. The PTBC also offers education and training support for shelter staff and volunteers regarding TB screening, treatment and contact identification. We also directly support case finding and contact investigation to prevent the further spread of TB among shelter clients.

If patient with suspected or confirmed TB is in the hospital is known to be homeless, we encourage providers to report the case within 24 hours to TB Control assure case management, shelter and other services as needed.



TAKE ON TB

9,421 TB CASES REPORTED IN THE U.S. IN 2014

555

TB Deaths
in 2013

A Typical TB Case Requires:

180
days of
medications

PLUS

- X-rays
- Lab tests
- Follow-up & testing of contacts

\$435
MILLION

Total cost to U.S.
for TB cases in 2014.

Too many people
in our country
still suffer from
tuberculosis (TB).

Our progress towards elimination may be slowing - the U.S. saw the smallest decline in cases in over 10 years!

TB CAN HAPPEN ANYWHERE & TO ANYONE!

To eliminate TB, we must reach the hardest hit populations.

TB case rates are:

29x

Higher for
Asians
than whites.

8x

Higher for
African Americans
than whites.

8x

Higher for
Hispanics/Latinos
than whites.



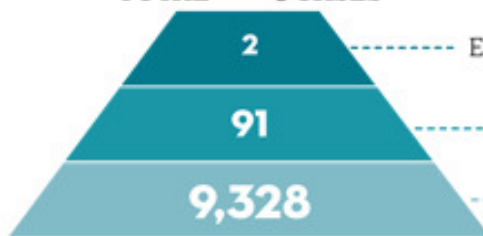
2 out of every 3

TB cases occur among foreign-born persons.

DRUG-RESISTANT TB IS COMPLEX & COSTLY.

Drug-resistance threatens our ability to treat & control TB.

TOTAL 2014 CASES



DIRECT TREATMENT COST PER CASE



ELIMINATING TB REQUIRES A COMPREHENSIVE APPROACH.

CDC is committed to fighting TB whenever & wherever it occurs through:



Vigilant Surveillance



Better Diagnostics
& Treatments



Testing & Treatment of
High-Risk Populations



Education of
Health Care Providers

To learn more about TB, visit: www.cdc.gov/tb

SEPTEMBER, 2015



Centers for Disease
Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

CS2594008



Philadelphia Department of Public Health

Tuberculosis Control Program

500 S. Broad Street

Philadelphia, PA 19146

Phone: 215-685-6873 or 215-685-6744

Fax: 215-685-6477

Reporting

All TB cases and suspected cases must be reported to the TB Control Program within 24 hours of identification. To report a case or suspect, call 215-685-6873. Reports can also be faxed to 215-685-6477 or submitted through the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS). Reporting information is available on the TB Control webpage at www.phila.gov/health/diseasecontrol/TB.html, the Health Information Portal (<https://hip.phila.gov>) or can be obtained by calling 215-685-6873.

SAVE THE DATE-WORLD TB DAY EVENT—MARCH 24, 2016



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Public Health
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RUTGERS
Global Tuberculosis
Institute
NEW JERSEY MEDICAL SCHOOL



DREXEL UNIVERSITY
Dornsife
School of Public Health
Center for Public Health Practice

In conjunction with the New Jersey Medical School Global Tuberculosis Institute and Drexel University Dornsife School of Public Health's Center for Public Health Practice, the Philadelphia TB Control Program will be hosting a one day training.

Where: 3215 Market Street, Philadelphia, PA

When: Thursday, March 24, 2016, 8:30 AM-3:30 PM

More details to follow.