

Guidelines for Preventing and Controlling Tuberculosis In Atlanta Homeless Housing Facilities, 2016



**Ask about chronic cough.
Listen for cough.
Watch for weight loss.
Refer to Tuberculosis Clinic.**



Recommendations to help homeless service providers prepare their facility staff and clients for possible cases of air-borne diseases, like tuberculosis.

May 2016, v. 2

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1. What is Tuberculosis?

Tuberculosis (TB) is a disease caused by a germ that usually attacks the lungs. But TB germ can attack any part of the body such as the kidney, spine and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States. TB is spread through the air from one person to another. The germ is put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. People nearby may breathe in these germs and become infected.

If the immune system can't stop TB germ from growing, the germ can begin to multiply in the body and cause TB disease. The germs attack the body and destroy tissue. If this occurs in the lungs, the germ can actually create a hole in the lung. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB germ. Other people may get sick years later, when their immune system becomes weak for another reason.

Babies and young children often have weak immune systems. People infected with [HIV](#), the virus that causes AIDS, have very weak immune systems. Other people can have weak immune systems, especially people with substance abuse, diabetes mellitus and cancer.

Symptoms of TB disease depend on where in the body the TB germs are growing. TB disease in the lungs may cause symptoms such as:

- A bad cough that lasts 3 weeks or longer
- Pain in the chest
- Coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are:

- Weakness or fatigue
- Weight loss
- No appetite
- Fever/chills/night sweats



However, not everyone infected with the TB germ becomes sick. People who are infected, but not sick, have what is called latent, or sleeping, TB infection. People who have latent TB infection do not feel sick, do not have any symptoms and cannot spread TB to others. But some people with latent TB infection can go on to get TB disease. People with TB disease can be treated if they seek medical help. Even better, most people with latent TB infection can take medicines so that they will not develop TB disease.

In most people who breathe in TB germ and become infected, the body is able to fight the germ and stop them from growing. The germs become inactive, but they remain alive in the body and can become active later. This is called latent TB infection. People with latent TB infection:

- Have no symptoms
- Don't feel sick
- Can't spread TB germ to others
- Usually have a positive TB skin test reaction or positive TB blood test
- May develop TB disease if they do not receive treatment for latent TB infection

The Differences between Latent TB Infection and TB Disease

A Person with Latent TB Infection	A Person with TB Disease
• Does not feel sick	• Usually feels sick
• Has no symptoms	• Has symptoms that may include: <ul style="list-style-type: none"> - a bad cough that lasts 3 weeks or longer - pain in the chest - coughing up blood or sputum - weakness or fatigue - weight loss - no appetite - chills - fever - sweating at night
• Cannot spread TB germ to others	• May spread TB germ to others
• Usually has a positive TB skin test or positive TB blood test	• May or may not have a positive TB skin test or positive TB blood test
• Has a normal chest x-ray and a negative sputum smear	• May have an abnormal chest x-ray, or positive sputum smear or culture
• Should consider treatment for latent TB infection to prevent TB disease	• Needs treatment for TB disease

2. Frequently Asked Questions About Tuberculosis

• **Can I watch a video on preventing the spread of tuberculosis in homeless shelters?**

Yes, the webpage to view the video is: <http://www.currytbcenter.ucsf.edu/shellertb/video.cfm>.

• **What does a Positive TB Skin Test or Positive PPD mean?**

This signifies that a person has been exposed to the tuberculosis germ and currently has or previously had latent TB infection. Persons who have been treated once for latent TB infection will continue to have a positive skin test for the rest of their life, and should not repeatedly be skin tested. By itself, the skin test is not a good test for TB disease, and if TB disease is suspected, further evaluation may be needed with questions about symptoms and/or a chest x-ray.

Many people who have latent TB infection never develop TB disease. In these people, the TB germ remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the germs become active, multiply and cause TB disease.

• **How is latent tuberculosis infection treated?**

One of four treatment regimens using Isoniazid (INH), Rifampin (RIF) or INH and Rifapentine (RPT) can be used. Treatment must be modified if the patient is a contact of a person with drug-resistant TB. Consultation with a TB expert is advised if the known source of TB infection has drug-resistant TB.

• **How long is TB treatment?**

Treatment for latent TB usually lasts 4 to 9 months, whereas treatment for active TB usually lasts for 6 to 18 months.

• **If someone has been previously treated for a positive TB skin test (latent TB infection), does that prevent him or her from getting new infection or developing disease?**

Treatment for latent TB reduces the chance of progressing to TB disease after exposure, but does not prevent that person from new infection (after a new exposure).

• **What is a TB blood test?**

TB blood tests (including QuantiFERON-Gold and T-SPOT) are sometimes used in place of TB skin tests, and a positive TB blood test means the same thing as a positive TB skin test (see above).

• **Where should I refer Homeless Housing Facility clients who I suspect have active TB disease?**

The best place to send persons suspected to have active TB disease (e.g., he or she has symptoms but is otherwise functioning okay in day-to-day activities) is the Fulton County TB Clinic. See Appendix G for the

map and address of the clinic. If a person is acutely ill, he/she should be sent directly to an emergency room or urgent care facility. Persons with mild TB symptoms should be referred to Fulton County Health Department instead of the emergency room. If a person suspected to have TB arrives after the clinic is closed, they can stay in the shelter overnight and be referred to the clinic the next morning or following Monday if they enter on a weekend.

- **Where can I refer Homeless Housing Facility clients for latent TB infection screening, or if I am concerned about illnesses other than Tuberculosis?**

Mercy Care Clinics where Homeless Housing Facility clients can be referred are listed in Appendix C.

- **What if the Health Care Liaison has further questions for the health department?**

Contact the Fulton County Board of Health and Wellness TB Clinic at 404-613-1450 and/or Shawnese Blount: 404-613-1244 (office) or 678-760-1186 (cell).

The main contact at the DeKalb County Board of Health for TB is Titilola Rush, RN: 404-294-3730 (office) or 404-788-6975 (cell).

- **How much do services at the TB clinic cost?**

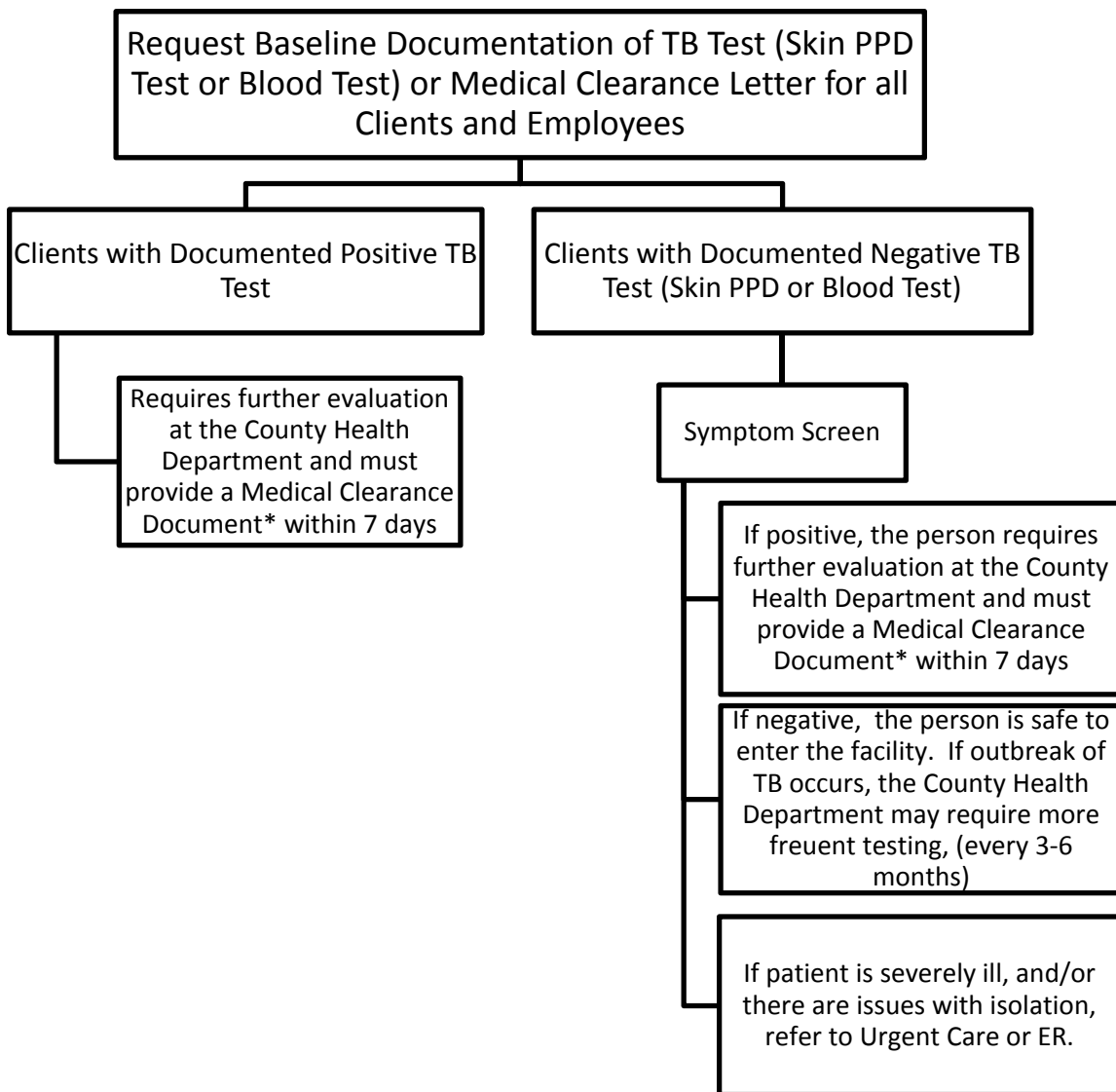
With a homeless verification letter, TB services are free to the patient.

3. Important Steps that Homeless Housing Facilities can take to reduce the spread of Tuberculosis

A. Ensure all clients have a current TB evaluation and perform symptom screen at entrance for overnight stay

Recommendation: Require all clients maintain and present to the shelter a current (at minimum yearly) documentation of a TB evaluation each day they present to the shelter facility and undergo symptom screen at each intake for overnight stay.

Figure 1: Steps in a TB Evaluation



If clients do not have documentation of a current TB evaluation, a shelter facility representative should provide a referral letter for TB testing and request that the client obtain a TB evaluation within 7 days from the county health department, community clinic or other outpatient primary care clinic. Please see Appendix I for an example of the documentation cards currently being given out by the Fulton County Health Department.

For asymptomatic clients who lack medical clearance, they should be referred to Fulton County Health Department, Mercy Care Clinics, or other outpatient primary care clinics for evaluation. Emergency rooms (including Grady ER) and urgent care centers are less likely to perform skin tests and TB blood tests for patients without symptoms.

A TB evaluation should be done at minimum yearly, but may be requested more frequently if deemed necessary by the Health Department to identify active TB cases and interrupt the transmission of tuberculosis.

A shelter facility should maintain a record of basic information for all residents who enter the shelter as well as a bed log (see Section E. Record Keeping).

A symptom screen should be done for every resident at intake for overnight stay in a shelter. The following page contains a symptom screen checklist that can be used to screen residents. Ask every homeless housing facility resident at sign-in/intake for overnight stay the following questions that will help screen for tuberculosis:

TB/Respiratory Infection Symptom Screen Questionnaire

Instructions for Homeless Housing Facility Staff:

The purpose of this symptom screening form is to help identify clients who **may** have infectious TB. Please complete this form as part of the initial intake process.

Note to facility staff: You may begin with this statement before asking questions:

“We are asking you a few quick questions because we are concerned about an infection that we know is spreading in our community here in downtown Atlanta. We don’t want this germ to spread to you or anyone else, so please be honest with your answers.”

HISTORY/SYMPTOMS	Yes	No
• Do you have a cough that has lasted for 3 weeks or more?		
• Have you had contact with person(s) with chronic cough recently?		
• Have you lost weight without explanation during the past month?		
• Have you coughed up blood in the past month?		
• Have you been more tired than usual over the past month?		
• Have you had fevers almost daily for more than one week?		
• Have you sweated so much during the night that you’ve soaked your sheets or clothing during the past month?		
• Do you have children with any of the above symptoms?		

Does the client have a cough that has lasted 3 weeks or more **AND** has answered “Yes” to at least one other question above?

Yes No

If you marked “Yes” above, or have identified a child with symptoms, immediately refer the client to your Health Care Liaison (see section C: Health Care Liaison below)

B. Institute administrative practices that reduce infection at your homeless facility

- Have tissues ready at intake area and tell persons who are coughing to cover their cough
 - If they have these symptoms, give them a tissue to cover their cough
 - If possible, place them in a more isolated area away from the other shelter residents
- Bed linens and towels should be used only by one person, and laundered after use
- Bathroom sinks should have hot water (110 to 130 degrees), soap, and paper towels
- Paper masks and tissue paper should be given to guests with suspected active TB
- Trash cans should be readily available for people to throw away soiled masks, tissues, and paper towels.

C. Appoint a Health Care Liaison

Homeless housing facilities should appoint a health care liaison to oversee activities that control the spread of TB and other airborne infections. This person doesn't need to be a clinician or manager/supervisor/facility administrator. However, s/he should have some knowledge of infection control principles.

The Health Care Liaison performs and oversees several activities that prevent the spread of TB and other airborne infections, including:

Key Area	Activities
Shelter duties	<ul style="list-style-type: none"> - Coordinates referrals for clients that need a TB evaluation - Assists clients that need a TB evaluation with their transportation needs - Maintains medical confidentiality policies and procedures
Health Department Liaison duties	<ul style="list-style-type: none"> - Serves as a liaison to the Fulton County Department of Health TB Clinic - Coordinates screening activities and referrals to Fulton County (See Appendix A for a list of health centers and appropriate phone numbers) - Send Release of Information Letter from Shelter - Assists health department to conduct infectious disease contact investigations - Coordinates communication with the health department local health officer - Maintains confidential records
Compliance	<ul style="list-style-type: none"> - Establishes, implements, maintains and posts written procedures - Ensures staff adheres to TB/Airborne diseases prevention procedures - Ensures staff adheres to TB Cough Alert and documentation procedures - Ensures staff and clients receive mandatory TB prevention education - Ensures that identified medical providers maintain confidential medical records - Maintains other required records

Instructions for Health Care Liaison

- 1) Staff person tells you about a TB suspect
- 2) Follow the TB exposure control protocol and complete the form below, which can be share with the health department if needed.

TB Exposure Control Protocol Form:

- Give the client a surgical face mask or tissue to wear: o Done
- Instruct the client to cover their nose and mouth when coughing or sneezing: o Done
- Give client a letter verifying that he/she is staying at your shelter to take to TB clinic: o Done
- Have a client sign a Release of Information Form: o Done
- Separate the client from others and place in a well-ventilated room: o Done
- Initiate medical evaluation protocols and transportation: o Done

Client Name: _____

Arrival Date: _____

Client DOB: _____

Housing Facility: _____

Facility Phone #: _____

Homeless Housing Facility Address: _____

Bed Location: _____

Evaluator Name: _____

Evaluator Signature: _____ Date: _____

3) Refer clients in Fulton County to the Fulton County TB Clinic (across from main Grady Hospital entrance):

Address: 99 Jesse Hill Jr. Drive
Atlanta, GA 30303

Phone No: 404-613-1465/404-613-1450

Hours: Monday 8:00 am – 6:00 pm / Tues-Friday 8:00 am-5:00 pm

Refer clients in DeKalb County to the DeKalb County TB Clinic

Address: 445 Winn Way
Decatur, GA 30030

Phone No: 404-294-3700

Hours: Monday-Friday 8:15 am-5:00 pm

- Evaluation and treatment is free with a homeless housing facility referral letter.
- If client is not severely ill and is able to be somewhat isolated from other residents, when clinic is closed, it is not unreasonable to have the client go to clinic the next morning or on Monday (following a weekend).
- If patient is severely ill, there are issues with isolation and during evenings and weekends, refer to Urgent Care or ER.

D. Implement a Cough Alert Policy

For current Homeless Housing Facility residents, institute a cough alert policy enforcing symptom screening and referral requirements for clients.

COUGH ALERT POLICY AND PROCEDURES

Recommended for all Homeless Housing Facilities in Fulton County

Purpose: To identify active TB cases before TB is further spread in homeless housing facilities.

Target Population:

Individuals coughing throughout the night or client coughing for more than 3 weeks without improvement (especially if the cough is accompanied with >5 lbs. weight loss, night sweats and fever) or client coughing up blood.

Procedures:

1. Training of homeless housing facility staffs on what they need to know about Tuberculosis and its transmission.
2. Frontline staff or homeless housing facility managers meet and talk with coughing client suspected to have Tuberculosis.
3. Health Care Liaison/Shelter Manager contacts Fulton Health Department for assistance, as proper medical evaluation is needed within 48 hours. Later on, the health department may request information from the "TB Exposure Control Protocol Form" (see page 9) to determine if the client actually follows up at the health department and/or to come up with a plan if the resident returns to the shelter. Shelter staff and the health department can discuss freely about the client's TB-related health information if the client signed a Release of Information Letter (coordinated by the Health Care Liaison).

E. Record Keeping

Why is keeping log of persons entering the shelter important?

It is important to keep a log of those who stay in the shelter to keep everyone as safe as possible. Keeping an accurate log could help reduce outbreaks. By keeping a log of visitors, the health department is able to track down persons who may have been exposed to TB and quickly test and treat them.

All homeless facilities should be able to:

- Maintain a bed log and resident log.
- Assign clients a bed location.
- Position clients head to foot.
- Identify a reliable system to track individuals that are at risk for exposure according to bed maps and bed logs.
- Keep track of patients who enter the shelter and document their TB test results.

What is a resident log?

A resident log keeps track of all patients who enter the shelter. The resident log should contain personal identification information for the patient (name and date of birth) as well as the results of tests that identify person with a history of TB infection (i.e. Tuberculosis Skin Test (TST) or QuantiFERON© (QFT)) and responses to TB symptom screen.

Sample Resident Log

DATE	TIME	FIRST NAME	LAST NAME	DOB	TEST RESULTS*	SYMPTOM SCREEN

*based on info from TB card (possible answers include: positive, negative, unknown, in progress)

What is bed mapping?

Bed mapping is a system used to ensure each bed located within the shelter has been assigned a unique identifier. The client's first name, last name and date of birth are used as an identifier to locate clients and track infectious individuals.

Bed log/Bed location

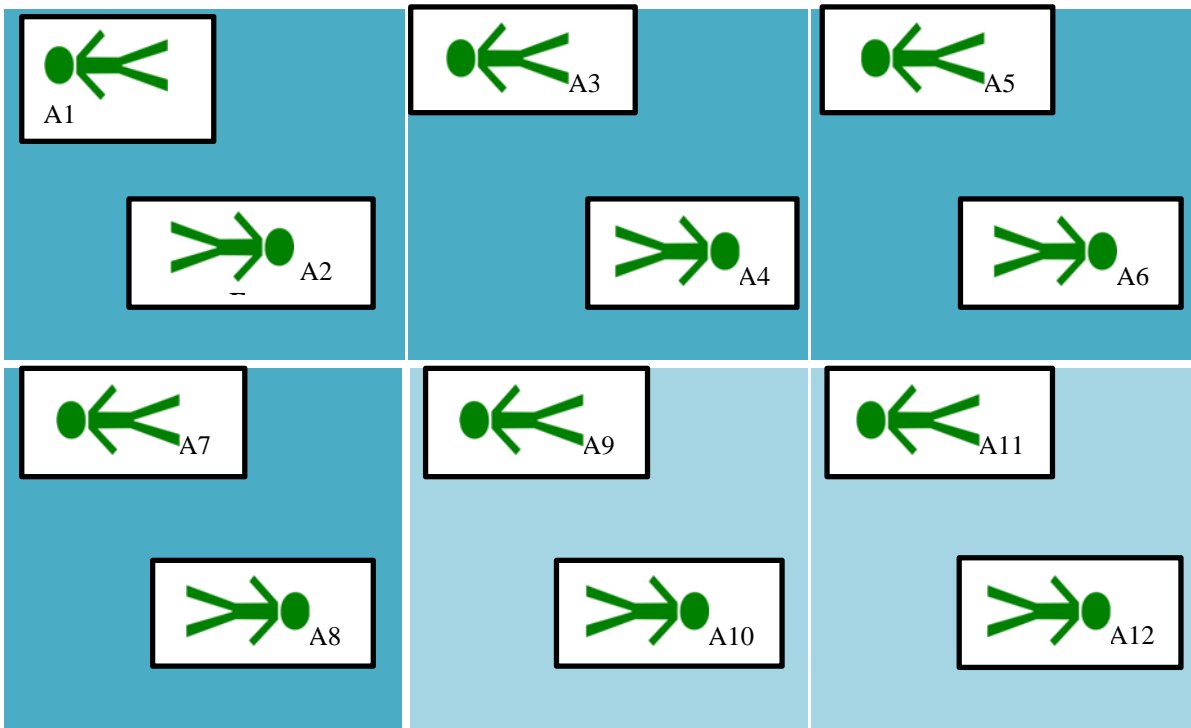
Record the client's first name, last name, date of birth, race, position (Head or Foot) and location. Be sure to write **legibly** so that information is clear enough to read. All information should be noted on bed log and stored for at least 24 months. As mentioned previously, this is very important because proper bed logs will allow the health department to limit outbreaks.

Sample Bed Log

DATE	TIME	FIRST NAME	LAST NAME	DOB	RACE	POSITION	LOCATION
1/1/2015	8:00 AM	John	Doe	1/15/1954	Black	Head	A-1

Sleeping Arrangements

When persons with Tuberculosis sneeze, cough or speak, transmission can occur when an individual inhales the particles. Arrange beds/ mats so that individuals lay head to toe. Create a number of rows, columns or blocks and assign each bed, mat or bunk a letter and number (example: A1). It is recommended that beds/mats arranged in a "head-to-toe" format, ideally 36 to 48 inches away from each other.



4. Guidelines for Shelter Staff and Volunteers

Who needs to be screened?

People working or volunteering with the homeless population may be at a slightly increased risk of TB exposure due to the potential contact with infected people. The Fulton County Health Department recommends that homeless shelter workers and volunteers who have duties involving prolonged face-to-face interaction with homeless clients, particularly those expected to work directly with clients for eight hours or more, be screened for TB.

How often should volunteers and staff be screened?

Homeless housing facilities must require all staff and volunteers to get a TB evaluation when they first start working and then again once a year as long as they continue their service. If a TB outbreak occurs, the county health department may require more frequent testing (every 3-6 months).

Record keeping for volunteers

Homeless housing facilities should keep records that show volunteers completed the screening. Facilities should take care to respect volunteers' medical privacy rights.

5. TB in Children

How does TB differ in children from TB in adults?

Young children have a higher risk of progression from latent TB to TB disease because their immune systems are less able to fight infection. Children with other medical conditions, such as diabetes mellitus, chronic renal failure, malnutrition and chronic or acquired immunodeficiencies (such as HIV) are at an increased risk for progression of TB infection to TB disease.

Child residents in the shelter

Children who are staying in the shelters should be closely monitored for respiratory symptoms that could indicate TB infection. Extra efforts should be made to separate child residents under the age of five from non-parental adults. Questions about tuberculosis in children should be discussed with the health department.

Children of volunteers

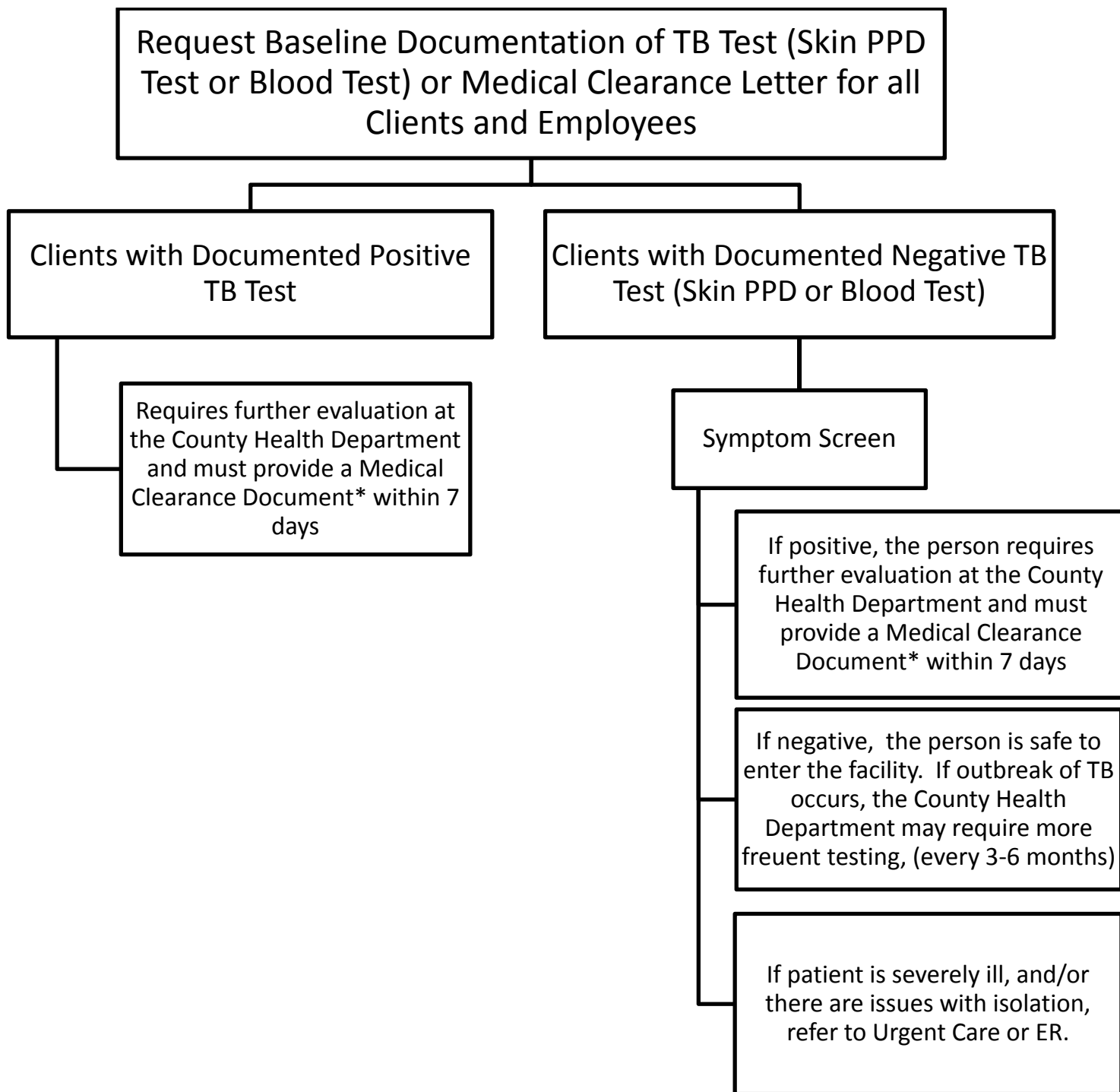
Volunteers or workers with children under the age of five should not voluntarily bring children into the shelter. Parents/guardians who work or volunteer in the shelter should follow the testing guidelines outlined in section 4.

Table 1. Checklist of Recommendations for Homeless Housing Facilities to Follow to Reduce the Spread of Tuberculosis.

Checklist-Administrative Controls/Standard Operating Procedures

CLIENTS	YES	NO
Determine that all clients have a current (at minimum yearly) TB evaluation each time a client presents to the shelter		
Clients who do not have a current TB evaluation receive a TB evaluation within 7 days		
Screen all clients for TB symptoms using the symptom screening checklist		
Maintain a cough alert log		
Separate clients with symptoms of TB from others as well as staff until they have been medically evaluated		
Provide masks, tissue or other type of protection to clients to cover their mouth		
Refer clients with symptoms of TB to the Health Department or medical facility within 48 hours		
All clients referred to the health department are provided a referral letter from the shelter		
STAFF		
Develop Standard Operating Procedures whereby all shelter staff and volunteers who have face to face contact with clients will be informed that they need a yearly TB evaluation.		
ADMINISTRATIVE CONTROLS		
The symptom screen should be administered during all client intakes for overnight stays by staff trained to do so		
Identify a Health Care liaison and ensure the liaison has received in-service training on TB by staff of the Department of Health and Wellness and/or the State DPH and a copy of the "Guidelines for Preventing and Controlling Tuberculosis in Atlanta Homeless Housing Facilities"		
Cough posters are placed in prominent locations throughout the facility where clients can see them		
All staff and volunteers at the shelter receive TB educational materials		
Clients at the shelter have access to TB educational materials		
TB educational materials are available to clients, staff and volunteers in different languages		
Maintain an accurate daily electronic log of all clients that includes date and results of most recent TB test and clearance status if client has a history of a positive TB test		
Clients are positioned by alternating head-to-foot when sleeping where possible		

Figure 1. Steps in a TB Evaluation



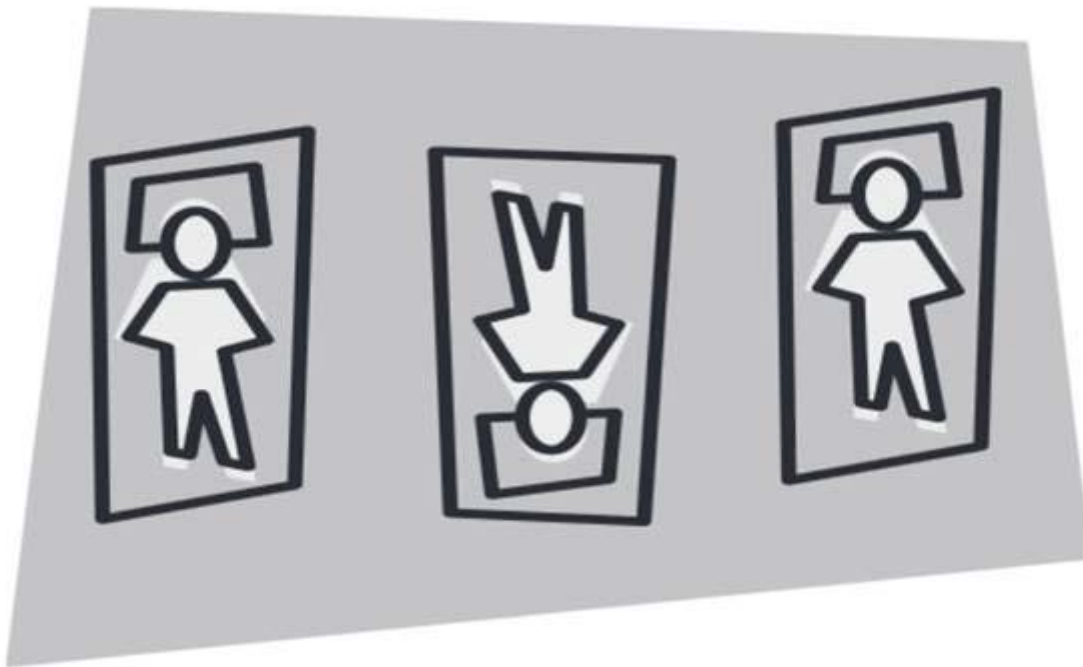
* See example clearance card being provided by FCHD in appendix I.

Figure 2. Bed Arrangement Poster

Arrange beds to decrease the spread of Tuberculosis (TB) germs.

Beds/mats that are placed too close together in a “head-to-head” arrangement can increase the spread of TB germs. The TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. People nearby may breathe in these germs and become infected.

Be sure that the beds/mats are arranged in a “head-to-toe” format, ideally 36 to 48 inches away from each other.




For more information on environmental controls for TB prevention in homeless shelters, refer to the Homelessness and TB Toolkit at www.currytbcenter.ucsf.edu.



Figure 3. Cough Alert Poster

Stop the spread of germs that make you and others sick!


Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.




Put your used tissue in the waste basket.




You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.



Wash with soap and water or clean with alcohol-based hand cleaner.



MDH Minnesota Department of Health
625 Jackson Street, 7th Floor, St. Paul, MN 55103
651-201-6414 TDD/TTY 651-201-6787
www.mdh.state.mn.us

APIC
Association for Professionals in Infection Control and Epidemiology, Inc.
www.apic.org

Appendix A. Resources

List of Public Health Department contact services and other TB Health Centers

- Fulton County Department of Health and Wellness
Aldredge Health Center
99 Jesse Hill Jr., Drive
Atlanta, GA 30303
Phone No: 404-612-1465

- DeKalb County Tuberculosis Program
T.O. Vinson Center
440 Winn Way
Decatur GA, 30030
Phone Number: 404-508-7857

- CDC Division of Tuberculosis Elimination
1600 Clifton Road, NE Atlanta 30333
Phone No: 800-CDC-INFO
(800-232-4636)
TTY: 800-232-6348

- Georgia Department of Public Health
Tuberculosis Program, 12th Floor
2 Peachtree St., NW, Atlanta GA, 30303
Phone Number: 404-657-2634

- Southeastern National Tuberculosis Center
2055 Mowry Road
Gainesville, FL 32611
Phone: 352-273-SNTC (7682)
or 888-265-SNTC (7682)
Fax: 352-273-9275

- Rutgers Global Tuberculosis Institute
225 Warren Street, P.O. Box 1709, Newark, NJ 07101-1709
Phone: 973-972-3270
<http://globaltb.njms.rutgers.edu/index.html>

- National Health Care for the Homeless Council,
HCH Clinician's Network P.O. Box 60427, Nashville, TN 37206-0427
Phone: 615-226-2292
Fax: 615-226-1656
<http://www.nhchc.org>

- Tuberculosis Video Link: <http://www.currytbcenter.ucsf.edu/sheltermb/video.cfm>

Appendix B. Cough Alert Weekly Log

Instructions for Shelter Staff:

Please give this log to your homeless housing facility Health Care Liaison if you have a client that has a constant cough. The Health Care Liaison is responsible for (1) assessing the client for signs of active TB/ Airborne diseases and (2) determining if the client needs a referral for a medical evaluation.

Name of Shelter: _____

Date Health Care Liaison received copy of log (MM/DD/YY): _____

Client Name (Last, First)	Date of Birth (MM/DD /YY)	Bed Location (#)	Date(s) client observed to be coughing	Name of staff members who observed client	TB symptom screen (positive/negative)	Medical facilities client was referred to	Client has been cleared (Y/N)

Date (MM/DD/YY): _____



MERCY CARE PATIENT CENTERED MEDICAL HOME

Mercy Care is a health care organization that provides a complete range of medical services and outreach programs to the Atlanta community. We believe that everyone deserves access to exceptional care, regardless of insurance or income status. Our family of medical clinics provides comprehensive services—offering hope through the power of healing.



LEGEND
 ● Clinic
 ○ Modified Check-Share

MERCY CARE CLINICS

1. Decatur Street

424 Decatur St., Atlanta
 678-843-8600

- ▶ Monday, Tuesday, Thursday
 7:00 am – 5:00 pm
- ▶ Wednesday 7:00 am – 9:00 pm
- ▶ Friday Medical 7:00 am – 1:00 pm
- ▶ Friday Dental 7:00 am – 5:00 pm

2. North

3367 Buford Hwy., Northeast Shopping Plaza, Ste. 910, Atlanta
 678-843-8700

- ▶ Monday -Thursday 7:00 am – 5:00 pm
- ▶ Friday Medical 7:00 am – 12:00 noon
- ▶ Friday Dental 8:00 am – 3:30 pm

3. At Atlanta Day Shelter (Women Only)

655 Ethel St., Atlanta
 678-843-8500

- ▶ Wednesday 9:00 am – 3:30 pm

4. At City of Refuge

1300 Joseph E. Boone Blvd. Atlanta
 678-843-8790, 8791

- ▶ Tuesday - Friday 8:30 am – 7:00 pm
- ▶ 3rd Friday 8:30 am – 12:00 noon
- ▶ Saturday 8:30 am – 1:30 pm
- ▶ Pediatric Hours:
 Wednesday & Thursday 8:30 am – 5:00 pm

5. At DeKalb CSB

445 Winn Way
 678-843-8600

- ▶ Wednesday & Thursday 8:30 am – 5:00 pm

6. At Gateway Center (For Homeless)

275 Pryor St., Atlanta
 678-843-8840

- ▶ Monday, Wednesday
 8:30 am – 5:00 pm
- ▶ Tuesday 8:30 am – 8:30 pm
- ▶ Friday 8:30 am – 3:30 pm
- ▶ 3rd Friday 8:30 am – 12:00 noon

7. At The Imperial (For Residents)

355 Peachtree St., NE, Atlanta
 678-843-8500

- ▶ 2nd and 4th Friday
 8:30 am – 5:00 pm

8. At Mary Hall Freedom House

(For Program Clients)
 200 Hannover Park Rd., Ste. 100, Atlanta

- ▶ Friday 8:30 am – 3:30 pm
- ▶ 3rd Friday 8:30 am – 12:00 noon

9. At Saint Luke's

420 Courtland St., Atlanta
 678-843-8870

- ▶ Monday, Tuesday, Thursday
 8:30 am – 5:00 pm
- ▶ Friday 8:30 am – 3:30 pm
- ▶ 3rd Friday 8:30 am – 12:00 noon

MERCY CARE MOBILE

10. At Atlanta Mission

165 Alexander St., Atlanta
 678-843-8500

- ▶ Monday 9:00 am – 4:00 pm
- ▶ Thursday 9:00 am – 4:00 pm

11. At Ben Massell Dental Clinic

700 14th St., NW, Atlanta
 678-843-8500

- ▶ 2nd and 4th Tuesday
 9:00 am – 4:00 pm

12. At Central Presbyterian

201 Washington St., Atlanta
 678-843-8500

- ▶ 1st, 3rd, and 5th
 Friday 9:00 am – 12:00 noon

13. At St. Jude's

(For Program Clients)
 139 Renaissance Pkwy, NE, Atlanta

- ▶ Wednesday 9:00 am – 4:00 pm

14. At 7 Bridges to Recovery

(For Program Clients)
 2840 Plant Atkinson Rd., Smyrna

- ▶ 1st, 3rd, and 5th Tuesday
 9:00 am – 4:00 pm

*Dental Services provided at Decatur Street, North, and At City of Refuge.

**Vision Exams and Glasses provided at Decatur Street, The Gateway, St. Luke's, and The Imperial.

Appendix D. Homeless Housing Facility Referral Form

REFERRAL

Date: _____

Client: _____

ID: _____

Phone Number: _____

Gender: _____

ID: _____

Referred to: _____

Reason: LF•4900.8600•Tuberculosis
Screening

Message: _____

Referred By: _____

Appendix E. Symptom Screen Form

Instructions for Shelter Staff:

The purpose of this symptom screening form is to help identify clients who **may** have infectious TB. Please complete this form as part of the initial intake process.

Note to Shelter Staff: Please begin with this statement before asking questions:

“We are asking you a few quick questions because we are concerned about an infection that we know is spreading in our community here in downtown Atlanta. We don’t want this germ to spread to you or anyone else, so please be honest with your answers.”

HISTORY/SYMPTOMS	yes	no
• Do you have a cough that has lasted for 3 weeks or more?		
• Have you had contact with person(s) with chronic cough recently?		
• Have you lost weight without explanation during the past month?		
• Have you coughed up blood in the past month?		
• Have you been more tired than usual over the past month?		
• Have you had Fevers almost daily for more than one week?		
• Have you sweated so much during the night that you’ve soaked your sheets or clothing during the past month?		
• Do you have children with any of the above symptoms?		

Does the client have a cough that has lasted 3 weeks or more **AND** has answered “yes” to at least one other question above?

Yes No

If you marked “Yes” above, or have identified a child with symptoms, immediately refer the client to your Health Care Liaison (see Section C: Health Care Liaison).

Appendix F. Health Care Liaison Exposure Control Form

- Give the client a surgical face mask or tissue to wear o Done
- Instruct the client to cover their nose and mouth when coughing or sneezing o Done
- Give client a letter verifying that he/she is staying at your shelter to take to TB clinic o Done
- Have a client sign a Release of information Form o Done
- Separate the client from others and place in a well-ventilated room o Done
- Initiate medical evaluation protocols and transportation: o Done

Client Name: _____ Arrival Date: _____

Homeless Housing Facility: _____ Facility Phone #: _____

Homeless Housing Facility Address: _____

Bed Location: _____

Evaluator Name: _____

Evaluator Signature: _____ Date: _____

Appendix G. Fulton County TB Clinic



Address: 99 Jesse Hill Jr., Drive
Atlanta, GA 30303

Phone No: 404-613-1465/404-613-1450

Hours: Monday 8:00 am-6:00pm/ Tues-Friday 8:00 am-5:00 pm

Appendix H. DeKalb County TB Clinic



Address: Tuberculosis Clinic, DeKalb County Board of Health
440 Winn Way,
T.O. Vinson Health Department, Suite #2118
Decatur, GA 30030

Phone No: 404-508-7857 Fax No: 404-508-7757

Hours: Monday-Friday 8:15 am - 5:00 pm.

Appendix I. TB Clearance Cards


Fulton County Department of Health TB Clearance Cards

The Fulton County Health Department will provide a **gold card** for all clients who meet the following criteria.

1. Have a negative TB test.
2. Have had a previous positive TB test and has completed a course of medication for latent TB infection.
3. Have completed treatment for active TB disease.

*The gold card has an expiration date. Clients should return to the health department or medical provider for a TB evaluation on or before the expiration date.


*All clients treated for latent TB infection will be given a gold card.

 <p>DEPARTMENT OF HEALTH AND WELLNESS 99 Jesse Hill Jr. Drive, Atlanta, GA 30303 / 404-613-1450</p> <p>NAME _____ DOB _____</p> <p><input type="checkbox"/> TB Skin Test <input type="checkbox"/> TB Blood Test QFT/ T-Spot <input type="checkbox"/> Prior + TB Test</p> <p>Date of Test/Evaluation _____ Date Test Read _____</p> <p>Result _____ mm <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Expiration Date: _____</p> <p>Comments: _____</p> <p>Signed by _____ Date _____</p>	<p>Fulton County Department of Health and Wellness 99 Jesse Hill Jr., Drive S.E. Atlanta, GA 30303 404- 613-1450</p>
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The Fulton County Health department will provide a **white card** for all clients who meet the following criteria.

1. Have a positive TB test and are currently on treatment for latent TB infection.
2. Refuse to take medication for latent TB infection. Note that these clients will be asked to sign the card and are at higher risk to develop active TB disease in the future.

*The white card will replace the clearance letter formerly provided to homeless clients.

 <p>DEPARTMENT OF HEALTH AND WELLNESS 99 Jesse Hill Jr. Drive, Atlanta, GA 30303 / 404-613-1450</p> <p>NAME _____ DOB _____</p> <p><input type="checkbox"/> TB Skin Test <input type="checkbox"/> TB Blood Test QFT/T-Spot <input type="checkbox"/> Prior + TB Test</p> <p>Date of Test/Evaluation _____ Date Test Read _____</p> <p>Result _____ mm <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Chest X-Ray Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required</p> <p>Repeat TB Evaluation On _____</p> <p>Signed by _____ Date _____</p>	<p>Client denies signs or symptoms of tuberculosis (TB) at this time. The bearer of this card was diagnosed as having latent Tuberculosis Infection (LTBI). LTBI is not contagious. Client is deemed non-infectious and cleared to work or enroll in any program.</p> <p>Client was recommended to begin medication treatment</p> <p>____ Client agreed to begin medication treatment ____ Client refused to begin medication treatment.</p> <p><i>Client Acknowledgement - I have been advised and counseled the (based on available information) I have latent TB infection and without treatment I may develop active TB disease.</i></p> <p>Client Signature _____ Date _____</p> <p>If treatment was recommended the individual must return each month to be evaluated by a physician and receive medications until course of treatment is completed. There is no recommendation for an annual/ yearly chest x-ray to be performed for a person with LTBI. However, at minimum a yearly symptoms screen is recommended. If a person develops signs or symptoms of tuberculosis (TB), he/she should seek medical attention for evaluation.</p>
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Additionally, the Fulton County Health department will provide a **pink card** to clients who are currently being treated or to clients who have been treated for latent TB infection/TB disease. In general, the pink card should not be used to make decisions about clearance into the shelter.

<p>Fulton County Dept. of Health & Wellness 99 Jesse Hill Jr., Dr. SE, Atlanta, GA 30303 Phone: 404-613-1450</p> <p>Name: _____ DOB: _____</p> <p>TB Skin Test -Date place: _____ Date Read: _____</p> <p>Result: _____ mm</p> <p>TB Blood Test Date: _____ Result: _____</p> <p>CXR Results: _____</p> <p>Signed By _____ Date _____</p>	<p style="text-align: center;">Treatment of Latent TB infection/TB disease</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Medication</th> <th style="width: 15%;">Start Date:</th> <th style="width: 15%;">End date:</th> <th style="width: 30%;">Status:</th> </tr> </thead> <tbody> <tr> <td>1. INH 6-9 Months</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Rifampin 4 Months</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. INH/Rifapentine 3 Months</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. TB Disease treatment INH/RIF/PZA/EMB</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Signed by: _____ Date: _____</p>	Medication	Start Date:	End date:	Status:	1. INH 6-9 Months				2. Rifampin 4 Months				3. INH/Rifapentine 3 Months				4. TB Disease treatment INH/RIF/PZA/EMB				5. Other			
Medication	Start Date:	End date:	Status:																						
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4. TB Disease treatment INH/RIF/PZA/EMB																									
5. Other																									

Do you have a bad cough that won't go away? You might have TB. Get evaluated.

Signs you may have TB:

- ✓ A bad cough that lasts for more than 3 weeks*
- ✓ Chest pain when you breathe
- ✓ Coughing up blood or other stuff
- ✓ Feeling very tired or weak
- ✓ Losing weight if you're not trying
- ✓ Fevers or chills
- ✓ Drenching night sweats



* If you have a **chronic cough AND** at least one other **symptom go to the Fulton TB clinic!**

Here is what you should do:

1. Get tested today.
2. Find out if you need to start free medicines.
3. If you have TB, and you don't take care of it, it can kill you.

Your chances of having TB are higher...

- If you spend a lot of time around someone that has TB
- If you spend a lot of time where air does not flow well
- If you are around people with TB disease who do not cover their cough or aren't taking medicine
- If you have HIV or diabetes
- If you use drugs

How can I get help?

- You need to get tested.
- If you have a positive skin test, you need to start medicine.
- You may need to take medicine from anywhere from 4 months to 9 months depending on what kind of TB you have.
- If you are homeless and you have TB, the TB clinic can give you **free medical exams** and **free housing**.

What are the 2 types of TB?

Active and Latent (Sleeping)

- **Active TB** means that you have TB, you feel sick, and you are contagious. You may have a positive or negative TB skin or blood test. If you don't get medicine and you have active TB, you can die.



- **Latent (Sleeping) TB** means that you have the germ, but it is not making you sick right now. If you have latent TB, you will probably have a positive TB skin or blood test.

How do we keep from spreading TB?

- ✓ Ask people around you to cover their cough and sneezes. They can use a tissue or the inside of their arm.
- ✓ Keep kids and the older people away from people who have TB.

What does a positive skin test mean?

- A positive skin test means that you may have TB
- If you have a positive skin test, you should seek out TB evaluation. Your test will stay positive after treatment.

Visit Today!

Fulton County TB Clinic
(404) 613 – 1450
99 Jesse Hill, Jr. Drive 30303

We are inside the Fulton County Health Department, across from the McDonald's by Grady Hospital



Created by Preetha Nandi and Dr. Neela Goswami, MD MPH
Revised December 2015

Posters can be obtained from GA State Nurse Educator or by visiting:
<https://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines>

Appendix K. Example Homeless Verification Letter

HOMELESS VERIFICATION LETTER

Date: _____

This letter is to refer

Client Name: _____

Last Four of SSN: _____

DOB: _____

Referred to: _____

Dear Service Provider:

_____ is homeless and currently resides on/at _____. The current income is _____ and the income source is _____. The client is in need of your supportive services assistance as described below. This letter verifies that the individual meets HUD's definitions of homelessness and is eligible for services through your program. Please let me know if you require additional information regarding this individual or the services requested.

Requesting services for:

Thank you!

Sincerely,

Staff Signature and Title

AUTHORIZATION TO RELEASE HEALTH INFORMATION STATEMENT

1. I hereby voluntarily authorize the _____ County Health Department to disclose the medical information indicated below to _____ [Shelter].

2. The purpose for this disclosure is to assist the Shelter in taking care of me and in protecting the others who work or stay at the Shelter, to ensure that I am properly tested for tuberculosis, and to ensure that I am treated as may be necessary based on those tests.

3. The information to be disclosed is:

___ Any medical information relating to the testing for or treatment of tuberculosis.

___ Other (specify) _____

4. This authorization shall become effective immediately and shall remain in effect for one year from the date of signature if no date is entered.

I understand that I may revoke this authorization in writing at any time prior to the release of information, and that revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act.

Print Patient's Name

Patient's Signature

Print Authorized Representative's Name (if applicable)

Authorized Representative's Signature (if applicable)

Date

Mercy Care TB Screening Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
<p>Gateway Center 275 Pryor Street 9 a.m. - 11 a.m.</p> <hr/> <p>Atlanta Mission 156 Mill Street NW 2 p.m. - 4 p.m.</p>	<p>Central Outreach Center 201 Washington St SW 9 a.m. - 11 a.m. (1st and 3rd)</p> <hr/> <p>Salvation Army 400 Luckie St., NW 5 p.m. - 7 p.m.</p>	<p>Gateway Center 275 Pryor Street 9 a.m. - 11 a.m.</p> <hr/> <p>Atlanta Mission 156 Mill Street NW 2 p.m. - 4 p.m.</p>	<p>Central Outreach Center 201 Washington St SW 9 a.m. - 11 a.m.</p> <hr/> <p>Salvation Army 400 Luckie St., NW 5 p.m. - 7 p.m.</p>	<p>Gateway Center 275 Pryor Street 9 a.m. - 11 a.m.</p> <hr/> <p>Atlanta Mission 156 Mill Street NW 2 p.m. - 4 p.m.</p>
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For most updated calendar, see http://mercyatlanta.org/SERVICES_PRIMARY_CARE

6. References

- A Guide for Preventing and Controlling TB and other Aerosol Transmissible Diseases in Los Angeles County Facilities. Second Edition June 6, 2013.
- Centers for Disease Control and Prevention, Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* infection---United States, (2010). Recommendations and Reports, 59(RR05); 1-25.
- Tuberculosis Infection Control: A Practical Manual for Preventing TB, p. 133. Francis J. Curry. (2011)
- Tuberculosis Transmission in a Homeless Shelter Population –New York, 2000-2003. MMWR 2005; 54(06):149-152. Hudson J, Van Zetta S, Brisette B, Driver C, et. al