



Contact Investigations in Special Settings

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August 21st, 2024

TB Contact Investigation
August 21st – 22nd, 2024
San Antonio, Texas

Anette Costa, MPH has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity





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Presentation Outline

- Define a “Special Setting”
- Define congregate setting
- Explain the process of a contact investigation (CI) in a special setting
- Discuss challenges with investigations in special settings
- Address special considerations for most common settings

What is a Special Setting?

- Usually refer to congregate settings
- Congregate settings are environments where people meet, gather and share the same space for extended periods of time
 - Usually confined areas
 - May or may not involve sleeping arrangements

Examples of Congregate Settings

Homeless Shelters/
Group Homes

Correctional Facilities

Hospitals

Inpatient Facilities
(Nursing Homes, Long-term
Care Facilities, Assisted
Living Facilities, Drug
Rehabilitation Centers, etc.)

Outpatient Medical
Facilities
(Dialysis Centers, Cancer
Treatment Centers, etc.)

Child and Adult
Daycares

K-12 Schools

Universities

Dormitories

Challenges Performing CIs in Congregate Settings

- Large number of contacts
- Incomplete information regarding contact names and/or locations
- Incomplete data for prioritizing contacts
- Difficulty maintaining confidentiality
- Vulnerable populations
- Increased fear and stigma for the person diagnosed with TB
- Collaboration with officials/administrators who are unfamiliar with TB
- Legal implications
- Media coverage

Preparing for CIs in Special Settings



Expect to include education



Expect to develop new tools



Expect to find new allies



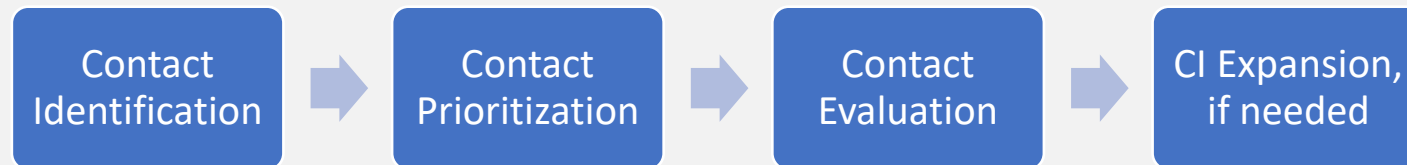
Expect to face opposition



Expect the unexpected

Conducting CIs in Special Settings

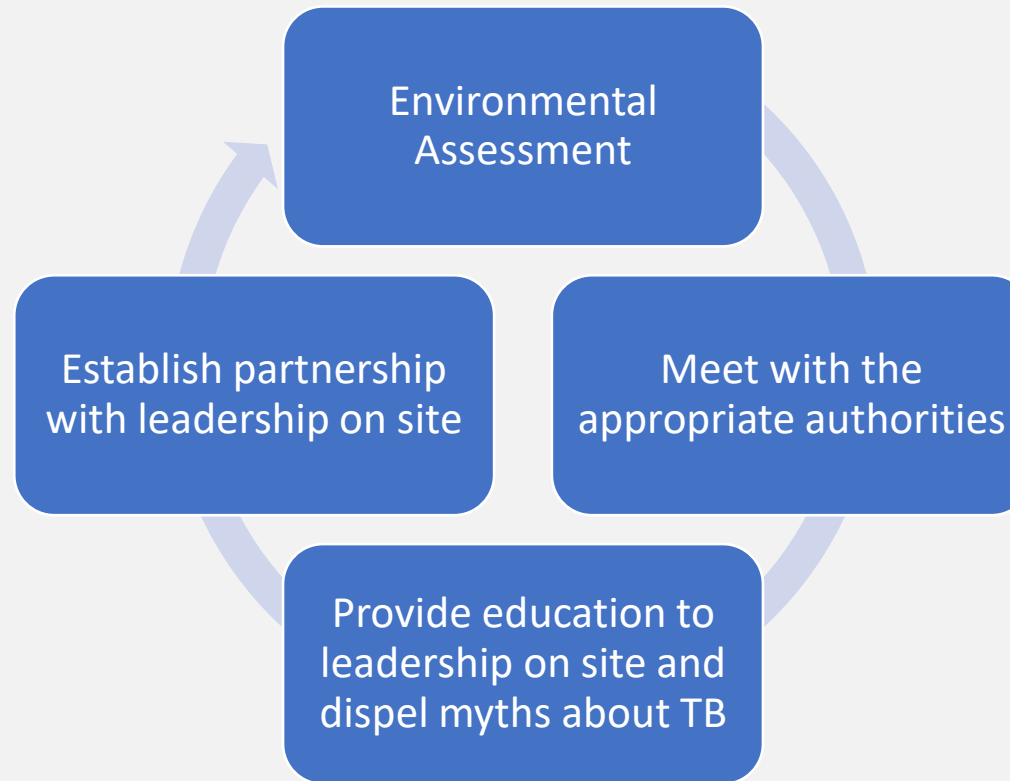
- CIs in special settings are based on principles and practices of contact investigations outlined in the Texas TB Manual



- Site assessments are a must
- Environmental settings and number of contacts can present challenges when conducting a CI

Site Assessments

- First step in a CI in a special setting



The decision to conduct a site assessment is not a decision to test in that setting

The CI Process

Maintain control of the investigation by using sound public health practice

- Fear and stigma should not influence how a contact investigation is performed
- Follow DSHS and CDC recommendations
- Effective CIs **do not** necessarily test every contact identified for TB

Identify potential contacts and assess risk

- Prioritize contacts as high, medium, or low risk
- Not every person at the site will be classified as a contact
- Consider the environmental conditions, duration, and nature of exposure for each contact
- Assess the individual risk of contacts for progression to TB disease

Communicate

- Educate leadership on-site and contacts to dispel myths about TB
- Minimize anxiety due to TB exposure
- Prepare for potential media attention

Expand the contact investigation as needed

- Start by screening only high priority contacts
- Review testing outcomes and expand testing if necessary

Important Barriers to Consider

- Lack of TB understanding in the community
- Financial burden
- Concerns about institutional reputation
- The worried well
- Media coverage
- Social and political pressure
- Program resources: a decision to test, is a decision to treat



Special Considerations by Setting

Setting	Consider
Workplaces	<ul style="list-style-type: none">• Financial burden• Index patient may be stigmatized and fear losing source of income• Workers' compensation concerns• Difficulty gathering and reviewing information
Healthcare Settings	<ul style="list-style-type: none">• Regulatory Concerns• Reputation and fear of litigation• The egos among clinical staff• Other patient concerns (may be dealing with highly vulnerable populations)• Baseline testing advantage

Special Considerations by Setting

Setting	Consider
K-12 Schools and Child Daycares	<ul style="list-style-type: none">• Community panic and parental involvement• Media concerns• Multiple collaborations• Source case investigations
Facilities Serving the Homeless	<ul style="list-style-type: none">• Transient population• Mental illness• Medical and social risks• Poor historians• Difficulty obtaining contact names

Special Considerations by Setting

Setting	Consider
Drug and Alcohol Usage Sites	<ul style="list-style-type: none">• Social network models• Lack of contact information knowledge• Unwillingness to disclose information• Close physical proximity while performing actions that can increase the likelihood of TB transmission• High risk for HIV and STD exposures• Repetitive exposures• Poor ventilation
Correctional Facilities	<ul style="list-style-type: none">• Overcrowding• Security concerns• Transient population• Prisons vs. jails• High risk individuals often with many co-morbidities• Risk of litigation• Media concerns

Reporting Requirements

Local/regional TB programs in Texas must notify the TB Unit and submit an Incident Report (Form EF12-12104) for mass screenings or concerning CIs

- Includes any CI with:
 - 25 or more contacts in a child daycare or K-12 setting
 - 50 or more contacts in a single exposure site
 - Media or political sensitivity

Notification must be submitted within 48 hours of meeting the criteria above

Programs must seek consultation from TB Unit Epidemiologists before testing is initiated and provide timely updates

Mass screenings using DSHS-purchased supplies should not be performed without prior TB Unit approval

Programs can submit incident reports and seek consultations for other CIs that do meet the criteria above but are concerning to the regional/local TB program

Other Special Settings: Extra-jurisdictional Exposures

- Sites physically located within a local/regional TB program's jurisdiction, but TB management and public health follow-up fall under another sovereign entity
 - Includes military bases, diplomatic house/facilities, Native American reservations, Federal Bureau of Prison facilities, ICE detention centers, etc.
- Contact identification, prioritization, and evaluation are the responsibility of the sovereign entity
- The local/regional TB program may provide technical assistance
- Opportunity for collaboration and relationship building
- CI outcomes should be reported to the local/regional TB program

Keys to Success

- Education and relationship building
 - Involvement from the facility/site
 - Heavy involvement from local/regional TB program staff
- Maintaining cultural competency
- Maintaining patient confidentiality
 - Confidentiality can be very difficult and should be constantly monitored to ensure best practice
- May require “out of the box” strategies and thinking
- Seek consultation from DSHS TB epidemiologists



Conclusion

“With rare exceptions, all of your most important achievements on this planet will come from working with others—or, in a word, partnership.”

-Paul Farmer

Questions?

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