



TB Contact Tracing Protocols for Homeless Individuals: Management & Surveillance Outcomes

IUATLD

TB & The City

March 2, 2012

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St. Michael's Hospital TB Program's Homeless Management

- ❖ Contact tracing in homeless populations has high rate of non assessment
- ❖ Protocols improve assessment rates in pilot studies (33-62%)*

St. Michael's Hospital History

- 2001-2002 First Homeless Outbreak: 39 Active Cases
- DOPT for high risk homeless contacts
- approx. 60% non completion
- 2004-2005 Second Homeless Outbreak: 32 Active Cases
- SMH does not offer chemoprophylaxis

*Lashley, M. et al Public Health Nursing, Baltimore (2007)
Nyamathi, A. et al International Journal for TB & Lung Disease, Los Angeles (2006)
Kossowki, A. et al 12th Annual IUALTD Conference, Montreal (2008)



Improving Assessment Rates Using A Protocol Approach

2010	1 Active TB case creates 500 contacts SMH receives 42 high risk contacts
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PROTOCOL

- Extensive partnership & contacts accompanied by Toronto Public Health & Seaton House staff
- Protected clinic time & late morning appointments
- Pre-registration (extensive Health Insurance troubleshooting)
- Private room and designated waiting area
- All clients assessed simultaneously
- Standardized Clinical Pathway for initial & follow up visits



Outcomes

Initial Clinic Assessment

76% completed an initial assessment:
1% found to have active TB
1% were TST convertors

Follow Up Assessment

90% completed a minimum of 6 mons of follow up (clinical and radiographic assessment)

Length of Average Clinic Visit Time

Non Homeless Patient: 100 mins

Homeless Patient: 20 mins



NO WALK OUTS!!



Conclusions

Contact tracing assessment outcomes are improved by:

- Focusing on clinic processes that support patient-centred care
- Decreasing clinic assessment times
- Standardizing processes and clinical pathways
- Establishing extensive functional collaboration with Toronto Public Health Homeless Team and Seaton House staff



Acknowledgements

St. Michael's Division of Respiriology:

Dr. Jae Won Yang*

Grace Bezaliel

Eva Leek

Edil Rodas

Lee Monette

Charmaine Mothersill

Sarah Sweetman

Toronto Public Health's Homeless Team:

Dr. Elizabeth Rea

Marnie Kraguljac

Sheila Scott

Clare Burnell

Carla Cherubini

Charmaine Peuramaki

Muhammad Awan

Jennifer Fuller

Ismail Tahir

Valerie Pigeon

Hugh MacMillan

Giovanni Carlos

Dan Ireland

Seaton House Shelter Staff

*deceased

