Local Health Departments & Universities: Preventing TB

DHMH - Wendy Cronin, PhD

Wicomico County - Kelly Shockley, RN, BSN

University of Maryland Systems - Joann Boughman, PhD

University of Maryland, Baltimore County – Nancy Young, PhD

Annual TB Meeting

March 9, 2017

Presentation

- Purpose
  - Liaisons between health departments and universities in their jurisdictions.
  - Need for administrative support and policy planning for consistent TB risk screening and response (CI)

- The problem
- A local health department experience
- University of Maryland administrative approach

The problem – US

- 1-2 million temporary “student” visa holders in U.S. annually.
- Colorado Health Department recently reported 2 TB deaths in college students, and 2 students with TB meningitis.
- TBESC Task 9 (US 2005-2007):
  - Student TB rate: 48 cases/100,000 (95% CI: 36-65)
  - One-fourth of student TB cases were identified through screening programs. These cases were more likely to be:
    - Diagnosed ≤6 months after arrival
    - Far less infectious
  - American College Health Association recommendations would have identified all students in study. (Collins 2016)
- Policies vary greatly by university. (Hennessey 1998)

The problem – Maryland

- 86% of Maryland TB cases are foreign-born (2016)
- Annually, LHDs conduct 5-6 school contact investigations for students with infectious TB.
- This school year, 10 contact investigations in schools!!
- Student death – screened at school entry, IGRA (+) and no TB, counseled to receive treatment for LTBI but did not return.
- Highly infectious student – arrived in August, diagnosed with active TB (sputum smear +++ and cavitary) in November, on list for upcoming routine screening.
- 2015 TB outbreak resulted in multiple students with TB.

One LHD Experience with College TB Outbreak

- University X: Sputum AFB smear (+), infectious student TB case was diagnosed within 2.6 years of arrival.
- 279 Contacts were identified (classmates, clubs, labs).
- Maryland policy: Baseline LTBI testing ≤7 days of index case diagnosis.
- **Timeline from TB diagnosis of Case 1**
  - 3 weeks: ROUND 1 testing done (23% of students on the CI list)
  - 5-7 months: ROUND 2 testing done (91% of students on the CI list)
  - **5-6 months: 3 additional TB cases, same genotype**
- Ultimately, 701 contacts had to be investigated.

One LHD Experience with a College TB Outbreak

- Student health nurse worked closely with LHD nurse, BUT …
- No school TB screening policy in place
- University administrative delays for timely CI:
  - "Homecoming"
  - "Risk for TB is very low"
  - "Our students are different"

One LHD experience: Steps to get CI started

- Joint press release (LHD and college)
- Conference call: LHD Health Officer and TB nurses with University Health Services Director, Vice President of Student Affairs, Directors of Campus Security and Communications.
- Obtained list of student and faculty contacts from classes index case was attending, additional contacts from household, social activities, and campus job.
- Provided informal education to college administration and contacts about TB disease/transmission, importance of testing.
- Difficulty getting the word out to contacts by email, social media, college website for CI testing. Initial CI testing sites difficult to find, not close to classroom.

One LHD experience: Steps to get CI started

What steps did our Health Officer take to address this problem?

- Mandatory TB testing per Health Officer order for any contact that refused testing.
- Conference calls and face to face meetings with college administration about blocking accounts, supported by DHMH TB Control and Prevention and experiences by other Universities with similar situations.
- Training by LHD and CTBCP for high level college administrators.

University System of Maryland Survey of TB Screening and Follow-up

Joann A. Boughman, PhD
Senior Vice Chancellor for Academic Affairs

Survey of USM Campus TB Processes

- Upon matriculation
  - Screening questionnaire
  - International students
- Screen as high risk
  - Skin test
  - Blood test
- Compliant with ACHA guidelines

University System of Maryland

Refer and Defer

- Relationship with county health departments critical
- Consultation
- Referral
- Defer to Health Department for action

Recognition of a Case

- Test close contacts
- Monitor for compliance
- Non-compliance taken very seriously
- Policy and process review
  - Information and education of campus contacts
  - Legal and public health practice compliance

University System of Maryland

Challenges for Campus Health Providers in Managing Active Cases

- Misunderstanding of privacy laws and student protections
- Discomfort in enforcer role perceived as responsibility of health department
- Legal concerns about impeding student's access to education
- Educating and managing fear: faculty, roommates, families, classmates
- Protecting positive students against stigma, stereotypes and anti-immigrant sentiment
- Navigating cultural beliefs and differences in health care systems
- Resources to do timely follow-up
- Minimizing media attention and institutional reputation

Lessons from Campus

- One size does not fit all. Understand the differences between public, private, large and small institutions
- Establish relationship between health department staff and campus providers before you have an active case
- Annually review protocols with campus partners or minimally when staff turns over
- Understand methods of campus enforcement and offer expertise to support campus staff where necessary with legal counsel and faculty
- Encourage schools to build education screening into international orientations and other “captive audience” to overcome cultural misunderstandings and access to health care issues
- Communicate and educate as new TB information emerges

Questions?