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.
  - 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.
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
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
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?