

**Title:** Mandatory Screening for Tuberculosis in Homeless Shelters in Atlanta, GA

**Activities:** Determine policy on mandatory screenings and/or testing

**Stakeholders:** National and subnational health authorities

**Phases:** Surveillance & preparedness; Detection; Early response

**Years:** 2008-present

**Countries:** United States

**Agent:** Tuberculosis

**Case study prepared by:** Hannah Todd, June 25, 2020

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In 2008, the Tuberculosis Prevention and Control Program at the Georgia Department of Public Health reported seven genetically linked cases of active tuberculosis (TB) in Fulton County, Georgia. Further investigation linked all of the TB cases to one Atlanta homeless shelter.<sup>1</sup>

TB cases spread rapidly among the homeless population, and there were three TB-attributed deaths and 47 TB infections as of 2014.<sup>2</sup> The Fulton County Board of Health was concerned about TB control at homeless shelters in the area. Health officials noted that none of the six homeless shelters had implemented sufficient guidelines and that shelter staff had reported minimal knowledge of TB and its transmission. Many of the early cases did not receive their diagnoses via the voluntary screenings at the homeless shelters. Moreover, the high turnover among homeless shelter staff hindered their health literacy on TB and understanding of the threat at hand.<sup>3</sup> With this in mind, the county health department formed the Metro Atlanta Tuberculosis Task Force in 2014 to reach the entire homeless population in the Metro Atlanta area. Representatives from public health, homeless shelters, and other community service providers made up the Task Force.<sup>4</sup>

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<sup>1</sup> Holland DP, Alexander S, Onwubiko U, et al. Response to Isoniazid-Resistant Tuberculosis in Homeless Shelters, Georgia, USA, 2015–2017. *Emerg Infect Dis.* 2019;25(3):593–595. doi:10.3201/eid2503.181678

<sup>2</sup> Beasley D. Atlanta confronts tuberculosis outbreak in homeless shelters. Reuters. Published August 8, 2014. Accessed June 25, 2020.

<https://www.reuters.com/article/us-usa-georgia-tuberculosis/atlanta-confronts-tuberculosis-outbreak-in-homeless-shelters-idUSKBN0G829V20140808>.

<sup>3</sup> Powell KM, VanderEnde DS, Holland DP, et al. Outbreak of Drug-Resistant Mycobacterium tuberculosis Among Homeless People in Atlanta, Georgia, 2008–2015. *Public Health Rep.* 2017;132(2):231–240. doi:10.1177/0033354917694008.

<sup>4</sup> Holland DP, Alexander S, Onwubiko U, et al. Response to Isoniazid-Resistant Tuberculosis in Homeless Shelters, Georgia, USA, 2015–2017. *Emerging Infectious Diseases.* 2019;25(3):593–595. doi:10.3201/eid2503.181678.

The health department and Mercy Care led the Task Force in a series of meetings that ultimately led to comprehensive TB control guidelines for shelters. Of these issued guidelines, mandatory active TB screening of shelter residents within seven days of shelter entry and then every six months proved to be a particularly effective means of mitigating the outbreak.<sup>5</sup> If the client tested positive, they had to be further evaluated at the county health department and acquire a medical clearance document within the following week. If they tested negative, they underwent a symptom screen. If the symptom screen was positive, they had to visit the county health department and acquire a medical clearance document within the next week. If negative, they could enter the facility and received a clearance card that granted them access to all 6 of the local homeless shelters.

Health departments were to refer severely ill patients or individuals facing issues with isolation to an urgent care facility or the emergency room. Other guidelines included separation or isolation of residents with a cough, active TB case finding measures (e.g., cough logs), and educational initiatives regarding TB knowledge.<sup>6</sup> In Fulton County, homeless facilities screened 2,451 individuals from 2008 until 2014 and 14,496 people from 2015 to 2017 for latent TB.<sup>7</sup> As of 2017, a total of 110 outbreak-related cases had been identified in Fulton County, an additional 17 in other Georgia counties, and 47 cases in 15 other states.

Since the implementation of mandatory testing for TB among homeless shelter clients, outbreak-associated cases have decreased and the acceptance of latent TB treatment is greater than >90%. However, the key challenge has been identifying individuals with untreated latent TB. Health officials fear a resurgence of active TB due to this difficulty. However, homeless facilities are more equipped to meet this challenge due to evidence-based recommendations around TB testing. In the most recent TB guidelines of the Georgia Department of Public Health, there is a section on steps for homeless housing facilities to take to reduce the spread of TB. State health authorities suggest that all homeless shelter clients maintain and present current documentation of a TB evaluation to the shelter each day. As well, they should undergo symptom screens at intake for overnight stay. The guidelines also contain steps for the TB evaluation itself.<sup>8</sup>

**Please include case study summary text below this line.**

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<sup>5</sup> Holland DP, Alexander S, Onwubiko U, et al. Response to Isoniazid-Resistant Tuberculosis in Homeless Shelters, Georgia, USA, 2015–2017. *Emerging Infectious Diseases*. 2019;25(3):593-595. doi:10.3201/eid2503.181678.

<sup>6</sup> Connors WJ, Hussen SA, Holland DP, Mohamed O, Andes KL, Goswami ND. Homeless shelter context and tuberculosis illness experiences during a large outbreak in Atlanta, Georgia. *Public Health Action*. 2017;7(3):224-230. doi:10.5588/pha.17.0040.

<sup>7</sup> Holland DP, Alexander S, Onwubiko U, et al. Response to Isoniazid-Resistant Tuberculosis in Homeless Shelters, Georgia, USA, 2015–2017. *Emerging Infectious Diseases*. 2019;25(3):593-595. doi:10.3201/eid2503.181678.

<sup>8</sup> Georgia Department of Public Health. Guidelines for Preventing and Controlling Tuberculosis in Atlanta Homeless Housing Facilities, 2016. Published May 2016. Accessed June 25, 2020.

A tuberculosis outbreak began in Fulton County, Georgia in 2008 among homeless shelter clients. Initially, screening was inadequate due to its voluntary nature and the lack of understanding of homeless shelter staff regarding the gravity of tuberculosis and the outbreak. In 2015, the Metro Atlanta Tuberculosis Task Force under the leadership of the local health department and a federally qualified health center mandated screening for all residents of homeless facilities. This led to significant increases in testing, improved identification of cases, and more effective mitigation of the outbreak.