#15 7-22-14

COUNTY OF LOS ANGELES
Public Health

CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

313 North Figueroa Street, Room 708
Los Angeles, California 90012
TEL (213) 240-8156 • FAX (213) 481-2739

www.publichealth.lacounty.gov

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October 31, 2014

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.
Interim Director

Cynthia A. Harding

SUBJECT: **UPDATE ON TUBERCULOSIS IN LOS ANGELES COUNTY (Board Agenda of July 22, 2014; Item 15)**

In a July 22, 2014 motion by Supervisor Antonovich, your Board directed the Department of Public Health (DPH) to provide the following information in our quarterly report on tuberculosis (TB) in Los Angeles County (LAC): 1) 2014 TB cases and case trends; 2) multidrug-resistant TB cases and trends in LAC; and 3) DPH's assessment and recommendation about the sufficiency of TB inpatient bed capacity at the LAC Department of Health Services (DHS) Olive View-UCLA Medical Center. In addition to the above, this report also includes an update on TB prevention and control activities in the homeless population.

2014 TB Cases

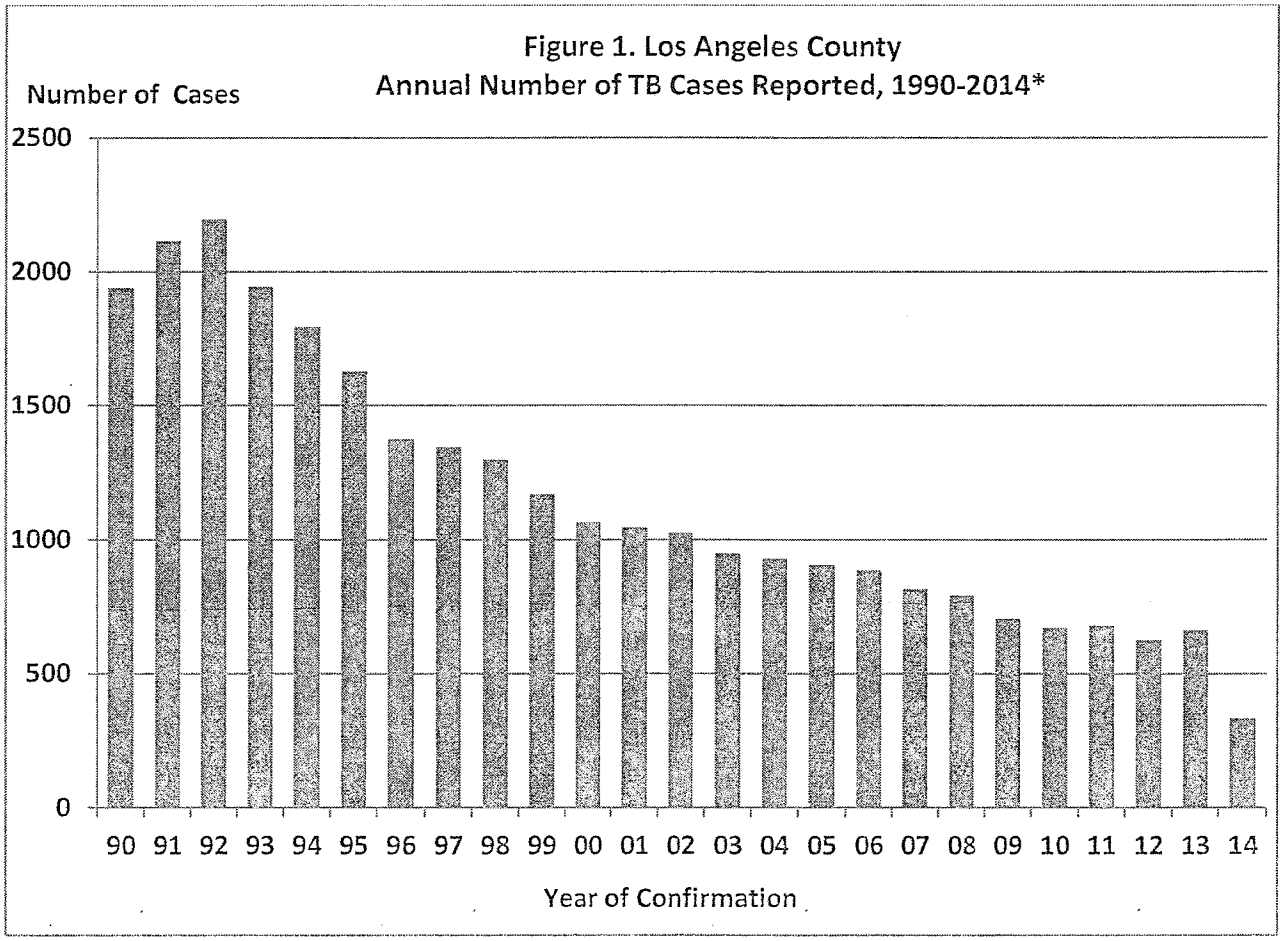
As of September 30, 2014, the TB case count for 2014 is 316, with 23 cases occurring among the homeless population. The figure below provides the annual number of TB cases from 1990 to 2014 (cases through September 2014), showing the substantial decline in cases over this period.

Multidrug-Resistant TB Cases in Los Angeles County

TB cases that are resistant to core anti-TB medications typically take longer to treat and require use of second-line anti-TB medications that can be more expensive and have more side effects. Multidrug-resistant TB cases (MDR-TB) involve resistance to the two most powerful anti-TB drugs, isoniazid and rifampicin. Extensively Drug Resistant TB cases (XDR-TB), which are rare, have resistance to at least four of the core anti-TB drugs (including the above), while pre-XDR cases involve resistance to three of the core anti-TB drugs.

Multidrug-resistant TB cases (MDR-TB and XDR-TB) in LAC represented approximately 1-2% of all TB cases in LAC from 2004 to 2014 to date. Among the MDR, XDR, and pre-XDR TB cases confirmed in LAC during that time, approximately 92% occurred among foreign-born persons, mostly from Asian countries, and approximately 77% were between the ages of 25 and 64 at the time of diagnosis.

As of September 30, 2014, there have been 5 confirmed cases meeting the definition of MDR or more extensively drug-resistant TB in LAC. During 2013 there were 6 cases of MDR or more extensively drug-resistant TB in LAC. Currently, there are a total of 10 MDR patients and three with more extensively drug-resistant TB cases (pre-XDR and XDR patients) being treated in LAC, including some cases diagnosed in other jurisdictions that are now being treated and monitored locally by the DPH Tuberculosis Control Program.



*Calendar year 2014 LAC TB case data are as of September 30, 2014 and exclude TB cases reported by Pasadena and Long Beach. Data Source: DPH Tuberculosis Registry Information Management System (TRIMS).

Los Angeles County Inpatient TB Services Capacity

DPH, in consultation with DHS, does not recommend the need to increase bed capacity in the TB Inpatient Unit at DHS' Olive View - UCLA Medical Center at this time. DHS has informed us that the TB Inpatient Unit has a 15-bed capacity and is currently staffed at a level to provide services to 10 patients. Between July and September 2014, the average daily census in the Olive View - UCLA Medical Center TB Unit was 8.83 patients. It is also our understanding that DHS has capacity in other County hospitals to treat TB patients.

Patients admitted to the TB Inpatient Unit at Olive View-UCLA with DPH approval can require extended hospitalization while some may also be admitted under a Health Officer Detention Order. DPH has not experienced any inability to have patients admitted on a Health Officer Detention Order to a DHS facility.

The DPH TB Control Program Surveillance Nursing Unit reviews TB admissions and monitors hospitalized patients on a weekly basis, and will continue to evaluate TB bed capacity in the County's hospitals over time.

TB in the Homeless

DPH continues to work closely with shelter operators and community clinic providers serving the homeless for the purpose of:

- Mitigating the transmission of TB through early identification and complete treatment of homeless persons with active TB disease, including the provision of directly observed therapy (DOT), lodging, meals, incentives, and referral for rehabilitation services to ensure persons complete treatment;
- Preventing future cases of active TB disease by ensuring homeless persons with TB infection (not active disease) complete preventative treatment, which may include provision of incentives to promote treatment adherence and use of the short-course 12-dose treatment regimen called 3HP;
- Providing education and technical assistance with implementation of strategies described in the DPH shelter guidelines, *Preventing Tuberculosis (TB) in Homeless Shelters: A Guide for Preventing and Controlling TB and other Aerosol Transmissible Diseases in Los Angeles County Facilities*, including the Cough Alert Protocol for early identification and medical referral of homeless persons exhibiting symptoms of active TB disease; and
- Screening homeless persons for TB upon entry into shelter programs and referral to DPH of homeless persons suspected of TB disease.

DPH continues to work closely with the Los Angeles Homeless Services Authority (LAHSA) to ensure that LAHSA shelter contractors are implementing the DPH shelter guidelines, including the referral of homeless clients for TB screening upon entry into shelter services. DPH works closely with LAHSA to update their Homeless Management Information System (HMIS) with information about TB screening results for clients, through screening provided under the MOUs with community clinic providers.

DPH also works with the Central City Community Health Center (CCCHC) to deliver TB screening services to substance abuse rehabilitation programs in South Los Angeles. This month, DPH staff collaborated with local stakeholder organizations to convene a meeting of the Los Angeles Skid Row homeless service provider community to explore strategies to prevent transmission of TB among the homeless. Finally, DPH is collaborating with the Francis J. Curry International TB Center in Oakland, one of the Regional Training and Medical Consultation Centers (RTMCC) funded by the U.S. Centers for Disease Control and Prevention, on the development of a Homeless Toolkit that will contain resources for delivering TB prevention and control services among the homeless community.

Our next quarterly update will provide a full year summary of 2014 TB case reports. If you have any questions or would like additional information, please let me know.

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c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Health Services

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