



Homelessness Is An Important Risk Factor for Tuberculosis.

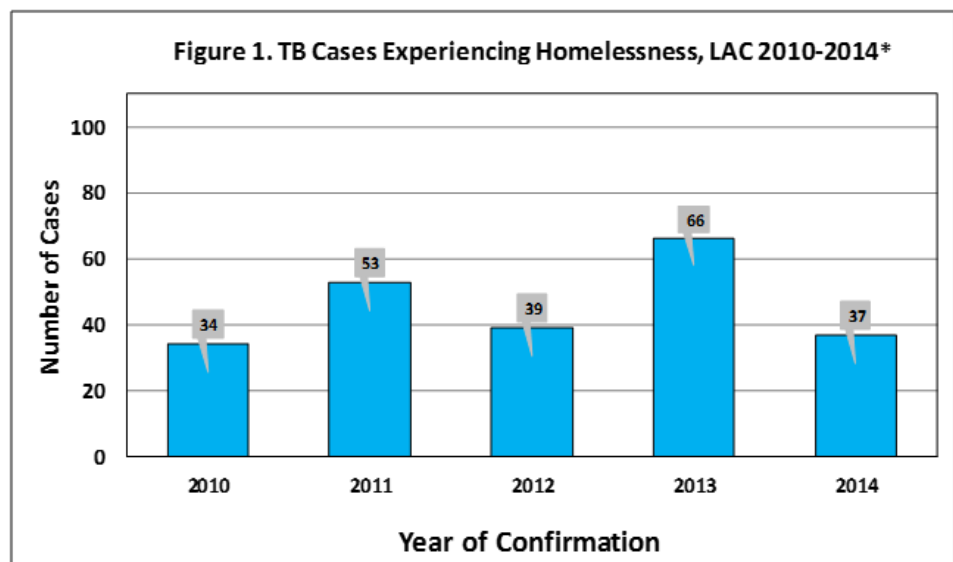
- In the U.S., people experiencing homelessness are 10 times more likely to have active tuberculosis (TB) disease than the general population.¹ Homelessness includes people living in shelters or transitional housing facilities, people in unstable housing situations, and people living in places not meant for human habitation (e.g. cars, abandoned buildings, parks). Treating and managing TB within this population presents unique challenges.
- TB prevention activities tailored to these populations are critical because:
 - A person with infectious TB staying in shelters and other congregate settings can expose a large number of people to TB.
 - Social and behavioral risk factors often associated with homelessness, such as substance abuse, unemployment, and mental health issues create special challenges for ensuring treatment adherence and for finding other people who have recently been exposed to infectious TB patients.

Risk factors contributing to TB in the homeless²:

- Crowded living situations
- Limited access to health care
- Comorbidities, e.g. HIV

TB and Homelessness in Los Angeles County (LAC)

- In 2014, 37 (6%) TB patients in LAC reported experiencing homelessness within 12 months of TB diagnosis (Figure 1). This proportion has remained stable over the past 5 years (5-10%).
- In 2014, 92% of homeless TB patients were male. TB patients experiencing homelessness had a median age of 51 (range=21-88 years). Specifically, among homeless TB patients, 14% were 15-34 years old, 11% were 35-44, 32% were 45-54, 24% were 55-64, and 19% were 65 years of age or older.
- Race/ethnicity among these patients was 38% (n=14) Black, 30% (n=11) Hispanic, 19% (n=7) Asian, and 13% (n=5) non-Hispanic White (Figure 2).
- In 2014, among TB patients reporting homelessness, 56% were U.S.-born and 44% were non-U.S. born.



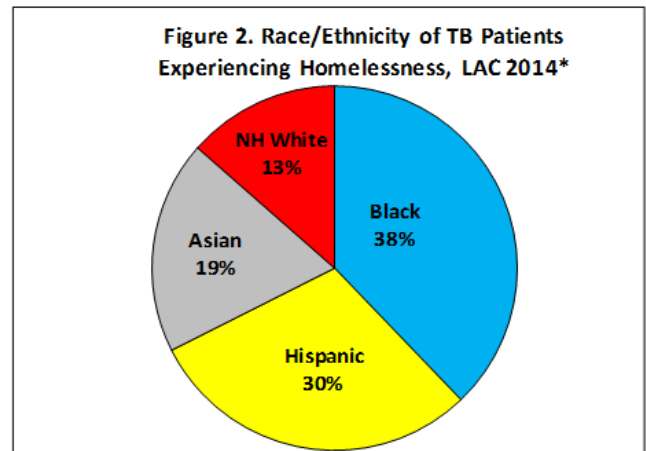
*Pasadena and Long Beach TB cases excluded because these two cities have their own TB Control Programs. LAC TB data last updated 7/15/15.
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Social/Behavioral Risk Factors

- TB patients experiencing homelessness were more likely to report at least one social/behavioral risk factor (40%) compared to TB patients not experiencing homelessness (7%).
- Overall, 49% of TB patients experiencing homelessness also reported alcohol abuse, 39% reported non-injecting drug use, and 27% reported smoking. Smoking was most common among Blacks (57%) and non-Hispanic Whites (40%).

HIV and Other Medical Comorbidities

- In 2014, 39% of adult (18+ years of age) TB patients experiencing homelessness reported at least one medical comorbidity, such as diabetes mellitus, end-stage renal disease, or another immunosuppressive condition (not HIV). Among patients not experiencing homelessness, 32% reported at least one comorbidity.
- Diabetes mellitus was the most commonly reported comorbidity among patients experiencing homelessness at (17%).
- TB patients experiencing homelessness were much more likely to be co-infected with HIV, compared to TB patients who were not homeless (16.7% vs 3.6%, among cases with a known HIV status).



TB Control Program Activities to Prevent TB among People Experiencing Homelessness

- LAC Department of Public Health, Tuberculosis Control Program (TBCP) provides health education resources and support to medical providers and organizations serving the homeless, including the Los Angeles Homeless Services Authority, the UCLA School of Nursing at Union Rescue Mission, LA Christian Health Center, John Wesley Community Health, Central City Community Health Clinic, and St. John's Well-Child and Family Clinic.
- In recent years, the TBCP has been working closely with and supporting shelter operators to implement the LA County Guidelines for Preventing TB in Homeless Shelters (<http://publichealth.lacounty.gov/tb/docs/LATBGuidelinesforShelters.pdf>), including implementing TB clearance requirements, providing training and resources for Cough Alert and Intake Screening Protocols, and providing referrals for sick clients to seek medical care.
- TBCP provides support to investigations of TB genotype clusters (2 or more patients with genetically matched TB) and TB outbreaks, which indicate potential recent transmission of TB. TBCP is actively engaged with homeless shelter operators, homeless medical providers, and homeless community action groups to help prevent the continued spread of TB in this population. TBCP has conducted targeted outreaches in this community using TB skin tests and blood tests, providing chest X-rays and when necessary transporting patients to county facilities for further evaluation of TB disease.
- TBCP supports the efforts of public health nurses within the Department of Public Health Community Health Services program in conducting contact investigations in large shelters and congregate settings.
- TBCP provides housing, transportation, and/or food support (e.g. bus tokens, grocery vouchers) to promote adherence with medication regimens for TB disease and TB infection.
- Continuation of collaborative partnerships will help our continued work in reducing transmission of TB in this high-risk population.

References

1. Bamrah S, et al. Tuberculosis among the homeless, United States, 1994-2010. *Int J Tuberc Lung Dis* 2013;17(11): 1414-1419.
2. LA County DPH. The LA County Department of Public Health Response to Community Concerns About Active Tuberculosis (TB) Disease Among the Homeless. 2013.