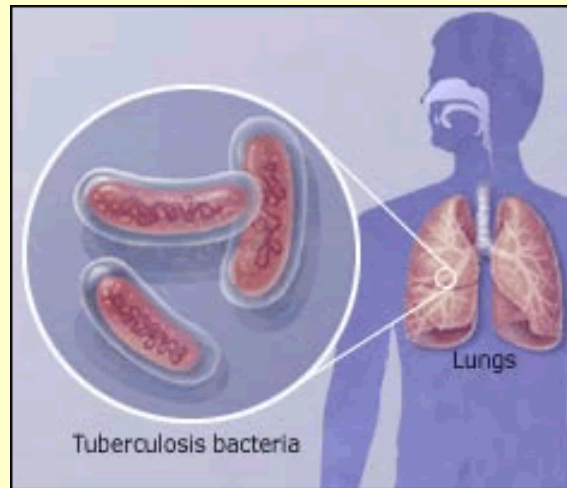


# Challenges of the Nonadherent TB Patient



**Kathleen F. Gensheimer, MD, MPH**

# **GOAL OF THE PUBLIC HEALTH EPIDEMIOLOGIST**

**To prevent and control endemic and epidemic diseases by applying the knowledge gained of factors which affect their incidence and distribution allowing control measures to be applied effectively and efficiently.**

# **SURVEILLANCE**

**“The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow.”**

**William Foege, MD MPH  
Former Director CDC**

# **Public Health/Private Practitioners: How We Fit Together**

- **Common goal: community health**
- **Early detection disease key to achieving goal**
- **Partnership**

**“TB is a social disease and presents problems that transcend the conventional medical approach... The impact of social and economic factors must be considered as much as the mechanisms in which TB bacilli cause damage to the human body.”**

***The White Plague, Tuberculosis, Man and Society***

***Rene and Jean Dubois***



**During the 1920s, before the discovery of drugs to treat tuberculosis, sanatoriums and other TB hospitals were the center piece of treatment that focused on keeping the patient hearty. Sanatoriums were phased out during the 1950s and 1960s.**

# **Public Health Challenges: Non-adherent TB Patient**

- **Practices isolating infectious TB patients varies state to state**
- **Unevenness/controversies/laws/interpretation laws**
- **Requires specific standards; best practices**
- **Emerging national discussion public health powers isolation of contagious persons**

# **Patient History -1**

- **54 y/o US born, white, male**
- **Hx: homelessness, alcohol abuse, psychiatric history**
- **Hx incomplete TB treatment in NJ**
  - **CXR: LUL / LML cavitory lesion**
  - **Sputum: AFB+, M.TB+, pansensitive**
  - **RIPE started, inpatient, 12/2004**
  - **TST = 0 mm**
  - **NJ Lung Association provided housing March 2005**
  - **Patient lost to f/u after 5 days outpatient DOT**



## **Patient History -2**

- **November 2005 arrived Maine; homeless shelter x 2 mos; c/o cough; multiple incarcerations**
- **June 2006: Patient incarcerated**
  - **Complaining cough/ hemoptysis x1 month**
  - **Pt. reported completing tx TB in N.J.**
- **CXR: LLL cavitary lesion**
- **Transferred hospital for evaluation**
- **Sputa: AFB+, MTB+**

## **Patient History -3**

- **RIPE started**
- **HIV negative**
- **Hepatitis C positive**
- **Patient hospitalized x 2 months until AFB smears converted/housing issues resolved**
- **Susceptibilities complete:**
  - **INH resistant**
  - **INH dropped from Rx regimen**

# **Maine Noncompliant Case - 2**

- **Declared would not participate in outpatient treatment**
- **August: court order treatment non-secure long term care facility**
- **Eloped after 8 days**
- **Arrest warrant issued**
- **Arrested 3 days later**
- **Temporarily housed county jail**
- **Court order treatment secure setting**
- **Lemuel Shattuck Hospital TB Treatment Unit**
- **Completed treatment March 2007**

# **Contact Investigation**

- **100 persons exposed shelter/jail**
- **Transmission six homeless men**

# **Maine Noncompliant Case - 3**

- **Time intensive: hundreds of hours expended**
  - **TB Program**
  - **Public Health Nursing**
  - **Maine CDC Administration**
  - **local government**
  - **hospital officials**
  - **Attorney General's Office**
  - **Commissioner's Office**
- **Commissioner unwilling to use state psychiatric facility**
- **Maine Sheriff's Association would not support placement in correctional facility**

# **Legal Constraints**

**Maine Sec-22 MRSA§§ defines behavior of infected person who poses public health threat:**

- Engages in behavior/demonstrated to create significant risk transmission**
- Past behavior indicates serious and present danger that creates significant risk transmission**
- Infected person fails/refuses cease and desist order**



Public Health Nurse Visiting a Patient in 1920

# **Effective Case Management**

- **Can eliminate legal interventions**
- **Culturally competent**
- **Identify reasons noncompliance from patient's point of view**
  - **Mental health**
  - **Substance abuse**
  - **Social/economic barriers**



**Multiple issues must be  
considered context  
designating secure  
treatment setting**

# **Issues Designating Secure Treatment Setting - 1**

## **Equity Case Management**

- Andrew Speaker, Georgia**
- Robert Daniels, Arizona**

# **Complex Issues Designating Secure Treatment Setting - 2**

## **Defining Infectiousness**

- Maine case inpatient 13 weeks**
- Noninfectious time of discharge**
- Concerns regarding relapsing infectious MDR TB case**

# **Complex Issues Designating Secure Treatment Setting - 3**

## **Defining Noncompliance**

- Psychiatric assessment**
- Assessing competency**

# **Complex Issues Designating Secure Treatment Setting - 4**

- **Protecting Public Health – Enforcement Concerns**
  - **Public health police powers defined in statutes**
  - **Private providers**
    - Fail to implement DOT
    - Fail to report
    - Fail discharge planning
    - Fail treatment plan requirements
  - **Public health measure too draconian; patient driven underground**

# **Complex Issues Designating Secure Treatment Setting - 5**

- **Ensuring individual rights and due process**
  - **Judicial process**
  - **Guarantee equal protection under law**
  - **Safe guard adequate written notice**
  - **Right to hearing**
  - **Right to appeal**
  - **Right to least restrictive environment**

# **Complex Issues Designating Secure Treatment Setting - 6**

- **Approach to patients across state lines**
  - **Maine has no adequate facility for quarantine**
  - **Maine used out of state facility for 2006 homeless TB case**
  - **Legal concerns non residents**
  - **Voluntary admission**

# **Complex Issues Designating Secure Treatment Setting - 7**

- **Financial considerations: who pays enforced isolation?**
  - Home isolation - lost income for patient
  - Insurance – post hospital treatment?
  - State?
    - Public Health
    - Mental Health
    - Medicaid



- **Options Placement Noncompliant Public Health Cases**
  - **Correctional Facility**
  - **Nursing Home**
  - **State Mental Health Facility**
  - **Community Agency**
  - **RV**
  - **Vacant State Property**
  - **Home Quarantine**
  - **Video Phone**
  - **Regional Approach**
  - **Other???**



**The Historic "Little Red" tuberculosis sanatorium  
near Saranac Lake, New York - 1920**

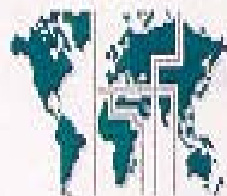
**“ We need a place to bring patients who are unable to take their medicine. If we don’t have a place and these patients remained infectious whilst in the community they’re going to infect the community”**

***Marie Turner, MD***

***Medical Director, Lemuel Shattuck Hospital***

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## Call for TB sanatoriums



In the US, some TB patients are detained for treatment

[WATCH/LISTEN](#) [REAL MEDIA](#)

### ON THIS STORY

#### The BBC's Matthew Hill

"It's difficult and costly for UK law to be enforced"

#### Prof. Francis Drobniowski, senior goverment advisor

"We do need to have facilities where people can voluntarily go for treatment"

### See also:

24 Mar 02 | [Health](#)

Funding 'hits tuberculosis fight'

24 Mar 02 | [Health](#)