



## TB Screening Procedures for Homeless Shelters in San Francisco

### City Policy And Procedures:

All Clients receiving San Francisco shelter services for more than 3 days (cumulative within a 30-day period) are required to complete tuberculosis screening and evaluation within 10 working days of entering the shelter system. Screening includes a tuberculin skin test (TST) or Quantiferon®-TB blood test (QFT), symptom review and a history of TB treatment and diagnosis. Documentation of prior TST results should be obtained whenever possible. In addition, a baseline CXR (within one month prior to enrollment) is required for all newly enrolled HIV+ clients regardless of prior or current TST results.

### I. Initial Screening for Newly Enrolled Clients

- TST or QFT unless documentation of a prior positive result can be provided
- Symptom review: chronic cough (>3 weeks), weight loss, night sweats, fever, hemoptysis (coughing up blood)
- History of prior TB disease and treatment for active or latent TB infection
- If the client is TST or QFT positive and asymptomatic, the following are required (may refer to TB Clinic with the TB47 interdepartmental form for the following):
  - CXR (within 6 months if HIV-, or within 30 days if HIV+)
  - Medical evaluation
  - Medical risk factor assessment (diabetes, end stage renal disease, cancer, chemotherapy or immune modulating drug intake, HIV)
- Regardless of TST or QFT result...If the client is symptomatic, with a chronic cough (>3 weeks) or has two or more TB-like symptoms, an urgent medical evaluation and CXR should be obtained. Referral to TB Clinic is appropriate, and if necessary, call Sheila Davis Jackson, TOPS TB Control Program Manager, at (415) 865-5200 for assistance. All clients should be referred to the TB Clinic with TB47 documentation of the most recent TST (date of placement and arm site), as well as a detailed symptom review.

Client Type and Results	Follow-up	Data Entry
TST or QFT negative and asymptomatic	<ul style="list-style-type: none"> <li>• None (until following year)</li> <li>• Provide green TB clearance card</li> </ul>	Enter shelter clearance date in the LCR
TST or QFT+ and asymptomatic	<ul style="list-style-type: none"> <li>• Chest x-ray</li> <li>• Medical evaluation at TB Clinic (refer with TB47 form)</li> </ul>	TB Control enters shelter clearance date or clinical alert in the LCR
Symptomatic	<ul style="list-style-type: none"> <li>• New chest x-ray</li> <li>• Urgent medical evaluation</li> <li>• TST or QFT</li> </ul>	All TB suspects should be sent to TB Clinic for evaluation. If work-up by provider is negative, enter clearance in the LCR



**II. Follow-up Screening**

All clients with a negative initial TST or QFT will require a repeat TST or QFT, and TB symptom review annually. The following types of clients require specific evaluations:

<b>Client Type</b>	<b>Treatment Status/History</b>	<b>Evaluation Required</b>
<u>HIV– or HIV+ :</u> TST or QFT–	No prior treatment	Annual TST/QFT Annual symptom review
<u>HIV– or HIV unknown :</u> TST or QFT+	Completed LTBI treatment	Annual symptom review
<u>HIV– or HIV unknown :</u> TST or QFT+	No prior or incomplete treatment	<ul style="list-style-type: none"> <li>• Annual symptom review and medical risk assessment for diabetes, cancer, immune modulating medication intake, end-stage renal disease and HIV</li> <li>• If new risk present, repeat chest x-ray annually if patient remains untreated</li> </ul>
<u>HIV+ :</u> TST or QFT+	Completed preventive treatment	Annual symptom review Low threshold to repeat CXR
<u>HIV+ :</u> TST or QFT+	No prior or incomplete treatment	<ul style="list-style-type: none"> <li>▪ Minimum annual symptom review and repeat CXR</li> <li>▪ Should be followed by SF TB Control (please refer and get assistance from TOPS if necessary)</li> </ul>

**Clients With TB-Like Symptoms on Follow-up:**

Regardless of TST or QFT result, if the client is symptomatic, with a chronic cough (>3 weeks) or two or more TB-like symptoms, an urgent medical evaluation and CXR should be obtained. Referral to TB Clinic is appropriate, and if necessary, call Sheila Davis Jackson, TOPS TB Control Program Manager, at (415) 865-5200 for assistance. All clients should be referred to the TB Clinic with TB47 documentation of the most recent TST (date of placement and arm site), as well as a detailed symptom review.

**Data entry:**

All clients cleared for active TB should have shelter clearance entered into the LCR. If a symptomatic client or TB suspect is lost, enter clinical alert and contact Sheila Davis Jackson, TOPS TB Control Program Manager, at (415) 865-5200 for assistance.