


TB Program Field Work During the COVID-19 Pandemic: Chicago's Experience

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Case Presentation

- 68 yr old male, originally from the Philippines
 - Prostate cancer diagnosed 2019, on active surveillance treatment plan
 - Retired, lives with wife in senior apartment
- Sept 2019
 - Presented to community hospital ED with cough, weight loss
 - Chest CT: LUL opacity with cavitation
 - Sputa smear 3+, NAAT+/rpoB-
 - Standard 4-drug anti-TB treatment started 9/23/19
- Oct – Nov 2019
 - Culture MTB+, pansusceptible
 - Not gaining weight, drug levels performed, INH increased to 600mg QD and rifampin to 900mg QD
 - Culture conversion 11/19/19 (58 days)

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Case presentation - continued

- Dec 2019 – Feb 2020
 - Continuation phase
 - Adherent to in-person DOT
 - Goes out of town for 2 wks during Christmas
 - Jan 24 - First COVID-19 case in Chicago area
- March 2020
 - Additional COVID cases reported in Chicago; community spread confirmed by March 8
 - March 11 - COVID-19 declared a global pandemic
 - March 17 - First COVID death in Chicago announced, last day of in-person school
 - March 22 - Illinois stay at home order took effect
 - Some TB staff diverted to COVID response but most continue usual activities
 - Last week of March patient tells DOT worker "I don't want you coming to my house anymore"

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★ What to do???

Abandon all field work?
 What TB care and control can be done effectively over the phone?
 If do we continue field work,
 • Which tasks?
 • How do we ensure worker safety?
 • How do we assure case-patients that we are safe?

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★ Tuberculosis Field Work IS an Essential Service

"Essential service"
 • March 20, 2020: Illinois Executive Order 20-10 → listed healthcare and public health operations at the top of the list

• April 8, 2020: CDC posted *Public Health Activity Guidance*
 • <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-sovid-19-client-interaction.html#print>
 • Mostly addressed healthcare setting interactions
 • Identified priorities for face-to-face activities based on level of COVID-19 community transmission
 • TB priorities include
 • Initial evaluation and treatment
 • Clinical follow up of patients on treatment
 • DOT
 • Evaluation of high-risk contacts
 • Treatment of contacts diagnosed with LTBI

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★ Crisis Standards of Care

DEFINITION: a substantial change in usual health care operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster

• Applies to hospitals and other acute care settings

• Resource shortfall areas
 • Supplies – medications, N95 respirators,
 • Staff – particularly those with specialized training
 • Space – hospital beds

• May increase risk of poor outcomes

Source: <https://nam.edu/112920-crisis-standards-of-care-resources/>gclid=Cj0KCQw2Cz8hCLARIsA8JcmZStvCyGjDl0399oillGaQDX4HRvRIZXEch0C:RwGm01150AAUwAwgFALw_wcB

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★ What if there were “Crisis Standards of Field Work”?

- We experienced resource shortfalls
 - Supplies
 - Staff
 - Space
- How can these shortfalls be addressed?
- What triggers would we use?

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★ Adjustments to Our TB Program Field Work

SUPPLIES	STAFF	SPACE/TECHNOLOGY	ACTIVITIES
Locked up PPE; dispensed limited quantities at a time	Strictly enforced stay at home if ill policy	Increased distance between workstations	Rapid switch to video DOT. Usually required home visits to help people set up the app.
Procured PPE re-stock thru our Emergency Preparedness Program (unable to get thru usual vendor)	Created in-house schedule: cohorts of 3-4 workers, every third week in-house	Installed Plexiglas barriers	Home visits only for initial visit, med drop-off, sputa collection, assessment for adverse med effects
Formalized respirator re-use policy	Tried to stagger details to COVID work	Provided trainings on email encryption and remote access for voice mail and email	Pre-screen patients and family for COVID symptoms before entering the home
			Discontinued patient transports

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★ Current state

- Insert epi curve of COVID cases
- List of practices we are gradually resuming
- What is here to stay

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★ TB Programs - Future Planning Checklist

- ❑ Develop trigger points for when crisis standards for field work will go into effect
- ❑ Solidify plans for procuring/stockpiling respirators and other PPE for field staff use
- ❑ Ensure ventilation of the workplace is addressed
- ❑ Consider how COVID funding can be applied to TB and other disease control programs
 - ❑ Electronic case reporting and surveillance systems
 - ❑ Video platforms for live and recorded patient interactions
 - ❑ Software (GIS, document design, people finder) and hardware (phones, laptops, webcams)
 - ❑ Cross-train field staff
 - ❑ Add staff positions
- ❑ Monitor surveillance data signs of poor outcomes, missed contacts, and evidence of increased recent transmission

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★ Case presentation - conclusion

- April 2020
 - Home visits to work on setting up his phone for video DOT but couldn't get it to work consistently
 - Started "phone DOT" - adherent
- May 2020
 - Begins treatment for prostate cancer
- July - Aug 2020
 - Chest clinic telemedicine alternating with in-person visits
 - Wt increased 4 kg
 - Completed TB treatment Aug 21 (~9 mos after increased doses)

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★ Trends in Reported TB, Chicago

- Insert epi curve of reported TB 2019-present (perhaps color-coded to indicate COVID+ before, concurrent, or after TB diagnosis)

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Thank You!

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