Congregate Settings Program

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Congregate Settings Coordinator
Presentation Objectives

- Provide an overview of DSHS Congregate Settings Activities
- Share resources and contact information with local health department and health service regions
Program Overview

Congregate Settings Program Areas

• Institutional Corrections
• Community Corrections
• Target Testing
• Interferon-Gamma Release Assays (IGRAs) funding and reports
  • Phlebotomy trainings
• TX Public Health Information Network (TX PHIN) technical support
**Congregate setting**—a setting in which a group of persons reside, meet, or gather either for a limited or extended period of time in close physical proximity. Examples include prisons, nursing homes, schools, and homeless shelters.¹
## Congregate Settings Program Areas

<table>
<thead>
<tr>
<th>Institutional Corrections</th>
<th>Community Corrections</th>
<th>Other High Risk Settings *Targeted Testing</th>
</tr>
</thead>
</table>
| Correctional settings for offenders confined in secure facilities  
   Includes jails and prisons | Special settings that exclude jails and prisons for offenders under court order while they complete their community supervision  
   Includes restitution centers, court ordered residential treatment centers, substance abuse treatment facilities, custody facility or boot camp, facilities for offender with a mental impairment, juvenile detention center. | Congregate settings at high or medium risk for TB  
   Includes homeless shelters, Opioid treatment centers, mental health and substance abuse programs, work camps and others |
Texas has the highest incarceration rate in the nation

Of 1,269 TB cases reported in 2014, 145 (12%) of all cases were diagnosed in correctional facilities

The risk of TB in jails and prisons is 4-5 times greater than for the general population

Rates of TB treatment completion are lower among active TB cases diagnosed in correctional facilities than among non-incarcerated populations (73% vs. 86%)
  - only 50% of foreign born inmates complete treatment

Outbreaks continue to occur in correctional settings posing a risk for widespread TB transmission
TB Cases by Type of Correctional Facility

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>2014</th>
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<tbody>
<tr>
<td>Federal</td>
<td>20</td>
</tr>
<tr>
<td>State</td>
<td>23</td>
</tr>
<tr>
<td>Local</td>
<td>38</td>
</tr>
<tr>
<td>ICE</td>
<td>64</td>
</tr>
<tr>
<td>Juvenile</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
</tr>
</tbody>
</table>

Federal: 14%
State: 16%
Local: 26%
ICE: 44%
Juvenile: 0%
Other: 0%
Chapter 89: Screening and Treatment for Tuberculosis in Jails and Other Correctional Facilities

Subchapter A: General Provisions

• Scope of the Texas Department of State Health Services Corrections TB Control Program
  • This chapter applies only to correctional facilities that:
    o have a capacity of at least 100 beds
    o House inmates transferred from:
      ▪ a county that has a jail that has a capacity of at least 100 beds
      ▪ Another state

*TDCJ facilities are outside the scope of Chapter 89
Chapter 97: Communicable Diseases

- Subchapter H: Tuberculosis for Jails and other Correctional Facilities
  - TB screening
  - Treatment
  - Reporting
  - Record keeping
  - Resource allocation
  - Continuity of Care
### Texas Administrative Code

**Chapter 97: Communicable Diseases**

**Subchapter H: Tuberculosis Screening in Jail and Other Correctional Facilities**

**Rule 97.178: Reporting**

<table>
<thead>
<tr>
<th>Reports Required</th>
<th>Reporting Timeline</th>
<th>DSHS Reporting Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB cases and suspects</td>
<td>One working day</td>
<td>TB-400A &amp; B Positive Reactors/Suspects/Cases (EF-12-11461)</td>
</tr>
<tr>
<td>Latent TB infection</td>
<td>One week</td>
<td>Same as above</td>
</tr>
<tr>
<td>Aggregate number of positive tests, total tests administered, total tests read</td>
<td>Monthly</td>
<td>Monthly Correctional TB Report (EF12-11462)</td>
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</tbody>
</table>
Reporting:
Monthly Correctional TB Report

Report generated by the jail

Report sent to LHD or HSR

Report reviewed by LHD or HSR

Additional information requested by LHD or HSR

Changes made to report

Copy of the report sent to central office
### Fort Bend County HD, Region 06

#### Fort Bend Co Sheriff’s Office

<table>
<thead>
<tr>
<th>Report Month</th>
<th>TST Admin Inmate</th>
<th>TST Admin Emp</th>
<th>TST Read Inmate</th>
<th>TST Read Emp</th>
<th>TST (+) Inmate</th>
<th>TST (+) Emp</th>
<th>Prior (+) Inmate</th>
<th>Prior (+) Emp</th>
<th>CXR Inmate</th>
<th>CXR Emp</th>
<th>Conversions Inmate</th>
<th>Conversions Emp</th>
<th>Suspects Inmate</th>
<th>Suspects Emp</th>
<th>Cases Inmate</th>
<th>Cases Emp</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>54</td>
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<td>February</td>
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<tr>
<td>March</td>
<td>254</td>
<td>0</td>
<td>142</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>03</td>
<td>0</td>
<td>03</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>
Corrections Reports:
Annual TB Screening Report for Jail Administrators

Jail Screening Report Letter (36 KB)
Glossary of Terms (98 KB)

Jail Names

(File format: PDF, Size: 832 KB)

A
Anderson County Jail
Angelina County Jail
Aransas County Detention Center
Atascosa County Jail

B
Bailey County Sheriff’s Office
Bastrop County Sheriff’s Office
Bee County Sheriff’s Department
Bell County Jail

Mycobacterium tuberculosis complex, TB, M. tuberculosis
ICD-9 010-018 ICD-10 A15-A19
Annual Tuberculosis Screening Report
Dallas County Jail
2012

Tuberculosis Services Branch
Correctional Tuberculosis Program

In 2012, a total of 9,951 new tuberculosis (TB) cases were reported in the United States. This represents an incidence rate of 3.2 cases per 100,000 population, which is 6.1% lower than the rate in 2011 which was 3.4 cases per 100,000 population. This is the lowest rate recorded since national reporting began in 1953.

As in 2011, four states (California, Florida, New York, and Texas) continued to report more than 500 cases each in 2012. Combined, these four states accounted for 4,497 TB cases or approximately half (49.9%) of all TB cases reported in 2012.

Texas reported a total of 1,233 TB cases in 2012: 554 (45.2%) of those were diagnosed in a correctional facility.*

Table 1: Diagnosed Cases of Tuberculosis in Correctional Facilities in Texas for years 2011-2012

<table>
<thead>
<tr>
<th>FACILITY TYPE</th>
<th>2011 (c)</th>
<th>%</th>
<th>2012 (c)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Prison</td>
<td>14</td>
<td>9.1</td>
<td>24</td>
<td>13.8</td>
</tr>
<tr>
<td>State Prison</td>
<td>19</td>
<td>11.8</td>
<td>22</td>
<td>14.2</td>
</tr>
<tr>
<td>Local</td>
<td>49</td>
<td>30.6</td>
<td>38</td>
<td>24.6</td>
</tr>
<tr>
<td>ICE</td>
<td>45</td>
<td>28.1</td>
<td>39</td>
<td>25.3</td>
</tr>
<tr>
<td>Other Correctional</td>
<td>53</td>
<td>34.6</td>
<td>53</td>
<td>31.4</td>
</tr>
<tr>
<td>Juvenile</td>
<td>1</td>
<td>0.6</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>140</td>
<td>100</td>
<td>134</td>
<td>100</td>
</tr>
</tbody>
</table>

*Provisional data may be subject to change.

Source: Texas DSHS Surveillance Unit
http://www.dshs.state.tx.us/preventioncontrol/tb/12hz

DSHS Mission: "To improve Health and well-being in Texas"
In 2012, 161 correctional facilities met the Texas Health & Safety Code Chapter 89 criteria and were required to report their TB screening activities in the form of a Monthly Correctional TB Report. This annual report highlights TB screening activities in your facility and compares results to all designated Texas Health & Safety Code Chapter 89 correctional facilities.

Table 2: TB Screening Results January 1 - December 31, 2012

<table>
<thead>
<tr>
<th>Dallas County Jail</th>
<th>Total at This Facility</th>
<th>% at This Facility</th>
<th>All Facilities (Chapter 89)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INMATES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Skin Test Administered</td>
<td>50,853</td>
<td>537,958</td>
<td></td>
</tr>
<tr>
<td>Number of Skin Test Read</td>
<td>38,342</td>
<td>63.81%</td>
<td>402,583</td>
</tr>
<tr>
<td>Number of Positive Tuberculin Skin Test</td>
<td>2,102</td>
<td>5.72%</td>
<td>24,765</td>
</tr>
<tr>
<td>Number of Chest X-rays Performed</td>
<td>6,698</td>
<td>60,701</td>
<td></td>
</tr>
<tr>
<td>Number of Conversions</td>
<td>28</td>
<td>1,601</td>
<td></td>
</tr>
<tr>
<td>Number of TB Suspects Reported</td>
<td>7</td>
<td>188</td>
<td></td>
</tr>
<tr>
<td>Number of Active TB Cases Reported</td>
<td>2</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td><strong>EMPLOYEES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Skin Test Administered</td>
<td>1,620</td>
<td>22,488</td>
<td></td>
</tr>
<tr>
<td>Number of Skin Test Read</td>
<td>1,406</td>
<td>21,603</td>
<td></td>
</tr>
<tr>
<td>Number of Positive Tuberculin Skin Test</td>
<td>11</td>
<td>0.74%</td>
<td>172</td>
</tr>
<tr>
<td>Number of Chest X-rays Performed</td>
<td>7</td>
<td>005</td>
<td></td>
</tr>
<tr>
<td>Number of Conversions</td>
<td>9</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Number of TB Suspects Reported</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Number of Active TB Cases Reported</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

*Total = 151 Jails

- In 2012, there were 60,853 tuberculin skin tests administered to inmates at the Dallas County Jail. Of that number, 2,102 (5.72%) had a measurement of 10 mm or greater. This represents 8.84% of the total number of positive tuberculin skin test results in all Chapter 89 facilities.

- There were 1,620 tuberculin skin tests administered to employees. Of that number, 11 (0.74%) had a measurement of 10 mm or greater. This represents 6.40% of the total number of positive tuberculin skin test results in all Chapter 89 facilities.

- There were 7 suspects and two cases reported in 2012 at the Dallas County Jail.

- A total of 151 (100%) Monthly Correctional TB Reports were submitted in 2012.
# Correctional Tuberculosis Screening Plan

## A. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>1. Name of Facility</th>
<th>2. Jail Administrator</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. Email Address</th>
<th>4. Phone Number</th>
<th>5. Fax Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. Physical Address: Street (List additional sites in Section D)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. Mailing Address (If different from physical address above)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8. Name/Job Title of Contact Person</th>
<th>9. Email Address of Contact Person</th>
<th>10. Phone Number</th>
</tr>
</thead>
</table>

## B. FACILITY

1. Which category of inmate is your facility authorized to hold? (Check all that apply)
   - [ ] Federal
   - [ ] County
   - [ ] Private
   - [ ] Other

2. Number of health care staff at the facility, by type of credentials (RN, LVN, etc.): 

3. Number of staff trained on TB symptom screening:

4. List the names and credentials of all staff authorized by your medical director to administer and read the TB skin test (attach a separate sheet if necessary).

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
</table>

5. Name, physical address, and phone number of the medical director:

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
</table>

6. Are chest x-rays done at your facility? (If yes, check the appropriate box. If no, no need to fill out this section.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

7. Who will interpret the x-rays? (Name, physical address, and phone number):

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
</table>

8. In the event of a hurricane or other natural or man-made disaster, do you have a written evacuation plan on file? (If yes, check the appropriate box. If no, no need to fill out this section.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

9. Name of the person (along with job title) responsible for TB control at the facility. This person may be responsible for generating monthly reports, maintaining supplies and medications, and making necessary referrals:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
</tr>
</thead>
</table>

10. Who provides medical care for your inmates? (Please attach a copy of the contract):

<table>
<thead>
<tr>
<th>County</th>
<th>Name(s) of provider(s):</th>
</tr>
</thead>
</table>

11. Who supplies the TB testing material for your inmates? (PPD, Syringes):

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Name(s) of supplier(s):</th>
</tr>
</thead>
</table>

## Notes:
- Chest x-rays may not be done immediately if TB symptoms are present or within three days of a positive IGRA or skin test if person is asymptomatic.
- If a hurricane or other natural or man-made disaster occurs, you may need to evacuate the facility. You may need to evacuate people with active TB or latent TB who have been exposed to the TB bacteria and who may not have any symptoms. You should have a written evacuation plan on file.
Targeted Testing

Target testing is a key strategy to TB control

- The CDC *Guidelines for Essential Components of a TB Prevention Control Program* list the following priorities:
  1. **1st priority:** identify and treat persons with active TB
  2. **2nd priority:** finding and screening contacts
  3. **3rd priority:** Screening for TB disease and infection in high-risk populations
  4. **4th priority:** identify high risk congregate settings and equip them with infection control equipment and principles
Reported TB Cases
United States, 1982-2014

Source: Centers for Disease Control and Prevention
Millions of people in the U.S. have latent TB infection. Without treatment, they are at risk for developing TB disease.

Learn more: www.cdc.gov/tb
DSHS supports IGRA testing in congregate settings for at-risk and/or vulnerable group that fall in the following categories:

- contacts of someone known or suspected to have active TB
- persons with medical risk factors known to increase the risk of disease if infection has occurred
- foreign born persons from countries having a high prevalence of TB
- persons with history of substance abuse
- residents and employees of places where TB is more common health care employees that provide TB services
### Reporting Program

**Name of Local Health Department/ DSHS Health Service Region:**

**Contact Person/Title:**

**Email Address:**

**Phone Number:**

**Fax Number:**

### A. Interferon-Gamma Release Assay (IGRA) Testing

Provide the information below for testing done by your program using IGRA.

<table>
<thead>
<tr>
<th>Name of Targeted Testing Sites</th>
<th>Type of IGRA Test</th>
<th># persons evaluated</th>
<th># new positive reactors</th>
<th>% new positive reactors</th>
<th># persons identified with documented hx of positive TB test</th>
<th># persons identified with confirmed or suspected TB disease</th>
<th>% of patients identified with suspected or confirmed TB disease</th>
<th>Was this target testing part of a contact investigation?</th>
<th>Was testing done with state supported resources?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QFT/ T-Spot</td>
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</table>
Targeting Testing Results
FY 2015

<table>
<thead>
<tr>
<th>Month</th>
<th># Persons Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-14</td>
<td>1585</td>
</tr>
<tr>
<td>Oct-14</td>
<td>1917</td>
</tr>
<tr>
<td>Nov-14</td>
<td>1352</td>
</tr>
<tr>
<td>Dec-14</td>
<td>2401</td>
</tr>
<tr>
<td>Jan-15</td>
<td>3172</td>
</tr>
<tr>
<td>Feb-15</td>
<td>2592</td>
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<tr>
<td>Mar-15</td>
<td>1641</td>
</tr>
<tr>
<td>Apr-15</td>
<td>2101</td>
</tr>
<tr>
<td>May-15</td>
<td>1846</td>
</tr>
<tr>
<td>Jun-15</td>
<td>2041</td>
</tr>
<tr>
<td>Jul-15</td>
<td>1957</td>
</tr>
<tr>
<td>Aug-15</td>
<td>1963</td>
</tr>
<tr>
<td>Totals</td>
<td>23656</td>
</tr>
</tbody>
</table>

Legend:
- **Negative**
- # Previous Positive Reactors
- # New Positive Reactors
Considerations for Targeted Testing Projects

- A decision to test is a decision to treat
  - Necessary medical evaluation and treatment resources need to be identified before testing activities begin
- Screening activities among high risk populations are based on the TB risk and the availability of resources
  - Targeted testing programs should be conducted only among groups at high risk, and testing should be discouraged for groups at low risk
  - TB programs decide the frequency of the target testing
  - Collaboration with community health care providers is necessary to access some high-risk groups when the health department lacks sufficient resources
• IGRAs are blood tests for TB infection
  – They do not help to differentiate between TB infection and disease.
• There are two IGRAs that have been approved by the U.S. Food and Drug Administration (FDA)
  – QuantiFERON®-TB Gold In-Tube test (QFT-GIT);
  – T-SPOT® TB test (T-Spot)
IGRA Testing in Texas

- IGRA testing is now the standard method to screen for TB infection in Texas
  - 90% of DSHS contracting jurisdictions are using IGRA testing

- State funding is currently available for high-risk populations IGRA testing (except in correctional facilities)

- TST should still be offered to individuals that refuse IGRA testing and children less than 5 years of age
IGRA Providers

**QIAGEN** (QFT-GIT)
Evelyn Calhoun, BSN, MS
Clinical Science Consultant
Phone: 855-738-8267
Eve.calhoun@qiagen.com
www.qiagen.com
www.quantiferon.com

**Oxford Laboratories** (T-Spot)
Clay W. York MBA, MT(ASCP),SBB
Regional Sales Manager, South Central
Phone: 508.731.2731
Customer Service: 877.598.2522
cyork@tspot.com
www.oxfordimmunotec.com
Phlebotomy Trainings

- Available upon request
  - Target Audience: Employees of health service regions, local health departments and public health partners involved in screening populations at high-risk TB
  - Class size requirement: 7-15 participants
- DSHS provides:
  - Funding
  - Trainer
  - Coordination
  - Continuing Education Credits
  - Testing supplies
- Local co-host provides
  - Training location
  - Announcements
  - Sharps containers and biohazard disposal
- Phlebotomy certification is not offered
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Program email: CongregateSettings@dshs.state.tx.us
• Website: texastb.org
Program overview, statistics, reporting, forms, contact information for DSHS and local programs and additional resource links.

• Program email: CongregateSettings@dshs.state.tx.us

Don’t email confidential information. Please use the PHIN.
Thank you!
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