Georgia Department of Public Health

Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

November 20, 2014

Dear Homeless Service Provider,

The Georgia Department of Public Health (GA-DPH) is issuing these ***Guidelines for Tuberculosis (TB) Control and Prevention in Homeless Housing Facilities*** to help you and your facility prevent the transmission of TB among staff, volunteers and homeless clients and to prevent TB outbreaks in homeless housing facilities in Georgia.

TB is an infectious disease that can spread through coughing and sneezing. It is spread from person-to-person through the air. If untreated, TB can be fatal. As a homeless service provider, you work closely with homeless persons to help meet their needs. This makes you a key partner in preventing the spread of TB in homeless shelters. Public Health needs your support to help control TB.

TB prevention and control among homeless persons may be challenging. But together, we can reduce and even eliminate the spread of TB. These guidelines aim to make this work easier and more efficient. They include tools and procedures that help…

- Increase awareness of TB among staff, volunteers and clients.
- Assure that clients with TB symptoms are assessed and referred to a healthcare provider in a timely manner
- Encourage ongoing and confidential free screening to help identify and treat TB among staff, volunteers and clients
- Increase communication between shelters and public health department staff for disease reporting and coordinating educational updates.

You are key partners in protecting the health and well-being of some of Georgia's most vulnerable citizens. We thank you for your continued support and sincerely hope these guidelines prove useful in your disease control and prevention efforts.

Sincerely,

Brenda Fitzgerald, M.D.
Commissioner, State Health Officer

We Protect Lives.

Guidelines for Preventing and Controlling Tuberculosis in Atlanta Homeless Housing Facilities

2014

Ask about chronic cough.
Listen for cough.
Watch for weight loss.
Refer to Tuberculosis Clinic.

DPH
Georgia Department of Public Health

Recommendations to help homeless service providers prepare their facility staff, and clients for possible cases of air-borne diseases, like tuberculosis.

Table of Contents

I. Frequently asked questions about Tuberculosis.....2

II. Important steps homeless housing facilities can take to reduce spread of Tuberculosis

A. Symptom Screen at Intake.....6

B. Institute administrative practices that reduce TB transmission at your facility.....7

C. Appoint a Health Care Liaison 7

D. Implement a Cough Alert Policy 10

E. Next Steps.....10

III. Cough Alert Poster.....11

IV. Appendix A: Resources.....12

V. Appendix B: Cough Alert Weekly Log.....13

VI. Appendix C: St. Joseph Mercy Care Clinic Directory.....14

VII. Appendix D: Copy of Client Referral Form.....15

VIII. Appendix E: Release of Health Care Information Form.....16

IX. Appendix F: Symptom Screen Form.....17

X. Appendix G: Health Care Liaison Exposure Control Form.....18

XI. Appendix H: Map to Fulton County TB Clinic.....19

XII. Appendix I: Map to DeKalb County TB Clinic.....20

XIII. References.....21

Acknowledgements: To Dr. Neela D. Goswami and Dr. Adedotun Adewale of the Emory University Rollins School of Public Health and School of Medicine, who prepared these guidelines based largely on Los Angeles and San Francisco guidelines for homeless shelters and Centers for Disease Control (CDC) resources, at the request of and with careful review by the Atlanta Tuberculosis Task Force, a group comprised of local homeless housing facility leaders and representatives from the Georgia Department of Public Health, Fulton County Board of Health and Wellness, and Emory University, led by Dr. Tom Andrews from St. Joseph's Mercy Care, September 2014.

I. Frequently Asked Questions About Tuberculosis

- **Can I watch a video on preventing the spread of tuberculosis in homeless shelters?**

Yes, the webpage to view the video is: http://www.currytbcenter.ucsf.edu/sheltertb/video.cfm.

- **What is TB?**

Tuberculosis (TB) is a disease caused by a bacterium that usually attacks the lungs. But TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States.

However, not everyone infected with TB bacteria becomes sick. People who are infected, but not sick, have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. But some people with latent TB infection go on to get TB disease. People with TB disease can be treated if they seek medical help. Even better, most people with latent TB infection can take medicines so that they will not develop TB disease.

- **What does a Positive TB Skin Test or Positive PPD mean?**

This signifies that a person has been exposed to the tuberculosis germ, and currently has or previously had latent TB infection. Persons who have been treated once for latent TB infection will continue to have a positive skin test for the rest of their life, and should not repeatedly be skin tested. By itself, the skin test is not a good test for TB disease, and if TB disease is suspected, further evaluation may be needed with questions about symptoms and/or a chest x-ray.

- **What is latent TB infection?**

In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called latent TB infection. People with latent TB infection:

- Have no symptoms
- Don't feel sick
- Can't spread TB bacteria to others
- Usually have a positive TB skin test reaction or positive TB blood test
- May develop TB disease if they do not receive treatment for latent TB infection

Many people who have latent TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active, multiply, and cause TB disease.

- **How is latent tuberculosis infection treated?**

One of four treatment regimens using Isoniazid (INH), Rifampin (RIF), or INH and Rifapentine (RPT), can be used. Treatment must be modified if the patient is a contact of a person with drug-resistant TB. Consultation with a TB expert is advised if the known source of TB infection has drug-resistant TB.

Latent TB Infection Treatment Regimens

Drugs	Duration	Interval	Minimum doses
Isoniazid	9 months	Daily	270
		Twice weekly*	76
Isoniazid	6 months	Daily	180
		Twice weekly*	52
Isoniazid and Rifapentine	3 months	Once weekly*	12
Rifampin	4 months	Daily	120

*Use Directly Observed Therapy (DOT)

- **If someone has been previously treated for a positive TB skin test (latent TB infection), does that prevent him or her from getting new infection or developing disease?**

Treatment for latent TB reduces the chance of progressing to TB disease after exposure, but does not prevent that person from new infection (after a new exposure).

- **What is TB disease?**

If the immune system can't stop TB bacteria from growing, the bacteria begin to multiply in the body and cause TB disease. The bacteria attack the body and destroy tissue. If this occurs in the lungs, the bacteria can actually create a hole in the lung. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason. Babies and young children often have weak immune systems. People infected with HIV, the virus that causes AIDS, have very weak immune systems. Other people can have weak immune systems, especially people with substance abuse, diabetes mellitus, and cancer.

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB disease in the lungs may cause symptoms such as:

- A bad cough that lasts 3 weeks or longer
- Pain in the chest
- Coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are:

- Weakness or fatigue
- Weight loss
- No appetite
- Fever/chills/night sweats

- **How is TB spread?**

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.

- **What is a TB blood test?**

TB blood tests (including QuantiFERON-Gold and T-SPOT) are sometimes used in place of TB skin tests, and a positive TB blood test means the same thing as a positive TB skin test (see above).

The Differences between Latent TB Infection and TB Disease

A Person with Latent TB Infection	**A Person with TB Disease**
• Does not feel sick	• Usually feels sick
• Has no symptoms	• Has symptoms that may include: - a bad cough that lasts 3 weeks or longer - pain in the chest - coughing up blood or sputum - weakness or fatigue - weight loss - no appetite - chills - fever - sweating at night
• Cannot spread TB bacteria to others	• May spread TB bacteria to others
• Usually has a positive TB skin test or positive TB blood test	• May or may not have a positive TB skin test or positive TB blood test
• Has a normal chest x-ray and a negative sputum smear	• May have an abnormal chest x-ray, or positive sputum smear or culture
• Should consider treatment for latent TB infection to prevent TB disease	• Needs treatment for TB disease

- **Where should I refer Homeless Housing Facility clients who I suspect have active TB disease?**

  The best place to send persons suspected to have active TB disease (e.g., he or she has symptoms but is otherwise functioning ok in day-to-day activities) is the Fulton County TB Clinic. See Appendix H for the map and address of the clinic. If a person is acutely ill, he/she should be sent directly to an emergency room or urgent care facility.

- **Where can I refer Homeless Housing Facility clients for latent TB infection screening, or if I am concerned about illnesses other than Tuberculosis?**

  St. Joseph Mercy Care Clinics where Homeless Housing Facility clients can be referred to are listed in Appendix C.

- **What if the Health Care Liaison has further questions for the health department?**

  Contact the Fulton County Board of Health and Wellness TB Clinic at 404-613-1450.

  The main contact at the DeKalb County Board of Health for TB is Titilola Rush, RN: 404-294-3730 (office) or 404-788-6975 (cell).

II. Important Steps that Homeless Housing Facilities can take to reduce the spread of Tuberculosis

A. Symptom Screen at Intake

Recommendation: Ask every homeless housing facility resident at sign-in/intake questions that will help screen for Tuberculosis:

TB/Respiratory Infection Symptom Screen Questionnaire

Instructions for Homeless Housing Facility staff:
The purpose of this symptom screening form is to help identify clients who **may** have infectious TB. Please complete this form as part of the initial intake process.

Note to facility staff: You may begin with this statement before asking questions:

'We are asking you a few quick questions because we are concerned about an infection that we know is spreading in our community here in downtown Atlanta. We don't want this germ to spread to you or anyone else, so please be honest with your answers."

HISTORY/SYMPTOMS	Yes	No
• Do you have a cough that has lasted for 3 weeks or more?		
• Have you had contact with person(s) with chronic cough recently?		
• Have you lost weight without explanation during the past month?		
• Have you coughed up blood in the past month?		
• Have you been more tired than usual over the past month?		
• Have you had Fevers almost daily for more than one week?		
• Have you sweated so much during the night that you've soaked your sheets or clothing during the past month?		
• Do you have children with any of the above symptoms?		

Does the client have a cough that has lasted 3 weeks or more **AND** has answered "Yes" to at least one other question above?

O Yes O No

If you marked "Yes" above, or have identified a child with symptoms, immediately refer the client to your Health Care Liaison (see section C: Health Care Liaison below)

B. Institute administrative practices that reduce TB transmission at your homeless facility

- Have tissues ready at intake area and tell persons who are coughing to cover their cough
- If they have these symptoms, give them a tissue to cover their cough
- If possible, place them in a more isolated area away from the other shelter residents

C. Appoint a Health Care Liaison

Homeless housing facilities should appoint a health care liaison to oversee activities that control the spread of TB and other airborne infections. This person doesn't need to be a clinician or manager/supervisor/facility administrator. However, s/he should have some knowledge of infection control principles.

The Health Care Liaison performs and oversees several activities that prevent the spread of TB and other airborne infections, including:

Key Area	Activities
Shelter duties	▭ Coordinates referrals for clients that need a TB evaluation ▭ Assists clients that need a TB evaluation with their transportation needs ▭ Maintains medical confidentiality policies and procedures
Health Department Liaison duties	▭ Serves as a liaison to the Fulton County Department of Health TB Clinic ▭ Coordinates screening activities and referrals to Fulton County. (See Appendix A for a list of health centers and appropriate phone numbers) ▭ Send Release of Information Letter from Shelter ▭ Assists health department to conduct infectious disease contact investigations ▭ Coordinates communication with the health department local health officer ▭ Maintains confidential records
Compliance	▭ Establishes, implements, maintains, and posts written procedures ▭ Ensures staff adheres to TB/Airborne diseases prevention procedures ▭ Ensures staff adheres to TB Cough Alert and documentation procedures ▭ Ensures staff and clients receive mandatory TB prevention education ▭ Ensures that identified medical providers maintain confidential medical records Maintains other required records

Instructions for Health Care Liaison

1) Staff person tells you about a TB suspect

2) Follow the TB exposure control protocol and complete the form below, which can be share with the health department if needed.

TB Exposure Control Protocol Form:

- Give the client a surgical face mask or tissue to wear: ○ Done
- Instruct the client to cover their nose and mouth when coughing or sneezing ○ Done
- Give client a letter verifying that he/she is staying at your shelter to take to TB clinic ○ Done
- Have a client sign a Release of Information Form ○ Done
- Separate the client from others and place in a well-ventilated room ○ Done
- Initiate medical evaluation protocols and transportation: ○ Done

Client Name: _____ Arrival Date:_____

Client DOB: _____

Housing Facility: _____ Facility Phone #: _____

Homeless Housing Facility Address:

_____

_____

Bed Location: _____

Evaluator Name: _____

Evaluator Signature: _____ Date: _____

3) Refer to the Fulton County TB Clinic (across from main Grady Hospital entrance):
   Address: 99 Jesse Hill Jr. Drive
   Atlanta, GA 30303
   Phone No: 404-613-1465/404-613-1450
   Hours: Monday 8:30 am – 5:30 pm / Tues-Friday 8:00 am-5:00 pm

- Evaluation and treatment is free with a homeless housing facility referral letter

- If client is not severely ill and is able to be somewhat isolated from other residents, when clinic is closed, it is not unreasonable to have the client go to clinic the next morning or on Monday (following a weekend)

- If patient is severely ill, there are issues with isolation, and during evenings and weekends: refer to Urgent Care or ER

D. Implement a Cough Alert Policy

For current Homeless Housing Facility residents, institute a cough alert policy enforcing symptom screening and referral requirements for clients.

COUGH ALERT POLICY AND PROCEDURES

This is recommended for all Homeless Housing Facilities in Fulton County.

Purpose: To identify active TB cases before TB is further spread in homeless housing facilities.

Target Population:

Individuals coughing throughout the night or client coughing for more than 3 weeks without improvement (especially if the cough is accompanied with >5 lbs. weight loss, night sweats and fever) or client coughing up blood.

Procedures:

1. Training of homeless housing facility staffs on what they need to know about Tuberculosis and its transmission.

2. Frontline staff or homeless housing facility managers meet and talk with coughing client suspected to have Tuberculosis.

3. Health Care Liaison/Shelter Manager contacts Fulton Health Department for assistance, as proper medical evaluation is needed within 48 hours. Later on, the health department may request information from the "TB Exposure Control Protocol Form" (see page 8) to determine if the client actually follows up at the health department and/or to come up with a plan if the resident returns to the shelter. Shelter staff and the health department can discuss freely about the client's TB-related health information if the client signed a Release of Information Letter (coordinated by the Health Care Liaison).

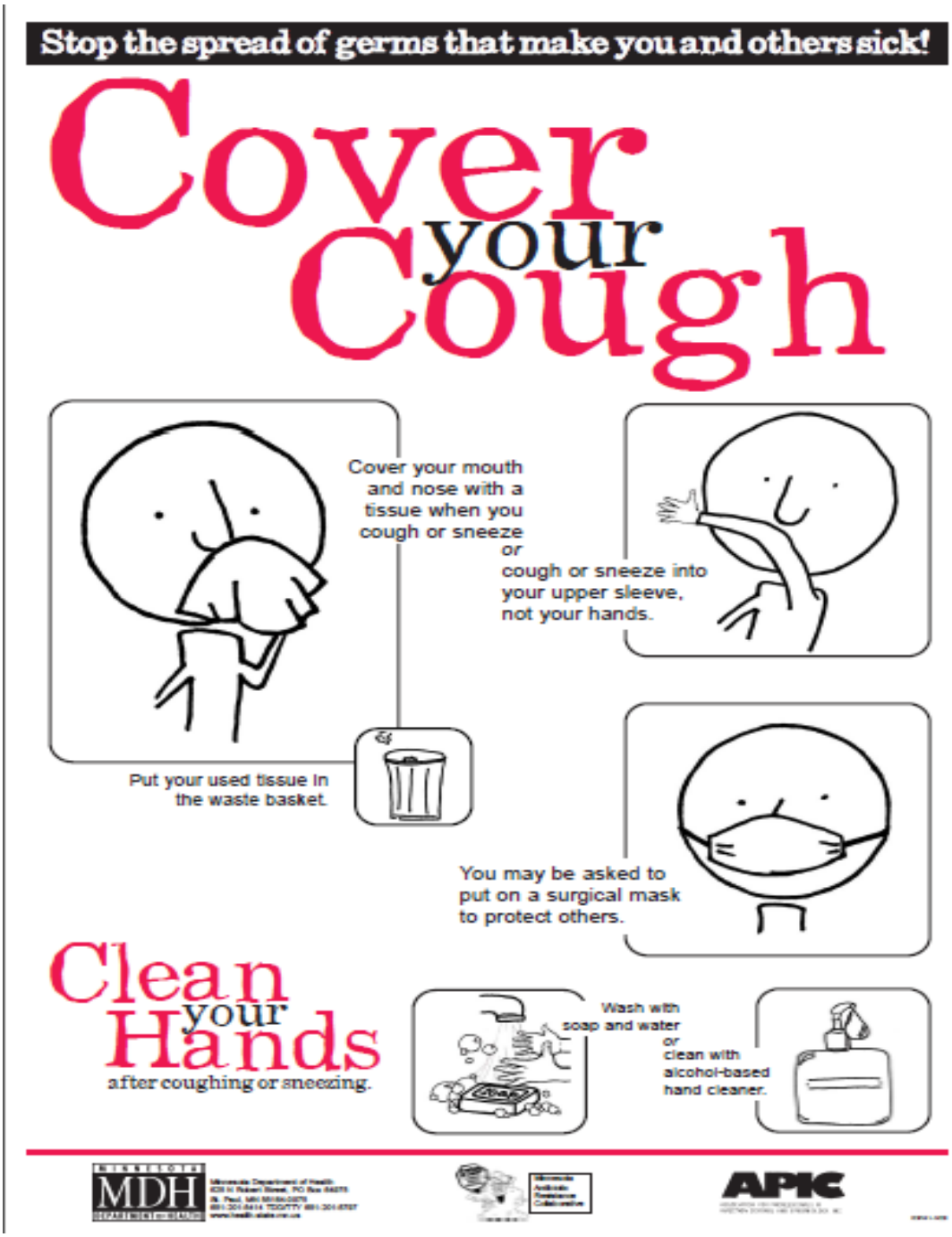
E. Next Steps

1. Develop a screening program for latent TB infection (in addition to TB disease) for all staff, volunteers, and homeless housing facility residents.

2. Implement environmental protocols - ensure adequate ventilation and proper bed spacing at homeless housing facilities to prevent easy spread of TB infection

3. Assist with isolation procedures and transportation to facilities for evaluation

Cough Alert Poster



Appendix A: Resources

List of Public Health Department contact services and other TB Health Centers

- Fulton County Department of Health and Wellness
  Aldredge Health Center
  99 Jesse Hill Jr., Drive
  Atlanta, GA 30303
  Phone No: 404-612-1465

- DeKalb County Tuberculosis Program
  T.O. Vinson Center
  440 Winn Way
  Decatur GA, 30030
  Phone Number: 404-508-7857

- CDC Division of Tuberculosis Elimination
  1600 Clifton Road, NE Atlanta 30333
  Phone No: 800-CDC-INFO
  (800-232-4636)
  TTY: 800-232-6348

- Georgia Department of Public Health
  Tuberculosis Program, 12th Floor
  2 Peachtree St., NW, Atlanta GA, 30303
  Phone Number: 404-657-2634

- Southeastern National Tuberculosis Center
  2055 Mowry Road
  Gainesville, FL 32611
  Phone: 352-273-SNTC (7682)
  or 888-265-SNTC (7682)
  Fax: 352-273-9275

- Rutgers Global Tuberculosis Institute
  225 Warren Street, P.O. Box 1709, Newark, NJ 07101-1709
  Phone: 973-972-3270
  http://globaltb.njms.rutgers.edu/index.html

- National Health Care for the Homeless Council,
  HCH Clinician's Network P.O. Box 60427, Nashville, TN 37206-0427
  Phone: 615-226-2292 Fax: 615-226-1656
  http://www.nhchc.org

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
  Healthcare information privacy standards exempt reporting to public health agencies
  http://www.hhs.gov/ocr/privacy

- Tuberculosis Video Link: http://www.currytbcenter.ucsf.edu/sheltertb/video.cfm.

Appendix B: Cough Alert Weekly Log

Instructions for Shelter Staff:

Please give this log to your homeless housing facility Health Care Liaison if you have a client that has a constant cough. The Health Care Liaison is responsible for (1) assessing the client for signs of active TB/ Airborne diseases and (2) determining if the client needs a referral for a medical evaluation.

Name of Shelter: _____

Date Health Care Liaison received copy of log (MM/DD/YY): _____

Client Name (Last, First)	Date of Birth (MM/DD/YY)	Bed Location/#	Date(s) client observed to be coughing (MM/DD/YY)	Name of staff members who observed client coughing (Last, First)	Medical facilities client was referred to

Date (MM/DD/YY): _____

Appendix C: **St. Joseph Mercy Care Clinic Directory**

MERCY CARE PATIENT CENTERED MEDICAL HOME

Mercy Care is a health care organization that provides a complete range of medical services and outreach programs to the Atlanta community. We believe that everyone deserves access to exceptional care, regardless of insurance or income status. Our family of medical clinics provides comprehensive services—offering hope through the power of healing.

MERCY CARE CLINICS

1. Decatur Street
424 Decatur St., Atlanta
678-843-8600
- Monday, Tuesday, Thursday
  7:00 am – 5:00 pm
  Wednesday 7:00 am – 9:00 pm
  Friday Medical 7:00 am – 1:00 pm
  Friday Dental 7:00 am - 5:00 pm

2. North
3367 Buford Hwy., Northeast Shopping Plaza, Ste. 910, Atlanta
678-843-8700
- Monday -Thursday 7:00 am – 5:00 pm
  Friday Medical 7:00 am - 12:00 noon
  Friday Dental 8:00 am - 3:30 pm

3. At Atlanta Day Shelter (Women Only)
655 Ethel St., Atlanta
678-843-8500
- Wednesday 9:00 am - 3:30 pm

4. At City of Refuge
1300 Joseph E. Boone Blvd. Atlanta
678-843-8790, 8791
- Tuesday - Friday 8:30 am – 7:00 pm
  3rd Friday 8:30 am - 12:00 noon
  Saturday 8:30 am – 1:30 pm
  Pediatric Hours:
  Wednesday & Thursday 8:30 am – 5:00 pm

5. At DeKalb CSB
445 Winn Way
678-843-8600
- Wednesday & Thursday 8:30 am - 5:00 pm

6. At Gateway Center (For Homeless)
275 Pryor St., Atlanta
678-843-8840
- Monday, Wednesday
  8:30 am - 5:00 pm
  Tuesday 8:30 am - 8:30 pm
  Friday 8:30 am -3:30 pm
  3rd Friday 8:30 am - 12:00 noon

7. At The Imperial (For Residents)
355 Peachtree St., NE, Atlanta
678-843-8500
- 2nd and 4th Friday
  8:30 am - 5:00 pm

8. At Mary Hall Freedom House
(For Program Clients)
200 Hannover Park Rd., Ste. 100, Atlanta
- Friday 8:30 am – 3:30 pm
  3rd Friday 8:30 am - 12:00 noon

9. At Saint Luke's
420 Courtland St., Atlanta
678-843-8870
- Monday, Tuesday, Thursday
  8:30 am - 5:00 pm
  Friday 8:30 am - 3:30 pm
  3rd Friday 8:30 am - 12:00 noon

MERCY CARE MOBILE

10. At Atlanta Mission
165 Alexander St., Atlanta
678-843-8500
- Monday 9:00 am - 4:00 pm
  Thursday 9:00 am - 4:00 pm

11. At Ben Massell Dental Clinic
700 14th St., NW, Atlanta
678-843-8500
- 2nd and 4th Tuesday
  9:00 am - 4:00 pm

12. At Central Presbyterian
201 Washington St., Atlanta
678-843-8500
- 1st, 3rd, and 5th
  Friday 9:00 am - 12:00 noon

13. At St. Jude's
(For Program Clients)
139 Renaissance Pkwy, NE, Atlanta
- Wednesday 9:00 am - 4:00 pm

14. At 7 Bridges to Recovery
(For Program Clients)
2840 Plant Atkinson Rd., Smyrna
- 1st, 3rd, and 5th Tuesday
  9:00 am - 4:00 pm

*Dental Services provided at Decatur Street, North, and At City of Refuge.
**Vision Exams and Glasses provided at Decatur Street, The Gateway, St. Luke's, and The Imperial.

Founded by the Sisters of Mercy **mercyatlanta.org**

Appendix D: **Homeless Housing Facility Referral Form**

REFERRAL

Date: _____

Client: _____

ID:

Phone Number:

Gender:

ID: _____

Referred to: _____

Reason: LF-4900.8600-Tuberculosis Screening

Message:

_____

Referred by:

Appendix E:

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: _____ Date of Birth: _____
Previous Name: _____ _____

I request and authorize [name of housing facility] _____ to release health care information of the patient named above to:

Name: Fulton County Health Department

Address: 99 Jesse Hill Jr Drive

City: Atlanta State: GA Zip Code: 30303

This request and authorization applies to:

☒ Healthcare information relating to the following treatment, condition, or dates: _____

Tuberculosis

☐ All healthcare information

☐ Other: _____

☐ Yes
☐ No

I authorize the release of records regarding my tuberculosis workup, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Patient Signature: _____ Date Signed: _____

Appendix F: **Symptom Screen Form**

Instructions for Shelter Staff:
The purpose of this symptom screening form is to help identify clients who **may** have infectious TB. Please complete this form as part of the initial intake process.

Note to Shelter Staff: Please begin with this statement before asking questions:

'We are asking you a few quick questions because we are concerned about an infection that we know is spreading in our community here in downtown Atlanta. We don't want this germ to spread to you or anyone else, so please be honest with your answers."

HISTORY/SYMPTOMS	yes	no
• Do you have a cough that has lasted for 3 weeks or more?		
• Have you had contact with person(s) with chronic cough recently?		
• Have you lost weight without explanation during the past month?		
• Have you coughed up blood in the past month?		
• Have you been more tired than usual over the past month?		
• Have you had Fevers almost daily for more than one week?		
• Have you sweated so much during the night that you've soaked your sheets or clothing during the past month?		
• Do you have children with any of the above symptoms?		

Does the client have a cough that has lasted 3 weeks or more **AND** has answered "yes" to at least one other
Question above? ▪

O Yes O No

If you marked "Yes" above, or have identified a child with symptoms, immediately refer the client to your Health Care Liaison (see Section C: Health Care Liaison)

Appendix G: Health Care Liaison Exposure Control Form

- Give the client a surgical face mask or tissue to wear ○ Done
- Instruct the client to cover their nose and mouth when coughing or sneezing ○ Done
- Give client a letter verifying that he/she is staying at your shelter to take to TB clinic ○ Done
- Have a client sign a Release of information Form ○ Done
- Separate the client from others and place in a well-ventilated room ○ Done
- Initiate medical evaluation protocols and transportation: ○ Done

Client Name: _____ Arrival Date:_____

Homeless Housing Facility: _____ Facility Phone #: _____

Homeless Housing Facility Address: _____

Bed Location: _____

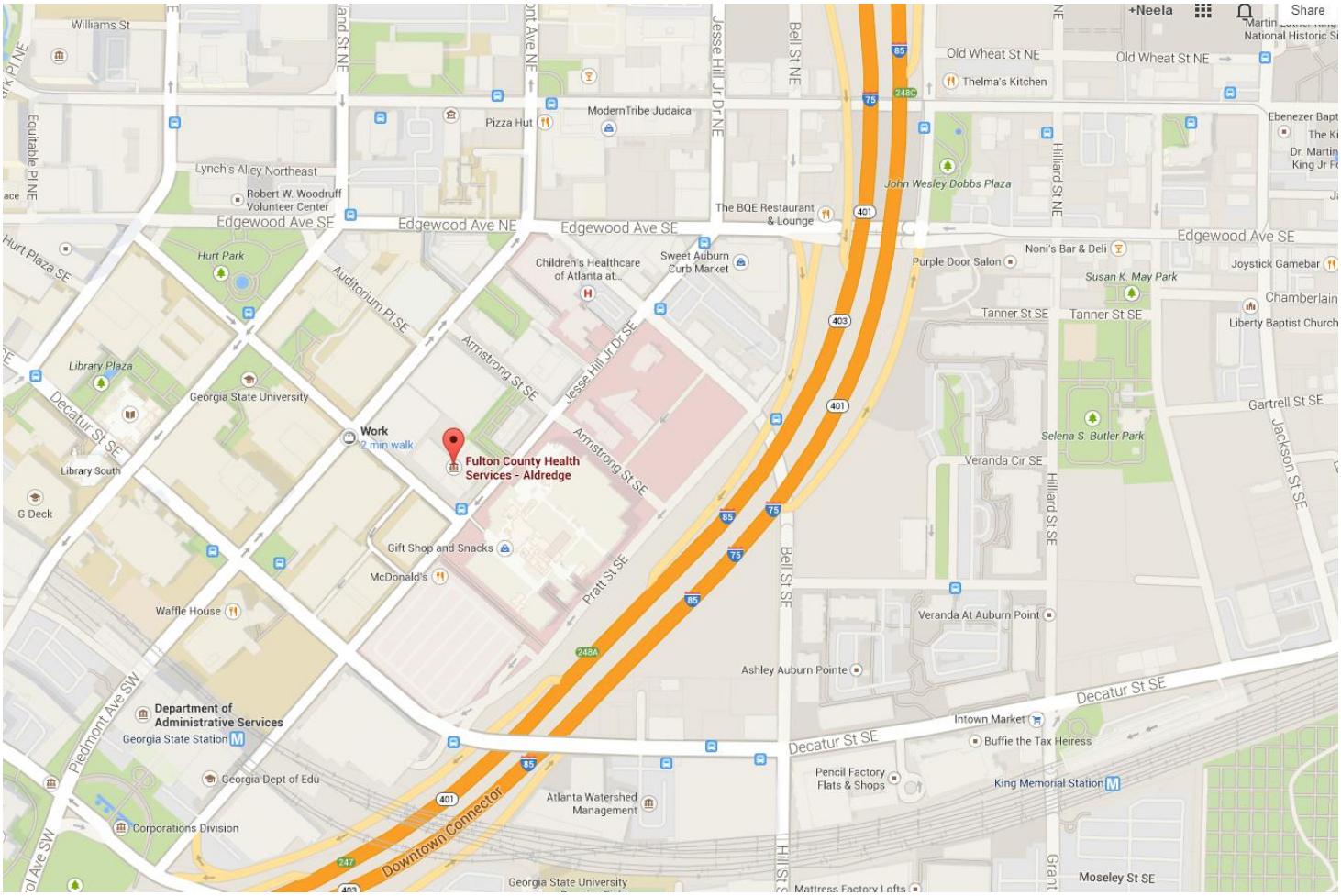
Evaluator Name:

_____

Evaluator Signature: _____ Date: _____

Appendix H

Fulton County TB Clinic



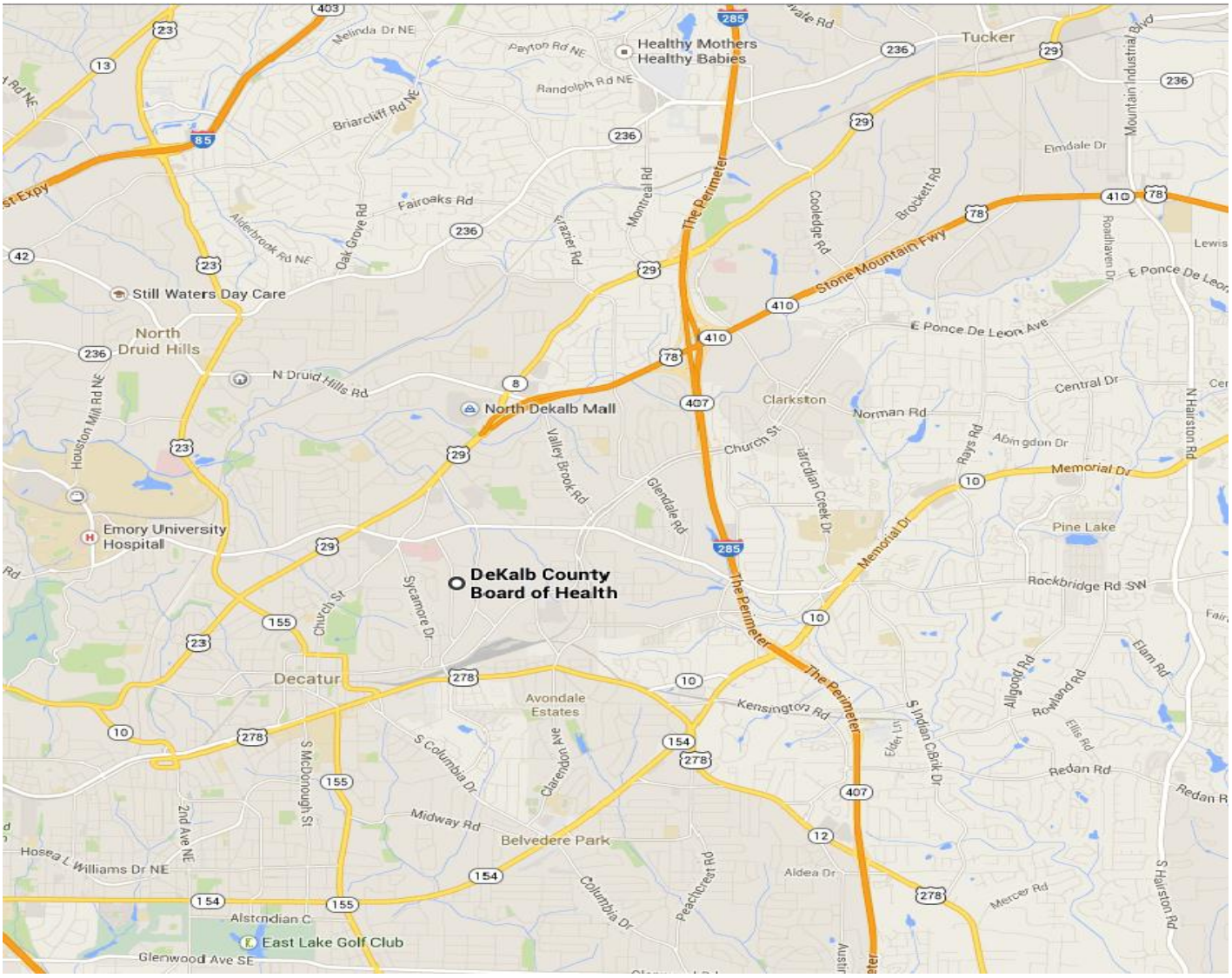
Address: 99 Jesse Hill Jr., Drive
Atlanta, GA 30303

Phone No: 404-613-1465/404-613-1450

Hours: Monday 8:00 am-5:30pm/ Tues-Friday 8:00 am-5:00 pm

Appendix I

DeKalb County TB Clinic



Address: Tuberculosis Clinic, DeKalb County Board of Health
440 Winn Way,
T.O. Vinson Health Department, Suite #2118
Decatur, GA. 30030

Phone No: 404-508-7857
Fax No: 404-508-7757

Hours: Monday-Friday 8:15 am - 5:00 pm.

References

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- Centers for Disease Control and Prevention, Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis infection---United States, (2010). Recommendations and Reports, 59(RR05); 1-25.

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- Tuberculosis Transmission in a Homeless Shelter Population –New York, 2000-2003. MMWR 2005; 54(06):149-152. Hudson J, Van Zetta S, Brisette B, Driver C, et. al