# Factors Associated with TB Testing and Evaluation among Household Contacts Exposed to Tuberculosis

Elvy G. Barroso, MD, MSc, MPH, MS, RN

The Graduate Center, City University of New York

Age of patient

Sex of patient

Race/Ethnicity

Country of Birth

Insurance

Primary Language

Other than close

Tested for TB

Type of Test

TST/OFT

Infection

Pre-window

Post-window

Home/Clinic/Hospital

Tested for HIV/Status

Other than close

Tested for TR

Positive

Lost

Moved

Evaluated

Chest x-ray

Seen by MD

Provider type

Phone call

Home visit

Facility visit

Other

Purpose of activity

Letter was mailed

Died prior to testing

Refused evaluation

Died prior to evaluation

Reasons record was closed

History of prior TB disease or

Extent of exposure - Close

NYC Borough at the time

poverty level) by zip code

Extent of exposure - Close

contacts was identified NYC Neighborhood (area-based

Table 1. Variable List

DEMOGRAPHICS

Age

Race

Borough

Zip Code

TESTING

Exposure

Type of Test

Testing Site

Prior TB/LTBI

EVALUATION

TST/QFT Result

Exposure

Evaluation

Not Evaluated

Management

Return to

Service

Testing

Window

Variable Label Variable Description

### Research Questions

- What are the household contacts' characteristics associated with TB testing and evaluation?
- 2. Are there differences in the proportion of household contacts tested and evaluated among index cases with a nurse case manager versus a nonnurse case manager, after controlling for potentially confounding factors?

# Background

- A case of TB can infect up to 10 to 15 contacts over a year (WHO, 2016).
- Failure to be identified as contact is the primary reason for disease development in 54% of TB patients (Chin et al., 2000).

# **Problem Statement**

- In 2015, of the 577 reported cases, 3.920 contacts identified.
- 3,162 (81%) tested & evaluated
   1,149 household contacts, 83 (7%) tested (Chorba, 2015).

\*National objectives on Cl is to elicit 100% of contacts of TB cases & increase proportion of contacts tested and evaluated to 93% by 2020 (CDC, 2015)

 In 2012, TB nurses were replaced by non-nurses as case managers in the DOHMH Clinics.

#### Methods

Design: Retrospective secondary analysis Site: NYC DOHMH TB Registry Sample: Household contacts from 2010 to 2014

Data Analysis Plan
Descriptive Analysis
Inferential Analysis
➤ Multiple Logistic Regression Analysis

## Theoretical Framework

Health Promotion Model by Nola Pender (2011)

Interaction between behavior, environment & community

Uncovering factors that determine contacts' environment will lead to a more effective counseling on testing & evaluation

# Significance of the Study

Inform strategies to improve acceptance of TB testing and evaluation among household contacts

Inform staffing: TB nurses as case managers

### Conclusion

Understanding the factors that prevent TB testing and evaluation among contacts is crucial in developing effective interventions in contact investigation; is important in decreasing transmission and incidence of TB

### <u>Acknowledgements</u>

Elizabeth Capezuti, PhD
(The Graduate Center, CUNY)
William Gallo, PhD
(The Graduate Center, CUNY)
Donna Nickitas, PhD
(The Graduate Center, CUNY)

David Keepnews, PhD
(Long Island University)
Michelle Macaraig, DrPH
(NYC DOHMH)