

TB Novela

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Health Department

09/24/10

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TB Case

- 35 year old man from a small town in Guatemala
- Arrived in US in 2007
- Client was assisted to Mexico by a “coyote”
- Traveled by bus from Mexico to LA and then to Maryland
- Works as a construction helper
- Primary language-Spanish

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First TB Case

- On 1/23/09, local hospital reported TB case to the health dept
- Visit to hospital by Spanish speaking nurse case manager and DOT worker
- History obtained
 - 09/08 ER visit made, unable to identify which hospital, treatment provided-unknown
 - 10/08- Rapid weight loss (135 lbs to 87 lbs)

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First TB Case Medical Work-Up

- Symptoms included cough, extreme fatigue, fever, chills, night sweats, back/chest pain, dyspnea, myalgia, hypotension and loss of appetite
- AFB smear positive, MTD(NAA) positive
- Culture positive, sensitive to first line drugs
- CXR-abnormal, bilateral cavitory
- HIV negative
- Infectious period 06/08 –01/25/09
- Suspicion of alcohol abuse

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First TB Case Treatment

- Treatment start date 1/26/09
- 4-drug therapy began in the hospital
- Prednisone was add due to overwhelming disease
- Client receptive to TB education and plan for his care, but was guarded
- Case manager explained that the treatment was free, this reduced his fears

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First TB Case Treatment (cont.)

- Expressed concern that he was always hungry
- Discussed with dietician and arrangements were made for double portions and tortillas were added to meals
- A snack including a sandwich, fruit, milk and dessert was added at 8pm
- Client very appreciative of the addition of his customary tortillas

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First TB Case Treatment (cont.)

- Discharged from hospital on 02/23/09
- To TB clinic on 02/24/09
- CXR improvement and significant weight gain
- Continued on 4 drug DOT therapy and prednisone
- DOT worker notified case manager of possible eviction due to client's inability to work and pay rent

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First TB Case Case Management Issues

- To prevent eviction, MCDH provided grocery coupons to landlord in lieu of rent payment
- Nutritional support
 - Food purchased every 2 weeks for client
 - McDonald coupons were given
- Transported was provided for appointments
- Emotional support provided throughout treatment

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First TB Case Treatment Outcome

- Delayed sputum culture conversion
 - Blood levels done
 - INH was 5.95mcg/mL (normal=9mcg/mL)
 - INH was increased to 1200 mg
 - Capreomycin and Levaquin were added
 - Sensitivities were retested and remained unchanged
- Cultures converted on 05/26/09
- Treatment completed on 10/30/09

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First TB Case Contact Investigation

- 7 people in home, knew them by first name only
- Early AM appointments given for testing and follow up due to work demands
- 5 TST positive
 - 4 had negative x-rays/3 began TLI/rifampin
 - 1 active TB case

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Second Case

- 20 year old male, household contact to first case, from same village, diagnosed with active TB
- Smear and culture negative
- Chest x-ray showed hilar adenopathy
- HIV negative
- Directly observed therapy start date 03/12/09
- Improvement on treatment

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Second Case (cont.)

- Client lost job due to decline in economy
- Unable to pay rent
- Notified MCDH of plan to return to Guatemala
- Arrangements made through TB Net to follow client in Guatemala
- TB Net contacted MCDH of treatment completion on 09/05/09
- No additional contacts identified (same contacts as first case)

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Third Case

- 41 year old male household contact to first case
- TST positive, refused TLI due to excessive alcohol intake
- In 2010, patient admitted to local hospital with alcohol poisoning, on ventilator
- Diagnosed with active TB, MCDH notified
- Sputum smear positive, MTD (NAA) positive, culture positive, sensitive to first line drugs

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Third Case (cont.)

- CXR abnormal, cavitary
- HIV negative
- Infectious period 09/09/09 to 03/11/10
- Alcohol abuse and uncontrolled diabetes
- 4 drug therapy started 03/11/10
- Discharged from hospital 03/18/10
- DOT continued after discharge

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Third Case (cont.)

- Culture converted 04/28/10
- Remains on treatment
- Very complex case management
- Diabetes uncontrolled due to noncompliance with diabetes care
- Contact investigation
- 2 additional contacts identified, refused evaluation

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Novela Continues

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