



An Unusual TB Case ~ 2018

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In the beginning...

- 65 year old traveler from Pakistan
- Visiting friends in the U.S.
- Plans to attend a religious ceremony



Drive by drop off

- Visitor very ill
- Transported to nearest emergency room and abandoned
- Non-English speaker



Little to work with

- Language barrier=??? medical history????
- Visitor's health downward spiral=intubation
- Transfer to Cleveland Clinic in Cuyahoga County



Moving forward, but how?

- 2 counties involved
- Visitor/patient with no name
- ???medical history
- Health is rapidly deteriorating



Stark County Health Department involvement

- 6/13/19 entered ER (Canton City limits) deemed a TB suspect
- Hospital contacted Canton City Public Health (CCPH)
- The TB Control Unit for Stark County was then notified=Stark County Health Department (SCHD)
- Patient died 6/19/18



Stark County Health Department involvement (cont.)

- SCHD was informed visitor had: no name, no demographics, ???medical history, very ill, & TB suspect
- Visitor seen by a physician that spoke the language
- F/U with physician=seen visitor days before for a cardiac diagnostic procedure in his private office.



Stark County Health Department involvement (cont.)

- SCHD discussed TB exposure with first physician and given information on a second physician
- Phone call to #2 doc = #3 doc for patient's host family name and contact information
- Consulted with all 3 docs regarding TB exposure for staff=TST & 2nd TST 8 to 10 weeks after exposure



Stark County Health Department involvement (cont.)

- Info from #3 doc:
 - ✓ patient did not attend the scheduled ceremony due to feeling ill.
 - ✓ name and contact information of host family but...they went back to Pakistan for several weeks
 - ✓ SCHD persistence = #3 doc verbally reported TST results on the family in Pakistan to SCHD



Stark County Health Department involvement (cont.)

- Contact investigation continued
 - ✓ Collaboration with Stark County hospital ICP for testing exposed hospital staff
 - ✓ Host family located in Summit...notified SCPH 6/29/2019
- 7/26/19 Conference call with Stark County, Summit County & ODH TB Program to verify facts fill in missing pieces



Stark County and Summit County collaboration

- 8/8/19 SCHD & SCPH attempted a joint home visit with host family but unsuccessful.
- A certified letter sent & door hanger notice.
- SCHD completed contact investigation with hospital and private physician office staff
 - 2 positive reactors found-chest x-rays negative.
 - 1 followed up and is on LTBI medication.



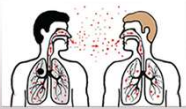
Collaborative effort continues

- ODH notified the CDC Division of Global Migration and Quarantine (DGMQ) to initiate a flight contact investigation
- ODH had difficulty finding the flight information
- After weeks of investigation by ODH, discovered patient's last name was misspelled on medical record
- Death certificate was found verifying the patient name
- SCPH & SCHD continued joint investigation efforts



Investigation continues

- Host family responded to door hanger within 3 days
 - ✓ discussed purpose of the contact investigation- family was very cooperative
- Head of household requested home visit 2 ½ weeks later, after the entire family returned from Pakistan
- 8/31/19 Second home visit
- No interpreter needed



Pieces begin to fall into place

- The case/patient was actually the father/father-in-law of the host family
- Case came with his wife
- Entire household planned on vacationing together
- Case did not feel well. Family denied that the case had a cough but stated he was having shortness of breath.



Pieces begin to fall into place (cont.)

- Case and his wife decided to stay in Summit County while the host family left on vacation two days prior to the hospital admission
- This explained the issue of the missing demographic information and misspelled name at the hospital
- The transporter was a friend of the family
- The Summit County family returned very quickly to be with their father



Contact investigation

- Contacts were identified
- Visitor household had copies of TST results from Pakistan
- Family agreed to a second round of TB testing
- The oldest teen had a 7 mm TST from Pakistan
- The local primary care physician (PCP) considered this 7 mm result as negative
- Quantiferon blood tests were drawn by SCPH on the host family of 5
- The two oldest teens in the house had positive Quantiferon test results



Contact investigation follow-up

- Two teen grandchildren of the case were referred for chest x-rays by their PCP
- X-rays indicated no acute disease
- Teens are currently on LTBI (INH daily) ordered in October 2018
- LHD to follow up with PCP for final disposition



An unusual phone call

- ODH TB Program received from DGMQ asking about the status of the case's body
- Until this call, there were no details about the client's burial as it was believed that the family had taken their father back to Pakistan
- ODH contacted SCPH for further investigation
- The body of the case was treated in accordance with the Islamic faith and the body had not been embalmed or drained of bodily fluids.



An unusual phone call (cont.)

- The casket had been taken to the cemetery, but before it was placed in the ground, the local Islamic Society took custody of the body.
- The body was taken out of the casket and put into a body bag, and the funeral home took the casket back
- The body was taken to the Mosque, bathed, and then kept at the Mosque for 2-3 days .
- The body was then returned to the cemetery for burial



A second unusual phone call

- 2 months later SCPH received a call from the Islamic Society.
- There was concern over an empty burial plot next to the case's body that was not being allowed to be used. The cemetery stated that it must be kept empty as a precaution
- New concerns arose about washing of the body during the traditional burial ceremony
- It was determined that TB transmission was rare but testing could be offered to close contacts who bathed the body.
- A call was made to the Islamic Society with no response



Lessons learned

- Ask open ended questions to help verify details
- Maintain open lines of communication
 - Counties
 - Physicians
- Maintain cultural respect
 - Understand ceremonial/burial rituals
 - Provide education related to infectiousness



Presenters

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