



Managing Non-Adherent Contacts and Patients: Case Studies

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Case Study #1

- **History**

- Hispanic male
- Construction worker
- Immigrant from endemic country

- **Clinical**

- Symptomatic for several months: Cough, fever, weight loss, chest pain
- LARGE cavitary lesion in LLL
- Multiple other cavitations bilaterally
- Very positive smear

Case #1 Continued

Previous Housing

- 2 adults, 3 children
- 1 of the adults tested positive, other was borderline
- 2 of the children tested positive
- Stand alone home, central heat and air

Current Housing

- 3 adults (one pregnant), and 3 children
- All adults tested positive
- 1 child tested positive, other 2 were treated with window prophylaxis, retested, and tx discontinued
- Stand alone home, central heat and air

Notable Barriers and Difficulties

Previous Housing

- One adult treated without difficulty
- The 2 children were also consistently brought to clinic.
- Refused to DOT at school
 - Picked on
 - Missed numerous hours of school

Current Housing

- Significant difficulty getting parent to bring children in for testing.
- Missed appointments
- Would not bring foods to mix medication in for children
- Parent stated they were too busy to be in clinic everyday
- Not taking child to school on DOT days

Solutions!

Current Housing

- We have offered to do tuberculosis education workshops at the school
- We have offered other DOT options within the school
- Unfortunately, the mother continues to decline DOT at the school therefore causing the children to continue to miss school

Previous Housing

- Dr. Romero does a good job of making sure parents bring their children for treatment.
- Arranged DOT with preschool nurse
- Decreased # of doses per week to twice weekly

Closing Notes

- **More identified contacts:**
 - He played basketball with some friends relatively frequently. We have their names and contact numbers, now we just have to get them to answer the phone
- **Reportedly Not involved in other community activities.**
- **Reportedly does not carpool**
- **Question of a church or religious facility is still on the table**
- **He is also an avid reader, possibility of a library?**

Case Study #2

- **History**

- Male
- Hispanic
- Construction worker
- Born outside of US

- **Clinical**

- Chronic cough and weight loss for about 1 year
- Bilateral cavitory disease
- Multiple other nodules bilaterally
- +smear in hospital, latest smear rare

Case #2

▪ Initial interview

- Patient was VERY reluctant to divulge information
- Stated that he lived in a 3 bedroom house.
 - We asked him an open ended question: “how many room mates do you have?”
 - He finally told us he had 3 room mates that we all construction workers and that he “didn’t know their names.”
- We then utilized more open ended questions and asked who he carpoled with to work and he did tell us the name of his boss. He came to the clinic and had a positive TSPOT, waiting on sputum cultures.

THIS IS ONGOING

Notable Barriers and Difficulties

- **ALL of his identified contacts are construction workers**
- **When it is not raining, construction workers are not home**
- **Patient continues to refuse to divulge names and job locations**
- **His reluctance has been isolated to 2 likely factors:**
 - **Immigration status of roommates**
 - **Fear of misunderstanding and being shunned by roommates**

Solutions! (or at least ideas)

- **Plan: IDENTIFY ALL THE CONTACTS**
 - Rainy day= no work
 - No work= room mates at home
 - Room mates at home= Jenna and I taking a field trip on a rainy day with a bag full of testing supplies
- Another option is to contact the landlord in an attempt to identify more contacts (have to get the name and address of the landlord)

Closing Notes

- This is an ongoing process.
- Do not get discouraged
- Wait for your rainy day

- **General:**
 - Keep an open mind
 - Remember you don't have to test the whole world even though sometimes it may feel like you're getting close
 - Be observant. This is your Sherlock moment.