



Travel-Related Tuberculosis: (DNB/BOLO) Case Study

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July 18, 2024

TB Intensive
July 16 – 18, 2024
San Antonio, Texas

Nichole Brathwaite-Dingle, MD, MPH has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity





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Fort Bend County, Texas

Presentation Overview

- Clinical Presentation
- Public Health Response
- Do Not Board/BOLO
- Coordinated Public Health Response
- Court Ordered Management
- Case Resolution
- Key Takeaways
- Q & A



Clinical Presentation

60-70 yo Mexican-Born person who initially presented to FBC TB by referral from a community pulmonologist (1/31/2024)

- Individual presented to community pulmonologist in **September 2022** with a history of a lung nodule and smoking $\frac{3}{4}$ packs of cigarettes/day for last 40 years.
- At that visit, person complained of minimal nocturnal cough when lying down. Denied SOB, wheeze, CP, chest tightness or hemoptysis. Denied fever, chills, night sweats, PND, orthopnea or leg swelling.
- ROS – 25 lbs weight loss in last year
- PMHX: Left lower lung nodule, unspecified pancreatic disease, vertebral disease with chronic pain
- PSHX: Laparoscopic hernia repair, S/P jaw surgery
- Social HX: Active smoker 3-4 packs/day. Drinks socially. Works outdoors at plant nursery.
- Travel: Migrated to the U.S in early 1968. Travels back to Mexico



Initial Clinical Exam, Impression & Plan

Date September 2022

Exam

Physical Exam – afebrile O2sat 98% on RA Weight 140 lbs Height 6’ 2” – all other vitals were wnl
Exam was unremarkable

Impression

1. Left lung nodule
2. 40-pack-year smoking history, rule out COPD

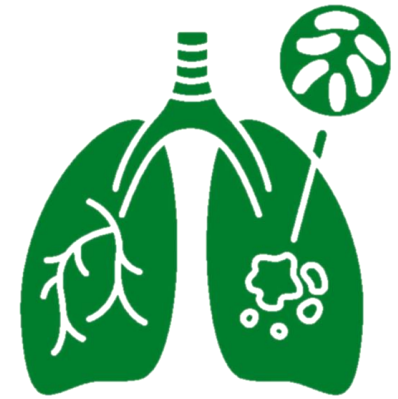
Plan

1. CT chest without contrast
2. PFTs
3. Flu vaccine
4. Further plan after chest CT further evaluation including biopsy



Evaluation

- 5/31/2023** CT Abdomen w/ contrast- Patchy Peri-bronchial nodular airspace disease is seen within both lungs.
- 10/31/23** Seen by community pulmonologist for 40 lbs. weight loss and decreased appetite. Recommended chest imaging not done.
- 11/30/2023** CT chest w/o contrast- Upper lobe predominant cavitory pneumonia. Pulmonary tuberculosis is the primary diagnostic consideration. Differential dx includes fungal and other atypical etiologies.
- 12/28/23** Seen by community pulmonologist – CT abnormal results- Bilateral cavitory lesions. Pt has lost 4 more lbs. since last visit. CT guided lung biopsy order for R Lung mass.
- 1/11/202** CT-guided right lung mass biopsy completed without complication



Diagnosis & Treatment

- 1/11/2024** Right Lung Mass Biopsy Report- Necrotic tissue with groups of acid-fast-bacilli, highlighted by AFB Fite Stain.
- 1/15/24** Diagnosed with cavitary pulmonary TB. Started on RIPE self-medication by pulmonologist
- 1/30/24** Treating pulmonologist continues with RIPE
- 1/31/24** Referred to FBC and started on RIPE DOT.
- 2/2/2024** Started DOT with FBC. Placed on respiratory isolation with education. Order to implement explained and signed by patient on 02/01/2024.



Public Health Response

Health Department Follow up

- Patient evaluated at home and DOT with RIPE started
- 2/13/24 asked CM to inform DOT nurse that will not be at home for DOT.
- 2/19/24- informed CM that was not at home for DOT because traveled out of town on 2/17/24 to visit family member in Victoria, TX.



Patient Response

2/22/24 -Patient and his daughter expressed frustration with isolation, contemplating travel to Mexico where patient has a home. Patient stated plan to promptly travel to Mexico upon receipt of a call for social services payments.



Do Not Board

Public Health Response

- TB Team alerts Health Authority
- DNB criteria reviewed

X Infectious or likely to be infectious -OR- at risk of becoming infected with a communicable disease

AND

x unaware of diagnosis; or has been advised regarding diagnosis and is non-adherent with public health recommendations; or there is a reason to believe the individual will become non-adherent; or unable to be located **Verbalized travel while on isolation**

OR

x at risk of traveling on a commercial flight or if travelling internationally **Verbalized possible travel to Mexico**

OR

 need to be placed on DNB/LO list to respond to a public health outbreak or help enforce a public health order



Coordinated Public Health Response

Public Health Response

TB team arranges a meeting with Texas DSHS TB and Hansen's Disease Unit

Case presented

Do Not Board and potential Court Ordered Management

Patient verbalized travel to Mexico in personal vehicle or by bus

DSHS facilitates meeting with CDC for Do Not Board recommendation

FBC presents case

CDC agrees to support the DNB/BOLO request



Patient Actions

- TB Program, CHS Division Manager and Nurse Case Manager discuss options with patient. Unclear whether patient will remain in FBC while infectious.
- Patient continues to engage with clinical team, remains available for DOT and keeps appointments.
- Concern that patient may abruptly travel to Mexico while still infectious



Court Ordered Management

Public Health Response

- Concern that patient may travel to Mexico by land while still infectious



Court Ordered Management is Considered

- Documentation gathered by TB team
- County Attorney notified and process started
- DSHS PHR 6/5S Medical Director contacted to advise Fort Bend County LHA through process of Court Ordered Management
- Daily communication with TB Program Manager



Case Resolution

- **DNB/BOLO was issued.** Patient informed of travel restriction and provided with letter.
- Within a week of the travel restriction, results of most recent sputum smears obtained- All negative
- Patient removed from DNB/BOLO list. **Court ordered management not pursued.**
- Patient has been treatment adherent, cooperative with case management and DOT. Maintains good rapport with FBCHHS TB program team.
- Community pulmonologist continues to manage patient's TB care.
- Estimated treatment completion date for patient is November 2024



Key Takeaways

- The potential for the need for control measures is present at every initial encounter
- Identifying high risk is essential to protect the public
- All parts of the TB team must cooperate swiftly
- Providing notice early allows all parties to be prepared
- Rarely used ≠ Never used
- **Control measures exist to help us end TB**



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Questions?

REMINDER

The information provided in this presentation is current as of
[6/28/2024].

Disclaimer: This information does not constitute medical advice or a doctor-patient relationship



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