



When Public Health Meets Reality: A Case of Recurrent Loss to Care in Active TB

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Montgomery County

October 1, 2026

The Patient Behind Multiple Identities

37 yr old male from male from Nicaragua, repeated admissions using different names

AFB+, cavitary TB history

High transmission risk

Timeline begins Feb 2024



Encounter #1: The Almost Start

- RIPE therapy started 2/27/24 at Suburban hospital
- Patient threatened to leave AMA same day
- Left AMA on 2/29/24



Public Health Field Encounter at Bus Stop



- Team intercepted patient on 2/29/24
- Warned about contagious TB
- Offered transport → refused
- Patient walked away
- Lost to care

Encounter #2: The Friend's Address Episode

- Re-admitted to hospital on 3/28/24
- 1st Health Officer order served – Refused to sign.
- Friend willing to house him.
- Gave false housing info
- Lost to care next day



Encounter #3: Corrections Facility

- Patient arrested under alias HTT on 8/1/24
- Reported that he had TB in Mexico
- AFB+ and GeneXpert+ again
- RIPE restarted 8/16/24
- Signature and identification picture noted to be similar to JST
- In-person visit to jail by TB Control confirmed identity
- Served 2nd HO order.



Treatment attempts

Released 9/20/24.

Offered treatment and medical housing.

Informed about 6pm curfew. Walked away

Lost to care

Encounter #4: Re-Arrest and Short Treatment

Re-arrest 10/18/24

Smear & Cx neg

RIPE 10/22–12/30

Released

Re-established contact

At friends house

Lost after 7 doses

**Encounters
#5 and #6:
Short
Returns,
Quick Loss**

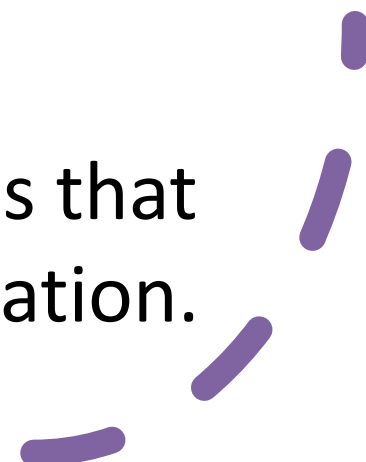
Re-arrest 3/8/25

4-month regimen
started 3/12/25

Court proceedings
4/10/25

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Court proceedings

- 4/10/26
 - Public defender wanted him released on grounds that he did not need isolation.
 - Health Department wanted him to be held until completion of treatment.
 - Panic in court.
 - Released on grounds that he did not need isolation.
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Short returns, Quick loss



HO order 4/25/25



Released 4/28/25 went to
a Friend's house



Lost to care after 3 days
post-release



Rearrested 5/7/25 and
released 5/8/25

Final Encounter: July 2025 Resolution

Arrested in PG County

Immediate communication
between PGDC and MCCF

CXR normal

Sputum negative

State consulted: Treatment
deemed sufficient

Treatment summary

- Patient had a total of 5 weeks of intensive phase RIPE
- 16 weeks (cumulative) of 4-month regimen (Isoniazid, Priftin, Moxi, PZA).
- Normal CXR in July 2025
- Sputums smear and Culture negative from October 2024.

Legal Process Summary

- 3 Health officer orders issued
- Multiple hospitalizations and arrest
- Court proceedings
- Release → loss to care cycle



Transmission Linkages (Genotype Matches)

Three
connected
cases

Shared social
contacts (e.g.,
smoking)

Homelessness
and
incarceration

1st Genotype match

28M from Honduras with active pulmonary TB.

Started on RIPE on 2/21/24. Construction worker. Lived with relatives. No history of incarceration.

Poor compliance with VDOT. Lost to care on 4/23/25.

2nd Genotype match

45M from Honduras with pulmonary, smear, genexpert and culture positive TB.

Hx of homelessness.

Incarcerated in October 2024.

4-month regimen from 10/31/24-3/17/25. Compliant

Index confirmed that they were “smoking” together in the streets.

3rd Genotype Match

61M from El-Salvador with pulmonary and pleural TB. Sputum smear negative but GeneXpert and culture positive.

RIPE from 3/18/26-4/28/26 at the hospital then Discharged. Lost to care.

Hx of homelessness, alcohol abuse and incarceration.

Arrested and restarted on 4-month regimen from 5/8/26 -6/23/26 then lost to care .

Listed address within 1.5 miles of previous genotype match.

Challenges



Communication is critical. (Patient did not have a phone)



Legal pathways can be slow, time consuming & frustrating



Housing instability was a major factor

Wins

Good collaboration between hospital, Corrections Facility, LHD, State, other counties, legal dept.

Dedicated TB Nurse at Corrections Facility.

Patient's sputums converted and Chest X-ray improved.

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Discussion Questions

- Any other strategies that could have worked here?
 - Any other legal options?
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Thank You