



TB Case Presentation/Case Title

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Somerset County

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Patient Background and Demographics:

How Did the Somerset County Health Department (SCHD) find out about this case?

- 77 year old Hispanic male hospitalized 12/6/25 for chest pain, SOB and productive cough.
- Diagnosed with Influenza A and Pneumonia discharged 12/10/25.
- Received a positive QFT from local hospital ICN on 12/11/25.
- Our Physician Deputy was consulted and reviewed hospital records.
- Advised to offer treatment for LTBI. Patient contacted and expressed he was feeling better. Plan made for LBTI treatment in the near future to allow for recovery from pneumonia.
- Sputum culture obtained 12/09/2025 at local hospital resulted smear negative.
- Culture result 12/22/2025, positive for AFB by Bactec.
- Our Physician Deputy was consulted and we were advised to send consult to TB control.
- Received orders to begin RIPE with PZA and EMB renally dosed thrice weekly after dialysis.
- On 12/23/25 we discovered that the patient was scheduled to go to dialysis on 12/24/24 at 5:00 am and was going to use public transportation. We had to quickly come up with a plan for dialysis while on isolation.
- SCHD closed on 12/24/2025, patient brought into LHD for assessment.

Patient Background and Demographics:

Past Medical History

- End Stage Renal Disease on HD3X/week
- Orthostatic Hypotension
- Tobacco Use
- BPH
- Dyslipidemia
- S/P Cholecystectomy

Physical Exam findings

- Ht. 5'8" Wt. 129.2lbs.
- Appeared frail
- Alert and oriented
- Unsteady gait with occasional cane use
- GI upset.

Patient Background and Demographics:

Imaging

- CXR – New Patchy bilateral airspace process.
- CT Chest – Bilateral pulmonary cavitary masses worrisome for malignancy or atypical infection.

Lab findings

- 12/8 Pos QFT.
- 12/9 sputum AFB smear neg collected while inpatient at the hospital. (Only 1 Sputum obtained while in the hospital).
- 12/22 AFB culture positive by Bactec.
- Beginning 12/22 SCHD collected 3 sputum specimens, 8 hours apart.
- All 3 sputum specimens resulted smear negative and culture positive.
- Weekly sputum specimens were collected by SCHD until patient tested culture negative on 02/24/2024.
- GenXpert completed smears from 12/22/2025, showed mutation in the rpoB gene. Concern about rifampin resistance.

Patient Background and Demographics:

Lab findings

- TDM levels drawn 01/14/2026 – 01/15/2026
- Rifampin and EMB sub therapeutic
- On 02/02/2026 sputum specimen that was collected on 12/09/2025 at the hospital was sent to CDC for MDDR – CLIA. Showed INH resistance with susceptibility to rifampin.

Identified Nursing Concerns:

Comorbidities

- ESRD

Hospitalizations

- Multiple (7) Hospitalizations over course of treatment for Hypotension, Dehydration, GI issues

Work

- Patient is a retired landscaper

Identified Nursing Concerns:

Large Family

- Multiple relatives living in the home, next door, and in the neighborhood.
- Gathering in the home for the Holidays.
- 2 Relatives live in Baltimore but visited for the Holidays.
- Neighbor with two small children in and out of the home to use stove.

Financial

- Fixed income not always meeting needs.

Case Management:

Treatment Regimen

- Started RIPE 12/24 with EMB and PZA dosed thrice weekly for dialysis.
- 1/6 Discontinued INH and added Linezolid and Moxifloxacin.
- 1/28 LZD and MFX discontinued due to c/o burning and itching and RIF and EMB increased.
- PZA and Vit B6 were continued.
- MFX not reintroduced due to patient intolerance.

Consultation with MDH

- Initial consultation sent 12/23 at Physician Deputy's request for guidance.
- Multiple consultations sent throughout the course of treatment including video meeting with the patient and his wife.

Case Management:

Contact Investigation

13 Family members identified-2 living in Baltimore City

- 1- QFT Negative after 2nd round testing
- 8- QFT Negative after 1st round testing – refused second round testing
- 4- Refused to be tested

Case Management:

A Neighbor with two small children 2 years and 10 months old identified

- Adult & Children 1st round testing negative.
- Children began window prophylaxis 5 days per week with Rifampin 1/22/26.
- 3/3/26 Mother refused to allow children to receive any further treatment stating father did not want them to take medicine because “they are not sick.”
- Refused second round testing on children and herself.

Case Management:

15 Dialysis patients and 6 staff identified

- 2- patients QFT Positive, CXR Negative-1 completed LTBI treatment, 1- refused LTBI treatment
- 10- patients QFT Negative after second round testing
- 2- patients QFT Negative after 1st round testing and passed away prior to 2nd round testing of other causes
- 1- patient 1st round QFT was “indeterminate, 2nd round QFT Negative
- 6- staff members QFT Negative after 2nd round testing

Case Management:

3 In home therapist identified

- 1- QFT Positive, CXR Negative-Refused LTBI Treatment
- 1- 1st round Negative
- 1- 2nd round Negative

6 Primary Care staff identified

- All 6 QFT Negative following second round testing

Case Management:

23 Primary Care patients exposed in waiting room

14 Somerset County residents

- 8- QFT Negative after 2nd round testing
- 1- QFT Negative with 1st round drawn > 10 weeks after contact
- 3- Only completed 1st round QFT Testing
- 2- Physically given lab slips for QFT and never had drawn

2 Worcester County Residents

- 1-QFT Negative after 2nd round testing
- 1-Unable to locate

Case Management:

5 Wicomico county Residents

- 1-QFT Negative after 2nd round testing
- 1-QFT Negative with 1st round drawn > 10 weeks after contact
- 2-QFT Negative after 1st round- N/S for 2nd round
- 1-Refused testing

3 Virginia Residents

- 2-QFT Negative after 2nd round testing
- 1- refused

Barriers to Care/Treatment:

Communication

- Primarily Spanish speaking. Patient consistently spoke over interpreters (language line and in-person interpreters).
- Patient receiving conflicting information from multiple medical sources (during dialysis/hospital stays).

Adherence

- Patient does not believe he has TB.
- Refuses medications C/O “too many pills.”
- Frequent hospitalizations.

Barriers to Care/Treatment:

Treatment

- Health Comorbidities
- Difficult stick for labs
- Timing of TDM lab draws
- Noncompliant with other medications
- INH resistant
- Medication Side Effects
- Unsafe Neighborhood
- Failed VDOT- extending length of treatment
- Family members with lack of education and trust
- Any issues blamed on TB meds

Barriers to Care/Treatment:

Care Coordination

- Contact Tracing in multiple counties and states
- Coordinating care with dialysis
- Coordinating care with hospital
- Coordinating Transportation

Staffing

- Case began during Holidays – many staff on vacation.
- Staff availability to provide transportation to hospital dialysis.
- After hours providing transportation from hospital dialysis and providing medication DOT.

Take Aways:

Identify How LHD Staff Made Things Work

- Allowed patient to vent
- Constant accommodations
- Partnerships with TB Control, area hospital, dialysis center, and primary care office
- Arranged Zoom meeting for patient with Dr Saleeb, Dr Calixte, Dottie, Cherie, Allie and others
- Health Officer met with patient several times to assist in treatment compliance
- Provided transportation for patient, family members, and contacts
- Met patient at dialysis center
- Provided water/snacks
- Provided bus tickets

Take Aways:

Important Gains

- Helped patient achieve treatment completion.
- Learning experience – First Active TB Case.
- Learning the importance of flexibility during patient case management.