

Case Presentation

Tuberculosis

Contact Investigation in Jail

Case 1

5/15/07 – a 39-year-old, U.S.-born, Hispanic male visits the emergency room 1 week after release from jail:

- Symptoms: productive cough, fever, weight loss
- Subsequent test and examination results:
 - TST 25mm
 - Bilateral infiltrates on chest x-ray
 - AFB smear+
 - Culture+

Community Contact Investigation

- The county health department TB control department evaluates the index case's family
- All family members have negative TSTs

Review Jail and Medical Records

9/06 Intake Screening & Health Assessment	<ul style="list-style-type: none">•No findings consistent with TB•TST 0mm
6-Month Physical	<ul style="list-style-type: none">•No TST
Sick Calls 11/23/06- 5/1/07	<ul style="list-style-type: none">•16 medical requests, 8 with complaints of at least cough or fever•Treated for colds or flu•No x-rays
5/8/07 Released	

Infectious for approximately 9 months

Exposure Site(s)

The jail housed 1,050 inmates and processes 22,000 inmates/year

During his incarceration, the index case was housed in

- 2 facilities
- 8 housing units
 - 10-man rooms
 - 12-man cells
 - 85-man barracks

Inmate Contacts

379 inmates identified as contacts

- 144 never located
- 235 located and screened
- 50 TST positive
- 29 recent converters

Follow-up

- 13 county and state prisons
- Inmates released to the community

Secondary Cases

- DNA fingerprinting linked 2 secondary cases:
 - One secondary case was HIV positive, TST negative, and located in a state prison 1 ½ years after exposure
 - The 144 inmate contacts who were not located are estimated to have:
 - 24 new converters
 - 2 additional TB cases

Lessons Learned

- Increase the index of suspicion for TB in the jail—THINK TB!
- Include jail staff in baseline, periodic, and contact investigation TB testing
- Develop a plan with specific written protocols
- Have regular communication between the jail and local health department (LHD)
- Be aware that recidivism can help a contact investigation