Case Study: TB Care for an Infant With Complex Medical and Social Needs

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Learning Objectives

- Explore the complexities of TB diagnosis and treatment for an infant with medical comorbidities
- Explore how language, socioeconomic status and immigration status play a part in this complexity

An Arduous First Year of Life

- Born in Afghanistan October 2020, hospitalized for suspected PNA, night sweats, <1% weight for age, prescribed INH and RIF July 2021
- Arrived at Fort McCoy as humanitarian parole in September 2021 with two brothers, two sisters, and parents
- No record of TB testing, imaging not available

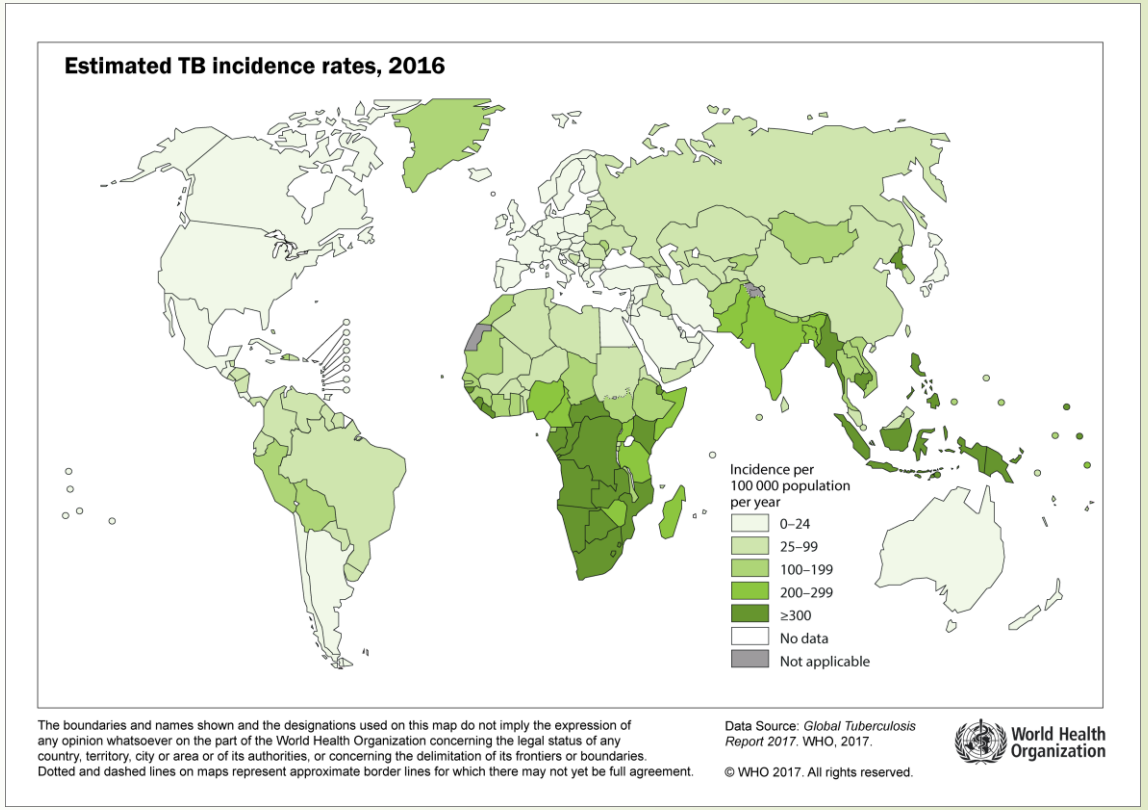
First Hospital Admit 09/08/21

- DX: Failure to thrive, trisomy 21, VSD with AV regurg, pulmonary HTN requiring O2, rule-out TB
- TST negative, but unreliable due to nutrition status and age
- TB sputums not performed, as patient already on ABX two months
- Abnormal CXR & CT inconclusive for TB due to pulmonary HTN
- Complex heart surgery, G-tube placed, discharged 10/19/21

Source: https://urology.wisc.edu/blog/2020/12/11/american-family-childrens-hospital-welcomes-new-gender-sex-development-program/

TB Case Management

- On 10/19/21, PHMDC TB Program notified patient discharged to Ronald McDonald house, PHMDC to case manage treatment
- Plan to finish 6mo INH/RIF regimen started in Afghanistan, respecting decision to diagnose TB at the time, despite no concrete diagnosis in US
- 2016 data put TB disease incidence in Afghanistan at 189 per 100,000 (WHO), 70 times higher than the US; extensive experience diagnosing and treating TB



https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/tuberculosis

Second Hospitalization, Housing Changes,

- Second cardiac surgery needed in November 2021, discharged back to Ronald McDonald one week after Thanksgiving
- After second surgery, family notified of need to find permanent housing by mid-December, this was challenging for family of seven.
- Thankfully, resettlement agency able to find housing for entire family in late December
- TB regimen completed 12/14/21, client gained enough weight to be within normal range, completely free of TB disease symptoms

Challenges

- Records not available from Fort McCoy for family TB testing, jurisdiction problems, faxing delays record retrieval from all of client's other providers
- Family speaks only Pashto, in-person interpreter not available and phone interpreter services very limited
- Parents have difficulty understanding and managing index case's needs, which include cardiac medications, tube feeding 4 times per day, TB medications, monitoring for symptoms of surgical complications
- Many different providers, social workers helping family with health and social, resettlement needs; lots of overlapping priorities and appointments

Solutions

- Collaboration with Madison hospital social workers
- Daily in-person visits, appointments with Pacific Interpreters weeks ahead of TB visits, family always able to call me, extra time during visits to hold for interpreters
- Client-centered approach: focus on parent concerns, expressed needs, working to increase family's autonomy over needs
- Open lines of communication with resettlement case worker, PCP, cardiac specialist, dietician, ID provider to coordinate efforts

Lessons Learned

- Timely, effective communication between all members of the care team, the patient, and their family is essential
- Complex medical and social needs make focusing on TB care difficult
- Appropriate permanent housing is essential
- Immigration status has large implications for medial and social needs

Questions? Thank you!