

# Tuberculosis Hospital Event

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## FAQ's Sheet

### **When did the City of El Paso Department of Public Health investigation begin?**

The Department of Public Health began an investigation after it was determined that infants from the Post-Partum and Nursery areas at Providence Memorial Hospital were exposed to tuberculosis by an employee with active TB.

### **Are patients and staff at risk of being exposed to tuberculosis?**

All affected families are being notified by the Department of Public Health. Other patients who were in the hospital during the impacted timeframe have not been found to be at increased risk for exposure to TB.

Once notified of the employee's diagnosis, the hospital followed recommended guidelines.

### **My baby was in the hospital in 2013/2014. Could my baby have been exposed to TB?**

The Department of Public Health is contacting all parents of potentially exposed infants who were in the Post-Partum and Nursery units at a time when they could have been exposed.

If your baby was a newborn at Providence Memorial Hospital between September 2013 and August 2014, contact the City of El Paso Department of Public Health at 2-1-1 or 877-541-7905.

### **My baby was a patient in the Post-Partum and Nursery units and I have new contact information. How will the City of El Paso Department of Public Health contact me?**

If your baby was a patient of the Post-Partum and Nursery units at Providence Memorial Hospital between September 2013 and August 2014, contact the City of El Paso Department of Public Health at 2-1-1 or 877-541-7905.

### **My baby was a patient in the Post-Partum and Nursery units during the affected time period but I live in New Mexico? What do I do?**

If your baby was a patient of the Post-Partum and Nursery units at Providence Memorial Hospital between September 2013 and August 2014, call 877-541-7905 to leave your contact information and the New Mexico Department of Health will get in touch with you.

### **What do we do if we live in Mexico?**

Your baby can get assistance if you can travel to El Paso for testing. Contact the City of El Paso Department of Public Health at 2-1-1 or 877-541-7905 to make an appointment.

### **I was a patient at Providence Memorial Hospital at that time. Am I at risk, do I need to be tested?**

Currently, the investigation is focused on the Post-Partum and Nursery units and the Department of Public Health is contacting the families of babies and staff members of that unit. Based on our

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investigation so far, we have not identified anyone outside the Post-Partum and Nursery units who would be at risk for TB infection. We are contacting people who need to be tested.

### **What is tuberculosis (TB)?**

TB usually appears as a disease of the lungs caused by the TB germ but can also cause disease in other parts of the body.

TB is a disease caused by bacteria called *Mycobacterium tuberculosis*. TB bacteria are spread from person to person through the air. The TB bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. People nearby may breathe in these bacteria and become infected.

People with TB disease of the lungs or throat can spread bacteria to others with whom they spend time every day. However, children are less likely to spread TB bacteria to others. This is because the forms of TB disease most commonly seen in children are usually less infectious than the forms seen in adults.

Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and TB disease.

### **Latent TB Infection**

Persons with latent TB infection:

- Usually have a skin test or blood test indicating TB infection;
- Have TB bacteria in their bodies, but the bacteria are not active;
- Are not sick and do not have symptoms;
- Cannot spread bacteria to others; and
- Are often given medicine to prevent them from developing TB disease.

### **TB Disease**

If TB bacteria become active in the body and multiply, the person will get sick with TB disease.

Persons with TB disease:

- Usually have a skin test or blood test indicating TB infection;
- Are sick from TB bacteria that are active (meaning that they are multiplying and destroying tissue in their body);
- Usually have symptoms of TB disease; and
- Must be given medicine to treat TB disease.

Once infected with TB bacteria, children are more likely to get sick with TB disease and to get sick more quickly than adults. In comparison to children, TB disease in adults is usually due to past TB

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infection that becomes active years later, when a person's immune system becomes weak for some reason (e.g. HIV infection, diabetes).

Confirming the diagnosis of TB disease in children with a laboratory test can be challenging. This is because:

- It is difficult to collect sputum specimens from infants and young children; and
- The laboratory test used to find TB in sputum are less likely to have a positive result in children; this is due to the fact that children are more likely to have TB disease caused by a smaller number of bacteria (paucibacillary disease).

For these reasons, the diagnosis of TB disease in children is often made without laboratory confirmation and instead based on combination of the following factors:

- Clinical signs and symptoms typically associated with TB disease;
- Positive tuberculin skin test (TST) or positive TB blood test (IGRA);
- Chest x-ray that has patterns typically associated with TB disease; and
- History of contact with a person with infectious TB disease.

### **How will my child be tested for TB?**

In the absence of symptoms, usually the only sign of TB infection is a positive reaction to the TB skin test or TB blood test. TB skin testing is considered safe in children and is preferred over TB blood tests for children less than 5 years of age.

All children with a positive test for TB infection, symptoms of TB, or a history of contact with a person with infectious TB disease should undergo a medical evaluation. Medical evaluations for TB disease include a chest x-ray and physical examination to exclude TB disease and must be done before beginning treatment for latent TB infection.

### **What are the signs and symptoms of TB in children?**

Signs and symptoms of TB disease in children include:

- Cough;
- Feelings of sickness or weakness, lethargy, and/or reduced playfulness;
- Weight loss or failure to thrive;
- Fever; and/or
- Night sweats

The most common form of TB disease occurs in the lungs but TB disease can affect other parts of the body as well. Symptoms of TB disease in other parts of the body depend on the area affected. Infants, young children, and immunocompromised children (e.g. children with HIV) are at the highest risk of developing the most severe forms of TB such as TB meningitis or disseminated TB disease.

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### **How is TB treated in children?**

A pediatric TB expert should be involved in the treatment of TB in children and in the management of infants, young children and immunocompromised children who have been exposed to someone with infectious TB disease. It is very important that children or anyone being treated for latent TB infection or TB disease finish the medicine and take the drugs exactly as instructed.

TB disease is treated by taking several anti-TB medicines for 6 to 9 months. It is important to note that if a child stops taking the drugs before completion, the child can become sick again. If drugs are not taken correctly, the bacteria that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat and treatment lasts much longer (up to 18 to 24 months).

### **What if my child does not have active TB?**

Treatment is recommended for children with latent TB infection to prevent them from developing TB disease. Infants, young children and immunocompromised children with latent TB infection or children in close contact with someone with infectious TB disease require special consideration because they are at increased risk for getting TB disease. Consultation with a pediatric TB expert is recommended before treatment begins. Isoniazid is the anti-TB medicine that is more commonly used for treatment of latent TB infection. In children, the recommended length of treatment with isoniazid is 9 months.

Because it can take two to 12 weeks after a child first becomes infected for the test to be positive, the doctor may want to repeat the test in about three months if it comes back negative.

A positive skin test means that your baby is infected with TB, but he may not yet have developed TB disease (or active TB). If he's merely infected, it means the bacteria are in his system, but he has no symptoms and isn't contagious.

Your baby will then need a chest X-ray to determine whether he has TB disease. If the X-ray suggests an infection, the doctor will examine your baby's cough secretions or the contents of his stomach for further evidence of the bacteria. This will determine which kind of treatment your baby needs.

### **Can my baby spread the disease to other people in the family?**

No. Babies cannot spread TB to other family members because their lungs do not have the capacity to exert air the way a full grown adults do.

### **Should my baby receive the TB vaccine?**

Probably not. It's not routinely given in the United States because doctors aren't sure that it's effective, because there's a low incidence of the disease, and because getting the shot interferes with the results of the tuberculin skin test. (A baby who has had the vaccine would have a positive skin test.) In countries where TB is common, though, babies and small children are given the vaccine.