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ACCREDITATION DOCUMENT COVER PAGE

<u>Measure #</u>	<u>Required Document #</u>	<u>Example #</u>	<u>Document Date:</u>
2.1.4	2	2	10/29/2015
Document Page #	Required Element		
1-2	Emails documenting the Health District working with the Student Health Services at Wright State University concerning a diagnosed active case of tuberculosis.		

Document Description:

Emails documenting the Health District working with the Student Health Services at Wright State University concerning a diagnosed active case of tuberculosis. (first two pages) At the end of the investigation, a power-point presentation was delivered to Wright State University outlining the details of the tuberculosis investigation. The presentation also includes a Strengths/Weaknesses/Opportunities/Threats table suggesting opportunities for improvement for all partnering agencies.

Nagel, Kimberly L.

From: Student Health Services
Sent: Thursday, October 29, 2015 6:01 PM
Subject: Wright State University Community Member Diagnosed with Tuberculosis

Wright State University was notified late Monday, October 26, 2015, by Greene County Public Health (GCPH) that a member of the campus community has been diagnosed with an active case of tuberculosis (TB). The individual is responding well to treatment under the case management of GCPH. The individual is expected to make a full recovery.



Although TB is a contagious disease, it is not spread by casual contact. TB must be passed from one person to another via particles released into the air through a cough by a sick person. Individuals most at risk are people the patient spends time with every day.

TB is an easily treatable and curable disease and most members of the Wright State University community are at no or low risk. Transmission only occurs through prolonged close contact in a shared airspace.

TB is NOT spread by shaking someone's hand, sharing food or drink, touching bed linens or toilet seats, sharing toothbrushes, or kissing. TB is less contagious than measles, mumps, chickenpox, and influenza, and even if a person is infected, the disease may remain dormant and not contagious to others.

To protect your health and the health of other students, faculty, and staff, the university is working closely with GCPH and the Ohio Department of Health to identify persons who were at risk of exposure. Identified individuals will be notified within 24 hours regarding testing. Testing and treatment mitigates the risk of further transmission and, if you were exposed, help prevent you from developing TB disease.

You are being contacted because you may have been exposed to TB.

Staff from the Student Health Services and GCPH will be offering **testing Tuesday, November 3, and Friday, November 6, from 1 p.m. to 4 p.m.** The testing will occur at:

Student Health Services
Location: 051 Student Union
Telephone: 937-775-2552

Those individuals who will be tested on November 3 must return on November 6 for results. Those who will be tested on November 6 must return on November 9 for results.

You will need to return for retesting in 10 weeks. You will be notified by email regarding the dates and times for retesting. An alternative testing date can be arranged for individuals who are unavailable for testing on the stated dates.

A positive test is attributable to a variety of sources and does not necessarily indicate that this community member was the source of the infection.

If you have questions about TB, call Greene County Public Health at 937-374-5638.

Amy Schmitt

From: Dr. Don Brannen
Sent: Friday, November 06, 2015 4:46 PM
To: Melissa Branum
Cc: Sheryl Wynn; Laurie Fox; Dr. Steve Burdette; Amy Schmitt
Subject: Confidential Status Update Conference Call with WSU about Tuberculosis

Dear Health Commissioner Melissa Branum,

Ms. Kimberly Nagel the Emergency Management Administrator for the Wright State University President's Office has requested a Status Update Conference Call which we have set for Monday 11/9/2015 at 9:30 AM EST. As you know our agency has been coordinating tuberculin skin testing of close contacts of a case of active tuberculosis disease in collaboration with WSU's Student Health Services.

We are currently conducting directly observed therapy under the direction of our TB Control Unit's Medical Officer Steve Burdette, MD. There has been concerns regarding results of baseline testing. This conference call is also to discuss issues including that there are not two epidemiologically linked active cases, persons who refuse testing are currently not infectious, and no penalties should be incurred for refusing to test.

Best Regards,





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Tuberculosis Contact Investigation at Wright State University 2015 to 2016 as of February 24, 2016

Melissa Branum, MS, MBA, MPH, RN, RS; Health Commissioner, Greene County Public Health
 Don Brannen, PhD, Epidemiologist, Greene County Public Health
 Steve Burdette, MD, Medical Officer, TB Control Unit, Greene County Public Health
 Laurie Fox, PIO, Public Health Information Officer
 Leatha Mae Ross, Ph.D., FNP-BC, Director, Student Health Services, Wright State University
 Amy Schmitt, RN, BSN, TB Control Unit Program Manager, Greene County Public Health
 Sheryl Wynn, MPH, Public Health Emergency Planner



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Index Case - 23 year old male from India



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- Attended WSU Engineering Program from 2014 to 2015.
- October 2014 positive TB skin test, negative chest X-ray.
- Sick in May of 2015, started on antibiotics, illness resolved.
- Returned to India over summer break for 50 days. Not ill during trip. Returning to WSU on 8/31/2015.
- Symptoms started on 9/30/2015:
 - Cough, Fever, Nausea, Vomiting, Weight loss
- 10/24/2015 Chest X-Ray:
 - Impression of pulmonary tuberculosis
 - Miliary pattern
 - No evidence of cavitation
- 10/25/2015 isolation started
- 10/26/2015 started on 4 drug regimen:
 - Rifampin, Pyrazinamide, Ethambutol, Isoniazid
- 12/8/2015 – Stopped isoniazid due to resistance, continues on RPE.
- Follow up CXR 11/18/2015:
 - Improved
 - No evidence of cavity
 - Still evidence of military TB
- Taken off isolation January 6, 2016.
- Started back to class in January 2016.

Exposure Risk
 9/30-10/25/2015

Areas of Potential Exposure from a Single Active Case of Tuberculosis as Determined from a Case Contact Investigation in the Fall of 2015 at Wright State University.



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Area of Exposure	Total per Area
Annual Giving	71
Electrical Engineering 7010-01	13
Engineering 7010-01	16
Faculty	4
Girl Friend	1
Mechanical and Materials Engineering 4570-01	14
Mechanical and Materials Engineering 4720-01	37
Mechanical and Materials Engineering 6570-01	12
Mechanical and Materials Engineering 6720-01	2
Mechanical and Materials Engineering 7300-01	37
Not Listed	36
Room Mates <i>(includes Index Case)</i>	6
Total	249

T Spot Interpretation by Areas of Potential Exposure from a Single Active Case of Tuberculosis as Determined from a Case Contact Investigation in the Fall of 2015 at Wright State University.



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T Spot Interpretation by Area of Exposure	Borderline	Invalid	Negative	Not Done	Positive	Total
Annual Giving	1	8	23	36	3	71
Electrical Engineering 7010-01	0	0	5	7	1	13
Engineering 7010-01	0	5	3	7	1	16
Faculty	0	0	2	1	1	4
Girl Friend	0	0	1	0	0	1
Mechanical and Materials Engineering 4570-01	0	4	4	6	0	14
Mechanical and Materials Engineering 4720-01	1	2	20	12	2	37
Mechanical and Materials Engineering 6570-01	0	2	6	3	1	12
Mechanical and Materials Engineering 6720-01	0	0	2	0	0	2
Mechanical and Materials Engineering 7300-01	1	8	18	8	2	37
Not Listed	1	2	17	14	2	36
Room Mates	0	1	2	3*	0	6
Total	4	32	103	97	13	249

**Includes index case with + culture and nucleic acid test*

T Spot Interpretation by Birth Origin from a Single Active Case of Tuberculosis as Determined from a Case Contact Investigation in the Fall of 2015 at Wright State University.

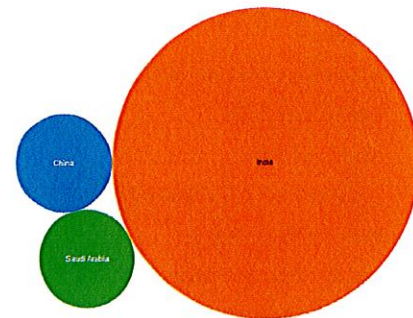


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T Spot

Interpretation

by Birth Origin	Borderline	Invalid	Negative	Not Done	Positive	Total
China	0	0	0	0	1	1
India	3	0	0	1*	10	14
Kuwait	1	0	0	0	0	1
Saudi Arabia	0	0	0	0	1	1
Unknown	0	32	103	96	1	232
Total	4	32	103	97	13	249



Countries of Birth Origin
with Positive T Spots

**Includes index case with + culture and nucleic acid test*

Chest X-Ray Standings from a Single Active Case of Tuberculosis as Determined from a Case Contact Investigation in the Fall of 2015 at Wright State University.



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Standings of Chest X-Ray Results	Total
Not Done	227
Negative Prior to Positive T Spot	1
Needs Chest X-Ray	9
Needs 2nd T Spot	4
Negative Prior to Borderline T Spot	2
Negative Needs LTBI Tx	3
Negative Prior to Indeterminate T Spot	1
Confirm Date of Negative Chest X-Ray	1
Abnormal (Index Case) – Impression: Miliary Pulmonary Tb*	1
Total	249

**Includes index case with + culture and nucleic acid test*

Zero Positives
Chest X-ray To date

Chest X-Ray Standings by T Spot Interpretation from a Single Active Case of Tuberculosis as Determined from a Case Contact Investigation in the Fall of 2015 at Wright State University.



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Chest X-Ray Standings	T Spot Interpretation					Total
	Borderline	Invalid	Negative	Not Done	Positive	
Not Done	0	30	101	96	0	227
Negative Prior to Positive T Spot	0	0	0	0	1	1
Needs Chest X-Ray	1	0	0	0	8	9
Needs 2nd T Spot	0	2	2	0	0	4
Negative Prior to Borderline T Spot	2	0	0	0	0	2
Negative Needs LTBI Tx	0	0	0	0	3	3
Negative Prior to Indeterminate T Spot	1	0	0	0	0	1
Confirm date of negative Chest X-Ray	0	0	0	0	1	1
Abnormal (index case)	0	0	0	1*	0	1
Total	4	32	103	97	13	249

*Includes index case with + culture and nucleic acid test

Public Health Issues - SWOT



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		External	
		Opportunities	Threats
Internal	Strengths	<ul style="list-style-type: none"> • Medical Treatment Case Management • PIO • Conference Calls 	
	Weaknesses	<ul style="list-style-type: none"> • Interagency Cooperation • T Spot on all Foreign Born • Misclassification 	<ul style="list-style-type: none"> • Incubation (2 to 10 weeks up to 1 year) • Jurisdictional Transfers (lost to follow up)

Public Health Issues – Impact Control Matrix



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		Public Health Control			
		Lowest	Lower	Higher	Highest
Public Health Impact	Higher	<ul style="list-style-type: none"> • Incubation (2 to 10 weeks up to 1 year) • Misclassification 	<ul style="list-style-type: none"> • Interagency Cooperation 	<ul style="list-style-type: none"> • Jurisdictional Transfers (lost to follow up) 	<ul style="list-style-type: none"> • Medical Treatment Case Management
	Lower	<ul style="list-style-type: none"> • T Spot on all Foreign Born 	<ul style="list-style-type: none"> • Conference Calls 	<ul style="list-style-type: none"> • PIO 	

Public Health Talking Points



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Order	Issue	Goal	Lead
1	Miliary Isoniazid Resistant Pulmonary TB	<ul style="list-style-type: none"> • Medical treatment works. • Good case management works. 	<ul style="list-style-type: none"> • Dr. Burdette
2	Interagency Cooperation with PIO & Social Media, conference calls & medical management	<ul style="list-style-type: none"> • Reduce panic. • Risk messaging in timely manner. • Provide information to potentially exposed and worried well. • Good data to ensure good outcomes. 	<ul style="list-style-type: none"> • Laurie Fox • Don Brannen, PhD.
3	Contact Investigation Process	<ul style="list-style-type: none"> • Public Health's strength is prevention of disease. • Contact investigation is used to prevent secondary cases of Active TB disease. • Jurisdictional Transfer – Need information on those who have moved out of area. • Need to follow up on close contacts. • Outstanding Chest X-Rays need to be done. • Second T Spot testing is required. • LTBI clients need to be followed up on. 	<ul style="list-style-type: none"> • Amy Schmitt • Don Brannen, PhD.
4	Next Steps	<ul style="list-style-type: none"> • Education of students and staff. • Never was an emergency (<i>not an outbreak</i>). • No one is left behind. • Treatment saved the index case's life; the case contact investigation saved those exposed from disease and the unexposed from exposure. 	<ul style="list-style-type: none"> • Don Brannen, PhD. • Dr. Burdette • Laurie Fox • Amy Schmitt • Sheryl Wynn

Notes



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