

## **MCHENRY COUNTY TUBERCULOSIS CARE AND TREATMENT BOARD MEETING**

**JANUARY 20, 2009**

### **CALL TO ORDER**

The meeting was called to order by Ms. Rebecca Rockwood, MTASCP at 9:05 am and seconded by Dr. James Mowery, MD. TB Board members present were: Rebecca Rockwood, MTASCP, Ellen Mangano, RN and Dr. James Mowery. Staff members attending were: Patrick McNulty, Administrator; Fran Stanwood RN, Director of Nursing; Sue Heger RN, TB Nurse.

### **MINUTES**

Dr. James Mowery made a motion to approve the TB Board minutes from November 18, 2008; motion was second by Ms. Rebecca Rockwood; motion passed.

### **CONSENT AGENDA:**

#### **1) FINANCIAL STATUS**

Ms. Fran Stanwood presented the financial status report for November and December, 2008. The fiscal end of the year in 2008 continued to have issues with the fund balance; there will be an increase in our annual budget this coming year which will help with these issues. Ms. Rebecca Rockwood stated that she noticed the total amount budgeted for line item 5070 was \$10,000 but only 1 item was expended. Ms. Fran Stanwood stated that line item 5070 was based on the previous year (2007) when medical supply purchases were considerably higher and more than likely this line item will be higher in the coming year. Estimating medical supply purchase amounts are difficult because they depend upon the types of cases seen during the year. Ellen Mangano made a motion to approve the disbursements for the McHenry County Tuberculosis Program; seconded by Dr. James Mowery.

### **MONTHLY ACTIVITY REPORT**

**TB Nurse Report for November and December 2008:** Ms. Sue Heger combined the November and December reports so as to present a continuous picture.

#### **Patient Update for November/December**

The Rifampin resistant extra pulmonary case from September was found to not have TB due to an error at a Chicago hospital lab. Therefore there were only 5 active TB cases in McHenry County in 2008.

The ICE (Immigration and Custom Enforcement) detainee started on 2<sup>nd</sup> line TB drugs, due to multi-drug resistance (MDR), at a hospital and returned to the Jail after 2 ½ weeks of being able to tolerate the side

effects of the medications. The Jail had no problems obtaining the medications but it took the hospital about 6 days to obtain these infrequently used and expensive medications. Drug levels had to be obtained with the help of Centegra's lab and were sent out to the National Jewish Medical Center lab in Denver. Three consecutive sputum cultures were confirmed at the end of December. He will be returning to his own country, now that he is no longer contagious. Several attempts have been made to his country to have continued care there but there is nothing concrete yet. Partners In Health offered a possible chance for him to be treated in Boston but this fell through. They still may be able to help him in his country.

Both of these cases required many hours in trying to provide them the best help possible. Because ICE pays for the detainee's expenses, the TB Clinic did not have to pay for his expensive care and medications.

### **Statistics:**

November ended the accumulative 2008 statistics. Almost the same numbers of TB skin tests were performed in 2008 as were done in 2007. Less WIC clients were tested than last year due to not being able to give TB presentation classes for 4 different months. We are planning to expand TB information to the WIC Clinics in Algonquin Township and Harvard by using letters which are now completed.

Comparison of the number of referred positive skin tests from last year shows a marked decrease. This appears to be due to our frequent rereading or retesting of referred clients with most results being read as negative. A list is being kept of all those who were retested and actually had a negative skin test. In preventive statistics, only 2 clients failed to complete their INH regimen, one due to elevated liver enzymes and one was lost to follow-up. The active statistics reflect the change that we only had 5 cases in 2008 when it was determined that the one client actually didn't have TB. Four of those cases were extra pulmonary and not infectious so we didn't have any contacts that needed treatment.

The December statistics have 3 added categories in the Active Tb stats. The new categories would show the number of MDR and XDR cases identified and the treatment facilitation of active cases would show that time was spent with clients who have been identified in another state or country. This would give credit for time spent with a TB client that is not shown elsewhere.

### **OLD BUSINESS**

### **NEW BUSINESS**

### **BOARD ISSUES** (Discussion)

### **INFORMATION AND COMMUNICATION**

Copies of the following information were distributed to the board:

- A). "Mankind's New Best Friend?" Nickerson, C., Boston Globe November 23, 2008.
- B). "Clinical Experience with QUANTIFERON-TB Gold (In-Tube), Cellestis
- C). "T-Spot-A 21<sup>st</sup> Century Solution for Latent TB Detection," Oxford Immunotec, [www.oxfordimmunotec.com](http://www.oxfordimmunotec.com).

**OTHER BUSINESS**

Ms Fran Stanwood stated that the TB Bylaws have not been reviewed for several years and would like to have the Board review them for any changes at the next meeting. They will be sent out in enough time for the Board to review them.

**ADJOURNMENT**

Ms. Rebecca Rockwood adjourned the meeting at 9:36am and was seconded by Ms. Ellen Mangano.