The City of El Paso Department of Public Health’s (DPH) Tuberculosis (TB) program has made great strides over the past several months as more than 850 babies and infants were identified as having been exposed to TB while in the nursery of a local hospital between September of 2013 and August of this year. It was in August when a patient presented to the DPH with symptoms of TB and was exempted from work. When the diagnosis was confirmed via sputum samples, coworkers were tested and a list of babies and infants who were considered contacts was created. In September more than 700 letters were sent to parents, notifying them that their babies needed to be tested for the disease and the local medical community was notified so that they would be aware of the situation in case they were contacted by these parents.

As with most TB investigations, the circle of exposure was expanded based on data collected. In mid-September the original list was increased by 45 children who received phototherapy during their stay at the hospital and were originally missed. More letters were sent out and strong lines of communication were developed with partnering agencies throughout the country and outside of the United States. Contacted patients’ families were identified as living not only in El Paso County, but in other parts of Texas, New Mexico, and other U.S. States and territories. Patients’ families in Mexico were contacted with cooperation of local, state, and federal authorities in that country.

Several educational challenges developed as part of the TB Hospital Event. Health educators and clinical professionals with the DPH were faced with the task of educating affected families on why only the babies were considered at risk as well as the Centers for Disease Control and Prevention (CDC) recommendations for window prophylaxis for those younger than six months who are considered too young to be definitively tested for the disease. For those children who were old enough to be tested, the BCG, or BacilleCalmette-Guerin vaccine, while rarely administered in the U.S. is offered routinely in other countries including Mexico. This created the need to clearly distinguish true positive cases that were discovered between potential false positive test results that were likely the result of the vaccine.

As of the time of this publication there are four babies who have tested positive for Tuberculosis infection. A total of seven more babies have tested positive, but the results are not considered dependable because they received the BCG vaccine. A total of 98 percent of all affected patients have been contacted as a result of the exhaustive efforts from the DPH.

In the wake of the TB investigation, the Department faced a new challenge in the emergence of the Ebola virus in the United States. After the hospitalization and subsequent death of Thomas Eric Duncan in a Dallas hospital, El Paso hospitals began to see their share of the worried well. Much like the situation that emerged from the TB Hospital Event, the education of the general population became all the more critical. The main message was that if a person had not traveled to a country that was part of the African outbreak or if they had not had direct contact with the bodily fluids of an infected patient, they were not at risk for the disease.

In order to be prepared for the possibility that a patient would meet the criteria of an Ebola case or suspect case, the DPH along with local hospitals, emergency services, and the Border Regional Advisory Council or BorderRAC to develop a planic case the need to medically respond presented itself.

According to the CDC guidance, acute healthcare facilities can serve one of three roles in the context of Ebola Virus Disease (EVD). The first are front-line healthcare facilities, or those able to rapidly identify, triage and isolate a patient with a history of exposure to and signs and symptoms of EVD and then transfer that patient to another facility for Ebola assessment or treatment should that be warranted. The second are Ebola assessment hospitals, namely, those able to provide Ebola testing and care until a diagnosis can be confirmed or ruled out and the patient is either discharged or transferred to a treatment center. The third are Ebola treatment centers, or facilities with the capabilities, training and resources to provide the complex treatment necessary to care for a person with EVD while minimizing risk to healthcare workers. El Paso has the capabilities to function as the first two.

The last few months have proven that from a public health and emergency response standpoint the only thing we should expect is the unexpected. The challenges we face may seem impossible at first and then become less significant compared to the next wave of challenges. Complete and honest communication between the DPH and local providers and the public will continue to ensure that we are ready and able to face even the most critical of circumstances that may arise – albeit with a surge of well-established pathogens or the fears of emerging infectious diseases on US soil.

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