

**FOR IMMEDIATE RELEASE 4/7/2017**

TO: Grant County Healthcare Providers

**FOR INFORMATION CONTACT**

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## **Possible Active Tuberculosis Cases in Grant County**

**Grant County is investigating multiple contacts**

GRANT COUNTY, WA – Grant County Health Officer, Dr. Alexander Brzezny, issues an alert to inform all healthcare providers of an investigation of one individual suspected of having active TB in Grant County. This individual is a healthcare worker. No further exposures are occurring at this time. GCHD is still awaiting final TB lab results, which takes several weeks. GCHD, in consultation with WA State Department of Health (DOH), is using DOH and CDC TB Control guidelines and a proactive approach while conducting this investigation. Persons found to have possible exposure are being recommended for additional testing performed by their primary care providers.

There are approximately 200 contacts in 3 counties (Grant, Lincoln and Adams) at this time. The individual suspected of having active TB was treated at several local healthcare facilities during the course of the illness and has other contacts within the community. Those who have been identified as being candidates for screening have been notified directly by GCHD. This case is not yet confirmed, but steps are being taken in a precautionary manner to ensure those who may need additional symptom monitoring or testing are aware.

### **Actions Requested and Testing**

- GCHD is not recommending testing for everyone.
- Possible exposures are being referred for testing by GCHD to their primary care provider.
  - **If GCHD has referred them for testing- please give them priority and notify GCHD of all test results (positive & negative).**
- A skin test (TST), unless contradicted (due to prior + TST), or an Interferon-Gamma Release Assays (IGRAs; “Blood Tests”) would be appropriate when testing individuals suspected of being exposed.
- Further investigation, including a Chest X-ray, would be appropriate for those with symptoms or positive test results.

### **Case Investigation Process**

GCHD is proceeding with the TB case investigation per DOH guidelines and protocol. This consists of gathering information through interviews and site visits. GCHD is compiling a registry of contacts and evaluating their exposure risk based upon several factors, including but not limited to exposure proximity, time or duration of exposure and underlying medical status. Once an assessment of

these conditions is evaluated, GCHD is contacting and further evaluating risk based on more detailed interviews with individuals.

Priority-ranking of contacts is based upon the likelihood of infection and the potential hazard to the individual contact if infected. For information on how to determine which contacts are high-, medium-, or low-priority [Tuberculosis Contact Investigation Form](#), and [Tuberculosis Contact Investigation Form Instructions](#).

### **Signs and Symptoms of TB**

Mycobacterium tuberculosis spreads via airborne route. If you suspect someone for TB, wearing N-95 mask is required.

Signs and symptoms include:

- cough for more than 3 weeks
- fever, night sweats
- unintentional weight loss, loss of appetite
- fatigue, chest pain
- blood in the sputum

People most likely to progress to active TB include children under 5 years of age, those with HIV infection, immunosuppression, or other high risk conditions like diabetes or lung disease.

### **Reporting Requirements:**

**Health care providers, health care facilities, laboratories:** notifiable to GCHD as soon as possible (within 24 hours) with all positive TST and IGRA test results. Call GCHD and speak with a public health nurse if you have and questions- 509-766-7960.

### **Resources:**

[Tuberculosis for Healthcare Professionals](#) | WA-DOH  
[Contact Investigation](#) | WA-DOH  
[Tuberculosis for Healthcare Professionals](#) | CDC  
[Contact Investigation](#) | CDC

### **Consultation**

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