

tee, Northwestern University, Chicago; LifeShare, Oklahoma City; Tulsa Health Department; and Oklahoma City-County Health Department. In addition, the ADS contacted Dr. David Ashkin, Florida State Department of Health, to perform rapid molecular antibiotic susceptibility testing on a specimen from the donor to inform antibiotic treatment regimens for the infected recipients. The ADS physicians also consulted Dr. Willard Aronson, OU Health Sciences Center Department of Pathology, and the Tulsa Medical Examiners Office regarding microscopic examination of retained donor specimens.

Public health efforts, such as the contact investigation in the donor's county of residence and preventive treatments, branched into multiple counties. Under the orders of public health physicians, county health department public health nurses manage the clinical follow-up of all tuberculosis cases and infected contacts in the state. This minimizes the risk of further spread of TB to the public, and helps prevent the development of the disease in recently infected contacts. To prepare for the return of organ recipients, public health

nurses in these county health departments (CHDs) were briefed and medications were shipped from the OSDH Pharmacy to the five county health departments (CHDs). Due to significant immunosuppression in organ recipients, an atypical anti-tuberculosis treatment regimen was developed. The four-month course of medication cost the OSDH \$1,498 for each recipient. If *M. tuberculosis* had been cultured from any of the specimens, a longer (9-12 month) regimen would have been necessary.

On Wednesday, May 20, 2009, a conference call was organized and moderated by the ADS physicians to foster cooperative efforts in the investigation and management of the organ recipients. About 50 individuals participated, included Dr. Seaworth, representatives from all agencies listed above, representatives of the respective transplant centers, Oklahoma City and Tulsa transplant surgeons, infectious disease consultants, nephrologists, pulmonologists, nurse managers, and infection preventionists. All organ recipients completed treatment for tuberculosis infection, and continued recovery from transplantation.

AT A GLANCE >

- 1 active pulmonary tuberculosis case in a transplant donor specimen confirmed by the OSDH Public Health Laboratory
- 5 management plans developed by the OSDH ADS for each of the transplant recipients at risk
- \$1,498 the cost for anti-tuberculosis medication for each of the transplant recipients for a total of \$7,490 (funded by the OSDH)
- 110 inquiries (approximate) for more information received and provided by the OSDH ADS



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