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CDC Health Advisory

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Investigation of International Traveler with Multidrug-Resistant Tuberculosis (MDR TB)

The Centers for Disease Control and Prevention (CDC) is working with international, state, and local health officials and other partners on an investigation involving an international traveler to the U.S. who had recently been diagnosed with multidrug-resistant tuberculosis (MDR TB).

CDC was informed in mid-December 2007 by a local health authority that a patient who had been diagnosed in India with MDR TB traveled from New Delhi, India to Chicago, Illinois on December 13, 2007 on American Airlines Flight # 293 and then on a shorter flight within the United States. Shortly after final arrival, the patient sought treatment for hemoptysis, fever, and chest pain at a hospital. These and other findings indicated a potential for transmission of drug-resistant TB infection to others. The patient has been hospitalized in airborne isolation and is receiving treatment for TB.

Shortly after being notified about the patient and her travels, officials of CDC's Division of Global Migration and Quarantine contacted American Airlines and U.S. Customs and Border Protection to obtain the information needed to contact passengers who may have been exposed to the traveler with tuberculosis. CDC is collaborating with U.S. state and local health departments, the Indian Ministry of Family Welfare, American Airlines, and the Department of Homeland Security's Customs and Border Protection to ensure notification and follow-up of passengers and crew who may have been exposed to MDR TB.

In accordance with the World Health Organization (WHO) TB and Airline Travel Guidelines, CDC is ensuring appropriate follow-up and care for persons who may have been exposed to TB on an aircraft. This includes recommending the evaluation and testing of passengers and crew with closest contact to the patient on board American Airlines Flight #293 departing from New Delhi, India on December 13, 2007 and arriving in Chicago, Illinois on December 13, 2007. This includes 44 passengers. These were the passengers seated in the same row as the index patient (row 35), and those seated in the two rows ahead (rows 33 and 34) and the two rows behind (rows 36 and 37), as well as the crew members working in the same cabin. These persons should receive an initial evaluation and testing for TB infection, with follow-up 8 to 10 weeks after the December 13 flight for re-evaluation.

CDC recommends testing of these passengers and crew on only the international flight from New Delhi to Chicago because this flight was longer than the 8 hour duration criteria specified by WHO for passenger testing for exposure to tuberculosis. WHO and CDC do not recommend notification or medical evaluation of passengers on briefer flights because the risk of transmission is minimal. WHO guidelines can be found at http://whqlibdoc.who.int/hq/2006/WHO_HTM_TB_2006.363_eng.pdf

CDC issued an Epi-X notification on December 28, 2007 to health officials in 17 states based on locating information provided by 42 of the 44 potentially exposed passengers. (Locating information was not available on two passengers). These states include California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, New Jersey, North Carolina, Ohio, Tennessee, Texas, Vermont, and Virginia. These states should inform CDC's Division of Global Migration and Quarantine's duty officer if they are unable to contact any of the passengers with destinations in their states. The duty officer can be reached by calling CDC's Director's Emergency Operation Center (DEOC) at (770) 488-7100.



Drug-susceptible (regular) TB and MDR TB are thought to be spread the same way. The risk of acquiring any type of TB appears to depend on several factors, such as extent of disease in the source patient, duration of exposure, and ventilation. TB bacilli become aerosolized when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These bacilli can float in the air for several hours, depending on the environment. Persons who breathe air containing these TB bacilli can become infected. Transmission has been documented in association with patients who have TB lung disease, and bacteria seen or cultured in sputum. Persons who become infected usually have been exposed for several hours (or days) in poorly ventilated or crowded environments. An important way to prevent the spread and transmission is by limiting an infectious person's contact with other people. Thus, people who have suspected or confirmed TB or MDR TB that is potentially infectious should be placed on treatment and kept isolated until they are no longer infectious.

State and local health departments who want additional information may contact CDC's Division of Global Migration and Quarantine's duty officer through the CDC Director's Emergency Operation Center (DEOC) at (770) 488-7100.

Persons who believe they may have been exposed to TB or MDR TB, or their clinicians, can call 1-800 CDC INFO for further information.

Where to go for information about:

Tuberculosis: <http://www.cdc.gov/tb/default.htm>

MDR TB: <http://www.cdc.gov/tb/pubs/tbfactsheets/mdrtb.htm>
<http://www.cdc.gov/tb/pubs/tbfactsheets/drugresistanttreatment.htm>

TB Testing: <http://www.cdc.gov/tb/pubs/tbfactsheets/skintesting.htm> and
<http://www.cdc.gov/tb/pubs/tbfactsheets/QFT.htm>

Infection control: <http://www.cdc.gov/tb/pubs/tbfactsheets/ichcs.htm> and
<http://www.cdc.gov/tb/pubs/tbfactsheets/rphcs.htm>

Tuberculosis and Air Travel: http://whqlibdoc.who.int/hq/2006/WHO_HTM_TB_2006.363_eng.pdf

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##This Message was distributed to State and Local Health Officers, Epidemiologists, State Laboratory Directors, PHEP Coordinators, HAN Coordinators and Public Information Officers as well as Public Health Associations and Clinician organizations##

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