**From:** True, Lisa (CDPH-CID-DCDC-TCB) [<mailto:Lisa.TRUE@cdph.ca.gov>]   
**Sent:** Wednesday, January 4, 2017 5:30 PM  
**To:** Midia Fulano  
**Cc:** Montoya, Brenda, DOH; Fortune, Diana, DOH ([Diana.Fortune@state.nm.us](mailto:Diana.Fortune@state.nm.us)); [lwill@tbcontrollers.org](mailto:lwill@tbcontrollers.org)  
**Subject:** Question for NTNC membership

HI Midia,

Could you share the following question from New Mexico with NTNC membership?  Pls include Diana and Brenda (cc’d) so they can see any responses?  Do you have any ideas?

*New Mexico has a new active TB case in a 2 year old child. This child is a recent refugee from Chad.  They have tried all of the usual methods of medication administration that works for US kids that like sugar, chocolate etc……  We are  thinking there may be a cultural food preference that we are just not aware and may work better.  This family also speaks a dialect that is very difficult to find interpreter services.  Very limited hours – ie Friday afternoons is about it!*

*Does anyone have experience with recently arrived refugee toddlers from Chad or surrounding countries i.e. as far as successful medication administration?*

Thanks!

Lisa

**From:** Montoya, Brenda, DOH [<mailto:Brenda.Montoya@state.nm.us>]   
**Sent:** Wednesday, January 18, 2017 10:23 AM  
**To:** True, Lisa (CDPH-CID-DCDC-TCB); 'Midia Fulano'  
**Cc:** Fortune, Diana, DOH; [lwill@tbcontrollers.org](mailto:lwill@tbcontrollers.org)  
**Subject:** RE: Question for NTNC membership re: 2 yr old from Chad

We have been using cookie butter with pretzels. The meds go into cookie butter, stir and she dips and eats. Also ketchup and French fries.

Brenda Montoya, BSN, RN

NM DOH - Tuberculosis Program

Midtown Public Health Office

Albuquerque, NM 87101

phone: 505-841-4623 Fax: 505-841-4104

**From:** True, Lisa (CDPH-CID-DCDC-TCB) [mailto:Lisa.TRUE@cdph.ca.gov]   
**Sent:** Wednesday, January 18, 2017 11:30 AM  
**To:** Montoya, Brenda, DOH <Brenda.Montoya@state.nm.us>; 'Midia Fulano' <MFulano@MarionHealth.org>  
**Cc:** Fortune, Diana, DOH <Diana.Fortune@state.nm.us>; lwill@tbcontrollers.org  
**Subject:** RE: Question for NTNC membership re: 2 yr old from Chad

Great news!  Ok, is it just me, not sure what cookie butter is?

lisa

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lisa True, RN, MS

MDR Nurse Coordinator/Program Liaison

TB Control Branch  Center for Infectious Diseases

California Department of Public Health

850 Marina Bay Parkway

Richmond, CA 94804

(510) 620-3054

Confidential FAX  (510) 620-3035

RE: Question for NTNC membership re: 2 yr old from Chad (No subject)

Montoya, Brenda, DOH <Brenda.Montoya@state.nm.us>

Wed 1/18/2017 3:25 PM

You replied on 1/24/2017 12:12 AM.

|  |
| --- |
|  |

I didn’t know what it was either but here is the picture

Brenda Montoya, BSN, RN

NM DOH - Tuberculosis Program

Midtown Public Health Office

Albuquerque, NM 87101

phone: 505-841-4623 Fax: 505-841-4104

**From:** True, Lisa (CDPH-CID-DCDC-TCB) [<mailto:Lisa.TRUE@cdph.ca.gov>]   
**Sent:** Tuesday, January 17, 2017 6:37 PM  
**To:** 'Midia Fulano' <[MFulano@MarionHealth.org](mailto:MFulano@MarionHealth.org)>  
**Cc:** Montoya, Brenda, DOH <[Brenda.Montoya@state.nm.us](mailto:Brenda.Montoya@state.nm.us)>; Fortune, Diana, DOH <[Diana.Fortune@state.nm.us](mailto:Diana.Fortune@state.nm.us)>; [lwill@tbcontrollers.org](mailto:lwill@tbcontrollers.org)  
**Subject:** RE: Question for NTNC membership re: 2 yr old from Chad

HI Brenda and Diana,

I’m curious how things are going with your pediatric pt.  Did any of the suggestions work/help?

Lisa

**From:** Midia Fulano [<mailto:MFulano@MarionHealth.org>]   
**Sent:** Thursday, January 05, 2017 6:19 AM  
**To:** True, Lisa (CDPH-CID-DCDC-TCB)  
**Cc:** Montoya, Brenda, DOH; Fortune, Diana, DOH ([Diana.Fortune@state.nm.us](mailto:Diana.Fortune@state.nm.us)); [lwill@tbcontrollers.org](mailto:lwill@tbcontrollers.org)  
**Subject:** RE: Question for NTNC membership

Thanks Lisa, I will forward that.  One of the things that our nurses use especially with African kids is  the Orange crush drops (it’s  a water enhancer, comes in little bottles at Walmart or other grocery stores.  We mix it with a little water and then draw it up in the syringes.  It has worked well.  We also use strawberry syrup a lot.  One of the things our nurses have said is that chocolate works well with our Mexican population but not with the Africans.   Hope that helps.

Thanks, Midia

**From:** Murray, Ellen R [mailto:Ellen.Murray@medicine.ufl.edu]   
**Sent:** Thursday, January 5, 2017 1:00 PM  
**To:** Midia Fulano  
**Subject:** Re: Question

​I have a friend who works with us from Sudan (a neighboring country) and said that the child probably does not eat sweets and therefore would not like them.  She recommends using the foods that the child is used to (and using crushed pills or capsules mixed in).  I agree.

**EM**

Ellen R. Murray, BSN, RN

Nurse Consultant/Training Specialist

Southeastern National Tuberculosis Center

Gainesville, FL  32610

Ph: 352-273-9385

*Be the change you wish to see in the world!*      *Mahatma Ghandi*

**From:** Murray, Ellen R [<mailto:Ellen.Murray@medicine.ufl.edu>]   
**Sent:** Thursday, January 5, 2017 12:32 PM  
**To:** Staley, Deborah (VDH); Midia Fulano; Abby; Amy; Angela; Angela; Ann; ann; Ann; Anne; April; Ashley; Belinda; Benita; Beth; Bonnie; Brenda; Brock, Jill; carmen; Carol; Carol; Carolyn; Carrie; Catalina; Cathy; Cherie; Christine; David; DeAnna; Debbie; Deborah; Debra; Dee; Dodge, Denise (VDH); Denise; Diana; Diane; Dorothy Freeman; Elaine; Emily; Evelyn; ginger; Jacquline; Jan; Janet ([janet.cashman@atlantichealth.org](mailto:janet.cashman@atlantichealth.org)); Jennifer ([jennifer.k.campbell@rutgers.edu](mailto:jennifer.k.campbell@rutgers.edu)); Jennifer ([jennyjbunce@gmail.com](mailto:jennyjbunce@gmail.com)); Jennifer Kanouse; jon; Julianna ([julianna.ferreira@state.nm.us](mailto:julianna.ferreira@state.nm.us)); Julie ([julie.hall@fmridaho.org](mailto:julie.hall@fmridaho.org)); Karen; Karen ([karen.farrell@flhealth.gov](mailto:karen.farrell@flhealth.gov)); Kathleen; Kelly; Kristin; Krystle; Lana; Laura; Lisa; Lisa; Lorna; Lucy; Makeda; Maria; Marilyn; Marsha; Martha; Maureen; Maureen; Meghan; Nadya; Nancy; PA; Patricia; Patricia; Randy; Roscia; Rose; Sarah Koch; Shea; Sonia; Stacie; Stephanie; Sue; Susan; Tammy; Teresa; Teresa; Teri; Tracey; Tracina; Tronda; Virginia; Wanda; Wanda  
**Cc:** [Brenda.Montoya@state.nm.us](mailto:Brenda.Montoya@state.nm.us)  
**Subject:** Re: Question

​Hi Midia,

In my experience, using the foods as Debbie stated is the way to go.  If the child is accustomed to the food, they may be more likely to eat it.  And I agree, in areas where sweet is not often used, they will not take it, no matter what.  I agree with Debbie.  That's been my experience anyway.

**EM**

Ellen R. Murray, BSN, RN

Nurse Consultant/Training Specialist

Southeastern National Tuberculosis Center

Gainesville, FL  32610

Ph: 352-273-9385

*Be the change you wish to see in the world!*      *Mahatma Ghandi*

**From:** Staley, Deborah (VDH) <[Debbie.Staley@vdh.virginia.gov](mailto:Debbie.Staley@vdh.virginia.gov)>  
**Sent:** Thursday, January 5, 2017 12:13 PM  
**To:** Midia Fulano; Abby; Amy; Angela; Angela; Ann; ann; Ann; Anne; April; Ashley; Belinda; Benita; Beth; Bonnie; Brenda; Brock, Jill; carmen; Carol; Carol; Carolyn; Carrie; Catalina; Cathy; Cherie; Christine; David; DeAnna; Debbie; Deborah; Debra; Dee; Dodge, Denise (VDH); Denise; Diana; Diane; Dorothy Freeman; Elaine; Murray, Ellen R; Emily; Evelyn; ginger; Jacquline; Jan; Janet ([janet.cashman@atlantichealth.org](mailto:janet.cashman@atlantichealth.org)); Jennifer ([jennifer.k.campbell@rutgers.edu](mailto:jennifer.k.campbell@rutgers.edu)); Jennifer ([jennyjbunce@gmail.com](mailto:jennyjbunce@gmail.com)); Jennifer Kanouse; jon; Julianna ([julianna.ferreira@state.nm.us](mailto:julianna.ferreira@state.nm.us)); Julie ([julie.hall@fmridaho.org](mailto:julie.hall@fmridaho.org)); Karen; Karen ([karen.farrell@flhealth.gov](mailto:karen.farrell@flhealth.gov)); Kathleen; Kelly; Kristin; Krystle; Lana; Laura; Lisa; Lisa; Lorna; Lucy; Makeda; Maria; Marilyn; Marsha; Martha; Maureen; Maureen; Meghan; Nadya; Nancy; PA; Patricia; Patricia; Randy; Roscia; Rose; Sarah Koch; Shea; Sonia; Stacie; Stephanie; Sue; Susan; Tammy; Teresa; Teresa; Teri; Tracey; Tracina; Tronda; Virginia; Wanda; Wanda  
**Cc:** Fortune, Diana, DOH ([Diana.Fortune@state.nm.us](mailto:Diana.Fortune@state.nm.us)); [Brenda.Montoya@state.nm.us](mailto:Brenda.Montoya@state.nm.us)  
**Subject:** RE: Question

Hello, Media,

This is a handout from Ann Loeffler, MD given during a presentation, and provides some thoughts on administration to kids.

In my own experience, sweet often does not work in cultures where sweet is seldom eaten.  An outreach worker with whom I worked had success coating chicken with the rifampin powder!  We thought it was because it looked like the spice the child usually ate on chicken.  Do DOT before meal time when the child is hungry and use whatever the child usually eats.  We have had more success with crushed pills or opened capsule vs. oral suspension.  It is less volume to get administer and easier to hide in food. Sandwich the between those foods, or, if that doesn’t work, mix in a small amount of liquid and administer by the med administration syringes available in pharmacies.  It is possible that the child will be more willing if the mother administers the dose with HCW observation, OR the child will be more willing if Mom is out of the room (can work either way depending on family dynamics).

Hope that helps a little.

Debbie

*Debbie Staley, RN, MPH*   
TB Nurse Consultant

Division of Tuberculosis and Newcomer Health   
Virginia Department of Health   
109 Governor Street, Room 324   
Richmond, VA 23219

Phone 804-864-7972  
Fax 804-371-0248

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**From:** Lorna Will  
**Sent:** Wednesday, January 4, 2017 4:56 PM  
**To:** True, Lisa (CDPH-CID-DCDC-TCB)  
**Subject:** Re: Question for NTNC membership

Lisa,

We use a compounding pharmacy that produces a liquid INH that's 50 mg/ml and tastes not too sweet (a very slight bubblegum flavor); if you're interested, the pharmacy is Skywalk, the pharmacy for the Children's Hospital of Wisconsin. The pharmacist is Jake Olson, the person who mails out all of our meds is Colette Griese; Colette is at 414-266-1892 or [Colette@skywalkpharmacy.com](mailto:Colette@skywalkpharmacy.com); Jake is at 262-432-7603 or [jake@skywalkpharmacy.com](mailto:jake@skywalkpharmacy.com).

They would need a signed prescription, insurance info, and details on where to send the medication.

We've used this formulation for several years; the kids like it, it has VERY low amounts of sucralose so no diarrhea, and, although I know various folks warn against using compounding pharmacies, Jake has passed every inspection and, as I mentioned, is the on-site pharmacy for the Childrens Hospital in Milwaukee.

The nurses tell me that usually the kid will accept a teaspoon of med, followed by a treat. As I mentioned, we've used this for window prophy, LTBI, and active disease treatment for years and have had no failures.

Lorna Will RN, MA

[lwill@tbcontrollers.org](mailto:lwill@tbcontrollers.org)

**From:** Nicolai, Laura Ann [mailto:LauraAnn.Nicolai@vermont.gov]   
**Sent:** Thursday, January 5, 2017 9:56 AM  
**To:** Midia Fulano  
**Subject:** RE: Question

Hi Midia,

Out nurses have often used pudding or applesauce. Perhaps a grain-based dish, such as rice pudding, oatmeal or porridge might be more familiar to a child from Chad.

Good luck!

Laura Ann

*Laura Ann Nicolai, MPH*

*Deputy State Epidemiologist &*

*Epidemiology Program Chief*

*Division of Health Surveillance*

*Vermont Department of Health*

*Tel: 802-863-7247*

*Fax: 802-951-4061*

[*LauraAnn.Nicolai@vermont.gov*](mailto:LauraAnn.Nicolai@vermont.gov)

**From:** Sharon J. Thompson [mailto:Sharon.J.Thompson@tn.gov]   
**Sent:** Thursday, January 5, 2017 9:52 AM  
**To:** Midia Fulano  
**Subject:** Chad foods to try with 2 yr old child

They eat what they call porridge similar to cream of rice or wheat.  I would try a thicker cream of wheat or cream of rice and sweeten it with sorghum or small amount of sugar. (They use sorghum to sweeten their foods.)

They also eat red beans so you could try mashing them up.

Tea is the most common drink. They sweeten it with cinnamon and sugar.

They also use fruit juices.

Dairy products include milk and yogurts.

Mash up bananas or plaintains

They also eat peanut butter.

They also eat potatoes …have you tried mashed potatoes?  They eat sweet potatoes as well.

Good luck!

Sharon Thompson R.N.

Public Health Nurse Consultant Manager

CEDEP/TB Elimination Program

Andrew Johnson Tower, 3rd Floor

710 James Robertson Parkway

Nashville, TN 37243

Ph. 615-532-8517

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[sharon.j.thompson@tn.gov](mailto:sharon.j.thompson@tn.gov)

Midia Fulano <MFulano@MarionHealth.org>

Thu 1/5/2017 8:18 AM

Inbox

To:

True, Lisa (CDPH-CID-DCDC-TCB) <Lisa.TRUE@cdph.ca.gov>;

...

Cc:

Montoya, Brenda, DOH <Brenda.Montoya@state.nm.us>;

Fortune, Diana, DOH (Diana.Fortune@state.nm.us);

Lorna Will;

...

This message was sent with high importance.

|  |
| --- |
|  |

Download all

Thanks Lisa, I will forward that.  One of the things that our nurses use especially with African kids is  the Orange crush drops (it’s  a water enhancer, comes in little bottles at Walmart or other grocery stores.  We mix it with a little water and then draw it up in the syringes.  It has worked well.  We also use strawberry syrup a lot.  One of the things our nurses have said is that chocolate works well with our Mexican population but not with the Africans.   Hope that helps.

Thanks, Midia