Overview:

1. Mycobacterium Bovis which usually causes infection in humans can also be transmitted as an airborne infection from person to person. 
2. One patient assumed to have contracted the disease from an infected cattle (in Mexico) has spread the disease to another person and also caused latent infection in 22% of their contacts.

Analysis of the Report:

The investigative study of the two infected patients, their possible routes of acquisition and subsequent spread of infection is well stated. But it does lack the following details:

1. Method used to study was not clearly stated
2. How the contacts were identified
3. What is the Incubation period for M. Bovis? Did they test all the contacts after the expiration of the maximum incubation period?
4. Patient A came to the US in 2010, but developed the disease in 2014. Patient B developed active disease within few months following exposure. How close were they? If it is only through contact in the church, why patient B alone developed the disease while 98 others are also exposed? Is there any chance of immunodeficiency in her (like HIV) which could have predisposed her to develop cavitary TB?
5. There was no mention of testing for other forms of TB like lymph nodes or abdominal, especially in patient A, who has contracted the infection from Mexico.
6. Why TST was used in US-born individuals and why IGRA for foreign born persons? Which is more sensitive, economical?
7. Bacterial isolation and how identification of the source of infection was done is clearly stated (Commendable).

Discussion:

Discussion of the study is OK except for the lack of definition for "high priority contacts".

The Tables and Summary are very much acceptable.

The final report- i.e. last paragraph should have stressed the importance and consequences of air borne person to person transmission- like how a single patient has spread the infection.

Overall impression: This report is OK but some intricate details are missing.