

DCDC

State of California—Health and Human Services Agency
Department of Health Services



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The Honorable Michael O. Leavitt, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 6157
Washington, DC 20201

Dear Secretary Leavitt:

I am writing to request that your Department take immediate action to address the international tuberculosis (TB) outbreak in Hmong refugees resettling to the United States from Wat Tham Krabok (Wat), Thailand. Gaps in overseas screening and treatment have allowed TB to be imported into California, including five cases of multidrug-resistant TB (MDR-TB). MDR-TB strains are the deadliest strains because the TB bacteria have mutated to resist the most powerful TB medicines. Patients are left with second choice, less effective, and more toxic medicines. Like all forms of TB, these strains spread from person to person through the air. MDR-TB is the most complex and costly form of TB to treat and renders standard public health measures much less effective.

I applaud the efforts of the Centers for Disease Control and Prevention (CDC) in working with the U.S. Department of State to investigate and contain this international outbreak. However, further interventions are urgently needed to protect the health of the refugees as well as the U.S. communities they are joining. To the extent that MDR-TB has continued to develop and spread in Wat, refugees continue to suffer from a preventable disease. Furthermore, the job of U.S. health departments to protect the public from the threat of imported TB becomes much more difficult and costly, and less successful.

Therefore, the California Department of Health Services requests that you share the following documents:

1. CDC's public health recommendations for halting the MDR-TB outbreak in Wat and preventing its spread to the United States.
2. Plans for how the U.S. Department of Health and Human Services (DHHS) and the U.S. Department of State will direct sufficient resources to implement the recommendations.

3. DHHS's plan to ensure the safe resettlement over the next several years of an estimated 140,000 Burmese refugees, also from Thailand to the United States. The plan should describe how the upcoming Burmese resettlement program will be informed by the lessons learned from the MDR-TB outbreak in the 15,000 Hmong from Wat.

In reviewing available information on the MDR-TB outbreak in Hmong refugees from Wat, California is concerned that the following key components for MDR-TB control are still lacking in Wat:

- a. Adequate laboratory capacity. The 17-week laboratory delay in obtaining drug susceptibility results means doctors in Wat are choosing TB medicines "in the dark." This lengthy laboratory delay is a recipe for selecting the wrong TB medicines, creating more drug resistance, making patients even harder to cure, and importing deadlier strains to the United States.
- b. Expert oversight of MDR care. Without the proper medical expertise in treating complex MDR-TB cases, we will see continued infectiousness, development of additional drug resistance, ongoing spread in Thailand, and importation to the United States.
- c. Adherence to standard TB treatment. MDR-TB is a manmade problem, created when a physician prescribes and/or a patient takes the wrong TB medicines. California has already seen inappropriate medicines prescribed in Wat creating MDR-TB in a recent Hmong newcomer.
- d. Appropriate patient isolation. Infectious MDR-TB patients who refuse treatment are not isolated in Wat and, thus, can spread their deadly strains of TB to others.
- e. Consistent health education messages to patients and their families. Conflicting health education messages given by health care providers in Wat compound the cultural barriers U.S. health departments face in seeking patient adherence to U.S. standards of care.
- f. Routine assessment of the adequacy of the TB control program. It is impossible to assure a quality TB program or mobilize the needed resources without systematic assessments using standard TB indicators.
- g. Routine notification of the number of remaining refugees to be settled, by anticipated date of departure, type of TB, and intended destination state. Missing this information makes it impossible for U.S. health departments to plan or mobilize sufficient resources to sustain the domestic response. This information is also critical for obtaining sufficient resources to sustain the international response.

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The Federal Government's success in containing this outbreak directly determines the level of TB and MDR-TB threat to the refugees and the U.S. communities that are welcoming them. We have the opportunity to learn from the lessons of this Hmong TB outbreak, in time to prepare for a safer resettlement of nearly ten-times as many Burmese refugees from Thailand.

Thank you for your attention to this important public health issue in California. If you have any questions or concerns, please contact me at (916) 440-7400 or Dr. Kevin Reilly, Deputy Director of Prevention Services, at (916) 440-7575.

Sincerely,



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