

From: **STOP TB USA** *

***Formerly the National Coalition for Elimination of Tuberculosis (NCET)**

Do you have colleagues, policy makers, friends in the press, or other acquaintances who believe tuberculosis is no longer a problem? Share the following reports with them.

These TB-related reports (below) from 27 different states, the District of Columbia, and Canada were taken from the Centers for Disease Control's TB-Related News and Journal Items Weekly Update and they all occurred in just the past 3 months (April-June, 2008). These are not all the TB reports and articles - just those that were identified. Most of these reports describe problems that present real challenges for health departments.

GEORGIA: Seven Students Tested for TB; Macon Telegraph, June 27, 2008, by Jake Jacobs.

Seven students at a middle school in Centerville, Georgia, have undergone TB testing, according to Houston County school officials. The parents of the students were urged to have their children tested because one pupil at the school was diagnosed with TB in the lymph nodes; the diagnosis occurred in early June, after the end of the school year. The initial student is not considered contagious and will take medication for about six months, said Dr. David Harvey of the North Central Health District in Macon.

INDIANA: County Clinic Wages Fight Against TB; Fort Wayne Journal Gazette, June 20, 2008, by Amanda Iacone.

Allen County's Infectious Disease Center (IDC) primarily treats patients with TB... According to the Fort Wayne-Allen County Department of Health's annual report, the county logged 17 new TB cases last year. The county had 16 active cases in 2003 and 24 in 2004. Health care providers are now more skilled at diagnosing the disease, and this may in part explain why rates have held steady instead of dropping, said Dr. Deb McMahan, the county's health commissioner. Another reason could be the influx of Burmese refugees last year. Health officials estimate that 40 to 50 percent of these refugees have latent TB infection, which could become active if left untreated. In response to the 2004 spike in cases, CDC designated Allen County as a crisis area for the disease. The agency has provided the county with funding and staff to help combat TB. In addition, the county expanded the IDC to make room for the additional staff needed to care for the growing number of TB patients and to track down more than 1,000 people whose contact with the patients had put them at risk of infection. Even those TB patients who have insurance and are diagnosed in a private physician's office are referred to the IDC, where staffers must watch them take their medicine to ensure they complete treatment. According to department of health spokesperson John Silcox, the IDC has no income requirements and does not charge patients for its services.

CONNECTICUT: Tuberculosis in a Low-Incidence US Area: Local Consequences of Global Disruptions; International Journal of TB and Lung Disease. 2008 May; Mark Lobato, et. al.

TB in the United States is increasingly concentrated among foreign-born persons. The northeastern states, including Connecticut, are among those with the highest proportion of foreign-born patients. This of data from Connecticut for 1996 through 2005 compared TB case rates and risk factors among US-born and foreign-born persons. Between 1996 and 2005, TB cases declined by 8.7% in foreign-born persons, and by 53.6% in US-born persons. The median annual incidence rate for foreign-born persons was 19.7 cases per 100,000 population compared with 1.5 for US-born persons. Refugees had the highest TB rate (116

cases/100,000) in the first year of their arrival. Resistance to any drug was more common among foreign-born persons (15.0%) than among US-born persons (9.3%). Although the proportion of multidrug-resistant TB was highest among foreign-born persons with prior TB (5.6%), most cases occurred in those without prior TB. Risk factors for TB, such as HIV infection, drug use, incarceration and homelessness, were more common among US-born TB patients than among foreign-born patients. Although TB case rates for US-born persons in Connecticut have declined dramatically, foreign-born persons, including refugees fleeing conflict, contribute disproportionately to the TB burden. Future efforts to eliminate TB must be directed toward immigrants and refugees.

GEORGIA: Prevalence and Risk Factors for Latent Tuberculosis Infection among Health Care Workers in Georgia; International Journal of Tuberculosis and Lung Disease, 2008 May; Mirtskhulava, V., et al.

TB is a major public health problem in Georgia, but few TB infection control measures have been implemented in health care facilities. This study assessed the prevalence and risk factors for latent TB infection among Georgian health care workers using two diagnostic tests, the tuberculin skin test and the QuantiFERON((R))-TB Gold In Tube test, an interferon-gamma release assay. There was moderately good agreement between the tests. Employment for more than 5 years was associated with increased risk of a positive tuberculin test and QFT test. Being under age 30 years was associated with an increased risk of a positive QFT test. A high prevalence of latent TB infection was found among Georgian health care workers and longer duration of employment was associated with increased risk. These data highlight the need for effective TB infection control measures and provide important baseline information as TB infection control measures are implemented.

NEW YORK CITY: NYC Official Says School Staffer Has Tuberculosis
Associated Press, June 18, 2008.

On June 18, school and health officials said a staff member at a Brooklyn elementary school may have exposed students there to TB. Health department spokesperson Jessica Scaperotti said children at the school in the Bedford-Stuyvesant neighborhood who were potentially exposed are being offered free transportation to a medical clinic, where they will be given a TB infection blood test and a chest X-ray, and medicine if necessary. The Department of Education said the student testing is a precautionary measure. DOE spokesperson Margie Feinberg said the infected staff member is receiving treatment and is recuperating at home.

OREGON: Second Case of TB Found Linked to Oregon Call Center: Associated Press, June 18, 2008.

Washington County health officials said June 18 that they have diagnosed a second case of TB in a former employee of a call center in Beaverton, where the first case was found in March 2007. The current patient was tested for TB last year and showed no signs of infection. Officials say it is not unusual for TB to appear within two years after a significant exposure. Employees who may have been exposed are being offered free TB screenings.

U.S.A.: Underuse of Effective Measures to Prevent and Manage Pediatric Tuberculosis in the United States; Archives of Pediatrics & Adolescent Medicine; 2008 May; Mark Lobato, et. al.

This pediatric study was carried out in four areas of the United States with children younger than 5 years diagnosed with TB from January 1, 2002, through December 31, 2004, and children with latent TB infection reported during a 12-month period in 2003 to 2004. Data show underuse or nonuse of standard medical and public health interventions. Almost 40% of children had a TB risk factor related to their

country of birth, parental origin, or travel to a country with a high incidence of TB. Children having latent TB infection were less likely than those having TB to complete treatment (53.7% vs. 88.6%, respectively). Almost half (46.3%) of the children with TB came to medical attention late in the course of the disease, when they already had symptoms. Among 63 adult source patients, 19 (30.2%) previously had latent TB infection, but had not been treated, and none of the 40 foreign-born source patients were known to have been evaluated for TB before entry into the United States. Prevention efforts are unsatisfactory to prevent TB in children. Effective interventions such as treatment of LTBI and TB evaluation of adult immigrants remain less than optimal.

MICHIGAN: Uzbek Health Officials Visit Western Michigan University for Tips on Controlling TB; WMU News, June 18, 2008.

Public health professionals from Uzbekistan will visit the College of Health and Human Services at Western Michigan University (WMU) on Monday June 23, to get advice on controlling the spread of TB. They will meet with Dr. Amy B. Curtis, Associate Professor of Interdisciplinary Health Sciences and former Epidemic Intelligence Officer at the Centers for Disease Control and Prevention (CDC) 1997-1999. In addition, the health officials will tour the WMU Bronson School of Nursing and meet with doctors and nurses from Borges and Bronson Hospitals, other area nursing school faculty, and public health officials in Lansing, Kalamazoo, Kent, and Van Buren Counties, as part of a Colleagues International Program. The visitors will learn methods for infectious disease treatment and how to maintain Web sites for providing current resources and information. It is hoped that they will find encouraging mentors who will continue to provide support. Uzbekistan has a high rate of TB treatment failures due to poor community awareness and poor communication between patients and treatment providers. Misconceptions about TB transmission and the effectiveness of treatment are common.

MASSACHUSETTS: Potential New Weapon against TB: Free Cell Minutes (United States)

You NewsTV, June 16, 2008, by Associated Press

A student-led group at the Massachusetts Institute of Technology (MIT) has developed a way to use cell phones to let patients with TB monitor themselves. The patients test their urine using a strip that reveals a numeric code if the TB medicine is detected. They text message the code to their health care provider and get credit toward incentives such as free cell phone minutes. This self-test eliminates the need for health care workers to make several visits during the week to monitor patients. Dr. Mario Raviglione, Director, World Health Organization (WHO) Stop TB Department, found the idea creative, but felt that personal visits must continue, as systems that depend on patients' self-reporting have often failed. The MIT group worked on the problem as part of the university's annual "IDEAS competition," which challenges participants to solve various world problems. Elizabeth Leshen, one of the MIT students, said that they wanted to move health care workers from supervisory roles back to patient care roles. A small study of 20 patients in Nicaragua in 2007 indicated that this system could work, and a larger study is planned for this summer in Pakistan. The team is trying to raise the \$200,000 for the clinical trial. Dr. Raviglione said that the program could be an asset, particularly in developed countries where people are more familiar with technology, but he felt it should be combined with regular visits from health care workers or community leaders who can ensure that patients take their medicine.

PITTSBURGH and NEW YORK CITY: Source of Drug Tolerant TB is Discovered (United States); upi.com, June 16, 2008.

Medical researchers in the United States claim to have found the source of drug-resistant TB and the bacteria causing relapses. They discovered the primary bacteria behind TB can grow on surfaces and that drug-resistant strains flourish in such bacterial communities. According to the scientists, the findings suggest a reason why human TB requires months of intensive antibiotic treatment and indicates a

potential cause of the relapses that can occur. The study was led by Professor Graham Hatfull of the University of Pittsburgh and Professor William Jacobs, Jr. of the Albert Einstein College of Medicine in New York. Collaborators were Yann Guerardel and Xavier Trivelli of the Lille University of Science and Technology, France; Laurent Kremer and Anuradha Alahari of the University of Montpellier, France; University of Pittsburgh postdoctoral researcher Anil Ojha; and Professor Jacob's research associates, Anthony Baughn, Dhinakaran Sambandan, and Tsungda Hsu. The research was reported in the journal *Molecular Microbiology*.

MASSACHUSETTS: Vitamins Improve Tuberculosis Treatment; Reuters, June 12, 2008, by Will Boggs, MD.

A new study led by Harvard School of Public Health's Dr. Eduardo Villamor found nutritional supplements improve the outcomes for patients treated for TB. Villamor and colleagues hypothesized that nutritional supplements could help reduce the risk of disease complications and death in TB patients. The study included 887 TB patients in Dar es Salaam, Tanzania. Participants were given micronutrients including selenium and vitamins A, B complex, C, and E. The use of the nutrients was associated with a slight reduction in the risk of TB treatment failure and with a 45 percent reduction in the odds the infection would return after successful treatment. Among a subgroup of patients who also had HIV, this latter effect was particularly strong. Nutritional supplementation was also associated with a reduced risk of TB complications occurring outside of the lungs. Beneficial immune system effects were observed in HIV-negative patients, but not in those with HIV. Nutrient supplements had no effect on death rates or on progression of HIV. "Results from a single study are usually not sufficient to provide general recommendations," Villamor cautioned. "However, this relatively inexpensive intervention does seem promising as a potential way to improve the outcome of patients receiving antituberculosis treatment." In a related editorial, Dr. Christine Stabell Benn of the Statens Serum Institut, Copenhagen, and colleagues said, "We believe that the findings represent a true effect and that... nutritional supplementation could be an important [additional] therapy for patients with tuberculosis." The study, "A Trial of the Effect of Micronutrient Supplementation on Treatment Outcome, T Cell Counts, Morbidity, and Mortality in Adults with Pulmonary Tuberculosis," and the editorial, "Should Micronutrient Supplementation Be Integrated into the Case Management of Tuberculosis?" were published in the *Journal of Infectious Diseases*.

NEW YORK: Spread of Tuberculosis Seen Slowing Progress on AIDS; New York Times, June 10, 2008, by Lawrence K. Altman.

Speaking before the beginning of this week's high-level AIDS summit, UN officials on June 9 called for more attention to the concurrent AIDS and TB epidemics plaguing many parts of the world. The call to action represents "the next inevitable step if we really want to control these two epidemics, because if we don't do it, the economic, social, and human rights situation will be much worse than it is today," said Jorge Sampaio, who is the UN's special envoy for TB and a former president of Portugal. A particular focus of attention is the spread of drug-resistant TB. Dr. Kevin De Cock, chief of the World Health Organization's HIV effort, warned that drug-resistant TB "has the potential to change how health care workers look at the issue of AIDS care." While workers may accept the modest risk of contracting HIV via contact with blood and needles, "it is quite another thing if you are at risk by sharing air with patients" who are coinfecting with HIV and highly drug-resistant TB, De Cock said. Some people whose HIV infection is kept in check by antiretrovirals are failing to receive the drugs that could cure nonresistant TB, warned Dr. Mario Raviglione, WHO's TB control director. In 2006, only 22 percent of TB patients in Africa and 12 percent worldwide were also tested for HIV. More recently, however, there have been signs of progress. The percentage of TB patients tested for HIV in Kenya rose from 19 in 2004 to 70 in 2007; from 25 to 83 in Malawi; and from zero to 89 in Rwanda, Raviglione said. Worldwide, at least 700,000 HIV patients develop TB each year, and TB will kill an estimated 230,000 of them.

NEW YORK: Chembio Awarded NIH Grant for Rapid TB Test on DPP™ Platform; CNNMoney.com June 5, 2008.

Chembio Diagnostics announced that it has been awarded a \$296,000 Phase One Small Business Innovative Research (SBIR) one-year grant from the US National Institutes of Health (NIH). The grant will be used to develop a rapid, simple, accurate, and cost-effective serological test for tuberculosis disease that can be utilized in resource-limited settings. The current methods of diagnosis are slow or unreliable. New diagnostic tools are needed to address the global tuberculosis problem and improve control programs. This test will utilize the innovative technology developed and patented by Chembio together with selected antigens from a large panel of novel recombinant antigens identified at the Infectious Disease Research Institute (IDRI), a research organization based in Seattle that is dedicated to technologies that address diseases in the developing world. Plans are for the test to be developed for point-of-care or field application, with results produced within 15 minutes of the addition of blood sample to the assay.

CALIFORNIA: Rare Tuberculosis Cases Linked to Mexican Cheese; Orange County Register June 7, 2008, Doug Irving.

In Latino communities in Southern California, researchers have found a potentially deadly strain of TB infection known as *M. bovis*. They suspect that the disease is being imported from Mexico in unpasteurized cheese. In Orange County, health officials say that prior to this outbreak, they had not seen any cases of this rare strain of TB in at least five years. They attribute the lack of cases to a long-running campaign to educate people about the dangers of eating unlabeled cheese and other dairy products. The strain of TB that researchers have now found in San Diego County is mostly linked to cattle, but it can spread to people through raw dairy products. This particular strain remains rare, even in San Diego County. However, more than 90 percent of the people affected with this strain were Latino and mostly from Mexico. The likely source of the TB is a kind of cheese that is known as queso fresco, or fresh cheese, noted researchers from the University of California, San Diego. It is a soft, crumbly cheese that is especially popular with Latinos. In the United States, all dairy products sold are required to be pasteurized. The researchers note, however, that unpasteurized dairy products are common just across the border, in Baja Mexico. Richard Sanchez, the health division director for Orange County, advised people to look for a label and make sure that they know where the food came from. He advised people to buy cheese and other dairy products from a market or store and recommended that people call the county's health agency if they see someone selling suspect cheese.

CANADA: Winnipeg Woman Detained in Jail and Forced to Undergo TB Treatment; Canadian Press, June 5, 2008, by Jen Skerritt.

A Winnipeg woman infected with a virulent TB strain is believed to be the first person in Manitoba to be legally mandated, as a potential threat to public health, to undergo medical treatment. The patient has been held at an undisclosed correctional facility since January of 2008, the Winnipeg Free Press reported. In May, the Winnipeg Regional Health Authority filed a court application to extend the woman's detention by 90 days, arguing that she "remains a threat to the health of the public until such time as she has been cured of her disease." According to court documents, the woman has repeatedly stopped TB treatment and received only four sporadic months of a nine-month drug regimen, placing her at higher risk for developing multidrug-resistant TB. The documents show the patient is addicted to crack cocaine and is known to exchange sex for money or drugs. She also has a limited support network and lacks permanent housing. A contact of the woman has come down with TB, and health officials believe it is "highly probable" the person was infected by her, the newspaper said. "[A court order is] very rare, and the reason it's rare is because most patients who have sexually transmitted infections or TB do comply

with treatment,” said Margaret Fast, Medical Officer of the Winnipeg Regional Health Authority (WRHA). Manitoba Justice and WRHA would not disclose whether any inmates or correctional staff at the facility where the patient is being held have been tested for TB since her arrival.

OREGON: Tuberculosis Found in Multnomah County Jail; Associated Press, June 8, 2008.

The news that an inmate was diagnosed with TB disease prompted plans to test 97 prisoners at Multnomah County Jail. Twenty-four have been tested so far, and one person is being evaluated for possible TB infection. The initial patient was transferred from another institution in March and diagnosed more than two weeks after presenting with respiratory complaints. Routine annual testing of 900 corrections staffers was completed in April and turned up no TB disease cases, said Gary Oxman, the county’s health officer.

ARKANSAS: TB Testing Continues at Craighead County Detention Center: KAIT8, June3, 2008, by Lauren Payne.

About 1,200 inmates and 115 employees of a county detention center are being tested for TB after a former inmate was diagnosed with TB disease recently. Testing began a week ago after Sheriff Jack McCann was notified of the diagnosis. All inmates and personnel who had been at the jail between April 7 and May 22 are being tested. McCann said that all who tested positive will be given chest X-rays. He noted that they should know soon if there are any new cases of TB.

U.S.A.: Tuberculosis in South Asians Living in the United States, 1993-2004: Archives of Internal Medicine, May 12, 2008, by RJ Asghar, et al.

US TB patients are often described in two broad categories, US-born and foreign-born, causing differences among various immigrant groups to be overlooked. In the current study, the authors determined characteristics of patients born in South Asia and diagnosed with TB in the US. All 224,101 TB cases from 1993 to 2004 reported to the US National TB Surveillance System from the 50 states and the District of Columbia were included. Among all the TB patients, 50.5 percent of South Asians were ages 25-44, compared with 40.1 percent of other foreign-born and 31.8 percent of US-born. Compared with other foreign-born patients, South Asians with TB were more likely to have extrapulmonary disease (odds ratio [OR], 1.7) and more likely to be uninfected with HIV (OR, 5.8). However, they were also more likely to not be offered HIV testing (OR, 9.4), or not to accept an HIV test if offered (OR, 11.8), as well as more likely not to be homeless (OR, 2.9) or not to use drugs or excess alcohol (OR, 2.7). “South Asian TB patients in the US are younger and more commonly develop extrapulmonary TB than other foreign-born patients,” the authors concluded. “New TB control strategies that target younger patients and that encourage HIV testing and inform physicians about high extrapulmonary TB in the absence of common risk factors in South Asians are needed.”

TEXAS: Massive TB Check at Two Jails; San Antonio Express-News, May 29, 2008, by Don Finley.

More than 1,000 inmates and staff at two Texas county jails will need TB testing following the diagnosis of active disease in an inmate held at the facilities over several weeks, state and local health officials said. The patient, who is currently undergoing treatment for a TB strain resistant to two first-line drugs, was first jailed in Maverick County and later transferred to Bexar. While TB is not uncommon in jails and prisons, the scope of this investigation is more complex than usual because two jails are involved, and many of the inmates have been released. Health officials say the risk to either community is low, however. Around 100 people connected to Maverick County Jail have already been screened, and public health workers are trying to track down another 50-75 released inmates, said Dr. Sandra Guerra-Cantu, regional medical director of the Texas Department of State Health Services. Starting June 2, at least 900

inmates and employees at Bexar County Jail will be sought for testing, said Dr. Bryan Alsip, assistant director of the Metropolitan Health District. The first focus is on inmates still held in the facilities, said Guerra-Cantu. After that, the investigation will move on to inmates who may have been transferred to other jails or released into the community - some of whom may not wish to be found. "So we've got a big investigation still to do," she said. Those who were exposed will be questioned about possible symptoms and undergo TB skin tests. Persons who test positive will receive a chest X-ray to look for active disease, and some may be offered preventive antibiotic treatment.

FLORIDA: Glynn Student Checked for TB; Florida Times-Union, May 31, 2008, by Teresa Stepzinski.

In Glynn County, health officials are investigating whether a fourth-grader at an elementary School in Brunswick has TB disease. Jim Weidhaas, a spokesperson for the Glynn County school system, said the parents of 21 of the student's classmates were notified by telephone to expect a letter explaining the situation. The initial student has been absent since May 22; May 30 was the last day of school. The letter from the Glynn County Health Department recommended that the children be brought for TB testing on June 4 from 9 to 11 a.m. at the department's headquarters in Brunswick. Notified parents whose children cannot attend that screening are asked to telephone the department at 912-264-3961 to schedule another time.

TENNESSEE: Risk-Based Screening for Latent Tuberculosis Infection; Southern Medical Journal. 2008 Feb; C.A. Haley, et al.

National guidelines recommend targeted tuberculin testing and treatment of latent TB infection among high-risk groups but discourage testing low-risk persons. The researchers determined the latent TB infection prevalence among adults with and without TB exposure risk factors screened in Tennessee from 2002 to mid-2005. Of 53,061 adults tested, the latent TB infection prevalence was 34% among foreign-born persons, compared with 3.2% among nonforeign-born persons. Among nonforeign-born adults, Asian race and Hispanic ethnicity were most strongly associated with latent TB infection. Only 2.4% of low-risk persons had the latent TB infection. Risk-based screening can effectively distinguish persons who will benefit from testing and treatment. Targeted testing programs should prioritize foreign-born persons. Testing of low-risk persons is unnecessary.

DELAWARE: Former Inmate at Webb Facility Tests Positive for TB; Associated Press, May 23, 2008.

A former inmate at a work-release center near Prices Corner has been diagnosed with TB disease, said Department of Corrections spokesperson John Painter. The inmate was at the facility from November 2007 through March 2008. Staff and other inmates at the center who had close contact with the patient will undergo testing, said Painter. Family members and co-workers will also be tested for TB infection. The inmate was determined to have a very low chance of being contagious and is currently being treated at a local hospital, he added.

U.S.A.: Stamp Honors TB Researcher Trudeau; USA Today, May 8, 2008.

Edward Livingston Trudeau (1848-1915) is being honored with a 76-cent first-class stamp from the US Postal Service. Trudeau had TB disease in the late 1800s when he retreated to the village of Saranac Lake, N.Y. Eventually cured of the disease, he went on to found a TB sanitarium there and establish the Trudeau Laboratory, later known as the Trudeau Institute, which continues to study TB and other lung diseases.

CALIFORNIA: Study Links TB, Unsafe Cheeses: Unpasteurized Dairy Items Blamed;
SignOnSanDiego.com, May 26, 2008, by Cheryl Clark.

According to a new study conducted by researchers at the University of California San Diego (UCSD) Medical Center and San Diego County health officials, unpasteurized milk and cheese have caused a form of TB in hundreds of people, mostly Latinos. Between 1994 and 2004, 3,291 cases of active TB disease were reported by the county's TB control program. About eight percent of the patients, 264 individuals, half of whom were younger than age 15 years, were infected with *Mycobacterium bovis*, a strain of TB. Most of the patients with *M. bovis* were Latinos born in Mexico. The chief of the San Diego County TB Control Program, Dr. Kathleen Moser, said that the same pattern of infection continued in 2007. TB takes about six months to treat with antibiotics, but *M. bovis* takes about nine months. Dr. Timothy Rodwell from the UCSD Division of International Health and Cross Cultural Medicine led the new study. His fellow researchers were Stephanie Strathdee, chief of the division, and Dr. Moser. The report was recently published in the online edition of *Emerging Infectious Diseases*. The study was funded by the National Institutes of Health, state research funds for AIDS, and a UCSD endowment study. As a result, public health experts in San Diego County are warning people not to use unpasteurized milk and cheese from Mexico. This is part of the county government's efforts to discourage using queso fresco, or "fresh cheese," and other unpasteurized dairy items from unlicensed street vendors and shops that have not been certified by health regulators. Inspectors from the San Diego County Department of Environmental Health regularly inspect vendors of unpasteurized dairy products to determine if the products were made by licensed facilities. The county also distributes literature warning people about *M. bovis* and has aired a public service announcement on Spanish language TV warning viewers about the bacteria.

CANADA: New Latent TB Drug Saves Lives, Money: Rifampin Improved Compliance, Reduced Side Effects, Saved \$10,000 per Patient; US News & World Report, May 20, 2008.

A report by the Respiratory Epidemiology and Clinical Research Unit at McGill University's Montreal Chest Clinic showed that the drug rifampin saves time, money, and lives when used to treat latent TB infection (LTBI). Anne Aspler, lead analyst on the research, said that four months of rifampin therapy, instead of the current nine months of isoniazid, costs much less for the health care system. Aspler noted that rifampin costs about \$484 less per patient; thus, if four months of rifampin is comparable in efficacy to nine months of isoniazid, then the savings are even greater. Rifampin is available to developing countries at subsidized cost through the Global Drug Facility of the World Health Organization. Aspler noted that rifampin is less expensive and has better patient adherence because of the shorter treatment time. Aspler said that isoniazid therapy is 90 percent effective for patients who complete the treatment, but that fewer than 50 percent adhere to the treatment. Aspler stated that the next step in research is a major phase II clinical trial for efficacy. She further stated that the ideal trials would be in HIV-infected and non-infected patients in low income settings where TB is the leading cause of death for persons with HIV infection. The study was expected to be presented at the American Thoracic Society's International Conference in Toronto, Canada.

GEORGIA: TB Scare in Covington; WSB Radio, May 19, 2008.

Health authorities in the East Metro Health District, Atlanta, Georgia, believe as many as 200 persons may have been exposed to TB from one individual who refused to adhere to his treatment plan and remain at home. The patient was hospitalized earlier, and on May 2, the health department learned of his diagnosis of TB. He was released from hospital three days later and ordered to remain at home while being treated by the health department until he was no longer contagious. However, the patient was arrested May 9, and confined to an infirmary for inmates with communicable diseases. The health department has to trace his contacts for the past three months and test them, including seven children living in his home.

TEXAS: Tests Reveal Dozens of TB Carriers, but No Danger; Houston Chronicle, May 15, 2008, by Ruth Rendon.

Recent testing of students and staff at a Galena Park high school found about 30 people who tested positive for TB infection, but no one who was symptomatic or contagious, according to health officials. The skin tests were performed on May 5 for TB disease because a student was diagnosed with TB disease in April; that student has been away from school since April 4. Rita Obey, a spokesperson for Harris County Public Health and Environmental Services, said a chest X-ray is standard for people who test positive for infection. Those whose results were positive for infection represented about 12 percent of the individuals who tested, and "we don't get concerned until the number approaches 30 percent," she said. In January, 19 of 150 people tested at another high school in the Galena Park district tested positive for TB infection.

U.S.A.: Tuberculosis Risk in US Peace Corps Volunteers, 1996 to 2005; Journal of Travel Medicine. 2008 Mar-Apr; P. Jung, and R.H. Banks.

With the popularity of international travel increasing, more travelers in endemic areas may increase their risk of TB. The researchers analyzed Peace Corps data to assess the risk of TB in long-term travelers from the United States. Purified protein derivative (PPD) conversion and acute TB case data from the Peace Corps Epidemiological Surveillance System as well as postservice claims data were analyzed. The risk of PPD conversion and active TB disease in all countries with Peace Corps volunteers between 1996 and 2005 was calculated and compared with other published data. The overall incidence rates for positive PPD conversions and active TB disease cases are 1.283 and 0.057 per 1,000 volunteer-months, respectively. The Africa region had the highest PPD conversion rate of 1.467 conversions per 1,000 volunteer-months as well as the highest active TB disease rate of 0.089 cases per 1,000 volunteer-months. Per-country incidence rates for PPD conversions and active TB disease cases ranged widely from 0.000 to 5.514 cases and 0.000 to 2.126 cases per 1,000 volunteer-months, respectively. In countries identified as "high risk," there were 1.436 cases of PPD conversions and 0.084 cases of active TB disease per 1,000 volunteer-months. Peace Corps volunteers have significantly higher rates of TB when compared to the average US population but much lower than those reported for travelers to highly endemic countries. Volunteers assigned to highly endemic countries still have a lower risk compared to other travelers to those same countries. Keeping in mind that Peace Corps volunteers are a unique population, these data may be useful in providing medical advice to long-term travelers.

TEXAS: 1,500 Take TB Tests at A&M-Kingsville; Corpus Christi Caller Times, May 13, 2008, by Israel Saenz.

Officials at a Texas university reported that about 1,500 university students, faculty, and staff were given TB tests recently. Free tests were administered after the Corpus Christi-Nueces County Public Health District notified university officials that a male student had been diagnosed with TB disease. The health district staff assisted the university health clinic with the testing. Free testing will be open to anyone on the campus through May 16, while officials trace about 300 persons who were believed to have been in contact with the patient. The campus clinic will charge \$6.00 per test after this period. According to campus officials, so far no new cases were found.

CANADA: Be Vigilant for TB, Health Care Workers Told; Northern Life.ca, May 12, 2008, by Janet Gibson.

Dr. Lawrie Oliphant, a respirologist from Sudbury Regional Hospital, Ontario, Canada, recently told health care professionals at a conference that TB is still a cause for concern. He stated that the disease has been around forever and is hard to treat. He noted that although doctors in Sudbury usually diagnose three to five cases a year, they should always be on the lookout for it. He said that in Canada, about 20 percent of the people with TB disease are Canadian-born aboriginals, and about 70 percent of TB cases are in people born in southeast Asia and sub-Saharan Africa, places where TB disease is prevalent. He noted that the people from Asia and Africa have different forms of TB disease, in that Canadian-born aboriginals acquire pulmonary TB, while those from a foreign country often develop non-pulmonary TB. Dr. Lawrie commented that certain people have a higher risk of getting infected with TB, including poor people; people with HIV infection; people with leukemia or cancer of the head, neck, or lung; and people who take TNF inhibitors or corticosteroids. He explained how TB is transmitted, and that not everyone who is infected develops the disease. He also discussed the treatment and noted that patients who had a hard time adhering to the treatment regimen should inform the local health unit.

FLORIDA: Lantana Tuberculosis Hospital May Soon Go Private; South Florida Sun-Sentinel, May 3, 2008, by Linda Kleindienst; Patty Pensa.

One day after a state hospital in Lantana that treats drug-resistant and noncompliant TB patients was spared by the Legislature from closing, local lawmakers were surprised to learn its operations will be turned over to a private contractor. The state hospital, A.G. Holley State Hospital, is the last freestanding state-run TB hospital in the United States. On May 1, the Legislature passed a \$66.2 billion budget that included \$11 million for Holley, a reprieve from an earlier House vote to shutter the facility. However, the next day Palm Beach County legislators learned the hospital would be turned over to the Denver-based National Jewish Medical and Research Center (NJMRC). "I'm not sure how the Legislature can make the decision to privatize a hospital without any meaningful discussion," said state Sen. Ted Deutch (D-Boca Raton). The possibility of privatizing Holley first came up during Gov. Jeb Bush's administration. Under the appropriations bill, NJMRC would pay for, design, and build a new 50-bed facility to replace the 100-bed hospital that opened in 1950. Holley typically cared for about half as many patients as it had beds, and it has almost 160 full-time employees. "A.G. Holley continues to do what it does best: treating and curing patients with the most difficult and resistant forms of TB," said the hospital's spokesperson, Cory Dolling. "That is our expertise. Legislation and politics, that's not our area of expertise."

NEBRASKA: Homeless Shelter Reports TB Case; Omaha World-Herald, May 6, 2008, by Chelsea Keeney.

The news that a man who had stayed at a mission in Omaha has been diagnosed with TB disease prompted plans to test up to 200 clients of the homeless shelter. The homeless man was diagnosed with TB disease on April 16, said Dr. Adi Pour, Douglas County Health Department Director. The patient is now under the department's care, said Candace Gregory, the shelter's director. Testing of 10 shelter staff members on April 22 found one person who tested positive for infection but showed no symptoms, Pour said. That individual has been sent for further medical evaluation, although Gregory said both she and the staffer consider the result a false positive. Gregory said the TB case was "not a normal occurrence with our facility." She said staff members are emphasizing to clients the need to adhere to proper sanitation practices. The shelter has identified 150 to 200 people whose contact with the infected client may have put them at risk of infection, Pour said, and those people were asked to come to the facility on the evening of May 6 for TB skin tests.

HAWAII: 111 at Farrington High to Be Tested for TB; Honolulu Advertiser, May 6, 2008, by Loren Moreno.

The state department of health (DOH) is investigating the third case of possible TB exposure in a Hawaii public school so far this academic year. Around 106 students and five staff at the high school underwent TB testing beginning May 13, health department officials said May 5. A student, who initially had latent TB, was admitted to a local hospital in January where test samples confirmed that the student had TB disease. Dr. Glenn Wasserman, head of DOH's Communicable Disease Division, said the testing of the high school students and personnel is precautionary, and the chances of infection are low. The student is no longer attending the high school. The first case of school-related TB exposure this academic year occurred in December at another high school. In February, more than 100 students and staff at a high school and an intermediate school were screened after a teacher there tested positive for infection. Janice Okubo, DOH spokesperson, said the cases mark the first time in about five years that the department has had the need to respond to TB exposure in the schools. However, said Okubo, "There is no relationship between any of these particular cases. We don't see there being any type of serious trend or issue because none of the cases are related."

ARIZONA: Attorney: Man with TB No Longer Contagious; Associated Press, May 9, 2008.

Six months after being isolated in the Pima County Jail medical unit, a man who reportedly refused to take TB treatment is no longer contagious, said Robert Fleming, his attorney. A judge ordered the nonadherent man's isolation to protect public health at the behest of the Pima County Health Department, and he was booked on Nov. 20, 2007. The man could be released within a few days, Fleming said.

NEW YORK STATE: Syracuse Student Found to Have TB; Post-Standard, May 9, 2008, by John Mariani.

Following a diagnosis of active pulmonary TB disease, a student at an elementary school in Syracuse is recovering at home for two weeks. Onondaga County Health Department and school officials said the student is expected to make a full recovery. General letters have been sent to inform the parents of children at the school. In addition, officials have identified 30 people, including classmates and teachers, whose contact with the student with TB may put them at risk of infection. Those people or their families have been notified by letter and telephone; testing begins soon. The initial student was diagnosed following routine screening given all recent immigrants, said Dr. Cynthia Morrow, health commissioner. "I do not think that the parents of the school in general should be concerned at all," said Morrow. "The parents of the children who are getting the [testing] letter, I'm sure they will be a little bit concerned, but the important thing is we do not think that this is a highly contagious situation." Syracuse schools' superintendent Daniel Lowengard said, "As a parent, we're always worried. But I think we've done everything to allay anyone's fears. This child's going to be fine, and we're working with the family."

CALIFORNIA: Stop TB Partnership's Executive Secretary Honored by the University of California Berkeley; Stop TB, May 13, 2008.

Dr. Marcos Espinal, Executive Secretary of the Stop TB Partnership, recently was presented with the 2007 Elise and Walter A. Haas International Award by the University of California Berkeley at the university's commencement ceremony. The award honors an alumnus who is a native citizen and resident of a nation other than the US who has a distinguished record of service to his or her country. It is one of the most prestigious honors conferred by the University of California, Berkeley, where Dr. Espinal had earned his masters and doctoral degrees in public health.

WISCONSIN: Alton Woman Claims Unnecessary Drug Led to Need for Liver Transplant; Madison Record, May 6, 2008, by Steve Gonzalez.

A medical malpractice complaint was filed against a physician and the Madison County Health Department, by a woman who alleges that treatment with an unnecessary drug led to a need for a liver transplant. The complainant claims that in August 2006, she was assessed by the physician at the health department and was told that she needed to be treated with the drug isoniazid for nine months for latent TB infection (LTBI). She claims that the doctor and health department employees wrongfully determined that she should be treated with isoniazid; violated rules, regulations, and guidelines of the American Thoracic Society and the Centers for Disease Control and Prevention (CDC) by initiating this type of treatment for LTBI, when it was not indicated; and wrongfully recommended and treated her with the drug when it was not necessary. She also claims that the doctor did not accurately record her history, failed to monitor her, and failed to otherwise assess and treat her in a non-negligent manner. The complainant also claims that she sustained severe bodily injury requiring multiple hospitalizations and procedures including a liver transplant and multiple stents, which caused and will continue to cause pain, suffering, loss of a normal life, medical expenses, and lost wages. Damages are being sought in excess of \$50,000.

KANSAS: Wanted: Isolation Cell for County Inmates; Salina Journal, May 6, 2008, by David Clouston.

Corrections officers in Saline County, Kansas, are requesting permission to spend \$225,000 in next year's budget to build an isolation cell at the jail. The officials explained that there is a higher incidence of TB among prisoners, particularly among Mexican-born prisoners. All Saline County Jail inmates are tested for TB infection. In 2007, 54 of 1,074 prisoners had positive test results for TB infection, and 27 of them were Hispanic. This year so far, 204 prisoners were tested; 16 had positive results for TB infection, and 13 of the 16 were Hispanic. The Commissioners took the request under advisement but asked corrections officials to return with information about how other areas of the state have dealt with the problem. Kansas had 59 cases of active TB disease in 2007 and 64 percent of the patients were foreign-born, with 28 percent from Mexico. Beth Komarek, the jail's supervising nurse, stated that at present, the only local option is to hospitalize inmates suspected of having TB or other contagious diseases at the Salina Regional Health Center, which has two negative airflow isolation rooms. However, this means guards have to be posted to monitor the prisoners at a higher cost and risk to security. The corrections officials plan to convert a prisoner holding area and vacant cell in the old portion of the jail into an isolation cell that could hold up to six prisoners. The cell would have a negative pressure ventilation system to keep the airflow from circulating throughout the jail.

FLORIDA: Some Details in the Budget: Tuberculosis Hospital: Associated Press, May 1, 2008.

Florida's roughly \$66 billion state budget is about \$5 billion less than last year's. Under the new budget, the A.G. Holley State Hospital, the nation's last freestanding TB hospital, will receive \$11 million. Though this represents a cut of \$500,000, it will allow the hospital to keep its doors open instead of closing, as had originally been proposed.

NEBRASKA: Douglas County Says School Tests Show No Spread of Student's TB; Omaha World-Herald, April 30, 2008, by Michael O'Connor.

TB testing recently conducted at Omaha Central High School, where one student was diagnosed with an active case in March, has found no further spread of the disease. The Douglas County Health Department tested 105 students and 29 staff members; seven more students were tested by private physicians.

According to Dr. Adi Pour of the health department, four students and one staff member tested positive for TB infection. The staffer and three of the students were previously known to be positive for TB infection. The fourth student was born in a country where TB is endemic, and the infection probably occurred outside the United States. The five who tested positive are neither ill nor contagious. The initial student has not returned to school. Another round of testing is scheduled for May.

NEW MEXICO: TB Screenings Continue in Clovis; Associated Press, April 30, 2008.

Testing has been completed for half of the Clovis residents who may have been exposed to tuberculosis by a health care worker with the disease. All the results have been negative so far, the state health department said this week. The department announced on April 16 that about 250 people in Clovis and Albuquerque were potentially exposed. Testing of all at-risk persons is slated to be completed by May 10.

MISSOURI: Kirksville College Student Diagnosed with Tuberculosis; Associated Press, May 2, 2008

Because a Truman State University student was diagnosed with TB disease in late April, the school is contacting more than 200 people to recommend they be tested for the infection. The testing is just a precaution, an Adair County health official told the Kirksville Daily Express. Since the diagnosis, the initial person with TB disease has been put in isolation and is receiving treatment at a hospital.

TEXAS: Dallas County to Test Middle School Students for Tuberculosis; Dallas Morning News, May 6, 2008.

On May 6 and again May 8, the Dallas County Department of Health and Human Services is providing TB tests for a small group of students at Sam Tasby Middle School. In late April, the county received notification that a student at the school possibly had TB disease “The chance of any person at Tasby Middle School being infected by tuberculosis is low,” said Dr. Garry Woo, County Medical Director for the TB Elimination Division. State law requires testing when TB exposure is suspected.

FLORIDA: Closing TB Facility Perilous, Survey Says; Palm Beach Post, April 22, 2008, by Kathleen Chapman.

Most Florida county health department directors oppose a plan, already approved by the state House, to close A.G. Holley State Hospital in Lantana. Holley is the nation’s last freestanding, TB-specific hospital, and most of its approximately 50 patients have been involuntarily committed there because they have not been adherent to treatment regimens. An online survey polled members of the Florida Association of County Health Officers, and the leaders of 55 health departments responded. Of those, 49 said they do not think local facilities can properly care for Holley’s patients, many of whom are homeless and are infected with multidrug-resistant TB or coinfecting with HIV. “We have a long way to go before we can even pretend to be able to handle this on a local level,” wrote a representative from Madison County. The Florida House in April voted to close Holley, saying the state could cut \$5 million of its \$11 million budget by shutting down the hospital and contracting with private hospitals for its patients’ care. Gov. Charlie Crist has asked the Office of Tourism, Trade, and Economic Development to work with the Legislature and Lantana’s government on the possible redevelopment of the property. “No one could provide the comprehensive service and monitoring necessary, for any amount of money, in the individual counties,” the Marion County response warned. A Jackson County Health Department representative

praised Holley's staff for saving the life of a patient sent there last year, writing, "This 28-year-old would be dead today if not for the quick action and treatment he received" at the facility. The survey's results did not sway some lawmakers. Rep. Aaron Bean (R-Fernandina Beach), who supports closing Holley, said: "Other states get along very well without a TB hospital. I think we can, too." When 49 states are "doing it differently, that tells me that they may know something that we don't know," said Rep. Mary Brandenburg (D-West Palm Beach).

TEXAS: TB Case at Galena Park High Leads to Testing; Houston Chronicle, April 22, 2008, by Ruth Henderson and Alexis Grant.

Harris County health workers will offer TB skin tests on May 5 for 300 high school students and staff, said Craig Eichhorn, a school district spokesperson. County officials will test those who had the most contact with a student whose diagnosis of TB was made earlier in April. Results of the skin tests will be read on May 7. The student with TB has not been at the school since April 4, so the testing delay "for a week or two doesn't put anyone at risk of being further exposed," said Rita Obey, a county health department spokesperson. The student with TB is being treated and is at home, Eichhorn said.

TEXAS: North Forest Workers Undergo TB Testing; Houston Chronicle, April 19, 2008.

Several central office workers in the North Forest School District underwent TB testing on April 16 after it was learned that a worker there had been diagnosed with the disease. There is no risk to students, said Nakisha Myles, North Forest spokesperson. "The employee had no contact with children," she said. The Harris County Department of Health conducted the testing.

RHODE ISLAND: Second TB Case Reported at Central Falls High; Providence Journal, April 26, 2008, by Tatiana Pina.

TB testing of all juniors, seniors, and staff in March of 2008 at a high school in Central Falls, Rhode Island, has found that a second student has TB disease. The student is a friend of another whose diagnosis of TB disease in January 2008 prompted the testing. Another round of testing is planned for June of 2008. The state health department said June is the earliest time that it is realistic to perform the next tests because it takes time for the infection to become detectable, and testing any earlier could lead to false negative results.

NEW JERSEY: Small Clinic in Bellmawr Faces Big Task; CourierPostOnline.com, April 22, 2008, by Joseph Gidjunis.

The Bellmawr Clinic in southern New Jersey has been converted into the Southern New Jersey Specialty Chest Clinic, serving seven southern counties, Atlantic City, and Vineland with an on-site physician to treat complex TB cases. The clinic has two rooms equipped with special air-filtration systems to eliminate airborne diseases and other specialized equipment to diagnose and treat TB. Thomas Privett, manager of New Jersey's Communicable Disease Service TB Program, said that this region of New Jersey had 14 percent of the state's 2005 cases. New Jersey's Health and Senior Services Department has pressed for regionalized infectious disease care so that patients could be treated closer to home instead of traveling to the University of Medicine and Dentistry of New Jersey in Newark. According to Privett, the primary purpose of the new clinic was to ensure that quality care was available in that part of the state. New Jersey had its lowest caseload in a decade in 2007 with 467 cases. Although the proportion of black and white patients is dropping, the percentage of Hispanic and Asian patients is increasing. Officials have commented that although the clinic is located next to the library, there is no cause for concern, as prolonged frequent contact with a TB patient is necessary for the disease to spread.

NEBRASKA: Spread of Tuberculosis Unlikely at Central High; Omaha World-Herald, April 15, 2008, by Michaela Saunders.

Douglas County Health Department officials began testing students and staff members for TB infection at an Omaha high school recently, two weeks after a student there was diagnosed with the disease. The department will test 140 to 150 people who had daily contact with the student, and it will follow up later to determine if anyone needs further evaluation. At a meeting with parents at the school, Dr. Jose Romero of the University of Nebraska Medical Center said, "We don't expect to find anyone who has active disease." Of 15 family members and friends who had daily exposure to the student with TB, two adults tested positive for infection, said Adi Pour, Douglas County Health Department Director. They will be evaluated to determine whether they have the disease, he said.

CALIFORNIA: Second TB Case on India Flight; San Jose Mercury News, April 17, 2008, by Mike Swift.

A person who was on board a December 2007 flight from India to the US with a woman with multidrug-resistant TB (MDR TB) has tested positive for TB infection, though health authorities do not know whether the transmission took place on the plane. The second patient may have contracted TB while in India, as the first patient did, said CDC spokesperson Shelly Diaz. The initial patient was ill when she took the 16-hour journey on American Airlines flight 293 from New Delhi to Chicago on Dec. 13, 2007. "She had symptoms. She was coughing on the plane," said Dr. Marty Fenstersheib, Public Health Officer of Santa Clara County. About a week after returning home to Sunnyvale, Calif., the woman presented with TB symptoms at Stanford Hospital. She was admitted and underwent almost three months of treatment; she is now continuing treatment at home. The TB strain that she has is resistant to both isoniazid and rifampin. CDC undertook an aggressive effort to locate and test all 44 passengers from 16 states who sat near the woman on the international flight. Her subsequent flight from Chicago to San Francisco was deemed too short for her to pose a risk to other passengers. Indeed, "The evidence for transmission on airplanes is relatively incomplete and not that strong," said Dr. John Jereb of CDC's Division of Tuberculosis Elimination. This is due in part to the ventilation in modern jets, which makes TB transmission less likely there than in homes or other social settings. CDC investigated 68 such cases in 2007, most notably one involving an Atlanta lawyer, who flew home from Europe with what was initially thought to be the much more dangerous extensively drug-resistant TB, but was later found to be MDR TB. The subsequent investigation turned up no one who had TB as a result of being on the same airplane as this patient on two trans-Atlantic flights.

NEW MEXICO: 250 Screened for TB After Scare; Albuquerque Journal, April 17, 2008, by Olivier Uyttebrouck.

The New Mexico Department of Health says it is screening 250 people in Clovis and Albuquerque for TB infection who were in prolonged contact with a health care worker who was diagnosed with the disease recently. The officials declined to identify the institutions where the patient worked. "Casual contact is not sufficient to transmit TB," said Steve Jennison, Medical Director, New Mexico Infectious Disease Bureau. The patient, who does not have a drug-resistant strain of the disease, is being treated in isolation, he said. The patient worked in several Albuquerque and Clovis hospitals and medical clinics, said Dr. Alfredo Vigil, New Mexico State Health Secretary. "We're lifting every rock to find anybody who may remotely have been affected," he said, adding that of 73 people tested so far, none had evidence of infection.

NEBRASKA: Parents Get Answers about Tuberculosis; Action 3 News, April 15, 2008, by Mark Barmann.

After a student at an Omaha high school was diagnosed with TB disease, the Omaha Public Schools and Douglas County Health Department hosted an information session at the school to explain TB disease and treatment to parents. They reassured parents that they should not worry too much. Dr. Jose Romero, an infectious disease specialist, stated that most cases of TB are passed from adults to children and not children to children. No other children have tested positive for TB infection so far, but two adults close to the patient have also developed TB disease. Another round of tests will be conducted in eight to ten weeks to determine whether anyone else is infected. The health experts emphasized that TB can be treated.

PENNSYLVANIA: Second Student Diagnosed with TB; The Intelligencer, April 16, 2008, by Joan Hellyer.

James Lombardo, Superintendent of Bensalem Township School District, Pennsylvania, announced that another student from a certain high school was diagnosed with pulmonary TB. He noted that this diagnosis is not connected to that of the previous student. He stated that the county health department officials have assured him that the disease can be cured with medication. He also said that letters will be sent home to inform parents of the new case. Mr. Lombardo said that the district officials are in the process of identifying students and staff who have had contact with the latest student. These people will be given TB tests. Health department officials announced that 15,000 cases of TB were reported in the US last year, 300 of them occurred in Pennsylvania, with 15 in Bucks County. The school and county health department officials will host a TB information session at 6:30 p.m. on Monday April 21. For further information about TB, the county health department can be reached at 215-949-5805..

FLORIDA: Florida House Votes to Close TB Hospital in Lantana; South Florida Sun-Sentinel, April 11, 2008, by Josh Hafenbrack.

On April 10, the Florida House voted 86-27 to close A.G. Holley Hospital, the last TB-specific hospital in the United States, by Jan. 1, 2009. Its future remains to be seen, however, as the Senate had a day earlier approved only a slight cut to its \$11 million annual operating budget. The differences between the budgets must be settled before the session ends on May 2. Gov. Charlie Crist and major legislative leaders are interested in developing the property of the Lantana Hospital, which treats non-compliant TB patients and those with drug-resistant TB strains. The property was valued at \$34 million in an appraisal last year, and state officials see it as a potential location for high-tech and commercial development. Florida is “casting a wide net” in pursuing new uses for the 134-acre site, said Dale Brill, Director of the Florida Office of Tourism, Trade and Economic Development. “The direction from the governor’s office is to turn that property into a revenue stream,” Brill said. But the Florida Department of Health supports saving the hospital, which boasts a 93 percent cure rate, according to a display at the Capitol that termed it a “center of excellence” for treating TB. “This is just a core public health mission to protect the general public from people who have infectious diseases who are unwilling or unable to take care of themselves,” said Jean Kline, Florida Deputy Health Secretary. “We can’t just disperse people all over the state. We don’t think that’s a workable solution.” The governor’s plans for redeveloping the land include the possibility of continuing operations of A.G. Holley while selling or donating other parts of the property, said Brill. “We recognize the asset, the world-class facility A.G. Holley represents,” he said. “We’re not necessarily saying we’re going to wipe A.G. Holley off that property.”

FLORIDA: TB Case Triggers Fears at Miramar School; Miami Herald, April 12, by Nirvi Shah.

On April 11, rumors about a classmate with TB prompted high school principal Paul Fetscher to confirm the diagnosis over the campus broadcast system. Leading up to the afternoon announcement, students at the school had been whispering about the situation, stoking fear and uncertainty. Freshman Telesha Duke said she noticed one boy wearing gloves all day. “I think he was taking it [too] far,” she said. Fetscher

said he learned of the student's TB on April 8, but was instructed by the Broward County Health Department (BCHD) not to inform parents and students until the following week. Letters explaining the case were scheduled to go out, but because students kept asking him about rumors, Fetscher decided to clear the air. After getting the news, some students called their parents and left school. The county health department believes around 240 people at the 2,500-student main campus may have been exposed to the teenager with TB, who was diagnosed with TB disease in March but showed signs of illness in December, said Dr. John Livengood, Director of Epidemiology for BCHD. One of the student's family members also had the disease. Both are responding to treatment, he said. BCHD is sending out certified letters to students and staff who shared eight classes with the teenager during the first and second semester, said Livengood. The teenager has been absent for much of the current semester. Approximately 1,000 students who attend classes in nearby portable classrooms are not considered at risk for infection.

CALIFORNIA: Second Madera South Student Positive for TB; Fresno Bee, April 12, 2008.

Tuberculosis testing will be expanded at a Madera high school following a second student's diagnosis of TB disease. School officials learned on March 28 that one student has TB; that student has been put on home study. About 100 of the student's classmates and teachers were tested for TB infection. The second student's condition became known on April 10. In addition to the testing for TB infection in 100 of the second student's classmates and teachers, the Madera Unified School District may offer testing to all students at the school, according to district spokesperson Jake Bragonier.

COLORADO: Prisoner with TB Hospitalized: Inmates Get Tested; Denverpost.com, April 14, 2008.

A prisoner at Sterling Correctional Facility, Denver, Colorado, has been transferred to a hospital for treatment of TB disease. Staff and other prisoners at the facility are being tested for TB infection. According to Colorado Department of Corrections spokesperson Katherine Sanguinetti, the prisoner had a positive test for TB infection two years ago, but he was not diagnosed with TB disease, and he had no symptoms. Sanguinetti said that all prisoners are tested for TB infection at the Denver Reception and Diagnostic Center before being incarcerated. The prisoner had been incarcerated since 2001.

MASSACHUSETTS: Sionex to Supply Chips for Draper TB Detector (United States)

MassHighTech, April 8, 2008.

The Charles Stark Draper Laboratory, Inc. has contracted with Sionex Corp, a biological sensor maker, to provide the trace-detection technology for their laboratory's TB detection system. Draper is developing a portable diagnostic and therapeutic device to detect TB using techniques such as trace volatile or breath analysis. Draper officials said that the commercial market needs products like that, and they expect that Sionex's microAnalyzer technology will give faster results in environments where it is not practical to use laboratory equipment or wait days for results. The system will also quickly determine drug-resistant strains.

OKLAHOMA: Updated: TB Patient Isolated after Failing to Comply with Treatment Plan;

Associated Press, April 3, 2008

According to Oklahoma City-County Health Department spokesperson H. R. Holman, a 56-year-old man with TB has been moved from the Oklahoma County Jail to an undisclosed location where his treatment will continue. The patient had agreed to undergo TB treatment and stay in a local hotel while being treated, but he missed daily health department checks after only four days of treatment. The State Health Department then asked the county judge to intervene, and the judge had the patient placed in isolation at the county jail.

VIRGINIA: Postal Workers Are Tested for TB; Washington Post, April 2, 2008, by Michael Laris.)

Fairfax County and US Postal Service officials said a case of TB in a postal worker in Chantilly prompted the February testing of 129 postal employees. Twenty-two workers had tested positive for TB infection before their colleague became sick, so they were not tested again and have shown no signs of illness, officials said. Of those given skin tests, 67 tested negative and 32 positive for infection, said Fairfax Health Department spokesperson Michael Andrews. Chest X-rays cleared 31 of the 32 employees who tested positive for infection; the other worker had a negative sputum test. Recently, the 67 who initially tested negative for infection were given a second round of skin tests, said Susan Fay, a Communicable Disease Specialist with the Fairfax County Health Department. Results were expected within a few days. Fay said the source of the infection for the postal worker with TB disease is unclear, and she noted that the disease can remain latent in a person's body for years. "The assessment in this situation was there was no risk to the public," she said, adding that post office customers do not need to be tested. Officials said it was not an unusual or drug-resistant TB strain. Deborah Yackley, a Postal Service spokesperson, said the employee who had the disease "has undergone treatment and has been declared well and is back to work." In 2007, Northern Virginia had 194 reported TB cases, nearly two-thirds of the state's total. Jane Moore, Director of TB Control for Virginia, said the region has seen "sort of a slow increase" in TB during the past 10 years. However, the numbers tend to "bounce around," and cases were down slightly last year, she said.

MINNESOTA: Health Officials Suspect TB Case at Burnsville High School, Again; Star Tribune, March 29, 2008, by Emily Johns.

The Burnsville-Eatan-Savage School District is sending letters to staff and parents of students at a local high school notifying them that a person at the school is suspected of having TB. A separate letter recommends TB testing for any person who came in close contact with the individual who is suspected of having TB. The district was informed of the possible TB case by Dakota County health officials. A similar incident occurred at the school last year; no one was found to have TB disease. Questions concerning the case can be directed to a public health nurse at the county Public Health Department; telephone 952-891-7500.

FLORIDA: Lantana Center for TB Faces Ax; Palm Beach Post, April 4, 2008, by Dara Kam.

Under a measure passed April 3 in a 27-4 vote by the Florida House Policy and Budget Council, A.G. Holley State Hospital in Lantana, the nation's last free-standing TB hospital, would shut down by year's end. PBC 08-10 would reduce the facility's funding from \$11 million a year to \$5.5 million and require it to go out of business by Jan. 1, 2009. The hospital treats about 50 patients, many of whom have drug-resistant TB or are coinfecting with HIV. "Where would the people go that are currently there? And who would be taking care of them?" asked Rep. Shelley Vana (D-Lantana). "We don't tell them where to put these folks," replied Rep. Aaron Bean (R-Fernandina Beach). "We allow [professionals] to use their knowledge and expertise to put those folks in places where they can be housed. And let's get out of the TB-housing-people business." However, a memo by Health Department officials raises questions about how Holley's patients would access appropriate care without the hospital. It says a consultant's study found it would cost \$1 million more per year to provide outside treatment, and it is unlikely that institutions with appropriate infrastructure would be willing to take the TB patients, who stay for 4.5 months on average, and of whom 60 percent are uninsured. "Lack of sufficient security in most facilities may lead to cases being incarcerated in jails/prisons as seen in other states; 60 percent of [Holley's] cases are court committed due to noncompliance," according to the memo. Bean said the state has 2,600 rooms with the necessary air-handling equipment to house TB patients without spreading the disease, though he acknowledged he does not know how many of these facilities have adequate security to prevent patients from leaving. Some lawmakers expressed concern over making other arrangements within the six-month

timetable. "This could be a major public health disaster if we don't plan carefully," said Rep. Yolly Roberson (D-Miami), a former nurse.

NEBRASKA: Omaha Student Diagnosed with Tuberculosis; Associated Press, April 6, 2008.

A high school student has been diagnosed with TB, said Douglas County health officials. More details on the case are expected soon, said county and Omaha Public Schools officials. According to CDC figures, Douglas County had 10 TB cases in 2007.

NEBRASKA: Student's Relative Also Tests Positive for Tuberculosis; Associated Press, April 7, 2008.

In Omaha, a relative of the high school student with TB has been found to also have TB, according to Dr. Adi Pour of the Douglas County Health Department. About 15 of the student's kin underwent TB testing. Parents of students at the school were notified of the case on April 4. In addition, the parents of about 100 students deemed at risk because they had close contact with the student have been asked to give their consent for in-school testing.

OKLAHOMA and TEXAS: Transplantation-Transmitted Tuberculosis - Oklahoma and Texas; Morbidity and Mortality Weekly Report: 2008 Apr 4.

The spread of TB from an infected organ donor to transplant patients may go undiagnosed while causing unusual symptoms and widespread infection in the recipients, a new report suggests. In June 2007, a 46-year-old organ donor with a history of alcoholism, incarceration, and homelessness died of presumed aspiration pneumonia. The donor had been hospitalized three times in the preceding six months, but TB skin tests were negative. Three weeks after his death, a spinal fluid culture grew TB. Three organ recipients who received the donor's liver and kidneys were notified of the infection in late July, when they began TB therapy. A 50-year-old woman who received a kidney from the donor developed pancytopenia, a depletion of red and white blood cells as well as platelets. Her symptoms included fever, and six weeks after the transplant she developed a sepsis-like syndrome, which led to her death three weeks later. Another kidney recipient, aged 23, developed fever, severe headache, and pancytopenia seven weeks later; however, she fully recovered after beginning TB treatment. A 59-year-old man who received the liver never developed TB. A genetic analysis of the organ donor's TB and the transplant patients' TB showed they were identical, reported Dr. V. Kohli of Integris Baptist Medical Center in Oklahoma City and colleagues. "Investigations of potential donor-transmitted TB require rapid communication among physicians, transplant centers, and public health authorities," they wrote. The authors recommended the collection from prospective donors of detailed information relating TB risk factors, mycobacterial testing and X-ray assessment when risk factors are identified, obtaining a specimen for routine bacterial testing, and preserving donor blood and tissue samples suitable for lab evaluation. TB should be considered when, within the first few weeks after organ transplantation, "the patient has persistent fever, pneumonia, meningitis, septic arthritis, kidney complications, septicemia, graft rejection, or bone marrow suppression," notes an editorial accompanying the report.

VIRGINIA: Chantilly Postal Workers Test Positive for TB; WTOPO news.com, April 1, 2008.

After a postal worker at a Virginia post office was diagnosed with TB in January, Fairfax County health officials tested other workers. Of the more than 120 employees tested, 32 tested positive for TB infection. Michael Andrews, county health spokesperson, told the Washington Times newspaper that the employees had been notified, but not the general public, as the risk was minimal to customers using the post office. The worker who was diagnosed with TB has been treated and has returned to work.

If you wish to receive the **STOP TB USA** messages at a different e-mail address, or if you no longer wish to receive these messages, please reply to jseggerson@tbcoalition.com