

From: STOP TB USA*

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

Please pass this on to others who are interested in the prevention and control of tuberculosis in the United States and globally!

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

These 74 TB-related reports (below) from 24 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 (October-December, 2007). 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.

USA: Fliers Sought After Tuberculosis Scare (United States); USA Today, December 31, 2007, by Steve Sternberg.

On Dec. 30, health officials continued to track down passengers who sat near a woman with drug-resistant TB on an American Airlines flight from New Delhi to Chicago. The woman, a native of Nepal who now lives in Sunnyvale, California, was a passenger of Flight 293 from India to Chicago and flew on to San Francisco on Dec. 13. Around a week later, she was admitted to the emergency room at Stanford University Hospital. She was quite sick, said Martin Cetron, CDC's Director of Global Migration and Quarantine. She was at the extreme end of the severity of the disease. Hospital spokesperson Gary Migdol said she is now stable and doing well. Forty-four people sat close enough to the woman, who was seated in row 35, for possible exposure. **From Chicago, they traveled to California, Colorado, Florida, Georgia, other areas of Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, New Jersey, North Carolina, Ohio, Tennessee, Texas, Vermont, and Virginia.** CDC recommends that all those potentially exposed undergo testing, with follow-up in eight to 10 weeks. All passengers considered potentially at risk will be contacted. The agency is concerned because the woman was feverish and had other symptoms on the plane. While the risk is considered low, TB bacteria can float on air for hours and present a greater threat in the confines of an airline cabin. From June 2006 to June 2007, CDC has investigated around 100 similar incidents, and the numbers are increasing, said Cetron. The odds are this is unlikely to change: a third of the world's 6.6 billion people carry the bacteria, and more than 1 million international passengers arrive in the United States each day. In July, the World Health Organization set guidelines to keep people with TB off planes; however, these can be difficult to enforce. "We can only prevent this if we have a system of recognizing these cases that goes way back to the patient and their provider," said Cetron.

WEST VIRGINIA: TB Diagnosis Prompts Testing of Hospital Staff, Patients; Associated Press, December 29, 2007.

City Hospital officials are contacting more than 800 patients and 60 staff who may have been exposed to TB. An annual screening at the Martinsburg-based hospital revealed that one employee working in the obstetrics unit had active TB disease. Since then, officials have been tracking down people who were in the unit and under the worker's direct care from April 9 to Nov. 29. "We're talking about 880 patients. We had to determine who they were, and compile a list of patients who were potentially exposed," said Michael Groves, vice president of patient care services at City Hospital. Teresa McCabe, the hospital's Vice President for Marketing and Development, said those persons considered at risk will be tested and, if necessary, treated at City Hospital. "We feel that exposure is probably minimal," she said. "A concern is that the employee worked in obstetrics. That is a reason we're really being proactive about this," said Berkeley County Health Officer Diana Gaviria. "We're trying to reach out to all mothers and babies." Notification letters are being sent out to those who may have been exposed, and the county health department will offer free TB screening clinics through January.

NEW YORK: No TB Found in Workers at New Process Gear; Post-Standard (Syracuse), December 19, 2007.

None of the 50 New Process Gear workers tested for TB on Dec. 14 show any sign of infection, said Dr. Cynthia Morrow, health commissioner for Onondaga County. The testing was prompted by the discovery of active TB disease in a person who worked at the DeWitt plant between July and November. Morrow said the 50 employees will need to be retested in two to three months.

KENTUCKY: Northern Kentucky University on Alert after Student Tests Positive for Tuberculosis; Cincinnati Enquirer, December 20, 2007, by Peggy O'Farrell.

Officials at a Kentucky university are warning students and staff that they may have been exposed to TB following the diagnosis of an active case in a person at the school. The Northern Kentucky Health Department is working with the university to contact students, faculty, and others who may have had contact with the patient, who is hospitalized. The contacts will undergo TB testing, said Emily Gresham Wherle, a health department spokesperson.

CALIFORNIA: Officials Call for More TB Testing; San Luis Obispo Tribune, December 21, 2007, by Leah Etling.

Testing of more than 300 students and employees at a Paso Robles high school has revealed a need for follow-up procedures on some individuals, county health officials said in December. Greg Thomas, the county's public health officer, confirmed that several people will need more testing, including chest X-rays. Thomas said investigators have not uncovered any other cases of active TB disease since they began their investigation more than two months ago. At a recent meeting, officials told parents that students with positive tests for infection may continue to attend school while being screened, and, if necessary, be treated.

NEW YORK: State University of New York-Upstate to Test for TB; Post-Standard (Syracuse), December 22, 2007, by James T. Mulder.

The State University of New York-Upstate Medical University will screen 140 employees for TB infection after a non-clinical staff member was diagnosed with an active case of the disease, Onondaga County's health commissioner said. The diagnosis was made Dec. 20, said Dr. Cynthia Morrow. Testing began Dec. 26, and results were assessed later in that week.

INDIANA: No New Tuberculosis Cases Found at Schools; Indianapolis Star, December 22, 2007.

No additional TB cases were found during a recent round of screening at a local high school after a student there was diagnosed with the disease, Marion County health officials said. More than 360 high school students and staff were tested Dec. 14. Another 70 or so middle school students and staff were screened on Dec. 17 as well. Health department officials said there were 19 people at the high school and two from the middle school who tested positive for infection, a rate officials said is normal. Nurses from the department have contacted the parents of students testing positive for infection to urge them to contact their physician for follow-up care.

WASHINGTON, DC: Possible Case of TB Investigated; Washington Post, December 28, 2007.

The District of Columbia Department of Health is looking into a suspected case of pulmonary tuberculosis in a graduate student at a local university. School officials have notified persons who might have been in close contact with the student, who lives off campus, and recommended TB screening for some. The university will hold an information session on campus Jan. 17. Until then, students with concerns or questions can contact the District's TB control program at 202-698-4040 or the student health center at 202-687-2200.

NEW YORK: Upstate Workers TB-Free; Post-Standard (Syracuse), December 29, 2007, by Delen Goldberg.

On Dec. 28, officials of State University of New York-Upstate Medical University said preliminary tests on employees show none has been infected with TB. Upstate officials previously announced they would test 140 employees for TB after a nonclinical worker was diagnosed with an active case on Dec. 20. The worker did not have contact with patients. Spokesperson Darryl Geddes said staff will test at least 75 more employees, and repeat testing will be needed in eight to 10 weeks.

WASHINGTON, DC: Bush Signs \$555B Spending Bill; Kaisernetwork.org, January 2, 2008.

Recently, President Bush signed a \$555 billion fiscal year 2008 omnibus spending bill (HR 2764) which combined 11 unfinished spending measures and will fund the USAID and other global health and international aid programs. The President's Emergency Plan for AIDS Relief (PEPFAR) will receive \$5 billion, about \$1.2 billion more than last year. The Global Fund to Fight AIDS, TB and Malaria will receive about \$841 million, including \$546 million in the State-Foreign Operations section and \$295 million in the Labor-HHS-Education section.

MINNESOTA: TB Rising: Though Declining Nationwide, Tuberculosis Is Increasing in Minnesota as Immigrants Flock Here (United States); City Pages, December 26, 2007, by Rhena Tantisunthorn.

There has been a decrease in the number of TB cases in the US. There were 13,779 cases in 2006, which represented a decrease of 3.1 percent from 2005, and a rate of 4.6; this was the lowest rate and number reported since 1953, when national reporting began. In Minnesota, the rate of TB increased nine percent between 2005 and 2006. Deborah Sodt, Minnesota Department of Health TB Program Manager, said that the state went from 199 cases in 2005 to 217 and felt that the total for 2007 would be about 235 or 240. About 15 percent of the cases diagnosed in Minnesota are resistant to one of the four drugs commonly used to treat TB; this included a case of multidrug-resistant TB. The majority of TB cases in Minnesota's Hennepin County are diagnosed in recent immigrants from places where the disease is common, including sub-Saharan Africa, particularly Somalia and Ethiopia, and Southeast and South Asia (Vietnam, India, and Laos). Dr. Dean Tsukayama, Medical Director of the TB Control Program for Hennepin County, commented that whereas about 50 percent of the TB in the US is diagnosed in foreign-born individuals, in Minnesota, it is more like 82 to 85 percent. He notes that the reason Minnesota has more cases per capita is that the state has more refugees. Doctors in Minnesota are reluctant to comment too loudly on the rise in TB rates because of a fear of anti-immigrant reaction. According to Sodt, the health department does not want to stir up any anti-immigrant backlash.

TEXAS: Not Enough Former Patients Getting Tested after TB Incident; Wacotrib.com, December 29, 2007, by Cindy V. Culp.

After an employee at a Texas hospital had been diagnosed with active TB disease, the hospital identified 175 employees and 782 former patients who might have been exposed. Ten of the former patients have since died from unrelated causes, leaving 772 former patients who need to be tested. Only 225 of the former patients have been tested and received results so far. Of those, 20 tested positive for an infection, said Dr. Farley Verner, an infectious disease physician who assists the health district with community-wide issues. Dr. Verner said that of the 13 patients left, some of them may have picked up TB germs elsewhere. Public health officials are working hard to make sure all potentially exposed patients will be tested, and the officials will aggressively contact all patients who have not responded to the initial letters sent to them. The officials are also setting up additional days for testing at the hospital. Of the employees tested, four had positive results.

COLORADO: Tuberculosis Spreading in Pueblo (United States); KOAA.com, January 2, 2008.

The diagnosis of another active case of TB in Pueblo, Colorado, has brought the number of active cases diagnosed to three. Dr. Christine Nevin-Woods, Executive Director of the Pueblo City-County Health Department, stated that the newly-diagnosed patient is in isolation in a hospital under supervised medical treatment. She commented that TB is not an easy disease to catch, as it requires close prolonged contact with someone who has active TB disease. According to Dr. Nevin-Woods, the new patient was a close contact of the most recent case.

USA: US Medical Resident Familiarity with National Tuberculosis Guidelines; BMC Infectious Diseases. 2007 Aug 2; Volume 7: Karakousis, P.C., et al.

The ability of medical residents training at US urban medical centers to diagnose and manage TB cases has important public health implications. In this study, the researchers assessed medical resident knowledge about TB diagnosis and early management based on American Thoracic Society guidelines. A 20-question TB knowledge survey was administered to 131 medical residents during a single routinely scheduled teaching conference at four different urban medical centers in Baltimore and Philadelphia. Medical resident knowledge about TB did not

improve with increasing post-graduate year of training or greater number of patients managed for TB within the previous year. Common areas of knowledge deficiency included the diagnosis and management of latent TB infection, as well as the interpretation of negative acid-fast sputum smear samples. Many medical residents lack adequate knowledge of recommended guidelines for the management of TB. Since experience during training influences future practice patterns, the education of medical residents on guidelines for detection and early management of TB may be important for future improvements in national TB control strategies.

INDIANA: Southport Students to Be Tested for TB; Associated Press, December 11, 2007.

The news that a student at a high school in Indianapolis was diagnosed with TB disease has prompted plans to test about 200 students and staff for the infection. The Marion County Health Department will conduct the testing. In addition, 69 students at a middle school, who were also determined to have potential exposure to the TB patient, will be tested as well.

MASSACHUSETTS: College Provides TB Testing After Sophomore Diagnosed; Associated Press, December 12, 2007.

About 250 people at a college in Massachusetts have been tested for TB following the diagnosis of active TB disease in a student on the campus last month. Twenty-four people who received the skin test were positive for latent TB, college officials said. None had symptoms, and all were given follow-up X-rays that showed no sign of the disease in their lungs. The initial patient is undergoing treatment.

ARIZONA: Lake Havasu City Woman with TB to Be Isolated; Associated Press, December 15, 2007.

Health officials said December 14 that a Lake Havasu City, Arizona, woman hospitalized with active TB disease since November 30 will be kept in isolation until she is well enough to go home. The woman's response to medication will determine how long she is isolated, said Christine Bronston, a Mohave County Health Department nurse who specializes in infectious diseases. So far, none of the woman's coworkers have tested positive for infection. This case is believed to be unrelated to that of a Lake Havasu City nursing home patient with active TB disease who transmitted it to several people this fall before dying.

NEW YORK STATE: New Process Gear Employees Tested for TB; Post-Standard (Syracuse), December 15, 2007, by James T. Mulder.

On December 14, New Process Gear in DeWitt, New York, tested 50 workers who may have been exposed to a former employee diagnosed with an active case of TB. The former employee, who was a temporary employee at the plant from July to November, is now being treated in another state, said Dr. Cynthia Morrow, Onondaga County's health commissioner. The company notified the Health Department on December 12 after learning of the diagnosis, said Morrow.

BALTIMORE: Dusting Off Old TB Drug May Promote Faster Treatment; Medpage Today, December 18, 2007, by Michael Smith.

According to Eric Nuermberger, M.D., of Johns Hopkins University, and colleagues, treatment regimens that used frequent doses of rifapentine (Prifin) instead of the rifampin (Rifadin, Rimactane) significantly shortened the time to a negative lung culture in mice. Also, there were no relapses after three months of treatment with the rifapentine regimen; whereas, it took six months for the same result with rifampin. These results were reported online in PLoS Medicine. Dr. Nuermberger said that rifapentine, a cyclopentyl-substituted rifamycin with a longer half-life was approved in 1998 as a once-a-week tablet treatment for drug-susceptible TB, but was never really considered effective in low doses compared to daily, high-dose regimens with rifampin. The researchers also substituted moxifloxacin (Avelox) for isoniazid (Nydravid), but that change was less important in improving responses than switching the rifamycin drugs, according to Dr. Nuermberger and colleagues. The researchers compared the drug-susceptible TB treatment of daily rifampin, isoniazid, and pyrazinamide (RHZ) with various dosages and schedules of rifapentine, moxifloxacin, and pyrazinamide (PMZ). At the end of a month, PMZ-based regimens (thrice weekly or daily) were more effective at reducing TB bacteria levels; at two months all but two of the PMZ-treated mice had no colony-forming units, while all of the RHZ-treated animals remained culture-positive; after three months all of

the PMZ-treated mice were culture-negative, while those treated daily with RHZ were still culture-positive; and all mice, with one exception, that got daily RHZ were culture negative after four months. Dr. Nuermberger noted that rifapentine is already approved, and phase II trials to evaluate the higher doses are to begin in mid-2008. It is noted that the thrice weekly regimen with PMZ is important, as it would reduce the resources needed to treat TB and improve treatment adherence. Also, the researchers emphasized that the study is experimental and that there may be important differences in how mice and people respond to the proposed drug regimens.

COLORADO: National Jewish Settles Lawsuit; Denver Business Journal, December 18, 2007.

The US Equal Employment Opportunity Commission (EEOC) announced a settlement with the National Jewish Medical and Research Center to settle a discrimination lawsuit that was filed in September 2006. The lawsuit was brought against the hospital for rescinding an employment offer to a woman because she had a noncontagious form of TB. The EEOC charged that the hospital had violated the Americans with Disabilities Act (ADA). The woman informed the hospital that she had previously tested positive on a TB skin test. According to the EEOC, the hospital action violated its own policy by not calling for a chest X-ray to see if the woman had contagious TB, but required her to obtain her own medical records, which she did. She also presented a letter from the Denver Department of Health stating that she did not have active TB disease. The hospital then told her the documents were insufficient, informed her that she would need an additional exam, and refused to allow its own doctors to examine her, even after she offered to pay for the test. The woman paid for her own chest X-ray that showed she did not have the contagious form of TB, but the hospital still did not allow her to work. The hospital has agreed to pay \$150,000 and conduct training for its managers about the ADA and the hospital's pre-employment medical screening process.

CANADA: Canada's Opera Lyra Joins the Stop TB Partnership; Stop TB Partnership, December 14, 2007

The Opera Lyra of Ottawa, Canada, has joined the Stop TB Partnership and will collaborate on one of the Partnership's newest initiatives, Music to Stop TB. The General Director of Opera Lyra, Elizabeth Howarth, said that the organization is delighted to participate in the initiative, which will raise awareness about TB among opera lovers and inspire love of the opera among people already committed to fighting TB. The initiative is an advocacy project that draws on previous links between TB and opera, particularly the operas La Traviata (Verdi) and La Bohème (Puccini), in which a young woman dies tragically from TB disease. The movement also wants to raise awareness about TB through performances of music by Chopin, Boccherini, Pergolesi, and other composers who died from TB disease. Marcos Espinal, Executive Secretary of the Stop TB Partnership, welcomed the Opera Lyra as a valued partner and said that he anticipates a harmonious working relationship between the Opera Lyra and the Partnership in the urgent need to fight TB. Opera Lyra, which was founded in 1984, is one of the largest independent arts organizations in the Ottawa region and seeks to make opera accessible to as large an audience as possible through community outreach and education.

CANADA: Three New TB Cases in Alberni; Westcoaster.ca, December 17, 2007, by Keven Drews.

According to Dr. Lorna Medd, Medical Health Officer of Vancouver Island Health Authority (VIHA), three new cases of TB have been reported on the island in the past four weeks. According to VIHA, 33 cases have been identified since May 2006. Dr. Medd said the cases are concentrated in the First Nations population, particularly among the adults, and that patients are being treated, but deeper problems of poverty, marginalization, social exclusion, and unemployment remain. She noted that health authorities do not have the budget to manage those kinds of problems. VIHA and Nuu-chah-nulth nurses and other TB response staff are working to bring the outbreak under control. She commented that the rate of occurrences has dropped and that none of the cases involved drug-resistant TB.

TEXAS: Waco Hospital Offers TB Testing after Worker Tests Positive; Chron.com, December 17, 2007.

A Waco hospital has sent letters to nearly 800 patients advising them that they should be tested for TB after a worker at the hospital was diagnosed recently with active TB disease. Hospital officials believe the patients could have been exposed to the worker. Kelly Craine, Waco-McLennan County Health District Official, said that the authorities would like individuals to be tested by January 4, 2008.

ARIZONA: Lake Havasu Nursing Home Patient Had TB, Passed It to Others; Associated Press, December 1, 2007.

Mohave County health officials investigating a case of active TB at a Lake Havasu City nursing home said it is likely the patient infected others before dying this fall. A nursing manager with the county Department of Public Health said its investigation turned up a number of people who had been infected. Of those who tested positive for infection, none has since become ill with TB. Arizona law requires new nursing home residents to be tested for TB, but the skin tests are sometimes inconclusive, said Dr. Karen Lewis, the state's TB control officer.

ARIZONA: Man Jailed for Not Taking His Medication for Tuberculosis; Associated Press, December 6, 2007

On December 5, the Pima County Sheriff's Department confirmed that a Tucson man is being held in the county jail for failing to take his TB medication. "[The patient] is now being held in isolation. The court will decide when he will be released," said Deputy Dawn Hanke, a spokesperson for the Sheriff's Department. More than two weeks ago, the county Health Department petitioned to have the man taken into custody because he represented a serious health risk. Since he has been in custody, authorities said the patient has been taking his medication.

UTAH: State Is Suing to Test Inmate for Tuberculosis; Deseret Morning News (Salt Lake City), December 7, 2007.

On December 6, the Utah Department of Corrections filed civil charges in 3rd District Court against a prison inmate who has refused to be tested for TB. The prisoner was last tested in December 2006. The corrections department holds that not testing the inmate will create a health risk for other prisoners and staff. The required test is minimally invasive, the department said in its filing.

HAWAII: TB Case Leads to Tests at Roosevelt; Honolulu Advertiser, December 5, 2007, by Loren Moreno.

Beginning December 3, about 160 pupils and staff will undergo TB testing at a Honolulu high school, where a student has been diagnosed with an active case of the disease. A test in October indicated possible TB, but the results of confirmatory tests were not available for another six weeks, said Janice Okubo, spokesperson for the state Department of Health (DOH). On Nov. 30, DOH began notifying the parents of those students who need to be tested. The 1,500 students believed not to have been exposed were updated on the situation by a second letter. The initial student is no longer contagious but has voluntarily withdrawn from school and is undergoing treatment at home, Okubo said.

CANADA: McMaster Student Being Treated for TB; Hamilton Spectator, December 7, 2007, by John Burman.

Close contacts of a Canadian university student with active TB disease are being notified and advised to be tested, health authorities said recently. "It's very important that students who receive a communication from public health contact us and make arrangements for testing," said Dr. Elizabeth Richardson, Hamilton's medical officer of health. She added there is no ongoing danger to anyone at the university.

CALIFORNIA: Worried Parents Seek Answers: San Luis Obispo Tribune, December 11, 2007, by Leah Etling, Nick Wilson.

On the night of December 10, some parents of students at a San Luis Obispo, California, high school attended an information session, one held in Spanish, the other in English, concerning a person with an active case of TB at the school. Approximately 120 people took part, posing questions to school and county health officials. Last week, the school sent home letters telling parents of the possible exposure. In all, the county recommended testing of about 200 people. People who received a TB vaccination common in Latin American countries are advised to get blood tests. The rest may undergo skin tests, officials said. The patient was diagnosed with a drug-susceptible strain of the disease and is no longer infectious, officials said.

GEORGIA: North Atlanta Student Has TB; Atlanta Journal-Constitution, December 11, 2007.

Parents and teachers at an Atlanta high school were informed December 10 that a student there has been diagnosed with TB. Fulton County health officials are offering free testing for students at the campus, said Joe Manguno, a school system spokesperson.

U.S.A.: The American Lung Association Commemorates 100 Years of Christmas Seals; Medical News Today, December 6, 2007.

The American Lung Association is celebrating 100 years of Christmas Seals. These colorful stamps have decorated packages during the holidays, and their sales have raised funds for research, education, and advocacy for TB and other lung diseases. The seals were created in 1907 by Emily Bissell, an American Red Cross volunteer, to raise funds for a local TB sanatorium. To celebrate the 100-year anniversary, the American Lung Association has added features to its website. Visitors to the website, www.christmasseals.org, can view past designs, send e-cards, and download seals images for children to color.

INDIANA: Purdue Taking Orders for Tuberculosis Drug; The Indianapolis Star, December 11, 2007, by John Russell,

Purdue University has become North America's sole supplier of the antibiotic drug, seromycin, which is used to treat TB disease. The drug was made by Eli Lilly and Co., but more than a year ago, the pharmaceutical company said it would stop production and transfer the technology to the university to make, test, package, and ship the drug. Purdue plans to manufacture the drug at its Chao Center for Industrial Pharmacy and Contract Manufacturing in West Lafayette, Indiana, as soon as it receives approval from the US Food and Drug Administration. At present, the university has a one year supply of seromycin that was made by Lilly and is taking and shipping the orders.

ARKANSAS: Legislators Seek Health Program Waiver for Marshallese Immigrants; Associated Press, December 11, 2007.

State Senator Bill Pritchard and other state legislators have composed a resolution seeking federal assistance to provide health care for 6,000 to 8,000 immigrants from the Marshall Islands who live in Northwest Arkansas. Although the Marshallese are in the US legally through an agreement with the Marshall Islands government and that of the US, they do not have access to most government-funded health care programs; however, many are arriving with diseases such as TB, syphilis, and leprosy. Senator Pritchard said the situation is a threat to public health, as an outbreak of a serious disease could be a statewide problem.

ALASKA: Tuberculosis Outbreak Discovered in Y-K Delta; The Cordova Times, December 10, 2007 by Dustin Solberg.

According to local health officials, a cluster of six TB cases and ten cases of latent TB infection have been discovered in the Yukon-Kuskokwim Delta. Dr. Daniel Hartman, TB officer at the health corporation in Bethel, said that he expects the outbreak will be contained as this is small compared to other outbreaks they have had. Dr. Hartman stated the health department treats clusters like that frequently and effectively and that state and local health officials cooperate in providing the necessary health services. Dr. Elizabeth Funk, Medical Epidemiologist for the Alaska Department of Health and Social Services, and the TB Control Officer worked closely with local health officials to monitor treatment. Dr. Funk commented that each case is followed very closely, and as soon as they are aware that a case exists, they work directly with families and providers. The outbreak was reported to educate the public about the presence of the disease and the potential danger of it spreading. Dr. Funk also traveled with public health officials to help educate the community.

GEORGIA: No One Infected by TB Patient; Atlanta Journal Constitution, November 28, 2007, by Alison Young.

No passengers have tested positive for TB infection six months after unwittingly sharing flights with a man with a multidrug-resistant strain of the disease, health officials said Tuesday, November 27. In May, an Atlanta attorney with TB disease set off a health scare when he twice took transatlantic flights after being advised not to travel. On May 29, CDC officials said they had a patient, later revealed to be the attorney, under a federal isolation order. According to preliminary CDC data, none of about 250 passengers, including 25 sitting closest to the patient, on a May 12 Air France flight from Atlanta to Paris, appeared to have been infected by the patient. Canadian officials

found no positive results among the 29 passengers sitting closest to him on a May 24 Czech Air flight from Prague to Montreal. "That's reassuring to us," said Dr. Tom Wong, director of the community acquired infections divisions at the Public Health Agency of Canada. Not testing positive for infection within six months of exposure "is strongly predictive that there won't be any development of active TB."

BALTIMORE: Gates Foundation Pledges \$1 Mn Grant to John Hopkins to Build TB Bacterium Tracker; Medindia.com, December 4, 2007.

The Bill and Melinda Gates Foundation has awarded a grant of \$946,000 to Johns Hopkins Children's Center to design a system that visually tracks behavior of the TB bacterium in the body and its response to drug treatments. The system would enable direct real-time observation of the disease progression and response to treatment. Sanjay Jain, M.D., the lead investigator on the project, said that the ability to do real-time monitoring of TB could help researchers evaluate the efficacy of drug regimens in real time. According to Dr. Jain, new ways to better monitor TB and its response to new and old drugs are desperately needed in the global fight against the disease. The new technology will show TB-causing bacteria live with the aid of injected radio-tracing chemicals that attach to the germ and illuminate it and the affected tissues in the lung. Images taken by CT, PET, and SPECT scanners would show the extent of lung tissue damage, inflammation, and the number of bacteria present. Jain notes that this technology will provide faster and more accurate assessment of drug efficacy in animal testing. The system will be developed and tested first in animals, and Dr. Jain hopes that it could be used to monitor TB in humans. It is hoped that the system would enable scientists to develop faster, cheaper drug treatments for humans more quickly and help physicians rapidly adjust drug treatment if needed.

OREGON: Man's TB Triggers Vast Investigation; The Oregonian, November 29, 2007, by Kathleen Gorman.

A worker with active TB disease who did not go the doctor and continued going to work while sick has exposed more than 1,600 persons to the disease. In March, a doctor reported that an employee at a call center in Beaverton, Oregon, had TB disease. Health workers tested six people close to the patient, and five tested positive for infection. Later they tested workers who sat closest to the patient, and many tested positive for infection. They then decided to test everyone in the center. Not all workers returned to have the skin test read, but of 609 people who have been completely tested, 90 had latent infections, and three of the 90 developed TB disease. The investigation is made more difficult because of the mobility of workers. The investigation has spread to seven other Oregon counties, five other states, and online social networking sites such as MySpace and Facebook in order to contact as many as 900 more people. This investigation has become the largest disease investigation county health officials can recall, and the cost has reached \$60,000. Usually, 15 to 20 people get TB each year in the county. Since about 10 percent of latent cases become active if not treated, county health officials urge anyone who worked at the call center from October 2006 to March 2007 to get tested for TB.

NEW YORK STATE: TB Was at Syosset High School; Newsday (New York), November 16, 2007, by Susan Enriquez.

About 330 students, staff members, and recent graduates of a high school in the Syosset school district were asked to undergo TB testing on Nov. 27, said Cynthia Brown, spokesperson for the Nassau County Department of Health. A person at the school was recently hospitalized with TB and is being treated; it was not revealed whether the patient is a student or an adult. Because a positive test result may not occur until eight to ten weeks after infection, a second round of testing will take place in mid-January, Brown said.

MINNESOTA: Brooklyn Park Student with TB Leaves Tech School; St. Paul Pioneer Press, November 19, 2007, by Associated Press.

Hennepin Technical College officials say a student on one of the campuses was diagnosed with active TB disease and has since withdrawn from the school. Health officials are screening students, teachers, and staff members who may have had prolonged exposure to the person with TB. So far, no one else has been found to have the disease.

CANADA: 100 Students Get TB Test; Hamilton Spectator, November 26, 2007, by Rachel De Lazzar.

On Tuesday, November 27, about 100 students at a high school in Hamilton, Ontario, Canada, were tested for TB infection. Earlier in November, a student at the school was hospitalized with the disease. Medical staff will individually assess anyone who tests positive in order to determine the best course of action, said Marcia Matthews, Manager of TB Control, City of Hamilton Public Health Services.

COLORADO: TB Cases Linked to Student's Infection; Denver Post, November 24, 2007, by Erin Emery.

Contact tracing identified 17 people with latent TB infections following the June death of a student at a Colorado university who had an active case of the disease. Most of the persons with latent infection were students from the university. On June 8, a 19-year-old female student from Nepal was taken to Memorial Hospital in Colorado Springs and died hours later from active TB disease. The school gave Pueblo County Health Department (PCHD) officials a list of 174 students who shared classes with the woman. In Pueblo and El Paso counties, 149 people were tested, including 133 of the college students. "Some students just didn't reply," said Jody Carrillo, PCHD's Director of Disease Prevention and Emergency Preparedness. "I can't say why that happened. What's difficult is that it was at the end of the school year, and it's such a mobile set of students that we were dealing with." Ten of those with latent infections are being treated; seven are either considering treatment, have refused treatment, or have moved, said Julie Bettridge, Contact Investigation Coordinator for the Colorado Department of Public Health and Environment. "We can't force anyone to go on treatment for latent TB because they're not infectious; they are not a threat to public health," Bettridge said. "It's really hard when someone doesn't feel sick to tell them that they need to take medicine, a drug called isoniazid, for nine months." It is likely the latent infections are linked to the active case, though it is difficult to determine the exact source of infection, health officials said.

MASSACHUSETTS: Scientists Decode Genes of Resistant TB; Reuters Africa, November 27, 2007.

A team at the Broad Institute at the Massachusetts Institute of Technology and Harvard University has decoded the gene map of a strain of extensively drug-resistant TB (XDR TB) and sequenced the genome of a strain of multidrug-resistant TB (MDR TB) and other TB bugs. The researchers said that they have identified mutations in the XDR TB strain that may lead to development of better treatment and may explain how mutant strains evade antibiotics used for treatment. Megan Murray of the research team said that by examining the genomes of the different strains they can learn how the TB microbe develops resistance to current drugs and how new drugs might be designed. Eric Lander, one of the researchers, said that it is important to make the data available immediately, especially for researchers in areas where TB is endemic. The researchers studied a strain of XDR TB that affected people in KwaZulu-Natal, South Africa. They also identified some genes that may be important to the spreading of TB. Murray said that she hoped the results lay the ground work for development of a rapid diagnostic test for TB, as such a test would help prevent the spread of TB, particularly the most virulent strains. The sequences are available on the Internet at http://www.broad.mit.edu/XDR_TB or through the TB database, www.tbdb.org.

COLORADO: Pueblo Co. Officers Headed for TB Tests; denverpost.com, November 27, 2007, by Erin Emery,

The Director of the Pueblo County Health Department, Chris Nevin-Woods, stated that between 60 to 100 people will be tested to determine if they have been infected with TB. This number includes police officers, sheriffs' deputies, and medical personnel who work at the Pueblo County Jail, as well as employees and patrons at a soup kitchen and an agency that helps the homeless. According to Nevin-Woods, these people had been in contact with a 71-year-old man who had active TB disease. The man had been given a TB skin test while in the Pueblo County Jail. After he tested positive on the skin test, he was given a chest X-ray, but by the time the X-ray results were received, the patient had been released. He was found by a public health nurse and is being treated at a local hospital. Nevin-Woods said that nurses are trying to determine how long the patient had active TB disease and are trying to reach all who had been in contact with him.

ARIZONA: UMC Site May Have Put 2,400 at TB Risk; Arizona Daily Star, November 27, 2007, by Carla McClain.

According to county health officials, about 2,400 cancer patients at the Arizona Cancer Center at the University Medical Center North may have been exposed to active TB disease from a fellow cancer patient. The woman received outpatient cancer treatment at the facility from January through August before the TB disease was diagnosed. Dr. Michelle McDonald, Pima County, Arizona's Chief Medical Officer, stated that the risk of infection

in that setting was low, as a long period of exposure is needed to be infected; however, since cancer patients usually have weakened immune systems due to the disease or treatment, the health department will screen all possibly exposed patients. Letters were sent to any patient who was at the Cancer Center on the same days as the infected patient. The letters described the possible risk of TB infection and requested that the cancer patients go to one of six walk-in clinics for testing. The letter assured the patients that if they have acquired the infection, they will be treated to prevent becoming sick from the disease.

ALABAMA: Decatur Poultry Plant Awaits TB Test Results, Says Workers Legal; Associated Press, November 6, 2007.

Since one former and one active employee at the Wayne Farms chicken processing plant were diagnosed with TB disease, all 849 employees have undergone testing for TB infection, say state health officials. Results are pending from X-ray examinations of 165 employees who tested positive for TB infection, said officials. The Decatur Daily reported recently that both initial patients were Hispanic and born outside the United States. The Daily reported Wayne Farms had applied for neither temporary nonagricultural work visas nor temporary agricultural work visas with the US Department of Labor between 2000 and 2006. The state's Interim Director of TB Control, Scott Jones, told the newspaper that the majority of employees being tested are foreign-born. Wayne Farms declined to say whether the two cases occurred in undocumented immigrants or if the immigrants were working with visas, but its marketing director, Stan Hayman, said the company does everything it can to verify its employees are in the country legally. Neither temporary visa requires TB screening of a worker, said Boyd Campbell, a Montgomery immigration attorney.

ATLANTA: CDC Report on TB Traveler Urges More Coordination; Reuters, November 1, 2007, by Maggie Fox.

A CDC review of the case of a TB-infected Atlanta patient who, against health officials' advice, flew to Europe and back in May suggests the agency can better respond to similar future episodes with a mix of faster communication and improved training. On Nov. 1, Reuters obtained the "After Action Report," which is a standard review process CDC makes after an incident. The report suggests local officials need to be told of flexible CDC powers that allow it to stop people from traveling. Local officials in Georgia said they did not believe they could legally act to prevent travel by the patient, who had multidrug-resistant TB, until he had disobeyed their orders. When the patient learned in Rome that state, local, and federal authorities did not want him to travel, he made last-minute changes to his itinerary. He flew to Canada and, despite a border alert to detain him, crossed into the United States. The report calls for more coordination among airlines and federal agencies during emergencies, including the quicker transmission of passenger information. Airlines should improve ways to track and contact passengers, the report said. "In this case, there were delays in finding his itinerary and locating the patient abroad," it stated. "Airlines were cooperative but unable to provide information without itinerary information." The report suggests CDC staff should be embedded at the Department of Homeland Security, which oversees Customs and Border Patrol, so they can offer advice in such situations. CDC and federal agents at airports should have centralized communications offices so everyone who needs to know about a situation can do so quickly, said Dr. Martin Cetron, Director of CDC's Division of Global Migration and Quarantine. One reason the patient gave for fleeing Rome was that he believed CDC would not transport him back to the United States, and he feared inadequate treatment in Italy. CDC will have a \$3 million mobile isolation unit to use on aircraft ready by spring, Cetron said. CDC is already making many of the changes the report recommends, he added.

GEORGIA: Lilburn Student Does Not Have TB: Atlanta Journal-Constitution, November 6, 2007, by George Chidi.

A suspected case of TB in an elementary school student, which prompted the testing of 55 pupils and three adults at an elementary school in Lilburn, turned out to be a false alarm. After a skin test raised the alarm that the initial student might have the disease, a more sophisticated test proved this was not the case. The subsequent testing, however, turned up two children who tested positive for TB exposure. They and the initial student will undergo nine months of antibiotic treatment as a precaution.

MASSACHUSETTS: Tests Ordered for Students After TB Diagnosis; Associated Press, November 6, 2007.

School officials in Chelmsford, Massachusetts, have notified students and parents that a student was diagnosed with TB disease. The state Department of Public Health informed the school about the case, said Donald Yeoman, schools superintendent. He said letters were immediately mailed to the parents of other students, along with testing permission slips for those thought to have been exposed to the pupil with TB disease. A bus driver, four staff members, and 175 students will be offered TB testing.

CANADA: Homeless Liaison Working with Yellowknife TB Cases; CBC News, November 5, 2007

A former street person and reformed substance abuser has been working to help Northwest Territories Public Health Department control the TB outbreak among Yellowknife's homeless population. Of the 12 cases of active TB disease, 10 are linked to the outbreak originating from a homeless man who had stayed at the Yellowknife Salvation Army earlier in the year. The former street person helped contact some of the people who had been in contact with the patient. According to Kay Lewis, Executive Director of the Yellowknife Health and Social Services Authority, homeless people are difficult to contact, but the former street person's informal networking was useful in getting homeless people to report to public health for testing. She commented that it would have taken public health staff much longer to contact people without the assistance of the former street person. He now is helping to observe the 10 Yellowknife patients take their medication.

ALABAMA: Over 200 Positive for TB at US Poultry Plant; www.worldpoultry.net, November 5, 2007

The TB testing of 765 employees of Wayne Farms LLC's poultry processing plant in Decatur, Alabama has been completed by the Alabama State Department of Public Health's TB Control Division. Testing was done in two batches. In the first batch of 167 employees, 47 persons had positive skin tests, and one of these had active TB disease. In the second group of 598 persons, 167 had positive skin tests. Chest X-rays will be done to determine if any of the employees who had positive results are active and contagious.

ALABAMA: Second TB Case Prompts More Testing at Decatur Chicken Plant; Associated Press, October 25, 2007.

About 600 employees at the chicken processing plant in Decatur, Alabama, will be offered TB testing following the diagnosis of a second active case at the facility. Some 200 workers were tested after the initial active case was discovered. Family members and others who spent time with the workers with TB disease away from the plant will also be offered testing. State Health Officer Don Williamson assured the public that persons eating chicken from the plant are not in danger of contracting TB. Both patients are Hispanics born outside the United States, Williamson said.

GEORGIA: School to Test Dozens for TB; Atlanta Journal-Constitution, October 27, 2007.

The news that one student is suspected of having TB prompted plans to test 62 pupils and three staff members at an elementary school in Lilburn. "The Health Department will be testing only students and faculty members who were in close and continuous contact with the student suspected of having TB," said a letter sent to parents. The testing will be conducted on the next Tuesday; health department staff will return the following Friday to evaluate the results.

LOUISIANA: Tuberculosis Threat Still Murky; New Orleans City Business, October 29, 2007, by Richard A. Webster.

Although the TB epidemic that health officials predicted would follow Hispanic laborers to New Orleans did not occur, some people believe that the city is still at risk. According to Charles DeGraw, administrator for the Louisiana TB Control program, many workers are from countries with high rates of TB. They are in the US illegally and do not seek medical care even when they show signs of illness. DeGraw said that when Hispanics showed up at the hospital, they were not symptomatic for TB. They came for cuts or broken bones and were then diagnosed with TB. DeGraw noted that there was not a dramatic increase in TB cases because the number of day laborers has decreased compared with the months after the storm when there were more of them seeking work. There are an estimated 55,000 Hispanics in Orleans and Jefferson parishes according to the US Census Bureau. In 2006, there were 4.6 cases of TB per 100,000 people in the US compared to 47 per 100,000 in Mexico, and two percent of TB

cases in the US are drug-resistant compared to 25 percent in Mexico. There were 207 cases of TB in New Orleans in 2006, 257 in 2005, and 249 in 2004. Degraw said that after Hurricane Katrina, the annual number of TB cases on the North Shore jumped from 15 to nearly 28. Mikal Giancola, Latin Outreach Coordinator for the Office of Public Health HIV/AIDS Program, said that Hispanic workers are at high risk for contracting communicable diseases such as TB because of their living conditions. Giancola noted that even when a clinic is available, day laborers may not go for treatment. He said that they come from countries where they are not used to getting health care, and they just want to work and save money.

ALABAMA: 47 Infected with TB; Decatur Daily News, October 18, 2007, by Eric Fleischauer.

On Tuesday, October 16, the Morgan County Department of Health said 47 of 167 Wayne Farms employees given a TB skin test were positive for TB infection. County health officials began testing on Oct. 10 after a former employee, who worked at the poultry processing plant about two months ago, was recently diagnosed with the active disease. The number of positive skin test results "may be more a reflection of the rate of infection in their country of origin," as many employees were born outside the United States, said Scott Jones, Interim Director of TB Control for the Alabama Department of Public Health. Those testing positive had chest X-rays to ensure they did not have active, contagious disease, and results from the X-ray examinations will be read soon. The former employee with active disease is being treated in a hospital. All workers who test positive for TB infection will be encouraged to take a six-month course of preventive antibiotic treatment, said Jones. Preventive treatment is free, but the department cannot require it of patients with only latent TB infection, he said.

WASHINGTON, DC: Congress Orders Probe of TB Case; Washington Times, October 19, 2007, by Sara A. Carter; Audrey Hudson.

On Thursday, October 18, the Independent Chairperson and the ranking Republican on the Senate Homeland Security and Governmental Affairs Committee called for an explanation into why federal officials did not stop a Mexican national with multidrug-resistant TB (MDR TB) from repeatedly crossing the US-Mexico border. Sen. Joseph Lieberman (I-Conn.) said he is "disturbed by the apparent poor coordination between CDC and the Department of Homeland Security (DHS) that allowed a Mexican citizen known to be infected with a highly drug-resistant form of TB to cross the Southern border 76 times and board an airplane without detection." "This troubling incident appears to be another outrageous failure of a border-security system that is struggling to keep pace with modern threats," said Sen. Susan Collins (R-Maine). In the spring, federal officials were coping with the case of the Atlanta attorney infected with MDR TB, whose international air travels sparked a health alert. Congress held hearings on that case in June. Federal officials first received information about the Mexican national with MDR TB on April 16. "Clearly, the federal government has not learned its lesson from the previous case, and I intend to find out why," said Lieberman. The case of the Atlanta lawyer generated a Memorandum of Understanding on the sharing of information between CDC and DHS. "Either that new procedure was not yet in place at the time of this incident," said Collins, "or those changes were inadequate." Rep. Peter T. King (R-N.Y.), ranking Republican member on the House Homeland Security Committee, said "these allegations clearly demand an explanation. [DHS] is responsible for protecting our nation from a number of different threats, and any potential security breach must be addressed immediately."

TEXAS: US Officials Could Not Catch a Mexican Infected with Tuberculosis: Associated Press, October 18, 2007, by Eileen Sullivan.

In the spring, US officials were unable to stop a man infected with multidrug-resistant TB (MDR TB) from crossing the US-Mexico border because the doctor treating the person did not have the patient's real name, according to a US official briefed on the incident who requested anonymity because he was not authorized to publicly discuss it. The clinic treating the patient in Mexico, affiliated with the Texas Health Department, unwittingly provided US officials with a pseudonym the patient used, said the official. In the meantime, the infected patient crossed the US border 21 times between April 16 and May 31 under his real name and real travel documents, said Michael Friel, a Customs and Border Protection (CBP) spokesperson. US officials were on the alert for a traveler matching the infected man's pseudonym. On April 17, CBP suspected they had erroneous information and alerted health officials. On May 31, the patient revealed his true name to his doctor because of all the publicity surrounding the case of the Atlanta attorney with MDR TB who evaded federal officials while traveling internationally. With the TB patient's real

identity, federal officials were able to prevent his re-entry. Department of Homeland Security officials have confirmed that the patient is currently living in his home in Juarez.

MARYLAND: Sequella's TB Drug Wins Special Status: Treatment Targets Resistant Strains in Poorer Countries; The Daily Record, October 22, 2007, by Karen Buckelew.

Sequella Inc., a biotech company based in Rockville, Maryland, has won "orphan drug" status from the Food and Drug Administration and the European Medicines Agency for its work developing the TB drug known as SQ109. Orphan drug status means monetary benefits for the company, including discounted regulatory application fees and exclusive marketing rights for a period of time if the drug is commercialized. It also gives the firm the benefit of advice from and consultations with the two regulatory bodies as the drug is developed. Sequella's drug targets a different mechanism of the TB bacterium from the drugs used at present, which means it could kill bacteria that are resistant to other drugs. It aims to shorten treatment times and target drug-resistant strains. The drug is about to enter a second Phase I safety trial after the positive results of the first trial last spring. The trial will be conducted at the National Institutes of Health's National Institute of Allergy and Infectious Disease. According to Dr. Gary Howith, Sequella's Chief Medical Officer, Sequella has applied for NIH grants for the Phase II trial, which could begin in late spring or early summer of 2008, if the Phase I trial is successful. Sequella was also granted fast-track status by the FDA in January of 2007 and has received more than \$18 million in federal funding since 2000 for its TB drug development and its TB test. Sequella's founder and CEO is Carol Nacy.

ALABAMA: ADPH Offers Tuberculosis Skin Tests; Medical News Today, October 22, 2007.

The Jefferson County Department of Health and the Alabama Department of Public Health are working with the staff of a university in Alabama to assure faculty, staff, and students who may have been exposed to a case of active TB disease receive skin tests. About 225 people in three different classes will be offered skin tests. The state Department of Health is also providing skin tests to staff at a data entry company in Shelby County where the patient worked. Company officials have worked closely with the health department, and 140 individuals working near that individual have been identified. The Assistant State Health Officer for Disease Control and Prevention, Dr. Charles Woernle, said that no additional cases of TB have been identified and that the investigation is proceeding according to protocol. He reassured the public that updates will be provided through the process. Any person who tests positive but does not have active disease will be offered preventive therapy.

ILLINOIS: TB Case Hasn't Fueled Scare at High School; Daily Herald, October 22, 2007, by Kimberly Pohl.

Area Unit District 220 Superintendent Tom Leonard reported that attendance was typical on Monday, October 21, and that no special precautions have been necessary at the Illinois high school where a student was reported to have TB disease. A staff member of the Lake County Health Department went to the school to test about 30 students and staff who were identified as having been in close enough proximity to be at risk of infection. The student's physician had notified Cook County health officials, who in turn notified the high school. Superintendent Leonard said that there were some phone calls and conversations with parents of people in the group of 30, but people have been mostly thankful for information. The case has not prompted any panic or many calls of concern. Leonard stated that there was no need for the school to take additional measures.

VIRGINIA: 25 People Test Positive for Exposure to TB at 2 Beach Schools; Virginian-Pilot (Norfolk), October 10, 2007, by John-Henry Doucette; Lauren Roth.

Virginia Beach's health director said Tuesday, October 9, that 25 people from a high school and a technical school have tested positive for TB infection. The testing was undertaken following a diagnosis of TB disease in someone connected to the schools. Venita Newby-Owens said 181 people at Salem High were tested for TB infection, 16 of whom tested positive. Four of these persons have other risk factors beside contact with the TB patient, she said. At the tech school, 31 tests revealed nine positive results; all nine had other risk factors. The public health department has 32 people left to test, she said. According to Newby-Owens, the positive skin tests show infection, not active disease, meaning it cannot be spread. The initial patient is undergoing treatment and responding well, although the patient has not been cleared to return to school, Newby-Owens said. Persons who tested negative for infection will be retested in November, she added.

CONNECTICUT: TB Exposure Possible at Manchester Community College; Hartford Courant, October 10, 2007, by Jim Farrell.

Dozens of students and staff at a community college will undergo TB testing starting Monday, said Maryann Cherniak Lexius, director of health for the town of Manchester. Letters were sent to people who may have had exposure to a person later diagnosed with TB. The patient is no longer on campus and is receiving treatment, said Lexius. As soon as health officials learned the patient had spent time on the campus, case workers and college officials developed a comprehensive list of possible exposed persons. Though Lexius would not specify how many people are being monitored, she did say it was fewer than 100. Students and college employees who did not receive notification will not be tested, Lexius said, adding that they could always choose to be tested by their personal physician if desired. For more information, telephone the Manchester Health Department.

U.S.A.: FDA Approves New TB Test; The Signal, October 17, 2007, by Tammy Marshlian.

Since its new TB blood test was approved by the FDA recently, Cellestis Inc. hopes that the 100 year-old tuberculin skin test will soon be gone. According to Mark Boyle, Senior Vice President of Sales and Marketing for Cellestis Inc., the new test, known as the QuantiFERON-TB Gold IN-Tube (QFT), will save time and money for clinicians, as it will reduce the number of false positives. The test took 18 months to receive the FDA approval, and Cellestis hopes it will be available to clinicians in the next couple of weeks. The TB skin test measures the amount of swelling on the patient's arm to assess whether the patient has TB. Boyle explains that a large proportion of the population tests positive for TB infection without having it; for example, immigrants who have had a BCG vaccine prior to coming to the US can have a false positive test for TB infection. He also explains that measuring the swelling on a patient's arm can be subjective, preventing the clinician from determining a clear positive or negative result; however, QFT detects cell immune responses to proteins specifically associated with TB. In addition, Boyle maintains that results can be available within a day, eliminating the time it takes to process the current test and the problem of patient follow-up. He stated that the test was originally designed around 15 years ago in Australia to battle TB in cattle, but when researchers saw how effective it was, they decided to make a version for humans.

CANADA/U.S.A.: TB Outbreak in Port Alberni Linked to Crack; Times Colonist (Victoria), October 4, 2007.

Vancouver Island health officials are blaming the use of crack cocaine for a tuberculosis outbreak in Port Alberni. The outbreak began in April 2006; since then, it has involved 31 active cases, four of which were highly infectious. The patients ranged in age from 15 months to 60 years.

FLORIDA: Testing of Kids Urged After Teacher Contracts TB; Orlando Sentinel, October 3, 2007, by Laurin Sellers.

Health officials said a teacher at Discovery Elementary School in Palm Bay has been diagnosed with TB disease, and now about 50 students and staff are being advised to undergo testing. The teacher, who had not been coughing or showing other signs of TB disease, was sent home to recuperate and is taking medication, said Dr. Heidar Heshmati, Director of the Brevard County Health Department. The school notified parents Monday after learning of the teacher's test results. Those tested will undergo further testing in three to four months, Heshmati said. Florida's TB caseload has been the fourth-highest among US states for several years.

MISSISSIPPI: 33 Test Positive for TB at Pearl River County Jail; Associated Press, October 5, 2007.

On Friday, October 5, the interim state epidemiologist for the Mississippi Department of Health said 28 inmates and five staff at the Pearl River County Jail in Poplarville have tested positive for tuberculosis infection. Dr. Mary Currier said chest X-rays of the infected inmates showed no active disease. The employees had yet to undergo X-ray examination, she said. The Health Department and jail officials have been testing inmates who may have been exposed to a federal prisoner housed at the jail from June 6 through Sept. 13. That inmate has been diagnosed with TB disease and hospitalized. Currier said the next steps are to provide preventive therapy for those who tested positive for infection, to evaluate potentially exposed employees, and to locate other people who may have been exposed to the prisoner with TB disease.

SAN DIEGO: Tuberculosis Alert Issued in Downtown San Diego; San Diego Union-Tribune, October 4, 2007.

Health authorities are warning that people who spent at least 16 hours in any of four buildings downtown between May 1 and Sept. 22 may have been exposed to a person with TB disease. The exposures may have occurred at: City Library, 820 E St., first floor mystery section; Star Bar, 423 E St.; the senior center at 928 Broadway, during breakfast or lunch; Salvation Army San Diego Center, 825 Seventh Ave., during weekday breakfasts 8:30-9:30 a.m. Those potentially at risk need testing and possibly treatment, health officials said.

ARIZONA: TB Patient Flees US “Abuse” for Russia; Associated Press, www.CBSNews.com, October 9, 2007.

A TB patient, who had been placed in solitary confinement in a Maricopa Medical Center jail ward in August of 2006, has left the United States because he was unable to take the “abuse” anymore, according to his attorney. The patient, who holds Russian and American citizenship, began suffering from a drug-resistant strain of TB after he returned from Russia last year. Following complaints by health officials, a judge had ruled that the patient recklessly exposed others to his illness by going out in public without a mask. His attorney stated that the patient felt threatened by the sheriff from the county. While in custody, the authorities treated the patient as an inmate, and confined him to isolation and put him under constant video surveillance. The patient was not given a phone, shower, television, or other comforts. He underwent lung surgery in September of 2007, and had been living in a Phoenix-area motel under monitoring by Maricopa County Public Health officials for the past few weeks. Doctors ruled that he was no longer contagious. His attorney, Linda Cosme, said that the patient had sent her an e-mail from Moscow after arriving there on a flight October 7.

CONNECTICUT: TB Concerns at Manchester College; October 8, 2007.

School officials at Manchester Community College are notifying students and staff that they might have been exposed to TB. The Manchester Health Department notified the college recently that a student with TB disease may have infected others. On October 15, the college will be offering free TB testing to any students who want to be tested. The college administration is alerting other students and professors who might have been exposed. The college urges anyone with concerns to contact the Manchester Health Department at 860-647-3173.

MASSACHUSETTS: Gates Foundation Leads the Charge Against Tuberculosis with Northeastern University; News-medical.net, October 7, 2007.

Dr. Kim Lewis, Professor of Biology and Director of the Antimicrobial Center, is among the recipients of \$280 million in grants from the Bill and Melinda Gates Foundation, Northeastern University announced on October 7. The grants are dedicated to supporting research and speeding the development of TB vaccines, diagnostic tests, and treatments. Dr. Lewis has been awarded a \$750,000 grant to develop an approach to antituberculosis therapy by studying the latency of TB. Dr. Lewis is a leading expert on dormancy in bacteria. His lab discovered that many pathogens form “persister” cells that neither grow nor die and are unresponsive to antibiotics. By working with a model organism, E. coli, Dr. Lewis and his group were able to isolate these persister cells for the first time and thus study the genes responsible for dormancy. With the support from the Gates award, the knowledge gained from his research can now be used to learn whether a similar dormancy program is responsible for the latency of TB. These findings will lay the ground for the development of anti-TB drugs capable of eradicating dormant cells, thus drastically cutting the time of treatment.

U.S.A.: Risk of Progression to Active Tuberculosis among Foreign-Born Persons with Latent Tuberculosis Chest. Jun; Volume 131, 2007 Apr 5.; Patel, S., et al..

Increased risk for tuberculosis (TB) disease has been identified in foreign-born persons in the United States, particularly during the first 5 years after their arrival in the United States. This could be explained by undetected TB disease at entry, increased prevalence of latent TB infection (LTBI), increased progression from LTBI to TB, or a combination of these factors. The researchers performed a cluster analysis of TB cases in Boston and a case-control study of risk factors for TB with an unclustered isolate among Boston residents with LTBI to determine whether such persons have an increased risk for reactivation of disease. The researchers conclude that the increased risk for TB among foreign-born persons in the United States may be attributable to the increased prevalence of LTBI among foreign-born persons or the increased prevalence of active disease at arrival in the United States, but not to an increased rate of reactivation among persons with LTBI.

CANADA: TB Infections Among International Adoptees Rising, Screen on Arrival: Study; Canadian Press, October 2, 2007.

TB infection rates among United States international adoptees have risen considerably over the past 20 years. In recognition of this fact, Canada has called for a screening for this disease of all incoming adoptees arriving in Canada. The study, published in Pediatrics journal, covers the years 1986 through 2001 and followed up 869 foreign born children adopted into US families. The lead author was Dr. Anna Mandalakas, who is the head of the adoption health service at Rainbow Babies and Children's Hospital in Cleveland, OH. Twelve percent of the children were infected with TB, and the rate of TB infections among the adoptees rose seven percent with each passing year through the period studied. The full results are published in the September issue of Pediatrics journal (Pediatrics, Sep 2007;10:e610 – 1616). Two Canadian TB experts urged that TB screening policy for international adoptees be instituted in Canada and suggested that territories and provinces should follow up with adoptive parents to make sure that these children get thorough and timely testing.

Florida: Local Teacher Tests Positive for TB; WESH.com (Orlando, Florida) Palm Bay, Florida.

A teacher in Brevard County School District (Florida) has tested positive for TB. A total of 50 children and school workers are considered at some risk. Dr. Heidar Heshmati of the Brevard County Health Department urges the parents of the students at an elementary school to have their children tested. The parents are being sent letters asking for permission to test their children for TB, WESH 2 News has reported.

ILLINOIS: CAT Employee Has TB; Hoinews.com, October 1, 2007, by Kim Carollo.

A Caterpillar employee at the Mossville plant has tested positive for TB. The company says the employee is not working and is receiving therapy. Others who may have had contact with the employee have been tested, but so far, the results are not available. No one else is reported to have TB. The health department is still waiting for the test results, which will show whether this particular case of TB is active. If it is active, it would be contagious.

MINNESOTA: Medical Edge – TB Testing Encouraged Even After Positive Result; Tribune Media Services, October 1, 2007

This article discusses a letter written to the Mayo Clinic in Rochester, Minnesota, asking if it is possible to have a false-positive result for a TB skin test. The authors explain how health care providers determine if the TB skin test is negative or positive and discuss the fact that a positive TB test usually means the person either currently or previously was infected with the bacteria that causes TB, *Mycobacterium tuberculosis*. But the test results do not distinguish between inactive infection and active tuberculosis disease. The article states that people who have a positive result should be evaluated for active TB disease. They further state that false-positive TB skin test results are possible. Reasons for false-positive results include previous administration of bacille Calmette-Guerin (BCG), a TB vaccine, especially if it has been given recently. Other reasons for a false-positive result include infection with other mycobacteria that do not cause TB, errors in interpreting the test result, and hypersensitivity reactions to the TB skin test protein. For people who suspect a false-positive tuberculin skin test result, two options are possible. The test can be repeated and read by a health care provider especially trained in its interpretation. Also, there is a relatively new blood test, the interferon gamma release assay, which uses a blood draw to identify and distinguish infection with *M. tuberculosis* from non-tuberculosis mycobacteria and BCG vaccination; however, it is more expensive than the standard skin test.

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

STOP TB USA Coalition
1911 Olde Village Run
Atlanta, GA 30338
Tel: 202-494-2448
E-Mail: jseggerson@tbcoalition.com