

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 the disease is no longer a problem? Share the following reports with them.

These 77 TB-related reports (below) from 30 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 (January-March, 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.

PENNSYLVANIA: Bensalem High School Student Has TB; Associated Press, March 27, 2008 (Pennsylvania)

In Bensalem on March 26, officials announced that a high school student is being treated for TB. School officials are working with the Bucks County Health Department to decide which students and staff members need to be tested for TB infection, Superintendent James Lombardo told the school board. Health officials are sending parents a letter to assure them this particular TB case is easily cured with medication.

TENNESSEE: State Health Officials to Monitor Rise in TB Cases; Tennessean (Nashville), March 25, 2008, by Claudia Pinto.

Tennessee health officials are closely watching a 50 percent increase in TB cases so far this year over 2007. There were 27 TB cases at this time last year compared with 41 this year, state health department figures show. Dr. Jon Warkentin, Tennessee's TB control officer, said it is too early to tell whether TB cases are truly spiking. Warkentin said people who move to the United States from countries where TB is endemic are at greater risk for the infection. Of this year's 41 confirmed cases, 13 have involved foreign-born persons. Other risk factors include chronic diseases such as HIV/AIDS and diabetes, which weaken the immune system and provide the opportunity for TB to develop. "People infected with TB who are otherwise healthy only have a 10 percent chance of it becoming active," said Warkentin. "The problem is that many people develop chronic diseases over time." Being incarcerated is also a risk, since living in close quarters makes transmission more likely. Because blacks and Hispanics have more risk factors, they have been harder hit by TB, say health experts. In 2007, blacks represented 17 percent of the state population but 40 percent of TB cases. That same year, Hispanics accounted for three percent of the population and 15 percent of TB cases. According to Warkentin, Tennessee residents can receive free TB testing at local health departments. "The positive message is that it's treatable and curable," he said.

TEXAS: TB Cases in Bexar Hit Lowest Level Since 2003; San Antonio Express-News, March 25, 2008, by Don Finley (Texas).

Bexar County TB cases declined from 91 new cases in 2006 to 72 cases last year, health officials said on March 24 at a seminar to mark World TB Day. While the county's TB figure for 2007 is the lowest since 2003, TB remains a global threat and, as San Antonio is near the border, the area remains vulnerable to the disease, officials said. "It's still here, it's still very prevalent, and we still have to deal with it on a daily basis," said Dr. Fernando Guerra, Director of the Metropolitan Health District. "Because clinicians do not see TB in the way that we used to when it was a lot more prevalent, it isn't incorporated into their

thinking.” One local TB case had 750 contacts that had to be tracked down, said Cara Hausler, a district epidemiologist. In part to make investigations of patient contacts easier, the health department switched from TB skin tests to a new blood test. The traditional TB skin test takes days for results to be interpreted, which requires a return patient visit, and it cannot distinguish a true infection from a false positive caused by the bacille Calmette-Guerin vaccine. The QuantiFERON-TB Gold In-Tube test does not require a return visit for health workers to interpret the results and does not react to the vaccine. “The new test is more expensive, but we think that in the long run we’re going to spend less time treating people who are really not true positives,” said Dr. John Nava, the department’s TB medical director. Among TB cases last year, 67 percent were male and 46 percent were foreign-born.

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.

NEW YORK: TB-HIV Co-Infections Need Common Effort: UN Envoy; Reuters, March 25, 2008, by Lewis Krauskopf.

On June 9, the UN will hold a meeting at its headquarters in New York to discuss how to help the 12 million to 15 million people worldwide who are coinfecting with HIV and TB, said Jorge Sampaio, the UN Secretary-General’s Special Envoy to Stop TB. “What we need from that meeting is to come out of it with a common strategy to scale up efforts to systematically address HIV-TB coinfection,” he said. “Scientific knowledge leads us this way. On-the-ground experiences lead us this way.”

WASHINGTON STATE: Tuberculin Skin Testing by Pharmacists in a Grocery Store Setting; Journal of the American Pharmacists Association (2003). 2008 Jan-Feb; N. Hecox.

This study reports the experiences of pharmacist-provided tuberculin skin testing with 18 patients at a grocery store pharmacy in Yakima, Wash., from February 2006 to December 2006. Pharmacists in this location provide a variety of clinical services in addition to their dispensing duties. Fred Meyer pharmacists had the opportunity to take a nine-hour continuing education course and training that included tuberculin testing. Pharmacists licensed in Washington state can determine the need for and administer the tuberculin test under a protocol agreement with an authorizing prescriber. As health care’s most accessible practitioner, the pharmacist has a unique opportunity to advocate public health initiatives. Using this protocol, pharmacists use their unique access to patients and their knowledge and skill to administer and read the tuberculin tests. Two pharmacists completed the training, and 18 tuberculin skin tests were administered and read from February to December 2006. Tests were quickly administered, requiring less than 10 minutes per patient, and all but one patient returned within the required 48-72 hours for reading of the test. Because third-party billing was not available at the time, patients paid out of pocket for the tests. Patients needed the tests for a variety of reasons, including new jobs that required tests, patients beginning drug treatment programs, and couples seeking to adopt children. Tuberculin skin testing is easily incorporated into workflow in community pharmacy, provides a valuable community service, and fulfills the goal of providing accessible, inexpensive health care services to the Yakima community.

CANADA: La Traviata’ and Tuberculosis; Ottawa Citizen, March 19, 2008.

Patrons at recent performances of Opera Lyra Ottawa's production of "La Traviata" are being given informational pamphlets from the global Stop TB Partnership, a network of more than 700 international organizations fighting the disease. The partnership's "Music to Stop TB" effort seeks to draw attention to the disease by highlighting its impact on the musical world of 19th century Europe. Both "La Traviata" and "La Boheme," for instance, relate the stories of women dying young as a result of TB. For more information about the operatic outreach, visit <http://www.stoptb.org/>.

PITTSBURGH: Gates Grant to Fund TB Research at Pitt; Pittsburgh Post-Gazette, March 20, 2008, by David Templeton.

The Bill and Melinda Gates Foundation has awarded an \$11.4 million grant to the University of Pittsburgh's Center for Vaccine Research (CVR), among other research centers, to develop new ways to fight TB. CVR is fine-tuning imaging technology in the hope of tracking TB infection in animals in real time. The goal is to observe the TB infection's progress and how treatments affect it, so that a more efficient drug regimen can be found. CVR researchers will be using radionuclides, fluorescence, and mass spectrometry in developing imaging probes and technologies to locate TB bacteria. The imaging methods could also become useful in testing vaccines. In the body, TB bacteria are surrounded by granulomas that keep them in check, but also provide a hiding place from the immune system, a biological hide-and-seek. Each year, nine million new TB cases are diagnosed, and nearly two million people die from TB. Successful treatment typically takes six months on a four-drug regimen. In developing countries, treatment costs and the scarcity of drugs can spawn drug-resistant TB and undercut attempts to cure the disease. The project's goal is to cut the time and expense of treatment, said Dr. JoAnne Flynn, the grant's lead investigator at the university's School of Medicine.

USA: CDC Says Progress Against TB Slows in US; Reuters, March 20, 2008, by Will Dunham.

Last year, there were 4.4 TB cases per 100,000 people in the United States, the lowest rate since the government began tracking cases nationally in 1953, according to a new CDC report. The rate of decline in new cases, however, has slowed since 2000. In the United States in 2007, 13,293 TB cases were reported. TB cases in foreign-born persons were 9.7 times higher than in the native-born and accounted for the majority of cases in 2007. Among US-born racial and ethnic groups, African Americans accounted for the majority of cases, contracting TB at a rate nearly eight times higher than whites. Except for a spike during the 1980s and 1990s, which peaked in 1992, TB has been on the decline for decades in the United States. "Since 1992, we've seen a steady improvement in the rates of TB in the United States, but since 2000, we've documented the fact that the rate of decline has slowed," said Dr. Thomas Navin, a CDC epidemiologist and an author of the report. The average decline in TB rates was 7.3 percent per year from 1993 to 2003, but only 3.8 percent annually since then. The 2007 TB rate declined 4.2 percent from 2006. Nearly 60 percent of the 13,293 TB cases reported in 2007 were seen in foreign-born persons, more than half from Mexico, the Philippines, India, and Vietnam, CDC reported. Among 7,708 TB patients for whom HIV test results were known, 11.3 percent were HIV-infected, CDC said. Multidrug-resistant and extensively drug-resistant TB figures are not available yet for 2007, but there were 116 MDR TB cases in 2006, for just 1.1 percent of the total. Four XDR TB cases were reported in 2006 and, based on preliminary data, two cases were diagnosed in 2007.

SEATTLE: Active TB Cases Reach 30-Year High in King County; Seattle Times, March 20, 2008, by Carol M. Ostrom.

Statistics reported March 20 by Public Health - Seattle & King County show that cases of active TB disease in the county jumped by 11 percent last year, hitting a 30-year high. Seventy-six percent of the 161 TB cases diagnosed in 2007 were among persons born outside the United States, a reflection of the region's growing global connections. Most of those with TB were men, the health department said. The

most common home countries of patients were Vietnam, Somalia, Ethiopia, India, and the Marshall Islands. King County accounted for 55 percent of all TB cases reported in Washington; the state overall saw an increase of 11 percent in its TB case count. Most counties logged ten or fewer cases. King County also recorded the state's only two cases of multidrug-resistant TB, which is much more difficult to treat and may require the patient to take antibiotics for two years. However, 12 percent of the county's cases were resistant to at least one common TB drug.

RHODE ISLAND: Health Department Says Doctor Has Tuberculosis; Associated Press, March 22, 2008

State Health Director Dr. David Gifford on March 21 reported that a doctor in Rhode Island has been diagnosed with TB. No information was furnished regarding the doctor's identity or location. The doctor, who has a private practice and hospital privileges, has been ill for about six weeks, but does not appear to be highly contagious. About two dozen people who may have been in close contact with the doctor are being screened for TB, department officials said.

MISSISSIPPI: Mississippi Tuberculosis Rate Surges Past National Average; Clarion Ledger (Jackson), March 24, 2008, by Jerry Mitchell.

On March 24, World TB Day, Mississippi health officials announced the state's rate of the disease has surpassed the national average for the first time. While the US TB rate has been declining for decades, the rate in Mississippi has been increasing since 2006, when TB figures climbed 12 percent. "We're in danger of being in the top 10" states with the worst TB rates, said Dr. Ed Thompson, the state health officer. Several factors could explain Mississippi's rate, say officials, including the loss of nurses who investigate TB cases and notify others suspected of being at risk. "It's very hard for one person to do the work of 10 people," said Denise Castle, chief nurse for District 1, which covers nine counties in northwest Mississippi. "We may have one TB case that has 50 to 100 contacts. If I have one nurse trying to take care of this and working on other cases, it's a snowball effect." Between 2002 and 2007, the number of nurses at the state Department of Health fell from 412 to 366. The department also lost restaurant inspectors and disease-intervention specialists, among others. Thompson has cut administrative expenses to make hiring some nurses possible, although more are still needed. In addition, the department needs nurses' aides, disease investigators, and clerical staff, he said. Thompson is asking the Legislature for an additional \$16 million "just to meet our basic health needs." The state has recently seen increases in STDs and infant mortality. Sen. Alan Nunnelee (R-Tupelo), who chairs the appropriations committee, said he expects at least some of the funding the health department is requesting will be granted. "All budgets you're forced to make decisions and critical tradeoffs, but we're going to increase their budget some to give them the tools necessary to fight the serious health issues such as TB," he said.

CALIFORNIA: TB Cases on the Rise as Funding Shrinks; San Francisco Chronicle, March 25, 2008, by Sabin Russell.

While California achieved a 1.9 percent decline in tuberculosis cases in 2007, the nine Bay Area counties saw a 10 percent increase. On March 24, World TB Day, TB control officers from five of those counties spoke out to link the increases to cuts in funding. "We've been losing funding for prevention for more than a decade," said Dr. Masae Kawamura, TB Control Director for the San Francisco Department of Public Health. In particular, the officials worry that Gov. Arnold Schwarzenegger's across-the-board 10 percent cut in state spending will slice nearly \$1 million from control efforts. Much of San Francisco County's own \$2.8 million TB control program is funded by grants from CDC. Kawamura said her program must cut its budget by 8 percent in the coming year, even though the city logged a nearly 20 percent increase in active TB disease cases in 2007: 143 cases, up from 120 in 2006. "The funding for this epidemic is not keeping pace," said Dr. Martin Fenstersheib, Health Officer for Santa Clara County. The

county receives no direct TB funding from CDC, even though it had 241 cases and the state's third-highest disease rate: 13.4 cases per 100,000 people. Contra Costa County is suffering from state budget cuts as well as a local financial crisis related to pension costs. After falling 50 percent since 1998, the county's cases climbed two percent last year, said Dr. Charles Crane, Medical Director. "We're losing 25 percent of our staff," he said. The Bay Area's historically high rates of TB are linked to its large population of immigrants from Asia, where TB is endemic. San Francisco's prevalence rate of 17.7 cases per 100,000 people is one of the nation's highest.

ILLINOIS: Illinois TB Cases Hit Record Low; St. Louis Post-Dispatch, March 25, 2008.

Health officials say Illinois logged 521 active TB disease cases last year, a record low. The state saw 569 cases in 2006, a figure that matched the previous record low set in 2004. Illinois' TB rate is fifth-highest in the United States.

NEW YORK CITY: New York TB Update; Associated Press, March 25, 2008:

In New York City, health officials said TB cases were at an all-time low, but the city still has more than double the nation's rate for the disease. The city recorded 914 cases in 2007, a 76 percent fall from high levels reported in the 1990s. The city's TB rate for 2007 was 11.4 cases per 100,000 people, compared to the national rate of 4.4 cases per 100,000.

TENNESSEE: Successful Use of Rifampicin for Hispanic Foreign-Born Patients with Latent Tuberculosis Infection; International Journal of Tuberculosis and Lung Disease. 2008 Feb; C.A. Haley, et al.

Four months of rifampicin is recommended for the treatment of latent TB infection (LTBI), although data regarding its use are limited. The majority of TB cases in the USA occur among foreign-born persons. This study investigated tolerability, liver toxicity, and completion rates associated with four months of rifampicin among foreign-born persons. The researchers retrospectively evaluated the treatment among a cohort of predominantly Hispanic foreign-born latent TB infected patients in four Middle-Tennessee public health clinics from February 2000 to February 2004. Investigators conclude that, with high completion rates and minimal side effects, four months of rifampicin is a favorable latent TB treatment regimen for Hispanic and other foreign-born patients.

NORTH CAROLINA: New Inhaled TB Vaccine Developed (United States); The Times of India, March 15, 2008.

A TB vaccine that can be inhaled was recently developed by researchers at the University of North Carolina Chapel Hill School of Pharmacy, and Harvard University. According to the research team, the vaccine was successfully tested in guinea pigs, and, if it is as successful in humans, would be another weapon against TB. The researchers at UNC, led by Tony Hickey, Ph.D., used a dry powder vaccine provided by Harvard University that is administered with an inhaler. According to Hickey, the vaccine does not need to be refrigerated, nor does it require needles, syringes, and water like the injectable vaccine. These properties make it ideal for use in developing countries. It is spray dried instead of freeze dried; whereas, traditional vaccines are freeze dried and require refrigerated storage and transportation, as well as a source of clean water to reconstitute it before it can be injected. The scientist used the same type of BCG vaccine as in injected TB immunizations, and reformulated it as an extremely fine powder. The guinea pigs were treated with the inhaled vaccine, and then exposed to TB. It was shown that this inhaled method protected them better than the conventional injected vaccine. Hickey felt that inhaling a TB vaccine is beneficial because inhalation is the way the disease is contracted. He believes that the success of this vaccine could affect the development of other vaccines.

NEW YORK CITY: New Chemical Can Kill Latent Tuberculosis Bacteria (United States); The Hindu News, March 16, 2008.

Researchers at Weill Cornell Medical College in New York City have found a new compound that can prevent active TB disease in people with latent TB infection (LTBI). Dr. Carl Nathan, Chairman of Microbiology and Immunology and the R.A. Rees Pritchett Professor of Microbiology at Weill Cornell Medical College, said they have found compounds that only kill *M. tuberculosis* (Mtb) bacteria when they are not dividing. Current drugs can take six months to eradicate most non-dividing bacteria, and adherence to treatment for that length of time is difficult for many patients. If a patient stops treatment prematurely, drug-resistant bacteria can emerge. Researchers at Weill Cornell focused on a bacterial enzyme called dihydrolipoamide acetyltransferase (DlaT). According to Dr. Rusiana Bryk, Assistant Research Professor in the Department of Microbiology and Immunology at Weill Cornell Medical College and the lead author of the study, the job of DlaT is to help Mtb get energy from nutrients. When the bacterium is under stress, it also uses the enzyme to defend itself from human immune cells such as macrophages. The team's experiments with guinea pigs showed that DlaT is crucial to triggering active TB disease. The team searched 15,000 compounds to find chemicals that would inhibit DlaT. They discovered a compound in a class of chemicals called rhodanines. They synthesized over 1,000 different variants to find several that can enter and selectively kill non-dividing Mtb. Dr. Nathan said that they believe these DlaT inhibitors probably target additional mechanisms that non-dividing Mtb needs to survive, and they are investigating that possibility. They also believe that these compounds work in synergy with human immune responses and the chemical environment inside the host to kill latent bacteria. Dr. Nathan added that in recent work supported by the Bill and Melinda Gates Foundation, they have since found additional compounds that appear to kill non-dividing Mtb selectively. The findings of this study are published in the March 12 online issue of the Journal Cell Host & Microbe.

MARYLAND: No More TB Cases Found at Hammond High, Health Officer Says; Baltimore Sun, March 16, 2008, by John-John Williams IV.

On March 10, Howard County health chief Dr. Peter L. Beilenson notified a high school community that none of the 47 people tested in connection with an active TB case at the school were positive for infection. "It was as we expected," said Beilenson. "There were no positive [tests]. This is essentially over." On Feb. 23, letters were sent to 47 people who rode a bus with the student with TB, warning them of the exposure and urging them to get tested. Screenings were held on Feb. 29. The initial student is "fine" and recovering, he said.

WYOMING: Wyoming Continues to Watch for Tuberculosis; Associated Press, March 11, 2008.

Screening and preventive treatment are being credited for Wyoming's low rate of TB cases. Between 2002 and 2006, the state saw an average of just three TB cases a year, according to the Wyoming Department of Health (WDH). The state has concentrated on identifying TB patients and screening members of high-risk populations, said Alex Bowler, TB Program Manager at WDH. More than 17,000 people deemed at elevated risk of TB were screened last year in Wyoming.

CALIFORNIA: Cases of Tuberculosis Spike in Four Area Counties; Sacramento Bee, March 14, 2008, by Carrie Peyton Dahlberg.

TB cases have steadily declined in California, but the disease has seen a resurgence in four Sacramento-area counties in the last year. In Sacramento County, 110 TB cases were recorded last year, up from 97 in 2006. Health officials there say it is too soon to tell whether this represents a trend. The county's other upswings in the past decade were attributed to outbreaks in which many cases could be traced to the same

source, but there were no such outbreaks in 2007. In 2007, cases in Yolo County surged to nine from three the previous year. However, public health officer Dr. Bette Hinton said this is indicative of a normal variation. TB cases in Placer County more than doubled from 2006 to 2007, from six to 13. County Community Health Director Mark Starr said changing demographics could help explain the rise. Yuba County went from no cases in 2006 to six in 2007. However, cases declined in three other area counties: El Dorado (four to three), Nevada (two to zero), and Sutter (three to one). Starr said what is clear from the numbers is that with the developing world harboring so many persons with latent TB infection, the disease cannot successfully be fought within any one country's borders. "In today's world, there's no sense in pointing fingers," he said. "We should be solving problems."

MINNESOTA: McDonald's Worker Might Have TB; St. Paul Pioneer Press, March 13, 2008, by Brady Gervais.

Health care authorities say a hospitalized McDonald's worker is "very sick" with what is suspected to be a case of TB. The specific location of the Anoka County restaurant has not been identified; officials stress that the general public is not at risk. However, coworkers and others who may have been in close contact with the employee will be screened. "We take these matters very seriously," said Kris Genck, a McDonald's franchisee. "The safety and well-being of our valued customers and employees is a top priority. We are cooperating fully with the Anoka County Community Health and Environment Services and the Minnesota Department of Health in their investigation of this matter." The county logged 10 TB cases in 2007 and has identified two so far this year.

CALIFORNIA: Report: Bay Area Counties See Major Jump in TB Cases; San Jose Mercury News, March 13, 2008, by Mike Swift.

New data from the California Department of Public Health show all of the Bay Area's large counties recorded substantial increases in new TB cases in 2007. In Santa Clara, San Francisco, Alameda, and San Mateo counties, TB cases spiked last year, even as the state saw its overall caseload decline, according to CDPH figures. San Francisco County experienced its first significant jump since an AIDS-related TB outbreak in the early 1990s. The county now has the highest TB rate in the state. The current jump is related to an outbreak of the disease among Mexican day laborers in the Mission District. Santa Clara's total of 241 cases was more than San Francisco County, trailing only Los Angeles and San Diego counties, which are much larger. Over the past two years, TB cases in Santa Clara have increased 21 percent. Though 2007 national data have not yet been released, the county logged more TB cases in 2006 than 35 states. Collectively, the four Bay Area counties account for nearly one-quarter of the state's 2,725 cases in 2007, data show. The area has large populations from four of the world's highest TB-burden countries: China, India, Vietnam, and the Philippines. "I noticed the increase in the Bay Area, and it's really concerning," said Dr. Masae Kawamura, TB Controller for the city of San Francisco. "It means we just need to increase our vigilance." Overall, the state's TB caseload declined 1.9 percent from 2006 to 2007. However, county TB controllers and advocates statewide say cuts to federal, state, and local TB budgets could threaten efforts to combat the disease in California. "We can't afford to let our guard down or be lulled into a false sense of security," said Gwendolyn Young, Chair of the American Lung Association of California.

OKLAHOMA: Tulsa Man Being Sought for Refusing TB Treatment Now in Custody; Associated Press, March 15, 2008.

A man whom police had sought for refusing TB treatment has been apprehended and is being held in an airborne infection isolation cell in the Tulsa Jail. On June 12, 2007, the man was ordered by the state health commissioner to remain in isolation at home or at an approved facility; the Tulsa City-County Health District also ordered him to take his TB medicine daily in the presence of a department worker.

After the state Department of Health filed a petition saying the man was failing to comply with these orders, Tulsa County District Judge Tom Thornbrugh, in an emergency order on Feb. 28, directed the man to turn himself in at the jail to be treated under isolation. The man was brought to jail March 13 after being picked up on a misdemeanor warrant stemming from a 2006 charge of driving under the influence. A hearing regarding his status as a TB patient will be held on March 24, said Chief Deputy Tim Albin.

USA: Trends in Tuberculosis: United States, 2007; CDC Morbidity and Mortality Weekly Report: MMWR. 2008 Mar 21.

In 2007, a total of 13,293 tuberculosis (TB) cases were reported in the United States; the TB rate declined 4.2% from 2006 to 4.4 cases per 100,000 population in 2007, the lowest recorded since 1953. Despite this overall improvement, progress has slowed in recent years; the average annual percentage decline in the TB rate slowed from 7.3% per year during 1993--2000 to 3.8% during 2000—2007. This report summarizes provisional 2007 data from the National TB Surveillance System and describes trends since 1993. To view this article, visit

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5711a2.htm?s_cid=mm5711a2_e .

USA: WORLD TB DAY; CDC Morbidity and Mortality Weekly Report: MMWR. 2008 Mar 21.

World TB Day is observed each year on March 24 to commemorate the date in 1882 when Robert Koch announced the discovery of Mycobacterium tuberculosis, the bacterium that causes tuberculosis (TB). Worldwide, TB remains one of the leading causes of death from infectious disease. An estimated 2 billion persons (i.e., one third of the world's population) are infected with M. tuberculosis. In 2005, approximately 8.8 million persons became ill from TB, and 1.6 million died from the disease. World TB Day provides an opportunity for TB programs, nongovernmental organizations, and other partners to describe problems and solutions related to the TB pandemic and to support worldwide TB-control efforts. The US theme for this year's observance is Partnerships for TB Elimination. To view this article, visit

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5711a1.htm> .

TEXAS: Health Officials Combat TB Spread with New Mobilis Systems Portable Airborne Isolation; CDC Morbidity and Mortality Weekly Report: MMWR. 2008 Mar 21.

The Texas Department of State Health Services (DSHS) is using Mobilis Systems portable airborne isolation booths in health clinics. According to Dr. Charles Wallace, manager of DSHS Infectious Disease, the booths will help protect people in the clinics from infection. He explained that persons with possible TB disease can be placed in the booths until they can be evaluated, thus reducing the risk of infection to other patients and staff. Bob Beddingfield, President of Water Energy Technologies, Inc., the distributor of the product, said that the booths are set on the negative air pressure mode once the individual is inside. This will keep airborne contaminants contained in the mobile facility. The unit pumps air in a continuous circle within the confined area through a HEPA filter that removes any airborne contaminants and captures them. Dr. Wallace noted that the isolation booths work along with the other environmental controls, including ultraviolet lighting and HEPA filtration units, to cleanse the air. So far, nine booths have been set up in health clinics throughout the state, including sites in Tyler, Temple, and Bastrop.

MARYLAND: Possible Tuberculosis Case at Towson University; Associated Press, March 7, 2008.

Baltimore County Health Department authorities are contacting persons who may need TB testing or preventive treatment after being in close contact with a university student who may have the disease. The person with TB does not live on campus, is now isolated from the school, and will not return while testing and treatment continue, officials said.

COLORADO: Stopping TB; Rocky Mountain News, March 10, 2008, by Thomas Wilson.

SB 44, a bill before the Colorado Senate, would require TB tests of all students at state colleges. Last year, a student at a state university died of the disease.

ILLINOIS: Schiller Park Man Dies of Tuberculosis; Chicago Tribune, March 10, 2008.

The Cook County medical examiner's office has reported that a Schiller Park resident who died March 9 at Stroger Hospital was diagnosed with miliary TB, a form of TB that spreads throughout the body. Kitty Loewy, a spokesperson for the office, said the Cook County Department of Public Health had yet to be informed as of March 9.

WASHINGTON STATE: Fishing Boat Crew Members Tested for TB; Seattle Times, March 8, 2008, by Carol M. Ostrom.

Chest X-rays have been administered to nine crew members of an Anacortes, Washington-based fishing boat that docked March 6 in Seattle; in February, a person left the boat in Alaska with a suspected TB. Health care providers in his home state say there was a "high suspicion" he had active TB disease. All 160 crew members on the boat, which is operated by Alaska Ocean Seafood, have been screened.

U.S./MEXICO: U.S & Mexico Working Together on Disease Surveillance System; The Monitor, March 4, 2008, by Melissa McEver.

Both US Health and Human Services (HHS) Secretary Mike Leavitt and Mexican Health Secretary Jose Angel Cordova Villalobos spoke at the annual meeting of the US-Mexico Border Health Commission in McAllen, Texas, and emphasized their commitment to further cooperation on border health issues. They also signed an agreement to work together on public health concerns such as TB surveillance and disaster preparedness. According to officials, the Commission is helping to develop an early warning infectious disease surveillance program. In 2004, the US Department of Health and Human Services awarded more than five million dollars per year to states bordering Canada and Mexico to better track diseases that flourish along the border, such as TB and dengue fever. Using those funds, officials are building containment laboratories in Mexico's border states and developing a data-exchange system with the US. This will help both countries improve their information exchange, contain dangerous diseases, identify outbreaks more quickly, and follow up with cases. Craig Vanderwagen, HHS Assistant Secretary for Preparedness and Response, said that the two countries should have a data-exchange plan ready by next year. The implementation of the disease surveillance program has met with resistance. Secretary Leavitt acknowledged that he has heard complaints by Mexican officials about "red tape" slowing down the process of sending laboratory samples to the US or getting TB medicines to Mexico. US officials are trying to find ways to minimize bureaucracy in the transporting of samples and medications.

CANADA: Too Much TB: Pair of Brock University Researchers Trying to Prove Statistics Are Wrong That Say One-Third of World Has TB (Canada); The Standard, March 1, 2008.

Ana Sanchez, a microbiologist and Brock University professor, and Angela Duarte, a graduate student, are trying to determine the extent of latent TB infection. These Canadian researchers are testing a new TB-detecting technology called QuantiFERON. The medical community was slow to use this blood test, as they were waiting for researchers to test it. Sanchez and Duarte have conducted research on 82 farm workers who travel from Mexico to Niagara every summer. The workers agreed to help with the new test to prove the old TB skin test wrong. From the tests last summer, 18 percent of the workers had latent TB infection. This is much less than the statistic that has been widely publicized for years that one-third of

the world has latent TB. The scientists educated the TB-infected Mexican workers on how to prevent the disease from becoming active.

ARIZONA: Student Tests Positive for TB at Trevor Browne High School; Associated Press, February 26, 2008.

The news that a student at a high school in Phoenix has been diagnosed with TB disease prompted the screening of 120 students. Parents of the students who needed testing, as well as those who did not, received word of the situation by letter. The initial student has been treated and is back at school. Authorities are confident the threat to other students is low, said Jeanne Fowler, spokesperson for the Maricopa County Department of Public Health. Test results will be available on February 28.

SAINT LOUIS: SLU Studies an Investigational TB Vaccine Booster: Volunteers Sought for TB Study; Saint Louis University Is Only US Site; Saint Louis University, February 26, 2008, by Nancy Solomon.

St. Louis University's Center for Vaccine Development is recruiting healthy volunteers between the ages of 18 and 45 years who have not received the BCG vaccine. The volunteers will test an investigational vaccine made from a weakened germ called an adenovirus, which is used as a carrier for important TB antigens. The test will determine whether the investigational vaccine, given as a booster shot after the initial BCG vaccine, is more powerful in fighting TB than the current vaccine alone. All participants will receive injections of the BCG vaccine: half will receive two booster injections of the investigational vaccine, and half will receive placebo injections. Participants cannot get TB from the vaccine and will not be exposed to TB to test the vaccine. The study will entail about 20 visits and lasts six and one-half months. Study participants will be compensated for time and travel. St. Louis University is the only institution in the US that is testing the safety and efficacy of giving an investigational vaccine after the BCG vaccine. The study is sponsored by Aeras Global TB Vaccine Foundation.

LOUISIANA: Lafayette Man Quarantined for TB; KATC3, February 26, 2008.

The Louisiana Department of Health and Hospitals recently intervened in the case of a 44-year-old man in Lafayette who repeatedly failed to seek treatment for TB disease. The state obtained an emergency order for quarantine for the patient who had violated his voluntary compliance agreement by missing observed therapy on December 18, 21-26, 28-31, and January 4-7. The patient was transported from his home to the University Medical Center in Lafayette for testing and is now being treated at the state's expense at Villa Feliciana Chronic Disease and Rehabilitation Hospital in Jackson, Louisiana. The patient will be released after a physician determines he is no longer contagious. Health officials explained that the public should not panic. According to Charles DeGraw, Louisiana TB control administrator, TB is usually spread after long-term exposure, such as among family members, coworkers, and leisure contacts that the patient sees repeatedly, and people with whom they spend hours indoors in smaller enclosed areas.

HAWAII: TB Test Set for Students, Faculty; Honolulu Advertiser, February 19, 2008.

About 99 students and seven adults at a high school and intermediate school on the island of Oahu were scheduled to undergo TB testing February 19, because they were exposed in January to a teacher with TB disease. The Hawaii Department of Health is testing only those persons thought to have had sufficient contact with the teacher to be at risk.

CONNECTICUT: Clair Worker Confirmed to Have TB, Officials Say; Associated Press, February 15, 2008 (Connecticut).

A TB investigation was to begin February 19 at a hair care products plant in Stamford, CT, where an employee is being treated for the disease. Olga Brown, director of city nursing services, said interviews with workers will determine which ones may be at risk and need to undergo testing. The plant employs about 500 people.

INDIANA: Follow-up TB Tests Set for High School; Indianapolis Star, February 22, 2008.

Marion County Health Department [Indiana] personnel returned to a high school on February 18 to administer a follow-up round of TB testing. Tests conducted on 364 students, faculty, and staff in December found 19 people at the high school and two at a middle school tested positive for TB infection, though none was found to have TB disease. Follow-up testing at the middle school will be conducted on March 3.

MARYLAND: Hammond High Student Diagnosed with TB; Baltimore Sun, February 25, 2008, by John-John Williams IV.

Letters are going out to students, staff, and fellow school bus riders who may have been exposed to TB by a high school student with TB disease. Peter L. Beilenson, Howard County's Health Officer, said the student does not have multidrug-resistant TB. Donna Heller, Coordinator of Health Services for Howard County Schools, declined to say whether the student is still attending classes at the school, which has 1,268 students.

LOS ANGELES: Efficacy of Nurse Case-Managed Intervention for Latent Tuberculosis among Homeless Subsamples; Nursing Research. 2008 Jan-Feb; A. Nyamathi, et al.

The efficacy of a nurse case-managed intervention was evaluated in subsamples of participants with one of the following characteristics: female gender, African American ethnicity, recruited from a homeless shelter, a history of military service, lifetime injection drug use, daily alcohol and drug use, poor physical health, and a history of poor mental health. The study investigated whether a validated nurse case-managed intervention with incentives and tracking would improve adherence to latent TB infection (LTBI) treatment in subsamples of homeless persons with characteristics previously identified in the literature as predictive of nonadherence. A prospective two-group site-randomized design was conducted with 520 homeless adults residing in 12 homeless shelters and residential recovery sites in the Skid Row region of Los Angeles from 1998 to 2003. Daily drug users, participants with a history of injection drug use, daily alcohol users, and persons who were not of African American race or ethnicity had particularly poor completion rates, even in the nurse case-managed intervention program (48%, 55%, 54%, and 50%, respectively). However, the intervention achieved a 91% completion rate for homeless shelter residents and significantly improved treatment adherence in nine of 12 subgroups tested, including daily alcohol and drug users. Nurse case management with incentives appears to be a good foundation for increasing adherence to six-month isoniazid treatment in a variety of homeless subgroups and, in particular, for sheltered homeless populations. However, additional social-structural and environmental strategies are needed to address those at greatest risk of nonadherence.

WISCONSIN: University of Wisconsin-Whitewater Confirms Student Hospitalized with Tuberculosis; Associated Press, February 12, 2008.

University officials sent out a campus-wide email recently alerting people that a student at the school was hospitalized with TB. The student with TB, who was new to the university this semester, lives in a campus residence hall. "We believe the risk on campus is very low, but we are taking precautions," said Ruth Swisher of University Health and Counseling Services. "We are contacting people who had close

contact with the student.” UHCS is offering students baseline testing for TB, she said. The student with TB will return to class only after being cleared by doctors, said Tisa Mason, Dean of Students.

TEXAS: University of North Texas Students May Have Been Exposed to TB; Fort Worth Star-Telegram, February 15, 2008, by John Austin.

A Texas university has sent letters to about 1,300 people that they may have come in contact with a person with active TB disease. University officials were notified about the TB case on Feb. 11. The person is no longer at the school and poses no continuing threat, a university spokesperson said Feb. 14. All persons notified will be offered free testing at the university health center, school officials said.

OHIO: Shelby Students, Teachers to Be Tested for TB; Associated Press, February 18, 2008.

On Feb. 19, Cleveland County Health Department officials began TB tests of approximately 400 students and teachers at a high school after discovering they may have been exposed to a person with an active case of the disease. Parents will be notified of the results, which were expected on Feb. 21. County health officials say they believe the risk of exposure for the students and staff is very low.

WEST VIRGINIA: Tuberculosis Case Confirmed in Huntington; Charleston Daily Mail, February 12, 2008, by Kelly L. Holleran.

After an employee of a local restaurant was diagnosed with TB recently, TB tests were administered by the Cabell County Health Department to about 65 people. According to Jennifer Walls, Nursing Director, six of those skin tests were positive for TB infection. Walls said that it does not mean all six people have TB disease, and that health officials will perform chest X-rays to make a definite diagnosis. She noted that the persons who tested negative must be tested again in 12 weeks, because it can take many weeks for a skin test to turn positive. Also, there are more people who may have been exposed and need to be tested. Walls stated that the initial patient was isolated until a culture came back positive and that the patient is being treated. This case is one of five TB cases in West Virginia for 2008 according to Carmen Priddy, Director of West Virginia’s TB Control. Priddy stated that the other cases have been in Berkeley, Barbour, Brooke, and Pocahontas Counties. Priddy noted that there were 24 cases of TB in West Virginia in 2007 and 22 in 2006. She advised people who think they might have TB to contact their physician or local health department immediately.

MARYLAND: TB Case Reported at Parkdale High; Washington Times, February 6, 2008.

Parents of students at a high school in Riverdale, Maryland, have been notified that a person at the school has TB. Health authorities are trying to determine how many people may have been exposed to the person with TB; anyone believed to need TB testing will receive a letter from the school.

UNITED STATES: TB Eradication in the US by 2010 Unlikely: Survey; Reuters, February 5, 2008.

The US goal of eradicating TB by 2010, achieving an incidence of less than one case of TB disease per 1 million population, is not likely to be met, mostly due to high rates of latent infections in some populations, according to a new report by CDC researchers. Dr. Thomas R. Navin and colleagues estimated latent TB prevalence in the US using data from the National Health and Nutrition Examination Survey 1999-2000 TB component. Of 7,386 people given TB tests, 4.2 percent were determined to be infected with latent TB. Of those with latent infection, just 25.5 percent had been previously diagnosed, and only 13.2 percent had been treated for latent TB. The infection rate would have to be one percent and decreasing to reach the goal of TB eradication by 2010. Latent TB is not transmissible, but one in 10 people with latent infections will develop TB disease, which makes preventive treatment of latent TB

important. Latent infections were more prevalent in foreign-born persons (18.7 percent) than the US-born (1.8 percent); those living below the poverty level (6.1 percent) than above (3.3 percent); and among non-Hispanic blacks and Mexican Americans than with non-Hispanic whites. Basic TB control efforts, including targeted evaluation and treatment of people in high-prevalence groups, “are needed to further TB elimination efforts in the US,” concluded Navin and colleagues. In addition, “TB prevention and control efforts in high-burden countries” should be pursued. The full report, “Prevalence of Tuberculosis Infection in the United States Population,” was published in the American Journal of Respiratory and Critical Care Medicine (2008;177:348-355).

CANADA: Passengers on Bus to Calgary May Have Been Exposed to TB, Health Officials Say; Globeandmail.com, February 12, 2008, by Jessica Smith.

Health officials in Calgary, Canada, notified the Interior Health Authority (IHA) that a passenger who had traveled on a Greyhound bus from Vancouver to Calgary on January 11 has been diagnosed with TB disease. The IHA and the British Columbia (BC) Centre for Disease Control announced that anyone who had been a passenger on that bus should contact the BC Nurse Line or call their personal physician for testing. Both the BC Centre for Disease Control and the IHA are trying to create a passenger list. Although they have a mostly full list of names, they have found that Greyhound does not have additional information on passengers. Dr. Digby Horne, Medical Health Officer for the Thompson-Cariboo-Shuswap Region of the IHA, said that it is unlikely that anyone would be infected and that the likelihood for someone on the bus contracting the disease depends on how close and the length of time the individual sat next to the patient with TB. British Columbia has about 300 TB cases a year.

HAWAII: Teacher’s TB Case Spurs Screenings; Star Bulletin, February 6, 2008, by Alexandre Da Silva.

Hawaii Health Department spokesperson Janice Okubo said that 99 students and seven staff members of a high and intermediate school in that state have been identified for testing after a teacher was diagnosed with TB disease in January. The school has more than 1,700 students. Parents and staff were alerted by letter about two weeks after the health department was informed of the diagnosis. The spokesperson said that health department officials had to investigate the case and determine who had been in close contact with the teacher, and then notify them of the testing. The school principal said that the teacher has not taught since early last month and is being treated.

MASSACHUSETTS: Smart Pillbox Joins the Fight against TB; NewScientistTech, February, 4, 2008.

A group of researchers at the Massachusetts Institute of Technology have created a novel electronic pillbox to promote adherence in TB patients. The “uBox” prompts TB patients to take their antituberculosis medication regularly, and can identify those who do not. It contains a memory chip, which records when the lid is opened, and a timed buzzer and flashing LEDs that remind patients to take their pills. The researchers can download data from the box to identify backsliders. The box will be tested with 100 TB patients in Bihar, India, this year.

CANADA: Peace Country Health Investigating Case of Tuberculosis in Grande Prairie; Daily Herald-Tribune (Grande Prairie, Alberta), January 31, 2008, by Crystal Rhyno.

Peace Country Health (PCH) authorities are investigating a diagnosis of active TB disease in the Grande Prairie region. "We have identified those people that came in contact [with the person with TB disease], and we are following up with them," said Dr. Albert de Villiers, Chief Medical Officer of PCH. He said the patient is receiving treatment in Edmonton, and the public is not in danger.

UTAH: No TB Here, Snow Says; Deseret Morning News (Salt Lake City), January 31, 2008, by John Hales.

Officials say they are nearly certain there are no active TB cases among students or staff at a college in Ephraim. Two students and a college employee who had been isolated for possible illness have now been cleared. "They'll be back in classes and back to work," said Greg Dart, a college spokesperson. The student with TB disease who sparked the investigation has left the campus and is being treated in Taiwan. The three people who had been in isolation, along with at least 70 others at the school, will be treated for latent TB infection. Test results from about 75 more people will be known soon. Fifty to 75 additional people have been notified that they should present for testing.

UTAH: Three Quarantined over Signs of Tuberculosis; The Salt Lake Tribune, January 28, 2008, by Erin Albery.

Charla Haley, spokeswoman for the Utah Department of Health, stated that after a student from Taiwan was hospitalized in her native country for TB disease, doctors screened about 350 student and employee contacts at the Utah College she attended. Of the 350, more than 70 persons tested positive for TB infection and underwent chest X-rays. The X-rays ruled out TB disease in all but two students and one employee. The three individuals have been placed in isolation. One student is experiencing symptoms consistent with TB. The three individuals have been administered additional tests, and officials should know within a week if any of them have confirmed cases of TB disease.

TEXAS: Mysterious Foe; Brownsville Herald, January 26, 2008, by Melissa McEver.

Dr. Subramanian Dhandayuthapani and colleagues are working at the Regional Academic Health Center Medical Research Campus in Edinburg, Texas, to understand the genetic composition of TB as well as its behavior and ability to remain dormant in the body. Dr. Dhandayuthapani wanted to work at a place particularly affected by the disease, and that region of Texas has more TB patients with which to work. Dr. Dhandayuthapani may even start population studies to understand why people there are susceptible to TB. The incidence along the border is much higher than that of the rest of the state. The latest Texas state data available showed Cameron County had 64 cases, and Hidalgo County had 68 cases of confirmed TB in 2006; whereas, most counties had a handful of cases. Dr. Dhandayuthapani said that they are trying to identify the mechanism the bacteria use to hide from the body's natural defenses during dormancy and are also looking into why diabetics are vulnerable to TB. The researchers are also studying the BCG vaccine, the only vaccine available for TB. The vaccine still has the potential to make people sick, and Dhandayuthapani is looking at ways to shut off certain genes to make it less virulent. The special lab for studying TB is classified as "biosafety level 3" by the Centers for Disease Control and Prevention (CDC) and is carefully sealed and closed to visitors. Technicians must wear full protective gear to enter. Dhandayuthapani said that his ultimate goal is to prevent and better treat TB.

ARIZONA: Man with Active TB Found Drunk in Public; The Pueblo Chieftain Online, January 26, 2008, by Patrick Malone.

A patient with active TB disease who was issued an isolation order was found drunk in public. According to a report by a Pueblo police officer, the patient was found passed out drunk by medics, and was behaving combatively with ambulance personnel when police arrived. Dr. Christine Nevin-Woods, Head of the Pueblo City-County Health Department, issued the isolation order on December 28, 2007, requiring the patient to remain confined to his apartment until he was considered no longer contagious. Soon after his release, police paid a surprise visit to his apartment to determine if he was in compliance with the order. He was at home along with another man who shared the apartment and who is also under an

isolation order for active TB disease. Police have dealt with this patient and his father many times recently, and those contacts exposed law enforcement officers and medical professionals to the disease. Police reports have been forwarded to the district attorney's office for possible filing of charges concerning the patient's violation of the isolation order.

CANADA: TB or Not TB? Officials Appeal for Calm after 30 Test Positive (Canada)

Canada.com, January 30, 2008.

TB testing of students and staff at a Lower Mainland school after a student was diagnosed with the TB while traveling abroad, revealed 30 persons with positive results. The health officials had ordered tests for about 250 staff and students who participated in classes with the student. Health officials say the high number of positive results should not cause panic. According to Fraser Health Authority Spokesperson Carolyn Warner, a positive result does not necessarily mean an individual has TB disease, it could mean that the individual had a previous TB vaccination, has inactive and noninfectious TB, or active and infectious TB disease. The 30 individuals will undergo X-ray examinations, and the results will be available in a week according to the British Columbia Center for Disease Control.

WYOMING: Tuberculosis Found at Sinclair Refinery; Associated Press, January 28, 2008.

A person at an oil refinery in Carbon Count, Wyoming, has been diagnosed with active TB disease, according to state and county health officials. Dr. Tracy Murphy, state epidemiologist, said the individual contracted TB out of state and was treated before returning to Wyoming. The patient remains in treatment; Murphy said there is little danger others have been infected.

MARYLAND, DISTRICT OF COLUMBIA AND VIRGINIA: Workplace-Based Investigation of Contacts of a Patient with Highly Infectious Tuberculosis: CDC Morbidity and Mortality Weekly Report.

In late April 2006, the Maryland Department of Health and Mental Hygiene (DHMH) was notified by a local health department of a case of pulmonary tuberculosis (TB) in a patient with cavitary lung lesions. The patient worked for an office furniture installation company at multiple sites in Maryland, the District of Columbia (DC), and Virginia. An investigation was conducted to 1) determine the extent of TB transmission, including identifying and screening the exposed cohort of contacts, and 2) provide treatment, if indicated, to contacts with latent TB infection (LTBI) or TB disease. This report describes the multijurisdictional contact investigation and summarizes its results. The findings underscore the importance of prompt diagnosis of TB, the value of interjurisdictional cooperation during large contact investigations, and the effectiveness of workplace-based methods for rapidly identifying and screening contacts.

CALIFORNIA: Workers Being Tested for Tuberculosis at La Costa Resort: San Diego Union-Tribune, January 25, 2008, by Matthew Rodriguez.

TB tests have been performed on some of the 1,000 employees at a resort and spa in Carlsbad, California, where a former golf maintenance worker was found to have the disease. A few employees had positive skin test results; a statement from the resort said the facility is working with the county "to ensure that all employees who require chest X-rays obtain them and receive the results immediately." The employee, who worked outdoors, left the resort in November. As the person did not interact with the public, there was no risk for resort guests, said Kathleen Moser, Director of TB Control for the county's Health and Human Services Agency.

WASHINGTON. DC: Senate Panel Seeks Reply in TB Flier Case; Washington Times, January 26, 2008, by Sara Carter.

The Senate Homeland Security Committee has requested more information from the Department of Homeland Security regarding a Mexican national who was allowed to cross the border repeatedly while he had a contagious form of multidrug-resistant (MDR) TB. Committee Chairperson Sen. Joe Lieberman (I-Conn.) wants to know "the circumstances that allowed his continued entry into the country." The Washington Times reported in October that the Mexican national crossed the US border at least 76 times and took multiple domestic flights between August 2006 and June 2007. Homeland Security officials told the newspaper that the passenger with MDR TB was traveling under an alias and could not be located in their database, and that they issued an alert on April 16 when notified by CDC. Another alert was issued on May 31 to warn border inspectors, who said they had not seen the original alert. The Transportation and Security Administration was not notified until June 7 to put the man with MDR TB on the no-fly list. Lieberman and ranking committee member Sen. Susan Collins (R-Maine) want to see any after-action report that was created as well as the computer records that would document the searches performed in the Traveler Enforcement and Compliance System database used by Customs and Border Protection officials. In addition, they have requested a demonstration of the system by Jan. 30.

TEXAS: 19 Galena Park Students, Faculty Test Positive for TB Germ (United States); chron.com, January 23, 2008, by Anita Hassan.

According to Sandy Kachur, spokesperson for the Harris County Public Health and Environmental Services, of 150 students and faculty from a high school in Houston, Texas, who took a TB test, 19 tested positive for TB infection. The test was administered after a student at the school was diagnosed with TB disease in December 2007. School officials were informed of the student's diagnosis on the last day before the holiday break and were told by county officials to wait until school reopened in January to begin testing. The spokesperson emphasized that the positive test did not necessarily mean that these persons were infected at the school. She noted that none of the individuals were showing symptoms of the disease. All those who tested positive for infection will be given chest X-rays and will be followed-up by physicians for further medical evaluation. The student is being treated and has returned to school.

U.S.A.: Chevron Pledges \$30M to Global Fund as Part of Corporate Initiative; Kaisernet.org, January 22, 2008

The Financial Times reported that the US energy group Chevron pledged a \$30 million, three-year grant to the Global Fund to Fight AIDS, TB and Malaria to provide corporate support to global health programs. Chevron employees will supply local assistance to the Global Fund-supported programs in six countries in Africa and Asia. The grant was announced at the same time as the launch of the Global Fund Corporate Champions Program, which aims to provide global companies with the opportunity to invest in the fight against HIV/AIDS, TB, and malaria. As part of the program, participating businesses will contribute to Global Fund programs in countries where they operate and use their employees and assets to improve health programs. Chevron Vice-Chair Peter Robertson said that this is the biggest single commitment the company has made, and it is an opportunity to leverage what Chevron brings with what the Global Fund brings. Global Fund Board Chair Rajat Gupta said that the organization is in talks with five other corporations. This spring, the Global Fund board also plans to reconsider a ban on in-kind contributions from pharmaceutical companies for drugs and other products.

COLORADO: Two of TB Victims Are Relapse Cases; Pueblo Chieftain, January 16, 2008, by John Norton.

Two Pueblo residents who are in isolation at their homes while receiving treatment for TB disease have had the disease before, health authorities say. One man had earlier undergone treatment, and officials believed he was cured. A female patient's medical records are being examined to determine whether she,

too, is in relapse after an earlier case of the disease. In addition, three area homeless men are being treated for TB disease. One homeless man's TB is single-drug-resistant; the other two are believed to have contracted TB from him, and their medication has been adjusted accordingly.

CANADA: Big Cut in Afghan TB Cases Shows Aid Works: Canada: Reuters, January 15, 2008, by David Ljunggren.

A Canadian government official recently cited the falling death rate from TB in Afghanistan as evidence that Canada's efforts to fight the disease there are working. "You are starting to see far more people now benefiting from treatment early on," the official said. Recently, the World Health Organization and Afghanistan's public health ministry said TB is now claiming some 10,000 Afghan lives annually, down from earlier estimates of 20,000. Canada, WHO, and the World Food Program (WFP) are working in concert to fight TB in Afghanistan. In a bid to ensure that people complete the full treatment regimen, the WFP is rewarding patients with food and heating oil. Just nine percent of Afghans had access to basic medical services after the 2001 fall of the Taliban; that figure has now risen to more than 80 percent, the official said.

NORTH CAROLINA: TB Cases Rose in Buncombe Last Year (North Carolina); Citizen-Times.com, January 13, 2008, by Nanci Bompey.

Last year, 14 people tested positive for TB in Buncombe County, North Carolina. Health officials have identified three possible cases since December, which they said are unrelated to last year's. Sue Ellen Morrison, disease control specialist with the county health department, commented that the high number of cases was unusual for the county. She said that it is difficult to tell if the number of people with the disease had increased, or if the numbers were the result of increased reporting and surveillance. The cluster of cases last year were in people born outside of the US, which is one of the groups most at risk for contracting the disease. North Carolina had the 18th highest TB case rate in 2006 with 374 cases, and from 2005 to 2006, there was a 21.8 percent increase in the number of foreign born TB cases. Morrison noted that in North Carolina and in Buncombe County, people are arriving from countries where TB is endemic, hence there is an increase in TB in that population group. She added that other high-risk groups include people living in communal settings, people in long-term care facilities, health care workers, and foreign travelers. The health department is emphasizing educating people about TB, especially those in high-risk populations, and has been working with its interpreters and health care providers to this end. The head interpreter at the health center, Ana Arevalo, acknowledged that language and cultural barriers could be the reason some recent immigrants were not receiving proper care for infectious diseases and other conditions. Patrick Tapia, Executive Director of the Latino Advocacy Coalition in Henderson County, commented that the focus on immigrant populations as carriers of the disease could be dangerous and that there was a lot of negative campaigning against the immigrant community.

IOWA: Three at Lincoln Will Be Retested for TB; Des Moines Register, January 7, 2008, by Jacqueline Lee.

At a high school in Des Moines, Iowa, where a student was diagnosed with TB recently, testing has identified three more students who were infected. Thirty-six students and five faculty members who were determined to have been in close contact with the initial student were tested over the weekend. The students who tested positive for infection will be given chest X-rays; they will be allowed to attend school while officials determine if they have TB disease, said Rick Kozin, spokesperson for the Polk County Health Department. The initial student was tested after it was determined that a member of the student's family had TB disease.

OHIO: TB Touches Parma Senior High; Plain Dealer (Cleveland), January 10, 2008, by Harlan Spector.

Letters have been sent to inform parents and staff that a person at a senior high school in Parma, Ohio, has been diagnosed with TB disease. Although the patient's infectiousness has been determined to be low, close contacts of the person were advised to be tested January 11 or January 14 at the school. Others at the 1,600-student school need not be tested. The patient is responding to treatment and is expected to recover fully, said Dr. Catherine Curley, Director of the Cuyahoga County TB Program at MetroHealth Medical Center.

TEXAS: County to Test 175 Galena Park Students for TB; Houston Chronicle, January 9, 2008.

The news that a teenager at a senior high school in Galena Park, Texas, has TB disease prompted plans to test 175 other students for TB infection. School officials learned of the case on December 19, the last day before holiday break; county officials advised them to wait until the students returned to school to initiate testing. After treatment, the initial student recovered and is back at school. The tests were administered on January 14, and health personnel returned to evaluate the results on January 16.

RHODE ISLAND: Health Officials Report No New Cases of Active TB at High School; Associated Press, January 11, 2008.

The Department of Health said January 11 that about five percent of students and staff tested for TB infection at a high school in Central Falls, Rhode Island, showed positive results. Officials said this could be due to false positives or to latent infection from past exposure. Those who tested positive for infection will be evaluated at a special TB clinic to see if they need further care. The student whose TB case prompted the testing is now recovering.

PITTSBURGH: Health Officials to Check US Steel Workers for TB; Associated Press, January 15, 2008.

Voluntary skin tests were conducted January 15 at a US steel plant among workers who had contact with an employee diagnosed with TB disease. Allegheny County health officials said the patient, who lives outside the county, is expected to make a full recovery. The county logged 22 TB cases last year.

COLORADO: McFadyen Sponsoring TB Legislation); The Pueblo Chieftain Online, January 12, 2008, by Charles Ashby.

Representative Buffie McFadyen will be the House sponsor to SB44, legislation introduced by Sen. Scott Renfro, R-Greeley. Rep. McFadyen and Senate President Pro Tem Abel Tapia, D-Pueblo, had planned to introduce a measure focusing on TB screening, but Senator Renfro beat them to it. McFadyen said that she, Senator Renfro, and Senator Tapia will work together to merge the two bills instead of having competing bills. Under Renfro's bill, all colleges and universities in the state of Colorado would be required to do a TB risk assessment of all new students. Any student with a higher risk of having the disease would be required to be tested. The assessment includes checking for basic symptoms of the disease, close contact with anyone known to have the disease, and a history of having lived in or visited countries with a high rate of TB. All three legislators saw the need for the measure after several cases arose around the state college campuses including the death from TB of a college student from Nepal. McFadyen described the legislation as making sure a plan is in place and is followed to assure the public that when students attend a higher education institution in Colorado, their chances of acquiring a communicable disease are as low as possible.

FLORIDA: A Dozen Beach City Workers Test Positive for TB (Panama City, Florida); WJHG News, January 14, 2008, by Heather Waliga.

Twelve of the 130 city water department employees tested positive for TB infection. The workers were tested after a physician notified Bay County Health Department that a city water department maintenance worker had TB disease. Dr. Jason Newsom, Bay County Health Department Director, said that the employees are not contagious, but the results show they were infected with the disease. All employees who tested positive for infection will get chest X-rays to make sure they do not have TB disease, and workers will be treated with antibiotics for nine months to prevent progressing to disease. The state will pay the cost of treatment for all city workers. According to Dr. Newsom, the employee with TB disease is being treated and is no longer contagious.

GEORGIA: Duluth Man Once Jailed in TB Case Deported; ajc.com, January 9, 2008, by Andria Simmons.

Richard Rocha, Immigration and Customs Enforcement spokesperson, confirmed that the 18-year-old man, who had been jailed in Gwinnet County, Georgia, after refusing treatment for TB, has been returned to Mexico with his mother. Both were illegal immigrants. According to Vernon Goins, a health department spokesperson, the young man had been living at home and receiving treatment for active TB disease by the Gwinnett County Health Department since his release from the county jail in September. Although he had not been charged with any crime, health officials made the decision to jail the patient when he refused to accept treatment for TB disease and threatened to flee to Mexico. Goins said that three other relatives who lived with the patient continue to receive treatment from the health department, but they are not contagious.

TEXAS: TB Testing Planned for Galena Park Students; chron.com, January 9, 2008.

Health officials in Harris County, Texas, will test 175 students from Galena Park for TB, after a high school student was diagnosed with the disease in December. The high school sent home packets with students notifying parents of the upcoming TB skin testing and the request for consent. School officials were informed of the student's diagnosis on the last day before Holiday vacation, and county officials told them to wait until the students returned from vacation to begin testing. The patient is being treated and has returned to school.

RHODE ISLAND: Central Falls Students to Get TB Tests; The Providence Journal, January 8, 2008, by Felice J. Freyer.

TB tests will be given to 300 to 400 students at a high school in Central Falls by health department nurses and school nurses. Many students are being tested because health officials learned that a student had been experiencing symptoms of TB disease for some time while still attending school. Since there is concern that many people may have been exposed, the decision was made to test a large group of people, in addition to close contacts. All juniors and seniors as well as people who spent extended periods of time in close contact with the TB patient will be tested. The health department put out a news release and posted information on its website, and letters were sent home to parents of students. Those tested will return after two days for the nurse to check their response to the skin test. The skin test will be repeated in 10 weeks. Anyone with a positive test result will be referred to the TB clinic for further medical evaluation, and, if necessary, treatment. The state will pay for the evaluation and treatment at the RISE clinic. The patient is recovering at home and will not be allowed to return to school until the disease is no longer contagious.

ILLINOIS: Four Illinois Residents Tested for TB: All Shared Flight from India with Infected Woman; Chicago Tribune, January 6, 2008, by Robert Mitchum.

Four of eight Illinois passengers who shared a December flight with a woman who was infected with multidrug-resistant TB have been screened, state Department of Public Health (DPH) officials said January 4. The remaining four are still being sought as part of a national effort to locate and test passengers at risk for infection as a result of the flight. In all, health officials are seeking 44 people from 17 states who sat within two rows of the woman on American Airlines Flight 293 from New Delhi to Chicago on December 13. CDC is working with state health departments to track down the at-risk passengers. In such cases, state officials ask local health departments to contact and test residents, said Melanie Arnold of DPH. The results from the Illinois screenings are being sent to CDC, said Arnold. Of those who had not yet been tested, she said one resident was traveling and would be screened in another state; another was not at the phone number or address provided by authorities; and two have not responded to phone calls or mailings. The weeks that have elapsed since the flight should not affect testing and possible treatment, said Dr. Michael Ison, Assistant Professor of Infectious Diseases at Northwestern University.

IOWA: Tuberculosis Case Confirmed in Des Moines School; Associated Press, January 5, 2008.

A letter from officials of a high school in Des Moines, Iowa, on January 4 notified parents that a student there had been diagnosed with active TB disease. "The student was relatively not contagious... so only those who were physically close to the student for longer periods of time will be at risk," said Rick Kozin, a spokesperson for the Polk County Health Department. About 50 students have been tested; the initial patient will be out of school until she or he is no longer contagious.

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

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

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