While Statewide TB Cases Decrease, TB Cases Increase in 22 Local California Health Jurisdictions

American Lung Association of California Urges Investment in Prevention Efforts on World TB Day, March 24

(Oakland, CA, March 13, 2008) While tuberculosis (TB) cases dropped 1.9 percent in California (2007 compared to 2006), increases were experienced in 22 of California’s 61 local health jurisdictions. In recognition of World TB Day on March 24, the American Lung Association of California is urging the state of California to avert a resurgence of TB by increasing funding for prevention and control efforts.

“TB is a worldwide public health epidemic that knows no borders,” said Barbara Cole, RN, MSN, PHN, a volunteer board member with the American Lung Association of California and chair of its Tuberculosis Technical Advisory Group. “Although TB is almost completely curable, it kills 250 Californians every year and infects thousands more.”

There were 2,726 cases of TB reported in California in 2007 compared to 2,779 cases in 2006. California continues to report the highest number of TB cases in the United States. The TB case rate in California is 60 percent higher than the rest of the country.

In 2007, TB case increases were seen in Alameda, Berkeley, Calaveras, Contra Costa, Glenn, Kern, Kings, Marin, Placer, Riverside, Sacramento, San Bernardino, San Luis Obispo, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Tehama, Tulare, Ventura and Yolo.

An estimated 2 million Californians are infected with the bacterium that causes tuberculosis. Most of those who are infected don’t know it because their infection is “latent” or inactive and doesn’t make them or others sick. But if and when it becomes active, TB can be deadly if not treated. If the infected Californians are not located and treated, 100,000 of them could develop active TB in their lifetimes. TB usually activates in the lungs, making the person sick and infectious.

TB is transmitted through the air when an individual with active TB in the lungs coughs or talks. It takes six months or more for appropriate medications to cure active TB disease. Anyone inhaling air containing the TB bacteria may become infected. Patients with latent TB infection should be treated to prevent progression to active TB disease.

While California’s TB case rate decreased slightly in 2007 to 7.2 cases per 100,000 residents (from 7.4 in 2006), the state is far from the national 2010 objective of one TB case per 100,000.

Funding Needed to Prevent Resurgence

Despite the decreasing number of cases in California, there has been a leveling off in the rate of decline since 2001, compared to earlier years, due to a decrease in state funding that could lead to another TB resurgence.

“While the TB case numbers are declining, our progress has been stalled in the last several years due to lack of funding,” said Gwendolyn Young, American Lung Association of
California board chair. “The state is putting every Californian’s health at risk by continuing to under-fund TB prevention and control programs. California stands at the crossroads of a global epidemic that has a significant impact on our state. Californians travel around the world for work and leisure, and millions of people come to California from other countries each year as tourists and immigrants.”

TB control efforts are facing a number of cuts as Governor Schwarzenegger has announced a 10-percent budget cut across the boards, which means local health jurisdictions won’t have the funding they need to adequately fight TB. In addition, TB control experts fear the prescribed cuts will mean the loss of the Molecular Beacons TB test, which is essential for detecting multi-drug resistant TB. With multi-drug resistant TB, many of the antibiotics used to fight the bacteria don’t work. About 80 cases of multi-drug resistant TB are under treatment in California each year.

“More than 100 years after the American Lung Association was formed out of a public health necessity to control TB, the battle is still not won,” said Cole. “As we have seen in the past, when the government cuts funding for the prevention and control of TB, there is a resurgence of this potentially deadly disease. With the rise of multi-drug resistant forms, the consequences of budget cuts are potentially even more deadly. The American Lung Association of California, along with others, continues to urge policymakers to fully fund TB prevention and control in California.”

The state saw a TB resurgence after local, state and federal funding for prevention and control was cut in the late 1980s because TB was perceived as no longer a threat. After the resurgence, funding was increased and cases started to decline from the 5,382 reported at the height of the California epidemic in 1992 until 2001.

In fiscal year 2001-2002, $400,000 was cut from the State TB Control Local Assistance Budget. These cuts have not been restored. In addition, federal funds to California were cut 12 percent since 2005, and more federal cuts are expected. These cuts could inhibit the ability to evaluate exposed individuals in a timely manner, which could result in more people progressing to active TB.

While acknowledging that California is facing a serious budget shortfall, the American Lung Association of California believes that delaying the restoration of these important local TB funds may put the state at risk for enormous future health expenditures should a serious TB outbreak occur.

**Multi-Drug Resistant TB Raises the Stakes**

Inappropriate or incomplete therapy can lead to TB patients developing and spreading strains of multi-drug resistant TB. Recently, extensively drug-resistant TB (XDR-TB) has emerged worldwide; which are strains that are virtually untreatable due to their resistance to a multitude of drugs. Nineteen cases of XDR-TB have been detected in California since 1993.

Terry Remick knows what it’s like to face down multi-drug resistant TB. Her father became infected with a virulent strain at age 75. While he eventually recovered, it was devastating for his family.
“He was in isolation for seven months,” said Remick, who works at the American Lung Association of California’s Santa Barbara office. “For a while, we didn’t think he’d make it. We were shocked that my dad could get TB. I just thought it was something people died from a long time ago or that it was for people on skid row.”

Remick is not sure where her father contracted the disease. His health was already compromised by emphysema, which eventually led to his death, making it hard to fight off the TB bacteria and keep it from becoming active.

Recently, the World Health Organization (WHO) reported that multi-drug resistant TB is at the highest rate ever and XDR-TB has been found in 45 countries. According to WHO estimates, there are about 500,000 new cases of multi-drug resistant TB worldwide each year.

TB has reached epidemic levels worldwide. An estimated one-third of the world’s population, or about 2 billion people, carry latent TB. Worldwide each year, there are nearly 9 million new TB cases and more than 1.5 million deaths caused by the disease. TB is a leading cause of death for people with AIDS.

**World TB Day Calls for Action**

The theme for World TB Day 2008 is “I am stopping TB” and reflects the idea that everyone can take an active role in helping people gain access to accurate TB diagnosis and effective treatment. People with TB can become active participants in their own cure and reduce the spread of multi-drug resistant forms by taking all their medications as prescribed. Health workers can stop TB by staying alert to the symptoms and provide prompt diagnosis and treatment. Scientists can stop TB by engaging in needed research to develop new diagnostic procedures, medicines and vaccines. Teachers can stop the spread of TB by educating their students about the contagious disease. And policymakers can stop TB by allocating adequate funding to prevention and control.

Also needed to eliminate TB are new and more effective drugs, diagnostic procedures and vaccines. Today’s TB drugs are more than 40 years old and as we have seen, the bacteria are building up a resistance to them. The only TB vaccine available today is more than 85 years old and provides only some protection against severe forms of TB in children, but is unreliable against pulmonary TB. Simpler, faster drug regimens that treat all forms of TB; rapid, more accurate diagnostic tools to quickly detect TB; and a vaccine that will be effective in preventing TB in people of all ages are urgently needed if we truly want to stop this worldwide epidemic and serious public health threat.

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**About the American Lung Association**

Beginning our second century, the American Lung Association is the leading organization working to prevent lung disease and promote lung health. Lung disease death rates continue to increase while other leading causes of death have declined. The American Lung Association funds vital research on the causes of and treatments for lung disease. With the generous support of the public, the American Lung Association is “Improving life, one breath at a time.” For more information about the American Lung Association or to support the work it does, call 1-800-LUNG-USA (1-800-586-4872) or log on to [www.lungusa.org](http://www.lungusa.org).