



TB No Longer a Problem?

April-June 2010

*Formerly the National Coalition for Elimination of Tuberculosis (NCET). Please pass this information on to your colleagues interested in eliminating TB and remember to put jseggerson@tbcoalition.com in your e-mail address book to make sure you continue to receive these e-mails.

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.

Most of these TB-related reports (below) from many different U.S. states and Canada were taken from the Centers for Disease Control's TB-Related News and Journal Items Weekly Update and they all occurred in just the past 3 months (April – June, 2010). These are not all the TB reports and articles - just those that were identified. Many of these reports describe problems that present significant challenges for health departments.

MINNESOTA: Tuberculosis Outbreak Prompts Ramsey County Workhouse Improvements; St. Paul Pioneer Press, June 22, 2010, by Dave Orrick.

Ramsey County commissioners have voted to move forward with a plan to address ventilation improvements necessitated after more than 100 inmates and several guards contracted TB at the county workhouse in Maplewood in 2008. Knutson Ventilation Consulting last year recommended a series of immediate changes to the facility's HVAC system, in addition to some modifications deemed less urgent. County records show some work already has been done. On June 22, the commissioners approved soliciting bids for the two-phase project's first phase, which is estimated to cost \$355,000. The full project could exceed \$1 million. In May, county attorneys reached a tentative settlement that could pay out millions of dollars in medical costs and legal fees to those exposed to the disease.

CANADA: U.S. Attack on Tuberculosis a 'Success Story:' Canada Urged to Adopt Action Plan; Winnipeg Free Press, June 4, 2010, by Jen Skerritt.

Dr. Anne Fanning, former Alberta TB Control Director and Medical Officer with the World Health Organization (WHO), advised Canada to adopt America's aggressive approach to track, treat, and monitor TB in First Nation people. In a 2010 report to Health Canada, Dr. Fanning compared TB rates and control programs among aboriginals in Canada with those in New Zealand, Australia, and the United States. She found that the TB rate among American Indians and Alaskan aboriginals declined six percent a year between 1996 and 2007, while the TB rate among Canadian aboriginals increased 2.6 percent a year over the same time period, and was as high as 33 percent in some Inuit populations. Fanning noted that the United States has strict measures in place to monitor all TB control programs and takes an aggressive approach to cure all infectious cases and give exposed contacts preventive drug therapy. Conversely, the Canadian TB programs vary from region to region, with no national standards to monitor programs and determine where gaps exist. Fanning emphasized that Canada needs to strengthen its program, and consider every infectious TB case an emergency in need of urgent treatment and follow-up. Also, Canada needs to increase the stringency of its monitoring and evaluation.

NORTH CAROLINA: Former Inmate Suing Brunswick County after Contracting Tuberculosis in Jail; StarNews Online; June 29, 2010, by Shelby Sebens.

A former inmate of the Brunswick County, North Carolina, jail recently filed a lawsuit against the county for negligence that caused a TB outbreak in the jail in the summer of 2009. In the lawsuit, the former inmate named the county's health department, sheriff, commissioners, and Southern Health Partners, Inc., a company contracted to treat the inmates. The plaintiff, who is undergoing treatment for latent TB infection, states that he lived on the same cell block as another inmate who started the outbreak, that the original patient was not tested for TB before being admitted to the jail in October 2008, and that the defendants ignored the seriousness of his condition, even after he began showing symptoms. The index patient got help when his cellmate also came down with symptoms. The lawsuit is seeking damages in excess of \$10,000. Of 42 people at the jail who tested positive for TB infection, only two had active disease. The health department required that all who tested positive, whether for the active or latent form of the disease, receive treatment.

ILLINOIS: New TB Cases: Kane County Health Officials Hunker Down for Long Battle; Chicago Daily Herald (06.23.10): James.Fuller.

The number of active TB cases connected with a homeless shelter northwest of Chicago has reached 17, reinforcing the decision of public health officials to maintain aggressive testing efforts. "This is not a surprise to us. This is actually the percentage we expected in the homeless population," said Kane County Health Department Executive Director Paul Kuehnert. Testing of 260 Hased House residents a few weeks ago uncovered 89 latent and four new active cases of TB. Screening will continue every 12 weeks, eventually incorporating shelters other than Hased House, until no additional cases are discovered, Kuehnert said. Those with either the latent or active form of the disease are receiving daily treatment. It is possible that screening will continue for up to two years, Kuehnert said.

FLORIDA: In Florida, a Lifeline to Patients with TB; New York Times, June 12, 2010, by Damien Cave.

As state legislators debate its future, one of the nation's remaining sanitariums for TB sustains a routine some might view as a health care anachronism. In a complex that once held 500 patients, no more than 50 now live in the main building at the A.G. Holley State Hospital in Lantana, Fla. An uncomplicated course of TB treatment usually lasts about six months, but many patients have resistant TB cases requiring a longer stay. Holley, a leader in drug-resistance studies, grapples with some of the more difficult-to-treat TB cases. Of 31 patients at the hospital on a recent day, seven had multidrug-resistant TB (MDR TB), including one who had extensively drug-resistant TB (XDR TB). Overall, Holley reports a cure rate of 93 percent. Care for Holley's patients is paid mostly by federal and state programs such as Medicaid. State officials who consider the facility too costly are considering a variety of alternatives, including privatization. Until then, supporters say the state's investment is a public health bargain. The traditional sanitarium ethos of offering much more than just TB care helps to transform many of the patients. While they are there, many Holley patients are able to address alcoholism and other factors that complicated their lives and recovery. "It's not uncommon, as patients get better, for them to see this as a second chance at life," said Dr. David Ashkin, Holley's medical director. "It's very spiritual and life changing to go from nearly dead to alive."

VIRGINIA: Guardian Technologies Intl. Reports Testing of Fully Automated Tuberculosis Detection System, Signature Mapping TBDx –Quick Facts; SMR StockMarkersReview.Co,, June 21, 2010.

Guardian Technologies International, Inc., a provider of imaging informatics solutions, reported that the test of the fully automated TB detection system Signature Mapping TBDx (SM TBDx) was successful. The test, which took place at the South African National Health Laboratories, validated the integrated performance of each hardware component of the automated slide management system. According to Guardian Technologies, the integrated hardware-software TB detection solution accurately identified 100 percent of the TB slides processed during an abbreviated trial.

MINNESOTA: TB Trouble Might Lead to Cleaner Air at Maplewood Workhouse; StarTribune.com, June 20, 2010, by Chris Havens.

The Ramsey County Board will vote on whether to budget \$355,000 to begin the preliminary work for upgrading the airflow system at its correctional facility in Maplewood, Minnesota. After six inmates and two correctional officers were diagnosed with TB in 2008, a consultant recommended upgrades to the airflow system to improve TB control at the Maplewood workhouse. The county then hired Knutson Ventilation Consulting to analyze the heating, ventilating, and air conditioning systems. A positive vote would mean the county can hire a contractor to review the report by Knutson and create a plan, budget, and timelines for the upgrade, after which county officials would approve a construction contract. Lawsuits against the county by former inmates who contracted or were exposed to TB have reached a tentative settlement, and a lawsuit filed by the original infected inmate is pending.

CANADA: Japanese Student Gives TB to Host Family; Times Colonist, June 21, 2010, by Derek Spalding, The Daily News.

A three-year-old boy tested positive for TB infection after exposure to a Japanese exchange student with TB disease. In July 2009, Tamagawa University in Machida, Tokyo, notified Vancouver Island University (VIU) that a student with active TB disease had spent nearly four months at the VIU Tamagawa campus and had lived with a host family while in Canada during that time. The child's father was the host, and the child and his brother were tested because they spent weekends at their father's home. The older boy had negative test results. Doctors do not believe that the three-year-old has active TB disease, but he will receive a chest X-ray for confirmation. In response to the mother's inquiry as to why the student was not screened before entering Canada, Toni O'Keeffe, VIU communications officer, explained that the school follows Citizenship and Immigration Canada Guidelines, which only requires health testing for visitors staying in the country longer than six months. VIU is working with Tamagawa University to increase the guidelines to improve safety. The child will be treated with isoniazid for nine months to reduce his risk of developing active disease.

MINNESOTA: Olmsted Tuberculosis Clinic Expands to Surrounding Counties; Post-Bulletin, June 19, 2010, by Jenna Gibson.

In 2001, Olmsted County Public Health Services and the Mayo Clinic opened the Olmsted County TB Clinic to centralize TB diagnosis and treatment and improve efficiency. Public health provides the space, equipment, and staff, and tests can be sent to the Mayo Clinic for quick diagnosis and treatment recommendations. Patients are allowed to remain at home during treatment, and staff members deliver drugs to the patients during the week. The clinic checks patients' family and friends for TB and treats those who test positive for infection. Recently, the county approved a plan to allow the clinic to admit patients from other counties. In 2009, the county treated 12 persons who had TB. Larry Edmonson, Director of the Disease Prevention and Control Division of Public Health, commented that he does not expect too many more cases now that the clinic is expanding its coverage. The county is planning to contact other counties in the area to notify them that they could start sending suspected TB cases to Olmsted Clinic for diagnosis and treatment.

CANADA: Inuit TB Strategy Needed: Report; CBC News, June 22, 2010.

A report by a Canadian House of Commons Standing Committee on Health called for an Inuit-specific TB strategy in northern Canada, and recommended that Health Canada define a control program to lower TB rates in First Nations reserves and Inuit communities. The program should have goals, targets, and performance indicators that are measured annually at the regional or national level. It should address underlying social issues that help spread TB among Inuit. Health Canada officials commented that they will respond to the recommendations later this year. The committee's recommendations are similar to a proposal by Inuit Tapiriit Kanatami (the national Inuit organization in Canada) in March of 2010. Inuit TB infection rates are 185 times higher than those of Canadian-born, non-aboriginal people. The four main Inuit regions have a TB incidence rate of 157.5 for every 100,000 people; whereas, the rate in southern Canada is .8 per 100,000. The officials with Nunavut's Health Department said they are working on lowering the number of infections, although there is no set target so far. The Nunavut department officials said they would work toward any new goals and targets Health Canada may set. Gail Turner, chair of Inuit Tapiriit Kanatami's Health Committee, said that there is no guarantee that the standing committee's recommendations will be implemented, but a new group is working on an Inuit-specific plan to track and lower TB infection rates. The group includes Turner and representatives from the Nunavut government and Nunavut Tunngavik, the territory's Inuit land-claims organization. The group is expected to present its plan to federal officials in October of 2010.

CALIFORNIA: Trends in Tuberculosis Mortality in the United States, 1990-2006: A Population-Based Case-Control Study; Public Health Reports. 2010 May-Jun; Jung, R.S., et al.

The researchers assessed trends of TB-related deaths in the United States and examined associated comorbidities listed on death certificates. From 1990 through 2006, TB was reported as a cause of death among 53,505 people in the United States. People aged 75 years and older; males; foreign-born people; and those of Hispanic, Asian, black, and Native American race/ethnicity had comparatively elevated TB-related mortality rates. The mortality rate in

foreign-born people was more than two times higher than in US-born people. About 89% of deaths among people of Asian race/ethnicity and nearly 50% among black people were foreign-born individuals. HIV and selected autoimmune diseases were more common in TB-related deaths. TB mortality decreased substantially from 1990 through 2006, but remains an important cause of preventable mortality. The observed decrease was more pronounced among US-born people than among foreign-born people. Disparities in TB-related mortality and the identification of important comorbid conditions can inform strategies targeting subpopulations at increased risk for fatal TB infection.

CANADA: TB Action Plan Needed for Native Communities: Report; Edmonton Journal, June 9, 2010, by Winnipeg Free Press.

Responding to what critics have called the “national embarrassment” of disproportionately high TB rates in First Nations and Inuit communities, a federal health committee has issued a number of recommendations for improving Health Canada’s TB strategy. The report says TB rates among aboriginals are 31 times higher than among nonaboriginals - a disparity about which committee members are “deeply concerned.” The document calls for the auditor general to investigate the effect of the money previously allocated for TB programs on reservations, and it asks Health Canada for greater accountability in its TB treatment and surveillance efforts.

FLORIDA: County Testing Seminole Ridge High School Students for TB Exposure; Palm Beach Post, June 8, 2010, by Sonja Isger.

TB screening continued June 8 for more than 200 students and teachers at a high school where a student was diagnosed with TB in late May. The Palm Beach County Health Department sent letters about the situation to students and staff whose exposure to the student was sufficient to put them at risk. The week before summer vacation began, the school called all parents and told them testing is necessary only for those contacted by the health department.

FLORIDA: Tuberculosis Confirmed at Second School; Palm Beach Post, June 9, 2010, by Stacey Singer.

A TB investigation is underway at an elementary school in Delray Beach where a student has been diagnosed with a multidrug-resistant type of the disease. Letters about the situation were sent to the student’s classmates and teachers on May 18, and skin tests were administered to 96 people. “In elementary school they don’t change classes, so they tested the immediate classroom contacts,” said Tim O’Connor, a spokesperson for the Palm Beach County Health Department. “They also tested those on the school bus and in extracurricular activities.” Last year, the county investigated 60 TB cases, but none was drug-resistant. County health authorities also are responding to a TB case at a high school in Loxahatchee, where skin test results were being read. All those who test negative will be retested on June 28 at the elementary school, and on Aug. 9, tentatively, at the high school.

FLORIDA: Rumors, Hate Complicate TB Fight; Palm Beach Post, June 10, 2010, by Stacey Singer.

A diagnosis of TB in two Palm Beach County public schools has unleashed an Internet tirade of venom and speculation against recent immigrants in the area. The identities of the two students diagnosed with TB, one at a high school in Loxahatchee, and one at an elementary school in Delray, have not been made public. But public health officials have been asked whether the cases are connected to the 650 victims of the Haitian earthquake recently absorbed by the school system. The strain identified in the high school student was multidrug-resistant (MDR) TB, indicating that it cannot be treated with the conventional therapies of isoniazid and rifampicin. None of the county's 60 TB cases last year was classified as MDR. "I can only acknowledge that the individual has TB. Race, color, creed, birthplace, etc. that might identify the individual are confidential," Palm Beach County Health Department spokesperson Tim O'Connor said. Health department officials said there is no connection between the current investigation and the health department's previous services for earthquake refugees. Students entering from Haiti after the January earthquake were required to undergo standard immunizations, O'Connor added.

NEW YORK: Rules for Monitoring TB are Tightened; New York Times, June 16, 2010, by Anemona Hartocollis.

The New York City Board of Health recently passed a regulation strengthening the city's control over treatment and monitoring of TB patients. The regulation requires hospitals and other health care centers to consult with the Department of Health and Mental Hygiene at least 72 hours before discharging TB patients, and to wait for the department to decide whether the patient is no longer a danger to public health before the patient is discharged from the hospital. In addition, doctors must submit treatment plans for new patients within one month of beginning treatment. According to Dr. Chrispin Kambili, Assistant City Health Commissioner in charge of TB control, the new regulations are meant to help the city ensure that patients are receiving proper treatment and adhering to treatment, especially since many patients prefer to go to private doctors instead of hospitals or clinics. This makes tracking patients more difficult, and the doctors treating those patients may not have the experience they need to give effective treatment. Incomplete and improper treatment can cause the disease to become drug-resistant and more difficult and expensive to treat. The city provides free medication as part of its monitoring program.

ATLANTA (CDC): Extensively Drug-Resistant Tuberculosis: Clinical Infectious Diseases. 2010 May 15; JP Cegielski, et al.

Over the past 7 decades, *Mycobacterium tuberculosis* has developed resistance to virtually every new drug used to treat TB, resulting recently in the global emergence of extensively drug-resistant TB. In an individual, treatment with a single new drug results in acquired drug resistance within weeks to months. On a population basis, the pattern is just as consistent. After a new drug is introduced, drug-resistant cases or case series are reported within months to years, typically leading to focused surveys, and within several years, dramatic outbreaks with extraordinary mortality occur. Invariably, such outbreaks prove to be the tip of the iceberg. Incomplete and delayed diagnoses, drug costs, and drug supplies are frequently implicated.

With new drugs and new diagnostics on the horizon, it is necessary to develop new ways of incorporating them into public health practice, basing treatment on rapid drug-susceptibility tests, ensuring that effective drugs are always used in combination, and making these drugs available to persons who need them.

NEW JERSEY: TB Tests at Brookdale All Are Negative; Asbury Park Press, June 5, 2010, by Nina Rizzo.

TB testing of students and staff at a community college in Lincroft, where an employee was diagnosed with the disease, has turned up no new cases so far, school officials said June 5. Almost 400 people were sent a letter notifying them they should undergo testing; so far, at least 160 have done so. The initial patient died from other causes in April. TB testing continues to be available at the student health center.

NEW YORK: Einstein Awarded NIH Grant to Study Drug-Resistant TB; First Science.com, June 2, 2010, by Albert Einstein College of Medicine.

Yeshiva University's Albert Einstein College of Medicine was awarded a five-year \$3.9 million grant by the National Institutes of Health to study how extensively drug-resistant TB (XDR TB) is transmitted in rural South Africa. According to Dr. Sarita Shah, the principal investigator and assistant professor of medicine and of epidemiology and public health, most cases of XDR TB are the result of non-adherence to treatment or being prescribed the wrong medicine. Also, XDR TB can be transmitted if an individual is directly infected with the drug-resistant strain of the disease. It was believed that person-to-person XDR TB transmission was rare, but increasing evidence suggests it is much more common than previously believed. Dr. Shah will prospectively interview and analyze medical records of 400 patients with XDR TB in Tugela Ferry, South Africa, to determine how many new cases develop due to person-to-person transmission, compared with new cases of amplified resistance. The study will combine classic contact investigation methods with advanced epidemiologic techniques, including molecular genotyping, and social network analysis.

OHIO: Body's Own Proteins Could Help in Global Fight Against Tuberculosis; Sify, June 8, 2010.

Researchers in Ohio are trying to fight TB using the proteins in the human body. The researchers found that the protein CCL5 plays a protective role in helping the body ward off TB in the early stages of infection. CCL5 is a member of a large family of proteins responsible for immune cell migration. They discovered the role and potential benefits of CCL5 by studying mice lacking the gene to make CCL5 protein, and mice with the CCL5 gene. After both groups of mice were infected with the TB bacteria, those without CCL5 had fewer protective cells and more bacteria in the lungs after five weeks of infection than normal mice. It is concluded that CCL5 did not play a role in long-term infection, but has a role in onset and early protection against infection. Also, it is suggested that altered CCL5 expression in humans may be a predisposing factor leading to TB disease progression. The study was published in the Journal of Leukocyte Biology.

MARYLAND: Epidemiology and Challenges to the Elimination of Global Tuberculosis; Clinical Infectious Diseases; 2010, May 15; MS Jassal, et al.

Recent epidemiological indicators of TB indicate that the (global) Millennium Development Goal of TB elimination by 2050 will not be achieved. The majority of TB cases are occurring in population-dense regions of Africa and Asia where TB is endemic. The persistence of TB in the setting of poor existing health infrastructure has led to an increase in drug-resistant cases, exacerbated by the strong association with HIV. Spreading drug resistance threatens to undo decades of progress in controlling the disease. Several significant gaps can be identified in various aspects of national- and international-directed TB-control efforts. Various governing bodies and international organizations need to address the immediate challenges. Existing economic and social obstacles must be overcome if TB elimination is to be a reachable goal.

ILLINOIS: County Battling New TB Outbreak; Chicago Daily Herald, May 26, 2010, by James Fuller.

Officials in Kane County, northwest of Chicago, are battling an outbreak of TB at a homeless shelter there. Since the spike was noticed several months ago, 13 people with the active form of the disease are believed to have been infected at the shelter. As many as six additional active cases and 300 latent cases are likely to be identified, Kane County Health Department Executive Director Paul Kuehnert said. With a requested \$65,000 from the city of Aurora and \$184,000 in federal funding, Kane County Health Department officials are set to screen 200 shelter residents for TB every other month. This funding will not cover the costs of blood tests, X-rays, and isolation housing associated with diagnosing and treating those with the infection, health officials said. Because health officials must maintain extra scrutiny for six months after the last case of TB is identified, they expect to be on heightened alert for TB for approximately the next two years, Kuehnert said. Health officials are working with the shelter to reduce the possibility of future outbreaks by upgrading the shelter's ventilation system. In addition, the health department and local shelters are developing more stringent health screening procedures.

FLORIDA: Palm Beach County Health Officials Confirm Seminole Ridge High Student with TB; Palm Beach Post, May 27, 2010.

The Palm Beach County Health Department has launched a TB contact investigation at a high school, where a student has been diagnosed with the disease. The parents of students who attended class or rode the bus with the ailing student have been informed by letter, health officials said. "We are asking those who receive a letter to grant us permission to administer a PPD test to determine if the TB infection has been passed along," PBCHD Director Alina Alonso said in a press release. The student with TB is not in school and is undergoing medical treatment. Alonso said her TB staff will monitor the patient to ensure that she or he completes the prescribed drug regimen.

ALABAMA: TB Cases at Donaldson Prison; Birmingham News, May 27, 2010, by Jeremy Gray.

Due to recent reports of TB at Donaldson Correctional Facility in Jefferson County, officials are curtailing inmate movements there until July 22. "Donaldson is not on lockdown and is

operating as usual, other than restricted inmate movement in and out of the facility,” according to Brian Corbett, a spokesperson for the state prison system. “This is a preventative and cautionary measure recommended by the Alabama Department of Public Health.” Inmates from the maximum-security facility are not being allowed to make court appearances, although they can still receive visitors. In February, four inmates from Donaldson were taken to Kilby Correctional Facility near Montgomery to be tested for TB. One prisoner tested positive; Corbett said he did not know further details of that case.

NEW JERSEY: TB Scare at Brookdale Spurs Call for Testing; Asbury Park Press, May 28, 2010, by Bob Jordan.

Acting on the news that a staff member at a community college has been diagnosed with TB, school and Monmouth County health officials have identified 400 students and staff who need testing. A letter has gone out “to those who might have been at risk,” said Michael Meddis, the county’s public health coordinator. So far, about 100 skin tests have been administered at the local health department or the campus Health Center. The college was founded in 1967; this is the fourth incidence of TB in its history, said spokesperson Stephen Nacco.

TEXAS: A&M Uses Computer Cluster, Software Innovation to Tackle TB; Statesman.com, June 1, 2010, by Kirk Ladendorf.

Researchers at Texas A&M University have found a way to sequence the structure of new strains of TB and other diseases, using new software on an IBM-based Hydra cluster computer. Raffaele Montuoro, a computational scientist at the Texas A&M Supercomputing Facility, wrote a program called pGAP (parallel Genome Analysis Pipeline), which allows images developed from an advanced tool called the Illumina Genome Analyzer to be analyzed on a cluster computer with 128 or more processing units attacking parts of the problem at the same time. This software speeded up the gene sequencing of TB strains by more than four times. Sequences on new strains can be completed in as little as three hours with the cluster computer and a high-performance file system that handles data files that contain more than 2 trillion bytes of information.

CALIFORNIA: Possible TB Case Reported at Esperanza High School; Orange County Register, May 20, 2010, by Jessica Terrell

Orange County health officials held an informational session for parents of students at a high school in Anaheim Hills, where a person is suspected of having active TB. The school informed parents via letter at the beginning of the week; a second letter was sent to those whose children’s contact with the patient was judged sufficient to put them at risk. The infected individual is receiving drug treatment in respiratory isolation and will remain there until no longer contagious, said Dr. Julie Lowe, a TB controller with the [Orange County] Health Care Agency. The county’s total number of active TB cases last year, 197, was the lowest since the mid-1970s, Lowe said.

CANADA: MKO Holds off on TB Strategy after Ottawa Redirects Money; Winnipeg Free Press, May 21, 2010, by Jen Skerritt.

David Harper, Manitoba Keewatinowi Okimakanak (MKO) Grand Chief, stated that a plan to eliminate TB on Manitoba reserves had to be shelved, as Health Canada did not renew \$100,000 in annual funding for the organization's TB program. The plan included monitoring federal and provincial TB programs on reserves to ensure that patients were receiving proper treatment and were adhering to the treatment plan. MKO is an advocacy group that represents 30 northern First Nation communities. As a result of the cut, the group's full time TB coordinator was laid off. Harper interpreted the funding cut as a lack of political will to eradicate TB or alleviate the poverty and overcrowding that helps TB spread. Harper said that the group is considering soliciting donations from the public, corporate sponsors, and international aid groups. Philippe Laroche, a spokesperson for Health Canada, explained that the federal department had not cut TB funding, but had reallocated funds to tribal councils where TB is an issue. Manitoba has the highest TB rates of any province in Canada, and northern Manitoba First Nations have more than 600 cases per 100,000 people, compared to the Canadian national rate of five cases per 100,000. Joe Dantouze, Northlands First Nation Chief, commented that communities need to work with Ottawa to improve medical treatment for TB and address the major housing shortage.

CANADA: Clock is Ticking in War on TB; Telegraph-Journal; May 25, 2010, by Nicole Visschedyk.

Chris Gray, a chemist at the University of New Brunswick St. John, and Dr. Duncan Webster, Head of the Infectious Disease Unit at St. John Regional Hospital, are researching new drugs to treat TB, using traditional First Nations treatments and common plants. So far Webster has seen positive results with cow parsnip. Compounds derived from the plant have antimicrobial properties and seem to stimulate the immune system. First Nations people used it to fight serious infections such as smallpox and TB for generations. Gray explained that the process from plant to pill is long and complicated, but that he and Webster were coming up with the initial ideas -- purifying samples and testing them against a number of live diseases. Gray worries that aboriginal botanical knowledge could be lost. Chief Joe Knockwood of Fort Folly First Nations sees his job as preserving this type of cultural knowledge. He commented that in New Brunswick, there have been efforts to include information about traditional medicine on the Internet. Also, in partnership with the Smithsonian Institution in the United States, a heritage garden was to have opened in the First Nation community of Eel River Bar near Dalhousie. It would have included medicinal plants and an interpretive center to teach natives and non-natives about traditional medicinal practices, but the federal government did not follow through, and the center never opened. Webster emphasized the need for funding, as the process from field to drug is difficult and costly. He stated that because the research is novel, there is less funding, and, without the funding, they may not be able to continue.

ILLINOIS: Kane Officials See Funds for TB Outbreak; Geneva Sun; May 26, 2010, by Nick Swedberg from the Sun-Times.

The Kane County Health Department (Illinois) is appealing for \$65,000 from the county contingency fund to help test and treat homeless persons for TB. So far, the department has identified 13 cases of TB and seven suspected cases linked to two previous cases diagnosed in

January in homeless persons who used a shelter in Aurora. According to Paul Kuehnert, executive director of the health department, the additional funds and a \$184,000 grant would be used for contractual costs such as medical consultants and radiological services associated with screenings, as well as medications and housing of persons diagnosed with TB. The health department has launched a very aggressive outreach of screenings among homeless persons in which at-risk persons will be screened every two months for the next year. Kuehnert said that the department plans to continue screenings until it goes six months without finding any more cases. The health department has anticipated about 1,000 screenings for the rest of the year.

NEW YORK: MDR-TB May Become Dominant Circulating Strains; Pediatric Supersite, May 19, 2010.

According to an article by Dr. Neel R. Gandhi of Albert Einstein College of Medicine, New York, and colleagues, better diagnosis of multidrug-resistant (MDR) and extensively drug-resistant (XDR) TB are needed, as well as improvements in laboratory capacity, infection control, and treatment for these strains of TB. Unless countries make the investment in these areas, the researchers predict that drug-resistant strains of TB could become the dominant form. Health officials estimated that there were 440,000 cases of MDR TB in the world in 2008, which accounted for 3.6 percent of all estimated cases of the disease. The cure rates of drug-resistant TB are lower, mortality rates are higher, and the cost and complexity of managing these cases place a significant burden on the health system. The average cost per patient to treat MDR TB is \$3,500 compared to \$20 to treat the drug-susceptible strain of TB. Also the average treatment time for drug-resistant TB is 24 months compared with six months for the drug-susceptible form. The researchers appealed to the highest burden TB countries to commit to TB control and work to manage MDR TB on a national scale. They also want health officials to ensure that new diagnostic tests and drugs become available. The article was published in Lancet.

CALIFORNIA: Six Exposed to TB; No Active Infection; Desert Sun (Palm Springs), May 6, 2010, by Michelle Mitchell, La Quinta Sun.

TB testing at a middle school in La Quinta, CA, which was conducted after a person there was suspected of having the disease, so far has not found anyone with TB disease. Six persons had positive skin test results, said Barbara Cole, Director of Disease Control for the Riverside County Department of Public Health. "Thus far with the results I have, I have no indication of any additional problems," Cole said. The results from about half of the 256 people referred to testing, however, were still pending. She said persons with a positive skin test but a negative chest X-ray will be given antibiotics to prevent the dormant infection from developing into disease.

ARKANSAS: Tests Indicate 18 Inmates Infected with Tuberculosis; Arkansas Democrat-Gazette (Little Rock), May 11, 2010, by Andy Davis.

Late last month, hundreds of prisoners at the Tucker Unit of the Arkansas Department of Corrections (ADC) were tested for TB following the diagnosis of active TB in an inmate there. On May 10, health officials said 18 inmates have been put on antibiotics after tests showed they had latent infections that had not been diagnosed previously. Dr. James Phillips, chief of the health department's infectious disease branch, said the antibiotic treatment is to ensure the

latent cases do not become active. As a precaution, roughly 120 other Tucker inmates, previously treated for latent TB, have been given chest X-rays, he said. Nine X-rays had yet to be examined on May 10, but so far, at that time, no active TB cases had turned up, he said. "The bottom line is, to date, we have not found any other active cases," said Phillips. Incarcerated since 2001, the inmate with active TB disease has been at a prison hospital in Pine Bluff since February, when he was diagnosed with pneumonia, said ADC spokesperson Dina Tyler. An initial test performed at that time came back negative for TB. After the inmate failed to improve, he was tested again and the results were positive, said Tyler. In addition to being housed at Tucker, the inmate spent 13 days at the nearby Maximum Security Unit (MSU), Tyler said. Some inmates at the MSU are being tested for TB, though Tyler said she did not know how many.

WASHINGTON STATE: Health District Paying \$84,000 for Nurse on 2 TB Cases; HeraldNet, May 14, 2010, by Sharon Salyer.

Snohomish Health District, Washington, is planning to hire a nurse to assist with the treatment of two recently diagnosed patients with multidrug-resistant TB (MDR TB). The nurse's salary of \$84,000 will be the largest expense in the district's \$140,000 budget. It is hoped that the nurse will be hired by the end of June. The nurse will be part of the team that helps provide drugs to the patients twice a day, seven days a week, and monitors their health status. The patients will have to take four or more drugs daily for 18 to 24 months, and the cost of TB medication is expected to be \$40,000 a year. Their living expenses are estimated to be \$16,000 over a year. The public health agency assists with housing and food costs as the patients are generally confined to their homes to prevent spread of the disease. They must wear medical masks if they have to leave the house. Health district staff donated a television and laptop computer to the patients to help keep them occupied during their confinement, and is trying to get a donation of a high-speed internet connection. These are the first patients in the county to be diagnosed with MDR TB, and they are among five cases reported in Washington state this year. The health district continues to investigate contacts of the two patients to determine if anyone else has been infected.

LOUISIANA: Immune System Could Be Used to Test for TB; Reuters, May 16, 2010, by Julie Steenhuysen.

According to research presented May 16 during the American Thoracic Society meeting in New Orleans, immune signaling chemicals could someday be used in a rapid test to distinguish latent from active TB disease. Dr. Jason Stout of Duke University Medical Center stated, "A rapid test that could tell the difference between latent and active tuberculosis would be a major step forward." For the research, Dr. Stout and colleagues collected blood samples from 71 persons who had no infection, had active TB disease, or had latent TB infection. The team stimulated an immune response with TB bacteria in the samples, and they measured 25 cytokines to identify any patterns linked with active TB infection. "We found that a pattern of two cytokines, called MCP-1 and IL-15, was reasonably good at differentiating between persons sick with TB and persons infected but not sick," Stout said. A third cytokine, IP-10, also demonstrated potential in sorting between persons who are infected and those who are not infected. The cytokines have already been identified as markers for TB, but all three together have never been recommended for potential diagnostic use, said Dr. Stout. He stated that these findings could lead to earlier

diagnosis of active TB disease, which could be beneficial for both the sick person and others around her or him who might be spared from infection.

MARYLAND: Montgomery Co. Student Diagnosed with TB; WTOP.com, May 18, 2010.

Parents of students at a high school in Montgomery County, Maryland, will be receiving notification about a case of active TB disease at the school. The patient has been away from school since the diagnosis and is reported to be doing well. School officials are recommending that students who had close contact with the patient get tested at the school next month. A spokesperson for the Montgomery County Public Schools said that the school system has followed the health department protocol.

GEORGIA: About 160 Calvary Students to Be Tested for Tuberculosis; Savannah Morning News, May 5, 2010, by Dana Clark Felty.

A Calvary Day School student's diagnosis of active TB disease prompted plans for testing the student's household members, along with about 160 students, for evidence of infection. Testing was conducted the morning of May 7 at the school, said Ralph Finnegan, headmaster. A letter about the situation was mailed to all parents, while the students deemed most at risk and in need of testing were given a separate letter at an assembly May 4. "These are individuals who have close, prolonged contact," said Dr. Diane Weems, medical director of the Coastal Health District. "So we're most worried, obviously, about family and household contacts and classmates who sat in the same classroom." There is no connection between the student and a Chatham County jail inmate diagnosed with TB last week, Weems said. The county sees 10 to 15 active TB disease cases annually. In addition, at any given time, about 100 county residents are receiving treatment for latent TB infection. The Calvary student is in treatment and is expected to make a full recovery.

FLORIDA: Sickles High Takes TB Precautions; St. Petersburg Times, May 6, 2010.

Representatives from the Hillsborough County Health Department met on the evening of May 6 with parents of students at Sickles High School, where a pupil was diagnosed with TB disease. Those persons deemed to be at risk of infection, due to close contact with the patient, were urged to undergo testing at the school on May 10; results were read on May 12. The student, whose diagnosis was confirmed on April 26, is recovering and is not a health risk, officials said.

ARKANSAS: 30 Inmates to Get Second TB Tests; Arkansas Democrat-Gazette, May 7, 2010, by Andy Davis.

Though they show no symptoms associated with active disease, about 30 inmates at the Arkansas Department of Correction's Tucker Unit will undergo further screening, after initial tests indicated they may have been exposed to TB, ADOC spokesperson Dina Tyler said May 6. All inmates at the Jefferson County prison were tested recently following a diagnosis of active TB disease in an inmate there. That prisoner is being treated at a prison hospital in Pine Bluff and is improving, she said. Of the 30 inmates, 12 are being given chest X-rays and further testing, while the remaining 18 are being given a second skin test, said Tyler. "So far, everything is very, very encouraging," she said.

ARKANSAS: Tucker Inmates Tested for TB; Arkansas Democrat-Gazette (Little Rock), May 6, 2010, by Chad Day.

In the facility's first such diagnosis in five years, a Tucker Unit inmate of the Arkansas Department of Corrections has been found to have an active case of TB. As a result, all the prison's approximately 800 inmates will be tested for the disease. Officials also are trying to locate recent parolees, together with prisoners transferred from Tucker since January, to test them as well, said department spokesperson Dina Tyler. The ailing inmate has been under treatment for pneumonia since February at ADC's diagnostic hospital in Pine Bluff; he tested negative for TB at a Little Rock hospital in March, but his test last week came back positive. The man remains hospitalized, but his condition is improving, Tyler said. She added that because the inmate worked in maintenance and performed repairs around the prison, persons throughout the facility might have been exposed. Health Department spokesperson Ed Barham noted that TB is "a very treatable illness. Once we know what we're up against in a population like a school or a factory or even a prison, it's possible to protect the rest of the population pretty quickly and make sure the people who are sick can be treated and recover," he said.

MINNESOTA: Ramsey County to Pay Millions in TB Lawsuit; (St. Paul, Minnesota); Minnesota Public Radio, May 11, 2010, by Rupa Shenoy.

Ramsey County has reached a settlement with a group of former workhouse inmates who contracted TB while in the custody of the county. The former inmates say they were exposed in 2008 when the county failed to properly test an inmate with TB disease. Ninety-nine former inmates have tested positive for TB as a result. Robert Bennett, the attorney who represents the former inmates, says the county must pay their medical expenses, plus as much as \$500,000. He says that these people should be treated immediately, so that TB does not spread in the Twin Cities as a whole. The settlement must still be approved by a US District Court judge. Another federal lawsuit filed against the county by the original infected inmate is still pending.

NEW YORK: Study Sheds Light on Metabolic Vulnerability in TB and Potential Drug Target; Daily News and Analysis (DNA), May 11, 2010.

Scientists at Weill Cornell Medical College have illuminated a previously unrecognized aspect of fatty acid metabolism in TB that could possibly lead to new targets for drug therapy. Dr. Sabine Ehrt led the research of *M. tuberculosis* (Mtb), a slow-growing aerobic bacterium that causes TB and relies on gluconeogenic substrates for in vivo growth and persistence. Dr. Ehrt found that phosphoenolpyruvate carboxykinase (PEPCK) plays a crucial role in the growth and survival of Mtb during infections in mice, making PEPCK a prospective target for drugs that fight TB. Her research team found a way to silence the gene, encoding PEPCK in Mtb during mouse infections to assess the importance of gluconeogenesis for Mtb's ability to maintain a chronic infection. Dr. Ehrt, lead author of the paper, stated that "Silencing a gene when the pathogen is not, or only slowly, replicating, after an infection has established, is an important tool for studying diseases such as TB, which can be dormant for years, only to become active again years later." She and her team investigated the role of the macrophage in the immune response to Mtb and the molecular mechanisms used by the pathogen to establish and maintain persistent infections. Ehrt aimed to validate novel drug targets that may facilitate the development of new therapies against active and chronic TB. The study used a novel mass spectrometry-based

metabolic profiling tool, developed at Weill Cornell by Dr. Kyu Rhee to biochemically examine Mtb carbon metabolism. The tool has provided the first direct insights into the metabolic architecture of Mtb. Ehrt hopes that her work will eventually lead to new drug therapies to treat TB. The study has been published online in the Proceedings of the National Academy of Sciences, May 3, 2010, doi:10.1073/pnas.1000715107.

ILLINOIS: New Therapeutic TB Vaccine Could Cut Treatment Time; Vaccine News Daily (Chicago); May 7, 2020.

At the 2010 BIO International Convention, Archivel Farma, S.L., announced that its therapeutic TB vaccine, RUTI(R), can cut treatment time for the virus from nine months to one month, when used with an antibiotic. The company states that this will help people with TB limit side effects and cut medical costs. For people who develop symptoms of TB, Archivel Farma states that the infection has proven difficult to quickly and completely eliminate. Standard treatment requires a nine-month course of antibiotics to make sure all traces of the non-replicating form are eliminated from the lungs. Archivel's two-pronged approach would combine a month of antibiotic treatment with two shots of vaccine produced by Archivel. The vaccine stimulates the body's immune system to help fight the bacterial infection, the company states. Archivel Farma expects that the vaccine will be available commercially in 2015.

NEW YORK: Oxford Immunotec Closes Second Tranche of \$26 Million Series D Financing Led by New Leaf Venture Partners; Market Watch, April 30, 2010.

New Leaf Venture Partners (NLV Partners) announced on April 30 the securing of the second bond series issued for sale on a \$26 million investment in Oxford Immunotec Ltd., a leading manufacturer and marketer of T cell-based diagnostic tests. The financing will support advancement of the company's diagnostic product pipeline and the ongoing commercialization of the T-SPOT.TB test, which is currently marketed in the United States, Europe, Canada, and more than 40 other countries worldwide. T-SPOT.TB is a laboratory-based, cellular blood test designed to diagnose both latent tuberculosis (TB) infection (LTBI) and active TB disease by measuring T cells that have been activated, specifically by Mycobacterium tuberculosis (MTB) antigens. The World Health Organization (WHO) estimates that more than one third of the world's people currently are infected with MTB. In the United States, there are an estimated 15 million individuals infected with latent TB, and an estimated 17 million tests for latent TB are performed each year.

CALIFORNIA: School Tests for Possible Tuberculosis; Desert Sun (Palm Springs), April 23, 2010, by Michelle Mitchell.

The news that a person at a middle school in La Quinta, California, has a suspected case of TB has prompted plans to test others there "as a precaution," said Barbara Cole, Director of Disease Control for the Riverside County Department of Public Health. Persons thought to have been in close enough contact with the individual to be at risk have been notified and were tested during the week of April 26. Any others at the school who wish to be tested can be screened for free the following week "as a courtesy," said the school's principal.

INDIANA: Purdue Closes Drug Manufacturer: Only US Company Producing Vital Tuberculosis Drug; WLFI.com, April 27, 2010, by Kristin Maiorano.

The Chao Center for Industrial Pharmacy and Contract Manufacturing, the only company in North America that manufactures the antibiotic seromycin, will soon be closing. Seromycin is used for treating drug-resistant TB. According to Joe Hornett, Senior Vice President of the Purdue Research Foundation, which owns the Chao Center, the company will complete its small batch contracts within the next two months, and will continue to produce the drug until another company takes over. He said that in the five years since the Chao Center was founded, it only showed a profit for six months. The two other companies that manufacture seromycin are located outside of the United States. The research foundation will investigate what should be done with the Chao center.

TEXAS: TB Case Is Finally Under Control; San Antonio Express-News, April 18, 2010, by Don Finley.

A woman diagnosed two years ago with extensively drug-resistant TB (XDR TB) is days away from being declared cured of the disease. The woman, who agreed to be interviewed on condition of anonymity, is the second XDR TB patient treated at the Texas Center for Infectious Disease (TCID), the state's official TB hospital in San Antonio. The previous patient, a native Texan, also was cured after two years and discharged. The woman from Russia was diagnosed locally while enrolled at a Texas university. "Some people have coughing, but I was not coughing much," she said. Since the XDR TB diagnosis, she has lived at TCID, undergoing injections and infusions of powerful TB treatments. Her own strain was initially invulnerable to 11 TB drugs. "They couldn't let me go back to the university to pick up all my stuff," she recalled. Thankfully, her classmates brought her belongings to TCID. Exhaustive contact tracing found no new XDR TB cases. In parts of Russia, multidrug-resistant TB strains account for up to 28.3 percent of new diagnoses and 61.6 percent of previously treated cases, the World Health Organization reported last month. In contrast, about 1 percent of US cases are MDR TB, and XDR TB cases are very rare in the United States. Three-quarters of MDR TB cases are in foreign-born persons. "Because of the attention that has been paid to basic TB control, we don't seem to be generating new cases," said Dr. Kenneth Castro, CDC's director for the Division of TB Elimination. "What we seem to be observing is an importation from countries where persons are more likely to have been exposed to these drug-resistant forms, or to have had incomplete regimens for treatment of their tuberculosis." To prevent drug-resistant TB, laboratories around the world need the capacity to detect such strains, and less-common treatments need to be distributed, Castro said. In addition, new and better treatments should receive underwriting, he said.

TEXAS: Dallas County's Unyielding Approach on Tuberculosis Has Cases of the Disease Falling; Dallas Morning News, April 15, 2010, by Sherry Jacobson.

For the first time, the annual number of TB cases in Dallas County has fallen below 200, health officials say. In 2009, the county had 195 active TB disease cases, an 11 percent decline from 219 cases the previous year. "We're fortunate in Dallas County to have a real robust surveillance program and a public clinic working hand in hand," said Zachary Thompson, executive director of Dallas County Health and Human Services (DCHHS). The county's TB prevention efforts are supported by a \$1.9 million budget and 60 full-time employees. The clinic sees 40-60 patients a

day, a number including health care professionals and others screened for work and educational requirements. Ten outreach workers directly monitor the treatment of county TB patients. "We can meet them at a McDonald's or a 7-Eleven or a gas station," said Tesfa Kidane, who oversees the outreach workers. "Usually, a strong attachment grows between the patients and the outreach workers," Kidane said. "It takes a very strong public health approach to keep track of the active cases," said Dr. Brian Smith, director of Region 11 for the Texas Department of State Health Services. The 19-county region, which is located mostly along the Mexico border, reported 11 TB cases per 100,000 people in 2009. Dallas County had 8.1 TB cases per 100,000 last year, down from 9.2 cases in 2008. However, the county's rate is still far ahead of the national TB rate of 4.2 cases per 100,000 in 2008. The overall rate for Texas is 6.3 cases per 100,000. Reasons for the county's and state's higher TB incidence include a large immigrant and refugee population from TB-endemic countries, experts say.

NORTH CAROLINA/MASSACHUSETTS: Aerosols May Hold Potential of Treating TB; Health Jockey, www.healthjockey.com, April 19, 2010

Scientists at the University of North Carolina School of Pharmacy, Chapel Hill, and Harvard School of Engineering and Applied Sciences, Cambridge, Massachusetts, are proposing the use of a compound called PA-284, in the form of a dry powder aerosol, to treat TB. The researchers believe that the dry powder aerosol can be delivered through an inhaler. PA-284 has shown potential of being crushed into dry powder, and has been effective in treating patients with MDR and XDR TB, as well as patients with HIV/TB coinfection. Previous experiments have shown that oral use of PA-284 in tablet form resulted in adverse reactions such as headaches and abdominal problems. Aerosol use of PA-284 directly to the area of infection could limit the exposure and eliminate the side effects. The researchers experimented with guinea pigs to understand the effects of PA-284 aerosols on TB. Findings were published in the *Journal of Antimicrobial Agents and Chemotherapy* April 2010 54:1436-1442.

CANADA: Free Press Health Reporter Receives Second Major Award for TB Series; Winnipeg Free Press, April 20, 2010.

The Hollobon Award was presented to Jen Skerritt, a health reporter for the Free Press, for her six-part series about TB on the aboriginal reserves in Canada. The award is presented annually by the Health Care Public Relations Association of Canada in recognition of a print or broadcast story that contributed significantly to the public's understanding of health care. The award is given in honor of Joan Hollobon, a reporter who covered health issues for the *Globe and Mail* for twenty-five years. Skerritt accepted the award in recognition of the hard work by several other Free Press employees. She explained that federal and provincial government officials had refused to release information on the subject, so she and two photographers traveled to some of Manitoba's isolated reserves to investigate. It took her months of independent research to gather data and personal stories. The research was funded by a Canadian Institutes of Health Research grant. In January, the series received an award for excellence from the Canadian Nurses Association and the Canadian Medical Association.

ILLINOIS: Twilight Tuberculosis Run 5K for \$5k; Quad-Cities Online, April 13, 2010.

A 5K run is scheduled to take place on April 23, 2010, on the campus of Augustana College, Rock Island, Illinois. Proceeds will go directly to complete construction of a TB clinic in Iganga, Uganda. Construction of the clinic began earlier this year, but \$5,000 is needed to complete it. The fundraising project was arranged through the Augustana Peace & Social Justice Coalition and Experiential Learning International. In Uganda, TB causes 93 deaths per 100,000 population. This amounts to almost 30,000 TB deaths per year in a population of over 31 million individuals.

WASHINGTON STATE: Washington Saw Rise in Number of TB Cases; Seattle Times, March 25, 2010, by Kristi Heim.

Washington was one of the few states that reported an increase in TB last year, with the 256 cases representing a 12 percent rise from 2008. The state recorded three TB-related deaths and two cases of multidrug-resistant TB (MDR TB). More than half of last year's cases were in King County. It is difficult to determine what is behind the increase in TB. Washington does have a large number of immigrants and refugees from countries where TB is endemic, mainly Southeast Asia and Africa, said Kim Field, a registered nurse who manages TB services at the state Department of Health and has 17 years of TB control experience. More than 75 percent of TB cases last year were among foreign-born persons, including 34 patients from the Philippines and 25 from Mexico. However, this does not fully explain the problem. Minnesota has a similar refugee and immigrant population, yet it saw a decline in TB cases. Field suspects delayed diagnosis may play a role in Washington's numbers, since people who do not know they have TB may spread the disease to others. TB disproportionately affects the poor and homeless, and many patients do not have health insurance, Field said. Washington's two patients with MDR TB are currently being treated and doing well, reported Field. The total treatment cost per patient is roughly \$100,000, she noted, adding that insurance generally does not cover second-line TB treatment, which usually involves intravenous medications and longer hospital stays or visits by a case manager.

NEW YORK: Technology: For Nations That Lack the Expertise, an Automated System for Detecting TB; New York Times, April 12, 2010, by Donald Mc Neil Jr.

To detect TB bacteria, a laboratory technician must stain and inspect sputum under a microscope to check for the bacteria; however, the laboratory expertise is not always available in developing countries. Guardian Technologies has developed a system that automatically scans microscope slides for the TB bacillus. The software algorithms can spot the distinctive shapes, colors, and densities that may be missed by untrained eyes. According to the company, when the system was tested recently in South Africa, it was 93 percent accurate in detecting TB on microscope slides and had a false positive rate of less than two percent. The first system fit a digital camera to a microscope, but the company is making an automated version that can hold 50 slides and work all night. Dr. Neil Schluger, Chief Scientific Officer of the World Lung Foundation, commented that this technology holds great promise for poor countries without proper laboratories, but whether it could be maintained is a key question.

GEORGIA: TB Tests for Lilburn Middle School; Atlanta Journal-Constitution, April 2, 2010, by D. Aileen Dodd.

After they return from spring break, nearly 1,000 students at a middle school will need to be tested for TB, Gwinnett Public Schools officials said April 2. Previous screening found that four students had evidence of TB in their chests, and at least 50 students and faculty tested positive for exposure, prompting the East Metro Health District to ask that the free tests be expanded to include seventh- and eighth-graders. Some students who were tested before will need retesting. "We are not considering this an outbreak at this moment," said Suleima Salgado, an EMHD spokesperson. "Our investigation is still ongoing." Parents have been sent a letter informing them of the situation. Officials are urging all students to comply with the screenings, and they confirmed that the school system has the authority to refuse entry to those who do not.

CALIFORNIA: With TB Rates Up in County, Health Officer Worries about Funding Cuts; The Mercury News, April 2, 2010, by Mary Gottschalk.

TB case rates are decreasing in some parts of California, but not in others. According to the latest figures released by the TB Prevention Partnership of Santa Clara County, there were 197 TB cases in 2009 and in 2008. The national TB rate was 3.8 cases per 100,000 people in 2009, while in California the rate was 6.4 cases, and in Santa Clara County, it was 10.8 cases. Marty Fenstersheib, Santa Clara County Health Officer, stated that the key to eliminating the disease is finding and treating people with TB. Fenstersheib and other health personnel recently appealed to local, state, and national officials not to cut TB funding. Fenstersheib explained that an important part of prevention is screening and treating latent TB infection in people with chronic diseases, which make them more susceptible to developing active TB disease. Margo Sidener, President and CEO of Breathe California, noted the resurgence of TB in the 1980s when funding was cut. Sidener emphasized that even in tough times, adequate funding for TB programs should be maintained.

New York: Pfizer Signs China TB Deal and RNAi Pact; PharmaTimes, April 7, 2010, by Kevin Grogan.

Pfizer, Inc. has entered into an arrangement with a Sino-American firm, MicuRx Pharmaceuticals, and China's Cumencor Pharmaceuticals to discover new antibiotics to treat multidrug-resistant TB (MDR TB). Pfizer will make a payment upfront to fund discovery and preclinical development and royalties. The research will be conducted at the ZhangJiang High-Tech Park, Shanghai. Also, Pfizer is collaborating with MDRNA, which develops RNA interference therapies. MDRNA will formulate Pfizer oligonucleotides in di-alkylated amino acid packages constructed for RNAi. MDRNA will also design and synthesize RNAi drugs against targets chosen by Pfizer.

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

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