



# TB No Longer a Problem?

October - December 2010

From: **Stop TB USA\***

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Please pass this information on to your colleagues interested in eliminating TB and **remember to put [jseggerson@tbcoalition.com](mailto:jseggerson@tbcoalition.com) in your e-mail address book to make sure you continue to receive these e-mails.**

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**Do you know of colleagues, policy makers, friends in the press, or other acquaintances who believe tuberculosis is no longer a problem? Share the following reports with them. Most of these TB-related reports (below) from numerous U.S. states, the District of Columbia, Guam, and Canada were taken from the Centers for Disease Control's TB-Related News and Journal Items Weekly Update and they all occurred in just the past 3 months (October – December, 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.**

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**CALIFORNIA: Patrick Henry High Student Tests Positive for TB:** San Diego Union-Tribune, December 20, 2010, by Janet Lavelle.

A student at a high school in San Carlos has been diagnosed with TB, prompting officials of the San Diego Unified School District and the county Health and Human Services Agency to contact individuals who may be at risk. The potential exposures would have taken place between Sept. 7 and Dec. 16. Dr. Wilma Wooten, the county's public health officer, said TB testing will be conducted on campus on Jan. 11. The county logged 229 TB cases in 2009, and has seen 190 so far this year. The current case is the only one detected at the high school this year, according to county health spokesperson Tom Christensen. For more information, telephone the San Diego County TB Control Program at 619-692-8621.

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**U.S.A.: Loopholes in 'Do Not Board' List let Infected Travelers Fly.** 12/17/2010. USA Today; Alison Young.

A federal "Do Not Board" list failed at least three times this year to stop travelers with serious, infectious diseases from taking commercial flights, according to information obtained by congressional investigators. Although the "Do Not Board" list is separate from the terrorism "No Fly" list, its purpose is similar: to keep those who might pose a threat to travelers from flying. Its success, however, appears to be limited. From January 2009 until August, nine infectious people on the list tried to board flights, according to information the Centers for Disease Control and Prevention provided to Republican staff on the House Energy and Commerce committee. The list proved successful in stopping six of them — including a traveler who was denied boarding three times last December in Los Angeles, San Francisco and San Diego. The list failed to stop three others. The CDC say no one was sickened by the three travelers, and a Transportation Security Administration spokesman says the loopholes that allowed them to travel have been fixed. Even so, U.S. Rep. Michael Burgess of Texas, the top Republican on the committee's oversight and investigations subcommittee, wants more information about the health-related breaches. Burgess told USA TODAY he's concerned about passengers with multidrug-resistant tuberculosis getting on a packed flight. "It shouldn't happen," Burgess, a medical doctor, said of the three previous failures. "People need to be sure everyone is doing their job so their safety is not compromised." The "Do Not Board" list was created in June 2007 after an Atlanta man with drug-resistant tuberculosis eluded federal authorities and set off an international health scare flying back to the United States from his wedding in Europe. In the three failures of the list this year, neither the CDC nor the TSA would give the dates the people

traveled, what cities they flew between or what airlines were involved. Both agencies cited privacy concerns and provided few details of the incidents. One occurred in January and the two others in March, the CDC told USA TODAY. All three travelers had tuberculosis, said Nina Marano, the CDC's quarantine branch chief. The CDC contacted passengers seated near the three TB patients and "no one was sickened by these three people," she said. One incident in which the "Do Not Board" list failed became public earlier this year, however. On Jan. 9, despite being on the list, a tuberculosis patient took a US Airways flight from Philadelphia to San Francisco. The airline — which at the time was only required to check the list every 24 hours — wasn't aware the person's name had been added, airline spokesman Todd Lehmacher said this week. The TSA added the person to the list at 9:38 p.m. on Jan. 8 and the passenger checked in at 11:53 a.m. the next day, Lehmacher said. Currently, 32 people are on the "Do Not Board" list; all have tuberculosis and a few have drug-resistant strains that are difficult to treat, Marano said. "Tuberculosis is a highly contagious disease with significant implications for the patient and his immediate contacts," she said. TB patients have been a focus of the list because the disease can be spread by coughing. Transmitting it during a long flight — though rare — has been documented in the past.

-As of last month, the TSA — rather than airlines — began checking passengers on all flights against the watch lists. .

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**CANADA: TB 'Generations' from Eradication; Poverty, Lack of Investment in Diagnostic Tools and Treatment Undermine a Cure.** Montreal Gazette, Dec, 30, 2010. Rebecca Lindell.

Despite 100 years of medical advances, the world is still a long way from exorcising the medical "demon" of tuberculosis, according to medical experts. Finding a cure for the deadly lung-afflicting disease was one of the great hopes expressed by Squire Sprigge in 1911 in the first editorial of *The Lancet* -the prominent British medical journal. Entitled "The Promise of 1911," Sprigge wrote he hoped "better understanding would one day result in the mastery of the disease." In Canada, TB still ravages First Nations communities. Data from the Public Health Agency of Canada shows the TB rate among Inuit is 185 times higher than that of other Canadians. The rate among First Nations - Inuit and Metis are not included in First Nation groups -is 31 times higher than the general population. Worldwide, nine million new cases are diagnosed annually and at least 1.5 million people succumb to the disease every year, said I.D. Rusen, a project director with the International Union Against Tuberculosis and Lung Disease. "I don't think we will see eradication for generations," said Rusen. The better understanding predicted by Sprigge is here, but the problem is a lack of investment into diagnostic tools and treatments as well as persisting poverty, he said. There is still no test that can instantly determine if a person has TB and treatment requires a cocktail of drugs daily for at least six months, a length of time to which few patients can adhere. "There hasn't been the resources put into tuberculosis as there has been in other diseases," Rusen said. "One can argue that it's because tuberculosis mainly affects poor people and mainly affects countries that are far removed from us." Poverty breeds TB, which helps to explain why First Nations communities see higher rates, according to Health Canada and Rusen. "The challenge is that TB is still so linked with socio-economic status and conditions of poverty," Rusen said. "In a country like Canada, while we may be better off and have addressed the underlying socio-economic conditions for the majority of people, we haven't done it universally. Until we address those underlying issues it will be difficult to address the disease itself." There is light at the end of the tunnel however, said Rusen. A new test that can be done on the spot is in the works and countries have renewed funding commitments for the fight against global tuberculosis, including Canada, which invested \$140 million in 2010. Data from the World Health Organization also shows that TB rates globally peaked in 2004, although the total number of TB patients continues to increase with population growth.

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**PENNSYLVANIA: Department offers TB testing to Chester Upland School.** Mari A. Schaefer, Philadelphia Inquirer Dec 24, 2010. Staff Writer.

The state Department of Health is offering testing and monitoring at a Delaware County school where a student reported being exposed to tuberculosis and 20 others tested positive for a latent form of the disease. Last week, Chester Upland district officials mailed letters to parents of the 293 students who attend the Science and Discovery High School, informing them that a classmate had reported being exposed to TB outside the school environment, according to district officials. Permission slips for TB testing, administered last Friday, were included. The results: 20 students among the 200 who opted for the exam tested positive for latent TB, an indication that they had been exposed to the germ at some point. Such results are not uncommon; between 5 and 10 percent of the population has latent TB, state officials said. Joel Avery, a school district spokesman, said there were no active cases of the disease among students. Phyllis Britz, district nurse administrator with the state Health Department, said that in most cases, there is no risk a person with latent TB can infect others. "Even if someone develops the disease, it is very curable," said Britz, who works in the department's southeast office, in Chester. Britz said all 20 students who tested positive appeared to be healthy and would be offered medical follow-up, including a chest X-ray and antibiotics. "Most people don't know they have TB at the beginning," Britz said. The disease is transmitted when the germ is airborne, such as through a cough or when someone is talking or singing, she said. Nationally, the Centers for Disease Control and Prevention says, the number of TB cases continues to decline, falling from 26,283 reported in 1991 to 11,545 last year. The CDC recommends that people with the latent form of TB receive treatment to reduce the risk the infection could progress. In 2009, there were 18 reported cases of TB in Bucks County, six in Chester, 10 in Delaware, and 20 in Montgomery, according to state officials. Philadelphia reported 97 cases. Each year, state health officials said, they monitor about 2,000 people with latent TB. Occurrences of TB are rare but not unheard of in area schools. In 2000, a case was reported at Upper Darby High School; in 2001, a student at Furness High in South Philadelphia was stricken. Joyce Wells, acting superintendent of the Chester Upland district, told a Dec. 15 school assembly about plans for the TB testing. "The students were calm and comfortable," she said. "No one was rattled by the situation." The district will offer more tests in January.

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**MASSACHUSETTS: Parents Outraged School Wasn't Notified of TB Case.** NECN, December 23, 2010, by Katie Daly

Parents of children attending a Worcester, Massachusetts, school are upset that a teacher, who was diagnosed with TB in October, continued to work for months exposing their children to the disease. The teacher recently informed school officials of the diagnosis. Although officials do not think there is a threat, about 100 students and staff will be tested. Letters were sent home with students notifying parents about the situation, and public health officials have had an informational meeting at the school.

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**WASHINGTON: U.S. Global Health Programs Welcome World Health Organization Endorsement of Rapid Test for Tuberculosis.** Dec. 8, 2010 /PRNewswire-USNewswire.

Following is the text of a joint statement by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), U.S. Agency for International Development and U.S. Department of Health and Human Services. The United States welcomes the policy statement and roadmap issued today by the World Health Organization (WHO) charting the rollout of the Xpert MTB/RIF rapid diagnostic test for tuberculosis (TB) and rifampicin resistance, a proxy for multidrug resistant tuberculosis (MDR-TB). The limitations of traditional smear microscopy, along with the cost and long delays to receive culture results, have limited the ability to expeditiously diagnose and treat TB. The impact is witnessed daily in healthcare facilities and communities in the highest burden areas: increases in deaths that can be prevented, prolonged transmission of the TB bacteria, and delays in detecting drug resistance to the antibiotics we rely on to treat TB. The capacity to improve the diagnosis of TB has thus been a global priority, but the prospect of access to such a test was unthinkable just a few short years ago. With

today's release of normative guidance and an implementation roadmap by WHO, we have reason to be hopeful. With funding from the U.S. National Institutes of Health and the Bill and Melinda Gates Foundation, FIND (Foundation for Innovative New Diagnostics) spearheaded a novel public-private partnership with Cepheid, Inc. and the University of Medicine and Dentistry of New Jersey to develop a TB-specific, automated nucleic amplification assay (Xpert MTB/RIF). This fully integrated and automated instrument has the capacity to detect the presence of TB disease and resistance to rifampicin in less than two hours. Of special importance to global health programs in rural areas, the tool can be decentralized to settings very close to where patients seek services in their communities.

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**GEORGIA: Ten Inmates Infected with Tuberculosis:** WCSC Channel 5 Charleston, SC; Dec. 10; By Melanie Ruberti.

CHATHAM COUNTY, GA (WTOC) - The latest cases of tuberculosis at the Chatham County jail stem from an inmate diagnosed with Active Tuberculosis back in April. The Chatham County Health Department, along with the Chatham County Sheriff's Office, started looking for those who may have come in contact with that inmate. When they found two more active tuberculosis cases last month, they called in the Centers For Disease Control and Prevention in Atlanta to help out. "The CDC, State Public Health, and the Health Department has been working now really closely with the jail administration over these past couple of weeks to develop a strategy to provide a much more intense screening and evaluation process," explained Chatham County Health Department Chief Medical Officer Dr. Diane Weems. The total number of inmates infected with TB currently stands at 10. The Chatham County Health Department, and the CDC, have created a list of people who may have come in contact with those infected inmates. That list includes all employees, volunteers and contract workers within the jail. There are more than 1,900 inmates at the Chatham County Detention Center. So when that one case of TB suddenly became 10 last month, Sheriff Al St Lawrence and Dr. Weems, knew they had a big problem. "You look at a jail facility, and you have inmates in confined quarters, in close contact for days and days. That's a high risk setting," Dr. Weems explained. The health department immediately screened all inmates, including some who have already been released from the jail. "Basically we've developed a list of those individuals who we continue to look for," said Weems. "A lot of those individuals really come in and out of this system. We're also working with the homeless shelters, where some of these other people are in and out of." "Most of them probably know already whether they've tested positive or not," explained Sheriff St Lawrence. He believes much of the problem is due to overcrowding at the jail. "I've got 1,524 beds. And I've got 1,940 inmates in here as of Tuesday morning. So that doesn't help us any," the sheriff added. But St Lawrence said the TB problem could have been worse. "You're looking at 1,940 inmates, and the small number of cases that we have is a concern to us, but it's not like we've got 200 or 300 in here that have it," he said. St Lawrence said that when the jail is expanded, there will be a medical unit to treat inmates with diseases like TB, and keep them isolated from the general population. So far, none of the employees at the jail have tested positive. Tuberculosis is a pulmonary disease, that affects the lungs. Sheriff St Lawrence told WTOC The Chatham County Detention Center does screen inmates before they come into the jail. But as Weems explained, the TB germ could be dormant. So the inmate would test negative walking in the door of the jail, only to have it become an active, contagious case later on.

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**TEXAS: Friends, Family of Man with Tuberculosis Don't Have Disease, State Says;** Corpus Christi Caller Times; [Rhiannon Meyers](#); Dec 17, 2010.

KINGSVILLE — The family and close friends of a Kingsville man with tuberculosis do not have the disease, the state has determined. The Department of State Health services tested 11 family members and co-workers of a student at Texas A&M University-Kingsville who was diagnosed with tuberculosis in late November. Those test results indicated that none of them had the disease which is spread when an infected person coughs tiny droplets into the air, said Christine Mann,

spokeswoman for the Texas Department of State Health Services. They will be retested within two months, she said. The Kingsville man is no longer contagious, and his health has improved, Mann said. The state will not release the Kingsville man's name, age or the name of the hospital where he was diagnosed. He will continue to take medication during the next six months, Mann said. Per state protocol, a state health official visits the man five times a week to ensure he is taking his medicine, she said. Last year in Texas, 1,501 people had tuberculosis, including 201 in the Coastal Bend region, according to state reports. Counties bordering Mexico typically have the highest risk of tuberculosis infections. The rates of tuberculosis in Nueces and Kleberg counties during the past five years have been lower than the state average of 6.4 cases per every 100,000 people. Worldwide, 2 million people die each year from tuberculosis.

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**WASHINGTON STATE: Tuberculosis Transmission and Use of Methamphetamines in Snohomish County, WA, 1991-2006;** American Journal of Public Health. Dec; Pevzner, et al.

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Researchers investigated a cluster of TB cases among persons using methamphetamines in Snohomish County, Washington, to determine the extent of the outbreak, examine whether methamphetamine use contributed to TB transmission, and implement strategies to prevent further infections. Researchers screened contacts to find and treat persons with TB disease or infection. They then formed a multidisciplinary team to engage substance abuse services partners and implement outreach strategies including novel methods for finding contacts and a system of incentives and enablers to promote finding, screening, and treating patients with TB and their infected contacts. The researchers found, diagnosed and completed treatment with 10 persons with TB disease. Eight of 9 adult patients and two thirds of their adult contacts reported using methamphetamines. Of the 372 contacts, 80 were infected, 71 started treatment for latent infection, and 57 completed that treatment. Collaborative approaches integrating TB control, outreach, incentives, and enablers resulted in high rates of treatment adherence and completion among patients and infected contacts.

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**NEW JERSEY: DNA Test Developed by UMDNJ Researcher May Revolutionize Tuberculosis Diagnosis, Treatment;** December 10, 2010, Newark Star Ledger.

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The test used to detect for tuberculosis is basically the same today as it was for the past 100 years — slow. So slow that while patients waited up to three months for the results they spread their disease to others and even died — particularly in impoverished countries. But on Wednesday the World Health Organization endorsed a new weapon in the fight against the disease: a two-hour automated DNA test which could slow the creeping contagion, and simply "revolutionize" treatment across the world. The new test was developed by David Alland, the chief of the Division of infectious diseases from the University of Medicine and Dentistry of New Jersey — New Jersey Medical School. It uses DNA analysis to provide a diagnosis in as little as two hours. "This new test represents a major milestone for global TB diagnosis and care," said Mario Raviglione, director of the WHO's Stop TB Department. "It also represents new hope for the millions of people who are at the highest risk of TB and drug-resistant disease." Under the old testing method, a sample of a patient's saliva is taken and brought to culture then examined under a microscope — a tedious and time consuming process. The initial screening for the TB bacteria often involves a skin test which may show that a patient is carrying the disease but only the saliva test shows it's progressed to disease. The DNA test is simpler, does not present any risk of infection, is more accurate — particularly in identifying drug-resistant TB, while also bringing the quicker results, Alland said. "The test will say whether TB is there or not, and whether the TB is drug-resistant," Alland said. "Overall, the test picks up 98 percent of all TB ... It picks up strains the microscope misses." Patients still spit into a cup, but now they are mixed and shaken up with an agent that renders the sample safe. Then the mixture is transferred to a test cartridge and inserted into the DNA analysis machine. About 100 minutes later, the results are in — and with only two minutes of total hands-on time for health workers. Gone are the hours over the

microscope, and weeks or months of waiting – and infecting others. Alland developed the quicker, more accurate test in 1996 but getting it a stage in which it could be widely used on took years. He said developing the technology for the test took four years, then he had to get funding to help perfect it and finally he had to find a private company to take on its deployment around the world. Various experts predicted Thursday that the new test could save millions of lives over decades to come.

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**CANADA: Nunavut Suffers Worst Year Ever for TB;** Nunatsiaq Online; December 9, 2010, by Gabriel Zarate.

Nunavut medical staff had diagnosed 99 cases of active TB disease by early December of 2009, compared to the previous record of 58 in 2008. As a result, Nunavut's TB rate is almost 60 times higher than the rate in the rest of Canada. This is an increase of 30 times higher than the average Canadian rate in 2006, when Nunavut recorded 48 cases. Geraldine Osborne, Nunavut's Deputy Chief Medical Officer, stated that about 93 percent of cases are found in the Baffin region. This year, most cases were in Iqaluit and Cape Dorset. Elaine Randell, a communicable disease specialist in Nunavut, commented on the high risk for TB in Nunavut due to poverty, overcrowded housing, and smoking. She noted that there have been cases of patients being re-infected after returning to the same environment. She suggested that individuals should report to the health center when requested, as staff members are doing their best to trace all contacts; however, when contacts do not show up for testing and treatment, they may infect others around them. Nunavut's health department is working on strategies to combat TB, including a new case tracking system, and is looking at new ways of monitoring places where transmission is more likely such as Iqaluit's homeless shelter. Canadian national standards require DOT, witnessed by medical staff twice a week for six months. There have been few cases of drug-resistant TB in Nunavut, and, according to Randell, a very high treatment completion rate.

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**HAWAII: Inmate Says Jail Time Led to TB Infection;** Star Advertiser, December 6, 2010.

A former inmate of the Halawa Correctional Facility in Honolulu, Hawaii, has filed a federal lawsuit claiming that Hawaii's Department of Public Safety did not adequately safeguard him and other inmates from TB while incarcerated. In October, J. Michael Seabright, US District Judge, denied a motion by the state attorney general's office to dismiss the suit. The plaintiff, who served a five-year sentence and was released from the prison infirmary in November with a supply of TB medications, is representing himself in a million dollar claim against prison authorities. He said that the diagnosis affected him mentally and was responsible for ending his relationship with his girlfriend. Tommy Johnson, Deputy Director for Corrections for the Department of Public Safety, stated that Hawaii's inmates are tested for various diseases when they enter the prison system, and are retested for TB every year. The plaintiff said that he always tested negative except for this year, when he tested positive one month after fainting. He believes that he contracted the disease from other inmates who should have been isolated and properly treated. The attorney general's office argued in court that it is possible that the plaintiff contracted TB from a visitor rather than from another inmate. The lawsuit is scheduled for trial next year. According to the health department, Hawaii led the nation in TB cases in 2009, with a rate of 9.1 cases per 100,000 people.

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**NEW JERSEY: Clifton High School Finds No Other TB Cases;** December 17, 2010; NORTHJERSEY.COM; December 17, 2010; TONY GICAS; Clifton Journal.

On Wednesday, following a series of precautionary tests, health officials and school district nurses reported no cases of Tuberculosis disease in lieu of a positive case of Active TB which surfaced at the high school last month. On Nov. 29, parents of district students received word that an active pulmonary tuberculosis case at Clifton High School could have possibly been passed on to students and faculty. The following day, students who could have come into close contact with the infected

individual received notices informing their parents that their child must be tested. TB, an infectious disease transmitted through the air via prolonged close contact, can be diagnosed through a skin test in which an inactivated, dead, derivative of *M. tuberculosis* is injected into the skin. Last Monday, those students representing the first "circle of contacts" to the infected classmate were tested. On Dec. 10, the high school's head nurse, Carol Scourzo, said only six students - or less than 5 percent of the 125 students tested - had been exposed to the active TB case. Scourzo, who coordinated last week's tests, said none of the students exhibited clinical symptoms at the time and, as a result, she was confident the disease had not spread. A series of precautionary chest x-rays administered to the exposed individuals came back normal, "meaning no cases of TB disease were discovered as a result of contact to the index case," Scarfo said on Wednesday. "The number of positive test reactions is not surprising at all and may or may not be related to exposure to this case," she added. "At this time there is no need to expand the circle of testing." Scourzo said the first circle of contacts will be retested in 8 weeks "but currently the kids are all good and healthy. We'll go through the normal protocol to ensure the health and safety of the kids." Preliminary estimates offered by officials on Dec. 6 approximated less than 25 percent of the test pool had been exposed to the disease. Superintendent Richard Tardalo said the district's nurses will continue to monitor the situation in order to "keep a safe environment for our students and staff."

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**KENTUCKY: Good Samaritan Health Care Worker Has TB.** Lexington Herald-Leader, November 16, 2010, Cheryl Truman.

Health authorities reported recently that a health care worker at Lexington's UK HealthCare Good Samaritan Hospital has been receiving treatment for a confirmed case of TB. The patient also is a student at a Kentucky university. So far, at least 50 Madison County residents and 82 employees at Good Samaritan have undergone TB testing. "Officials at UK Good Samaritan Hospital have been working to identify and contact staff and patients who may have been exposed to an employee recently diagnosed with TB," said a statement by Kristi Lopez, a University of Kentucky spokesperson. "No one who's casually visited the hospital should be concerned," said Dr. Chris Nelson, UK HealthCare's medical director for infection control. Officials are notifying patients who were admitted to or treated on the hospital's fifth or sixth floors on the days when the employee worked, between June 1 and Oct. 13.

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**WASHINGTON STATE: King County TB Cases Rise, Buck U.S. Trend;** Seattle Times, November 10, 2010.

According to King County Public Health, the number of TB cases in King County, Washington, increased during 2008-2009 to nearly twice as high as the national average. The number of TB cases increased from 121 in 2008 to 130 in 2009 for a county rate of 6.8 cases per 100,000 people. The national rate is 3.8 cases per 100,000. More than 80 percent of the county's TB patients were born outside the United States.

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**WASHINGTON, DC: Global Giving Challenges World-Wide Tuberculosis Epidemic;** Stop TB Partnership, November 22, 2010.

GlobalGiving, the world's largest online campaign, announced the launch of its new challenge to raise funds for nonprofit organizations to fight TB around the world. Through support of the Lilly MDR TB Partnership, the 2010 Lilly Challenge will introduce website visitors to 14 organizations worldwide. Individuals can choose the organization to which they want to make a donation and complete the process on a secure site where all the nonprofits have been screened and endorsed by GlobalGiving. TB was the focus challenge for the month of November in which Lilly matched each US \$1,000 raised for each organization to a maximum of \$20,000. The project will continue indefinitely.

**CALIFORNIA: Homeless Get HIV, TB Tests, Free Shoes at Project Healthy Neighbors Event;**

The Daily Sound, November 16, 2010, by Nick C. Tonkin.

The 6th Annual Project Healthy Neighbors, a health fair offering free medical services to homeless persons, took place recently at Casa Esperanza in Santa Barbara, California, United States. The fair provided health screenings, vaccinations, TB and HIV tests, physical and mental exams, counseling and health screenings for women, and information about alcohol and drug rehabilitation. Individuals who attended the fair, which was held outside Casa Esperanza, received a health ticket on which tests and vaccines were recorded. They also had the option of enrolling in any of Casa Esperanza's rehabilitation programs. The participants also received backpacks and a pair of shoes for the winter. The project began when a doctor who had returned from working in Indonesia mentioned to Ken Williams, a social worker and the lead organizer, about the conditions of some of the homeless in Indonesia. Williams replied that there were people in similar conditions closer to home. The doctor then informed Williams that if Williams organized a medical fair, he would volunteer. Williams then contacted other organizations and started the first fair in 2004.

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**COLORADO: New Dry Powder Antibiotic Targets Tuberculosis, Reduces Treatment Time;**

Bioscience Technology, November 16, 2010, by EurekAlert.

Researchers from the University of Colorado have developed an inhalable dry powder, composed of fine particles of antibiotics, for use in treating both drug-susceptible and multidrug-resistant TB. The particles are targeted to the deep lung, where TB enters in the early stages of infection. It is hoped that the method will distribute a greater amount of antibiotics to protected TB lesions that are difficult to reach by current treatments. Lead researcher J'aime Manion commented that combining this treatment with more traditional methods may increase the targeted dose to the lung airspace and tissue, thus reducing treatment time and systemic side effects. Also, as an inhalable powder, it eliminates storage, disposal, and contamination problems that are faced by developing countries using needle injection drug delivery method. The research was presented at the 2010 International Pharmaceutical Federation (FIP), Pharmaceutical Sciences World Congress (PSWC), in association with the American Association of Pharmaceutical Scientists Annual Meeting and Exposition.

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**CALIFORNIA: County to Coordinate with Mexico on TB;** November 10, 2010, by Michele Clock, Union-Tribune.

Supervisors in San Diego County in California recently voted to send a public health services employee who specializes in TB control to Mexico to meet with Mexican government officials on public health issues, including TB transmission. The employee will be working with officials involved in a bi-national TB referral program. The program helps ensure that TB patients traveling between the two countries continue to receive care, and that information is exchanged between providers in both countries. The trip will cost approximately \$2,650 and will be paid for by the Centers for Disease Control and Prevention. Dean Sidelinger, Deputy Public Health Officer for San Diego County, commented that being able to transfer information to public health officials will be a big step in ensuring that patients are not lost after crossing the border.

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**CALIFORNIA: TB-Drugome May Pave Way for Anti-TB Drug Discovery;** Sify, November 9, 2010.

A study by researchers at the University of Leeds, United Kingdom, and the University of California, San Diego, School of Medicine, United States, showed that one third of the existing drugs examined have potential to be repurposed to treat TB. The scientists used a novel computational strategy to investigate whether any existing drugs could bind to any of the approximately 50 percent of proteins in the M. tuberculosis (Mtb) proteome with decipherable three-dimensional structures. The results linked hundreds of federally approved drugs to more than 1,000 proteins in Mtb. The investigators

then constructed a complex network of drug-target interactions, a TB-drugome, available to all scientists. Although the new process of drug discovery is promising, one of the research scientists, Lei Xie of the Skaggs School of Pharmacy and Pharmaceutical Sciences at the University of California, San Diego, warned that only experimentation can validate the most promising drug-target combinations, and there will be many failures along the way. Also, Sarah Kinnings of the University of Leeds noted that drugs confirmed to bind to Mtb proteins might need to be modified, to increase their ability to penetrate the bacterial cell membrane, reduce the required dosage, and improve other pharmacological properties. This article was published in the journal PLoS Computational Biology.

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**CANADA: Genotypic Characterization of Tuberculosis Transmission within Toronto's Under-Housed Population, 1997-2008**; International Journal of Tuberculosis and Lung Disease. 2010 Oct; Adam, H.J.et al.

Toronto has been the site of a recent extended TB outbreak in the homeless or under-housed population. Genotyping has identified a unique strain that continues to circulate within this population, with spread to individuals with no links to the shelter system, and anecdotally appears to progress rapidly from infection to active disease in some cases. The recent appearance and transmission of another unique strain was also identified, indicating that TB transmission continues to be a problem within the under-housed population. Enhanced surveillance utilizing molecular epidemiology is a useful tool to assist in TB control in vulnerable populations.

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**NEW YORK: Officials: Student Has Tuberculosis**; Newsday (Melville), October 29, 2010, by John Valenti; Sophia Chang.

School officials have informed the parents of students at a high school in Nassau County, New York, that a pupil there has been diagnosed with TB. Interim Schools Superintendent Joseph A. Laria said the student is hospitalized and not attending school. The student's doctor contacted the Nassau County Health Department, which informed the school district. A letter about the matter was sent to parents on the following day. Individuals who were in close contact with the patient have been notified and should be tested to see if they are infected. The department will test at the school on Nov. 5; students also can be tested by their own physicians, said Principal Joseph Hinton.

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**HAWAII: No New Cases of Active TB Found at High School**; Associated Press, October 29, 2010.

TB testing at a high school in Honolulu, where a student was diagnosed with an active case of the disease in September, has turned up no new active infections, according to the state health department. The initial evaluation of more than 80 percent of the 197 potentially exposed students and staff has been completed, the department said Thursday. The evaluation of 36 students is incomplete; the department is working with school administrators to follow up with them. Further testing will be conducted in December, said Dr. Richard Brostrom, chief of the TB Control Branch.

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**OHIO: Meigs County Tuberculosis Levy Up for Renewal: Under Scrutiny**; WSAZ News Channel 3, October 28, 2010, by Carrie Cline.

Voters in Meigs County, Ohio, will decide at the polls whether to continue to fund a TB clinic or not. The levy of more than 50 years will cost five cents for every \$100 of property. According to Nancy Broderick, Director of the Meigs County TB Clinic, the budget of \$150,000 is used for salaries, skin tests, gas vouchers, and supplies. In 2009, the county conducted only a dozen skin tests, and there were no more than three TB cases in the last nine years; hence, the decision whether to continue the levy or not. Broderick believes that a TB clinic is still necessary, as there is more international travel, more immigrants, and higher risks of college students contracting the disease from students from

foreign countries. Others believe that the health department should provide TB services because Meigs County is a poor county, while still others argue that it is simply a renewal, that the levy is already being paid. The Ohio Department of Health praised the independent TB clinics and noted that they often have a higher level of expertise on TB.

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**CANADA: Health Unit Probes TB Cases;** Guelph Tribune, October 19, 2010.

Wellington Dufferin Guelph Public Health is awaiting results from a second round of TB testing conducted after the discovery, in August, that two persons have active TB disease in northern Wellington County. "After eight weeks, it's standard procedure to retest anyone who may have previously tested negative for TB and was exposed to a case of active TB," said Dr. Nicola Mercer, medical officer of health. "A positive TB skin test confirms a person has been exposed to the germ but is not necessarily a risk to others. Only those with active disease are able to spread the disease to others."

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**NEW YORK: \$2B Committed to Fighting AIDS, TB, Malaria in India;** US Indian News, October 21, 2010, by Sunita Sohrabji.

At the Global Fund to Fight AIDS, TB, and Malaria's recent two-day conference in New York, donors pledged almost \$12 billion to fight the three diseases. This amount was short of the goal of \$13 billion needed to continue treating patients at current rates over the next three years. India will receive \$2 billion from the Global Fund. Of this amount, \$1.7 billion is earmarked for HIV/AIDS, \$100 million for malaria, and \$283 million to fight TB. According to the World Health Organization, India accounts for one of every five TB-related deaths in the world. TB is one of the main causes of death in India, responsible for more than 1,000 deaths a day. In 2007, more than two million new cases of TB were diagnosed in India. The United States made its largest ever pledge of \$4 billion over the next three years, but is requesting reforms to the way the fund works. India did not pledge any money, but several developing nations pledged, including the Ivory Coast, South Africa, Nigeria, Namibia, and Pakistan. The Bill and Melinda Gates Foundation made the largest private pledge of \$300 million.

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**GEORGIA: Upson County Health Department Investigating Possible Tuberculosis Exposure;** Thomaston Times, October 26, 2010, by Larry Stanford.

District 4 Public Health and Upson County Health Department, Georgia, United States, are investigating a suspected case of TB that may have exposed community members to the disease. The suspected TB case was discovered in a person who died in October. Public health officials have notified those who have been determined to be at risk, and have offered free TB tests on a voluntary basis. About 11 individuals who had close contact with the patient will receive continued medical evaluation for exposure to TB.

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**GEORGIA: Court Revives TB Patient's Lawsuit against CDC;** Atlanta Journal Constitution, October 22, 2010, by Bill Rankin.

The patient whose lawsuit against the Centers for Disease Control and Prevention (CDC) was dismissed last year has been given permission by the 11th US Circuit Court of Appeals to revive the lawsuit. The patient, who had been diagnosed with a drug-resistant strain of TB, had traveled to Europe on an international flight. The CDC contacted him and instructed him not to return on a commercial flight, but the patient ignored CDC instructions and took a commercial flight to Canada, then drove to New York City. The CDC called a news conference about the incident and notified all the passengers who had been on international flights with the patient, advising them that they should be tested for TB. The patient was served with a federal quarantine order and was flown by CDC to a TB hospital where he received treatment. The plaintiff is accusing the agency of invasion of privacy,

claiming that the CDC exposed his case to create a big news story to get more funding. The court of appeals decided that he had provided enough factual material to raise a reasonable inference and a plausible claim that the CDC was the source of the disclosures. The CDC spokesperson stated that the agency does not comment on pending litigation.

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**HAWAII: About 200 Students, Staff to Be Tested for TB;** Associated Press, October 19, 2010.

The news that a student at a Honolulu high school has been diagnosed with active TB disease prompted authorities' plans to test some 200 students and staff on October 19 at the school. A health official said many hours of close, indoor contact are needed for TB to be transmitted, and only those persons who shared a classroom with the ailing student are being tested. That patient is not attending school currently and is under treatment.

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**CONNECTICUT: Case of TB Found in Hartford School;** Associated Press, October 15, 2010.

On October 14, school officials in Hartford said that a student at an elementary school is being treated for TB, and that health officials are notifying others at the school who may need precautionary screening. TB testing was offered to them at the school's auditorium. The infected student is being treated and is no longer infectious, said Principal Robert Travaglini. Informational meetings were planned for the coming days, school officials said. TB testing will be offered in November to others in the community who request it.

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**CALIFORNIA: Hundreds of James Logan High Students Must Be Tested for Tuberculosis;** Contra Costa Times, October 13, 2010, by Kimberly Chua, Oakland Tribune.

On October 13, New Haven Unified School District spokesperson Rick La Plante said around 500 students at a local high school will be tested for TB, following the diagnosis of a person with active TB disease at the campus. That person is being treated and is no longer at school, said La Plante. "Our priority at this point is to maintain the teaching and learning environment," he said. A notification was sent to all students and families, informing them that the school and the Alameda County Public Health Department have been working to identify students and staff who may be at risk. A second notification was sent out later to 500 people who will need to be screened.

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**NEW YORK: Scientists Discover Key Difference in 'Kiss of Death' Sequence of TB Bacteria.** Sify.com, October 18, 2010.

Researchers at the US Department of Energy's Brookhaven National Laboratory and Stony Brook University investigated the protein-recycling mechanism of TB bacteria, and the way the bacteria get rid of unwanted proteins. This study may provide highly specific targets for development of new antituberculosis treatment, based on the proteasome-substrate interaction. The study was published online in the journal Nature Structural & Molecular Biology.

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**US TERRITORY: GUAM: 53 Test Positive for TB at Ulloa Elementary;** Kuam News, October 13, 2010, by Mindy Aguon.

TB screening was conducted for students and staff at an elementary school in Guam, after an employee was diagnosed with active TB disease. Of the students and staff tested, 53 tested positive for TB infection, 587 tested negative, and 92 students and staff have not been tested and are unable to return to the campus until they have been tested. The 53 students who tested positive for TB infection will be further evaluated. Also, the Department of Public Health is conducting follow-up interviews for 77 students who tested positive for infection in the past. Additional testing is scheduled to take place in three months.

**MARYLAND: Sequella Receives International Support for Phase 2 Clinical Trials of SQ109, Its Lead Antitubercular Drug Candidate;** Kansas City Star, October 18, 2010.

Sequella, Inc., of Rockville, Maryland, has signed an agreement with the Ludwig Maximilian University (LMU) of Munich, Germany, to coordinate a European Union grant for Phase 2 clinical trials of SQ 109 in adult pulmonary TB. The Phase 2 trials will be conducted in clinical sites in South Africa, Tanzania, Gabon, and Zambia

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**CANADA: Feds' Plan to Tackle First Nations TB Cases 'Disappointing': Critics;** Vancouver Sun, October 18, 2010, by Jen Skerritt, Winnipeg Free Press.

Health Canada recently released its response to recommendations for revamping the TB strategy to eliminate TB among Canadian aboriginals. The TB infection rates among Canadian aboriginals are 31 times higher than among non-aboriginals. The plan was criticized as falling short, superficial, and disappointing. It included previous health, housing, and economic funding announcements and stated that the government will take the recommendations into consideration as it renews its national TB strategy. Health Canada also said that it is collaborating with TB experts, provinces, and territories as well as First Nation and Inuit partners on its renewed strategy, which will begin using a phased-in approach in 2011. Dr. Earl Hershfield, former Manitoba TB Control Director, commented that they are reusing old plans. Manitoba Keewatinowi Okimakanak Grand Chief David Harper stated that he found it disturbing that Health Canada commented on TB's connection with overcrowded poor homes, but did not make a solid commitment to solving the housing crisis.

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**GEORGIA: University of Georgia Gets Part of \$2.9 Million Federal Grant to Study TB;** Associated Press, October 8, 2010.

A scientist at the University of Georgia is among the recipients of a \$2.9 million US Food and Drug Administration grant for TB research. Frederick D. Quinn of the College of Veterinary Medicine hopes to develop an improved diagnostic test for latent TB. While about 9 - 14 million people have active TB disease globally, 2 billion have latent TB infection, Quinn said. The grant will be divided among six researchers, and Quinn's share is \$742,498 over two years.

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**COLORADO: Colorado State University Gets Funding to Validate Tuberculosis Treatment Test;** Colorado State University, October 11, 2010, by Dell Rae Moellenberg.

The US Food and Drug Administration awarded Colorado State University almost \$500,000 to continue studies on a test that measures molecules in urine to determine whether TB treatment is working. At present, doctors cannot tell whether treatment is effective until about two months after a patient has been taking antituberculosis drugs. According to principal investigator John Belisle, the researchers have identified a series of metabolites in TB patients' urine that disappear or decrease in abundance when the patients respond to antituberculosis treatment. The grant would enable the scientists to continue working on the test so it can be used in clinical trials for new TB treatments, as well as predict whether or not patients will redevelop TB after completing treatment.

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**CALIFORNIA: New TB Test Could Change Current Treatments;** ABC7, October 11, 2010, by Carolyn Johnson.

The difficulty of deciding whether to treat a patient or not for TB in the weeks before results come back from laboratory cultures has been removed with the development of the Sunnyvale-based Cepheid test. This is according to Dr. Masae Kawamura, San Francisco TB Control Clinic Director. The test uses the company's lab-in-a cartridge technology called geneXpert. The patient's sample is placed inside, where the system conducts a molecular analysis reading sequences of DNA. Dr. David

Pershing, Cepheid Chief Medical Officer, said the system is sensitive enough to identify drug-resistant strains of the disease. The result is ready in about an hour and a half. The geneXpert costs about \$25,000 and is already being used in some developing countries. The US Food and Drug Administration is reviewing the test, but has not yet approved it for use in the United States.

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**NEW YORK: NIH Awards \$4 Million Grant to Develop Novel Genetic Strategy for Combating Tuberculosis.** The Medical News, October 5, 2010.

The National Institutes of Health (NIH) has awarded a three-year \$4 million grant to William R. Jacobs, Jr., PhD, Professor of Microbiology & Immunology and of Genetics at Albert Einstein College of Medicine of Yeshiva University. Jacobs, a Howard Hughes Medical Institute Investigator, will use the grant to develop a new genetic strategy to fight TB. In this project, Dr. Jacobs and colleagues will destroy every gene in Mycobacterium tuberculosis (MTB) to determine how the genes work. It is hoped that by evaluating the entire TB genome, genetic vulnerabilities will emerge that can be targeted with new and more effective treatments and vaccines. The results of the research will be available to scientists worldwide, through an NIH-designated depository and distribution center. The Jacobs consortium includes researchers from the Genomics Institute of the Novartis Research Foundation (GNF), the University of Pittsburgh, Johns Hopkins University, and the New KwaZulu-Natal Research Institute for TB-HIV at the University of KwaZulu-Natal in South Africa.

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**WASHINGTON, DC: Obama Boosts Pledge 38% to Global Fund for AIDS, TB;** Bloomberg Business Week, October 5, 2010, by Tom Randall.

The US government has increased its pledge to the Global Fund to Fight AIDS, TB and Malaria to \$4 billion, a 38 percent increase, and has requested changes to make the organization more efficient and accountable. According to Eric Goosby, US Global AIDS Coordinator, the money will be donated over three years, and the United States will monitor how well the fund's programs work with local populations and re-evaluate its commitment when funding expires in 2013. This donation signals to other contributing countries that the United States, the fund's largest donor, is committed to distributing global health aid to the organization. Mitchell Warren, Executive Director of the AIDS Vaccine Advocacy Coalition, noted that the US demand for the fund to develop a clear plan of timeliness and measure of progress should help make the agency more effective. The Global Fund estimates that with the increased funding, it will be able to increase the number of AIDS patients on antiretroviral therapy 75 percent by 2015 to 4.4 million. TB treatment will almost triple to 3.9 million from 1.4 million in 2009, and the number of bed nets to prevent malaria will triple to 110 million.

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**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](mailto:jseggerson@tbcoalition.com)**

\* **Stop TB USA** was formerly known as the National Coalition for Elimination of Tuberculosis (NCET).

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