

TUBERCULOSIS PREVENTION AND CONTROL

2010 Annual Report

Tuberculosis (TB) is a communicable, airborne disease caused by the bacillus *Mycobacterium tuberculosis* (*M.tb*). The Ben Franklin TB Control Program consists of the TB Clinic and the Direct Observed Therapy (DOT) Team. The Clinic screens for TB and treats patients for latent TB infection (LTBI) in contacts and in governmental Quarantine Referrals. The DOT Program treats active TB patients and their contacts at home, observes patients taking their medications, investigates new cases, works to stop TB disease from spreading, and educates the community.

TB CONTROL PROGRAM OUTCOMES FOR 2010

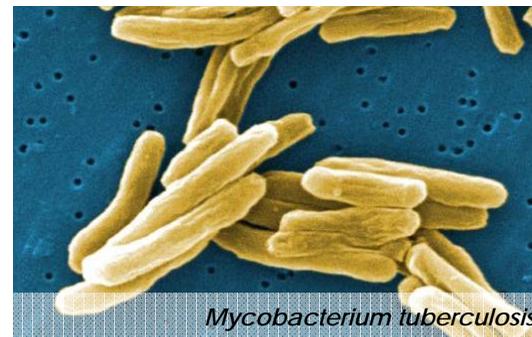
- 97% of active TB patients completed therapy.
- 100% of active TB patients were interviewed by staff within 3 days of diagnosis.
- 94% of close contacts of active TB patients were evaluated for TB disease and infection.
- 93% of close contacts of TB patients, who were found to be infected with TB, were placed on medication to prevent their TB from becoming active.

LATENT TB INFECTION (LTBI)

Persons who are infected with *M.tb* but not sick or contagious, have latent TB infection (LTBI). They most likely have a positive skin or blood test and a normal chest x-ray. About 10% of people with LTBI will go on to develop active TB disease in their lifetime. However, a medication called Isoniazid (INH), taken daily for nine months, kills the latent TB germ.

Failure to finish the entire treatment for LTBI can lead to active TB disease and not taking medication as directed can lead to multidrug-resistant (MDR) TB. This means that different drugs will no longer work to kill the infection.

People in close contact with someone who has active TB are at greatest risk for developing active TB disease themselves within two years.



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Serving Columbus and
Franklin County Residents

Funded by:

Franklin County Board Commissioners
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City of Columbus



BEN FRANKLIN TUBERCULOSIS CONTROL PROGRAM

Keeping
You TB
Free!



BEN FRANKLIN TUBERCULOSIS CONTROL PROGRAM ACTIVITIES

TB IN 2010

- 36% of Ohio's active TB patients lived in Franklin County.
- 61% of active TB patients were foreign-born (born in other countries).
- 61% of cases had TB in the lungs, 33% had TB in other parts of the body, and 6% had TB both in the lungs and other parts of the body.
- 48% of our TB cases were black, 41% were white, and 11% were Asian.
- Leading countries of origin for TB patients: 39% were from the United States, 24% from Somalia, 9% from Mexico, and 3% were from Ethiopia, Indonesia, and Tanzania.
- 12% of active TB cases abused alcohol and/or drugs.
- 25% of active TB cases were unemployed, and 5% were homeless.
- 14% were 15-24 years old, 36% were 25-44 years old, and 42% were 45 and over.

FRANKLIN COUNTY TB STATS

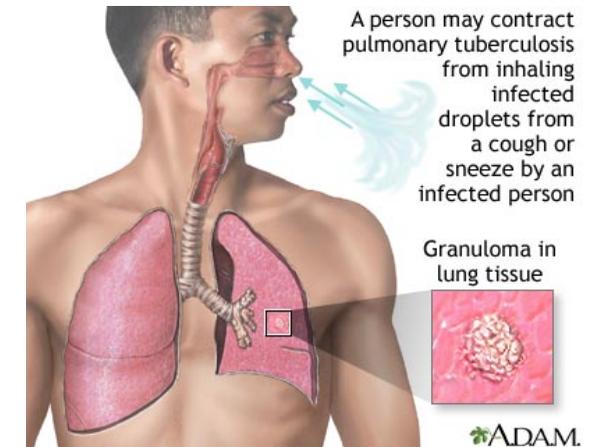
| Years | 2010 | 2009 | 2008 |
|--------------------------|--------|--------|--------|
| TB Cases | 66 | 41 | 61 |
| Franklin Co. Rate | 5.85 | 3.63 | 5.5 |
| Ohio Cases | 182 | 180 | 213 |
| Ohio Case Rate | 1.6 | 1.6 | 1.9 |
| TB Clinic Visits | 13,296 | 12,986 | 18,035 |
| Outreach Visits | 11,295 | 10,467 | 14,749 |
| X-Rays | 1,019 | 1,045 | 1,252 |
| Skin Tests | 512 | 912 | 2,468 |
| QuantiFERON- Blood Tests | 2,253 | 2,526 | 3,393 |
| Medication Visits | 3,928 | 3,302 | 4,393 |

WHO SHOULD BE TESTED FOR TB?

- People in close contact with someone who has active TB.
- Immigrants from countries with a high rate of TB.
- Residents/employees working or living in group settings.
- People with HIV infection or other medical conditions that cause a weakened immune system.
- Illicit drug users.
- Health care workers serving high-risk clients (people listed above).

2010 Notes

- Targeted Screening of only high risk for TB individuals started in 2009, leading to fewer Clinic visits.
- QuantiFERON- Blood Tests began replacing Skin Tests for TB screenings in 2008, leading to fewer skin tests over this 3-year period.



THE STORY OF MR. V AND TB

Columbus Public Health's (CPH) Ben Franklin TB Control Program first met Mr. V in January of 2010. A U.S. native, Mr. V was a health care worker in Texas until he lost his job and health insurance due to chronic medical conditions. He had severe lung issues and circulation problems in his legs. Mr. V coughed up blood, lost weight, had drenching night sweats, and shaking chills. His physicians prescribed steroids which helped him feel better for a while, but his symptoms would return. This went on for a year.

Coming to Ohio, Mr. V saw a new doctor who had him tested for TB – the result was positive. The Ben Franklin TB Control Program was notified and the TB Social Worker brought Mr. V to the hospital for a chest x-ray. It showed severe cavitory lung lesions (holes in his lungs). He was extremely ill. He stayed in the hospital in isolation for four months until antibiotics were able to clear enough bacteria from his lungs not to be contagious.

CPH staff provided Direct Observed Therapy (DOT), assessing him daily and watching as he took his TB medications. CPH staff did a contact investigation, looking for people he may have infected, and provided them treatment to stop further disease spread. The TB Program also supplied a ventilation filter for his room to decrease any chance of him spreading TB. CPH TB staff gave him emotional support, helped him get food stamps, and connected him to transportation resources. His TB treatment continued for almost a year. Mr. V wrote a note to the TB staff, "As my treatment ends I will miss you all...and thank you for helping me through such a difficult time in my life."