

TUBERCULOSIS PREVENTION & CONTROL

About Our Program

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, in governmental Quarantine Referrals, and in persons at high risk for TB. The DOT Program treats active TB patients and their contacts at home, observes patients taking their medications for at least 6 months, investigates new cases, works to stop TB disease from spreading, and educates the community.

Tuberculosis

Tuberculosis (TB) is a communicable, airborne disease caused by the bacillus *Mycobacterium tuberculosis (M.tb)*.

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 two-drug medication regimen of Rifampentine and Isoniazid, taken weekly for 12 weeks, 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 some 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.

Ben Franklin Tuberculosis Control Program
Serving Columbus and Franklin County Residents

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COLUMBUS
PUBLIC HEALTH



COLUMBUS OHIO'S BEN FRANKLIN
TUBERCULOSIS
CONTROL PROGRAM

2012
REPORT

FRANKLIN COUNTY TUBERCULOSIS STATISTICS

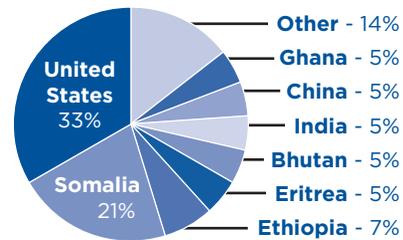
	2012	2011	2010
TB Cases in Franklin County	42	50	66
Cases per 100,000 in Franklin County	3.6	4.3	5.8
TB Cases in Ohio	149	145	190
Cases per 100,000 in Ohio	1.3	1.3	1.64
Cases per 100,000 in the US	3.2	3.4	3.6

OUR CASES

Residence & Origin:

- 28% of Ohio's active TB patients lived in Franklin County.
- 67% of Franklin County's active TB patients were foreign-born (born in other countries).

Leading Countries of Origin



Age:

- 7% were 4 or under, 7% were between 5 and 14 years, 14% of Active TB cases were 15-24 years old, 41% were 25-44 years old, and 31% were 45 and over.

Infection Location:

- 55% of cases had TB in the lungs, 38% had TB in other parts of the body, and 7% had TB both in the lungs and other parts of the body.

Other Demographics:

- 67% of our TB cases were black, 14% were white, and 19% were Asian.
- 5% of active TB cases abused alcohol, 5% non-injection drugs, and 2% abused injection drugs.
- Almost 10% of active TB cases were unemployed and 7% were homeless within the past year.

TUBERCULOSIS CONTROL PROGRAM OUTCOMES

- 100% of active TB patients were interviewed within 3 days of notification.
- 100% of contacts to active TB patients newly diagnosed with LTBI were started on prevention treatment.
- 95% of active TB patients were treated using Directly Observed Therapy, assuring treatment completion.
- 90% of TB patients were tested for HIV. Knowing a person's HIV status is important because having HIV makes it harder to fight TB infection.
- 100% of culture-confirmed TB cases had genotyping results reported. Genotyping is DNA fingerprinting is a process that links related cases.

A SUCCESS STORY

L.S. is foreign-born female who was very healthy, never smoked or drank, and had a full-time job. In May of 2012 she developed back pain and had a fever. She visited her physician, a medical evaluation was done, and she was diagnosed with TB of the spine. She was referred to the Columbus Public Health Ben Franklin TB Control Program by her physician, with her treatment starting mid-June.

Even though she had been on her TB antibiotics, by August she still had back pain and even stated having some leg weakness. Her private physician ordered an x-ray, which showed nothing. The TB Physician ordered a C.T. scan, which is able to visualize soft tissue. The C.T. scan showed an abscess or infection of TB that was causing pressure on her spinal cord. She was in danger of losing function of her lower body. In late August she was transferred to a specialty hospital in Cleveland to have surgery on the abscess and to stabilize her spine. She then spent time at a rehabilitation hospital in the Columbus area, and then finally discharged to her home here.

The Columbus Public Health Ben Franklin TB Control Program followed her case throughout all this and resumed her Directly Observed Therapy, where a staff person watched L.S. take her daily TB antibiotics, assuring that all prescribed doses were taken. The TB Control Program Social Worker helped her navigate the State of Ohio Job and Family Services system in gaining cash, help with medical bills, and transportation system services since by this time she had lost her job and health insurance. She finished Physical Therapy in March of 2013 and is still being treated by the Columbus Public Health Ben Franklin TB Control Program. Even though she is still regaining her strength, she no longer uses a cane when she walks, is pain free, and working part-time. Because TB of the spine is harder to treat, she will be on TB antibiotics until late summer of 2013, but now she smiles at us because she knows she is on her way to a healthier, safer life!