

Tuberculosis Prevention and Control

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)/ Outreach Team.

The Clinic screens for TB and treats patients for latent TB infection (LTBI), preventing future active TB cases. The DOT Program treats active TB patients and their contacts in their living environment, investigates and intervenes to stop TB spread, and does community outreach and education activities as well.

TB Control Program Outcomes, Reported in 2008

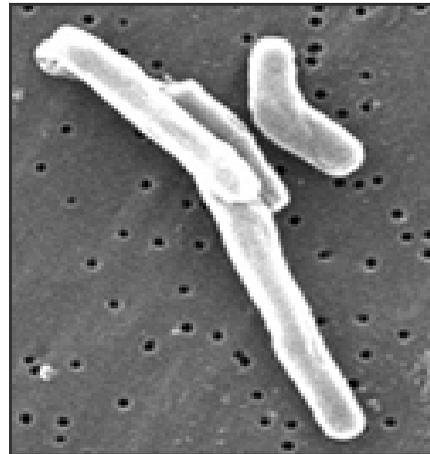
- 96% of active TB patients completed therapy
- 97% of active TB patients were interviewed within 3 days of diagnosis
- 87% of close contacts of active TB patients were evaluated for TB disease and infection
- 78% of active TB patients' infected contacts completed therapy for LTBI

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 complete treatment for LTBI can lead to active TB disease and non taking medication as directed can lead to multidrug-resistant (MDR)TB.

Contacts of active TB cases are at the greatest risk to develop active TB disease within two years of exposure.



Mycobacterium tuberculosis

Serving Columbus
and Franklin County
Residents

Funded by:

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City of Columbus
Mayor Michael B. Coleman

2008 Annual Report

Ben Franklin Tuberculosis Control Program

"Keeping
You
TB Free"



Ben Franklin Tuberculosis Control Program Activities

TB in 2008

- 29% of Ohio's active TB patients reside in Franklin County.
- 66% of active TB patients are foreign-born.
- At least 30 different nationalities come through the TB Program, requiring many translation resources.
- Leading countries of origin for TB patients: 34% are from the United States, 28% from Somalia, 8% from Ethiopia and Mexico, and 3% are from Nigeria and the Philippines.
- 18% of active TB cases abused alcohol and/ or drugs.
- 54% of active TB cases were unemployed, and 5% were homeless.
- 18% were under 14 years of age, 11.5% were 15-24 years old, 41% were 25-44 years old, and 29.5% were 45 and over.



Franklin County TB Stats

Years	2008	2007	2006
TB Cases	61	78	85
Fr. Case Rate	5.5	7.2	7.8
Ohio Cases	213	252	240
Oh. Case Rate	1.9	2.2	2.1
TB Clinic Visits	18,035	29,561	31,781
Outreach Visits	14,749	15,759	17,585
X-Rays	1,252	2,149	3,304
Skin Tests	2,468	7,616	11,794
QuantiFERON-Blood Tests	3,393	2,799	141
Medication Visits	4,393	7,238	6,329

("Targeted Testing" of individuals at high risk for TB implemented 3/08)

Who should be tested for TB?

- People in close contact with an active TB case
- Immigrants from countries with a high rate of TB
- Health care workers serving high-risk clients
- Residents/ employees of group settings
- People with HIV infection or other medical conditions that cause a weakened immune system
- Illicit drug users

2009 Goals

- The rate for active TB cases completing therapy within 12 months will increase to 90% or greater.
- The therapy completion rate for contacts with latent TB infection (LTBI), will increase to 85% through intensive case management and enhanced community partnerships.
- Increase active TB surveillance activities in high-risk for TB populations and increase education and awareness activities throughout Franklin County.
- Serve as the TB Resource Center for Franklin County Human Service Agencies so they can be proficient in their own internal TB surveillance processes.

A TB Case

Columbus Public Health's (CPH) Ben Franklin TB Control Program first met the H. family at the end of 2007 and treated them for 15 months. This family of 13 was from a foreign country where TB is very common. The mother had active TB disease and was pregnant with her 11th child. The staff arranged a referral for an OB Physician to ensure proper pre-natal care of the pregnant mother who was the TB index, or first identified case.

CPH staff began an investigation of close contacts and found four more active TB cases among her children. The mother's case of TB was resistant to streptomycin, one of the main drugs used in fighting TB disease. One of the children who had active TB disease was attending a local middle school. The contact investigation of the school found four children infected with latent TB and three more children were diagnosed with active TB disease and treated.

In addition to evaluating and treating all active TB cases using Direct Observed Therapy (DOT), CPH staff provided Direct Observed Preventive Therapy (DOPt) for those members in the family that were diagnosed with Latent TB Infection. Staff provided transportation for the family to physician and x-ray appointments, assisted them with utility bills, food stamps, and other financial assistance. Staff also offered the family incentives for taking their medications as prescribed and coordinated care with Franklin County Children's Services.

Thanks to the perseverance and dedication of CPH staff, this family and local community were successfully treated for TB, helping them to have a healthier, safer future.

