



FOR IMMEDIATE RELEASE

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World TB Day, March 24

LAS VEGAS – Tuesday, March 24 marks World TB Day, the date in 1882 when Dr. Robert Koch announced he identified *M. tuberculosis*, the bacteria responsible for one of the world's most dreaded diseases. In 2009, tuberculosis affects two billion people worldwide with Clark County reporting 91 active cases in 2008; Nevada had 102 cases statewide last year. Prior to the 1950s, TB was among the deadliest illnesses in the United States.

World TB Day is an opportunity to remember that TB, while highly curable, is not eradicated. This year's theme is Partnerships for TB Elimination. The Southern Nevada Health District works with federal health officials, state health division representatives, local agencies, and national advocacy groups to identify active cases for treatment as well as their close contacts for preventive care, and provide education and expert consultation on infection control practices, screening procedures, and case reporting. The Southern Nevada Health District's active contact investigation programs and its community partnerships have been instrumental in avoiding a sudden surge in newly reported cases, allowing the rate of active cases to remain steady over time. Nevada consistently ranks among the top 20 states with the highest rates of TB.

The Southern Nevada Health District's TB Treatment and Control Clinic conducted 87 contact investigations in 2008. At any given time, there are approximately 80 people undergoing treatment for active TB in Clark County under the supervision of the health district. Adherence to treatment is key to eliminating the risk of spreading TB to a patient's close contacts and the community as a whole. In recent years, drug resistant strains of TB have developed, limiting treatment options with several cases of drug resistant cases identified locally. "Directly observed" therapy protocols require the TB Treatment and Control Clinic to utilize a number of resources to monitor patient compliance with therapy. Health district clinicians coordinate care for patients, many of whom voluntarily remain in quarantine until adherence to an effective treatment plan renders them no longer infectious. Treatment can take six to 24 months and requires supervision, which is burdensome on the patient and health care systems.

Incomplete treatment has led to a surge in multiple drug-resistant TB strains around the world. In some locations, more than 20 percent of newly diagnosed TB cases are drug resistant. There have been no new classes of TB drugs developed since the 1960s.

Public health nurses from the health district visit or speak with every active TB patient five times each week to ensure treatment compliance and to verify that other needs such as food and shelter are being met. These visits are also part of the "directly observed" therapy protocol; the attending physician examines adult patients weekly and pediatric patients monthly

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World TB Day – add one

“While TB is highly curable, it is unfortunate that people still place a stigma on this disease. As TB continues to spread in many parts of the world it is critical that communities, like Clark County, continue to maintain effective programs to identify and treat active TB cases and screen their contacts,” said Dr. Lawrence Sands, the health district’s chief health officer. Nearly 55 percent of Clark County TB patients were foreign-born; however, as many as one in 10 people no matter their country of birth would test positive for exposure to the bacterium, although they would not be sick or infectious. “People who test positive for what is called ‘latent’ TB are asymptomatic and are not capable of spreading the disease. It means that they have been exposed to the bacterium at some point in their lives. The good news is we can offer them treatment to prevent them from developing into an active case of TB,” Sands added.

To better identify TB cases statewide and locally, the health district takes an active role in working with the state TB control program as well as the Centers for Disease Control and Prevention (CDC), hospital infection control programs, and other community agencies to enhance communication and establish disease reporting protocols to ensure patients are identified quickly and notification between agencies is well coordinated.

Nationwide, there were more than 12,500 cases of TB in 2008. According to the CDC, the 2008 TB rate in the United States is 4.2 cases per 100,000 people, a 3.8 percent decline from 2007. The majority of cases nationwide and in Nevada are among the foreign born in whose home countries latent TB infection rates are high. Between 1993 and 2007, TB case rates in the United States decreased for American-born and foreign-born people, however, the decrease among the foreign-born remained less substantial.

Additionally, the CDC reports that the “essential elements for controlling TB in the United States include sufficient resources, interventions targeted to populations at high risk for TB, and collaborative efforts with the international community to reduce the burden of TB globally.”