



3/23/10 TB WIRE

Please feel free to use this information and pass it on to colleagues who support and/or provide TB prevention and control.

TODAY: 3/23/2010: A Call for Action on the Tuberculosis Elimination Plan

FROM **STOP TB USA**: In 2000, the Institute of Medicine (IOM) published its report, Ending Neglect: The Elimination of Tuberculosis in the United States, detailing the history of efforts to control and eliminate tuberculosis in the United States and recommending a plan to eliminate tuberculosis in the United States by 2035. In late 2007, Stop TB USA assembled a Tuberculosis Elimination Plan Committee to assess the progress since the release of the IOM report and to formulate recommendations to update the IOM plan. **The Committee's report, A Call for Action on the Tuberculosis Elimination Plan, released today on the Stop TB USA website, assesses how and why the IOM's tuberculosis elimination plan has not been fully implemented and provides updated action plans to move forward on its recommendations to accelerate progress toward tuberculosis elimination in the United States.**

The complete "Call for Action" and a shorter Executive Summary" are available right now on the **STOP TB USA** website at: <http://www.stoptbusa.org/>

MARCH 24 IS WORLD TB DAY

Together We Can Eliminate Tuberculosis in the United States!!

FROM STOP TB USA: RECOMMENDATIONS FOR ACTION

The United States is losing ground in its efforts to control and eliminate tuberculosis (TB) – an airborne bacterial infection that when left undiagnosed or improperly treated, can be fatal. During the five years of 2004 - 2008, over 68,000 new cases of active TB were reported in the United States, with over 5,000 deaths over that time span. Troublingly, higher incidence rates among American Indian/Alaska Native, Hispanic, Black and Asian populations reflect a widening racial and ethnic health disparity among those affected.

We have known the cause of TB for over 100 years, yet the disease remains a serious and persistent public health risk due to underfunded TB control programs and a lack of investment in research and development (R&D) for new, better tools to detect, treat and prevent TB. Investing in a TB elimination plan could prevent 253,000 new cases, stop 15,000 deaths and save \$1.3 billion in treatment costs by 2035. Continued underfunding of TB control in the U.S. will result in the ongoing accumulation of preventable illness, death and disability, particularly in minority populations.

Decades of underinvestment in R&D has resulted in a dearth of diagnostics, drugs and vaccines for TB. Addressing TB has become even more challenging with the emergence of drug - resistant strains, including extensively drug - resistant (XDR) TB—a virtually untreatable form of the disease. While treatment of active, drug - sensitive TB in the U.S. costs between \$11,000 and \$27,000 per patient, hospitalization of a patient with XDR - TB can cost more than \$483,000, a financial burden largely borne by the public health system. The global spread of both drug - sensitive and drug - resistant strains of TB in high - burden countries with poorly functioning TB control programs poses a growing threat to U.S. residents.

Furthermore, over 11 million Americans have a latent TB infection (LTBI), placing them at risk for an active TB infection in their lifetime. Higher rates of LTBI persist especially among traditionally

underserved groups and among foreign - born residents in the U.S. Those with additional medical risk factors, such as people living with HIV or diabetes, often experience hastened disease progression to active TB. Yet treatment for LTBI has been severely limited by resource constraints for public health departments and the difficulty of managing treatment over nine months. Often less than half of persons who start LTBI treatment complete it. Expanded treatment of latent TB infection, alongside the development of more effective preventive drugs and vaccines, must be prioritized as a critical frontline prevention strategy to achieve TB elimination.

TB elimination in the U.S. is possible, but rapid action is urgently needed. Success in this effort demands the leadership of policymakers at all levels along with the active coordination of federal, state and local health departments and extensive collaboration with researchers, community providers and community - based organizations.

The following recommendations were developed by the Stop TB USA TB Elimination Plan Committee, based on guidelines developed by the Institute of Medicine's blueprint for TB Elimination by the year 2035. (Institute of Medicine. *Ending Neglect: The Elimination of Tuberculosis in the United States*. Washington, DC: Institute of Medicine, National Academy Press; 2000. Available at: <http://www.iom.edu/?id=12679>)

MAIN RECOMMENDATIONS

Reaching High Risk Populations & Enhancing Coordination.

The following recommendations reflect important roles that must be played by federal, state and municipal agencies as well as other local and national organizations if TB elimination is to be successful.

Reversing the declining TB public health infrastructure is an urgent priority. Local and state health departments must be ensured adequate resources for staffing, surveillance and diagnostics in order to identify and treat each person with active TB. **We recommend the immediate scaleup of funds for state and local health departments and community based health care providers to assure targeted testing, adequate case management and to maintain core TB control program functions.**

Local, state, and federal governments must enhance TB control programs among captive populations and in shelters. Local, state, and federal governments should support correctional and detention TB control programs to improve screening and surveillance capacity, contact and case management, and discharge planning of inmates who are moved frequently to different facilities or are detained again. Local health departments should have the resources to limit transmission through early case detection and screening at sites with high crowding and limited ventilation, such as homeless shelters, day drop - in centers and other congregate sites to prevent outbreaks and spread of TB.

Local health departments should partner with civil society and providers to promote education and develop policies and strategies that address the unique TB problems of particular local communities. Local health departments should increase TB education of staff in shelters, housing services, substance abuse treatment sites and correctional facilities as well as providers serving high - incidence U.S. - born and foreign - born populations to raise awareness about the TB health disparity among the populations that they serve.

Greater emphasis, combined with additional resources, must be placed on the treatment of latent TB infection among immigrants. Local and/or state health departments must strengthen partnerships and collaborate with community health centers and other community based organizations that work with foreign - born residents and migrant communities to raise awareness, encourage testing, and broaden treatment programs for LTBI—regardless of ability to pay, visa status, and movement among local health jurisdictions.

Increased collaboration is needed between local and state health departments, the Centers for Disease Control and Prevention (CDC), customs and immigration enforcement, foreign consulates and other relevant agencies to periodically evaluate and ensure the effectiveness of border and overseas TB screening and treatment processes for immigrants, refugees and detainees. Local and/or state health departments should encourage, assist, and/or require TB screening by institutions and employers who sponsor students and workers from moderate - or high - burden TB countries who, under current policy, are not required to undergo TB screening before entry to the United States. The completion of treatment for those diagnosed with latent or active TB should become the norm rather than the exception.

Increased Funding for TB Research and Development

Progression towards the goal of TB elimination by 2035 will require the infusion of additional resources for the development of new, more effective TB diagnostics, drugs and vaccines.

- The National Institutes of Health (NIH) and the Centers for Disease Control and Prevention's (CDC) Division of TB Elimination must prioritize and accelerate research, including development and implementation of better tools for the diagnosis and treatment of TB. **Global TB research and development investment must increase fourfold, to \$2 billion per year** to cover the full pipeline of research activities, including basic research, preclinical and clinical testing to evaluate the safety and efficacy of new diagnostics, drugs, and vaccines, and operational research to optimize the use of currently available and new products.
- The U.S. Agency for International Development (USAID), in support of clinical evaluation and introduction of new diagnostics and drugs for use in developing countries, is congressionally authorized to expand its current TB R&D funding to support vaccine development. **Appropriations and funding decisions must support this enhanced authority for TB diagnostic, drug, and vaccine development.**
- Lastly, **better tracking and coordination is needed between NIH, CDC, USAID and other government agencies**, along with academic and private institutions, to ensure a more transparent accounting of monies being invested into TB research, to highlight gaps and optimize our chances of realizing TB elimination by 2035.

CONCLUSION

TB control is a continuous challenge that requires sustained investment from federal agencies coupled with close collaboration from state and local health departments. Without renewed and expanded commitment, the scourge of TB may likely persist for well over 100 years, disproportionately affecting minority communities and draining federal and state dollars. In order to move toward the goal of TB elimination we must immediately scale up federal, regional, state and local TB control capacity and support the development of new technologies and innovative strategies to improve TB control throughout the United States. We, along with our health advocacy coalition partners look forward to working together with policymakers to realize our mutual goal of TB elimination in the United States.

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

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