

The Ohio Tuberculosis Coalition

The Ohio Tuberculosis Coalition (OTC) was formed in 1990 as a cooperative effort of the American Lung Association® of Ohio (ALAO) and the Tuberculosis (TB) Prevention and Control Program of the Ohio Department of Health (ODH). The OTC is a voluntary advisory board with multidisciplinary partners from various agencies throughout Ohio.

The OTC set as its goal; the elimination of tuberculosis in Ohio by the year 2010. In 1998 the Ohio Tuberculosis Elimination Plan was revised and the goal reevaluated. With the current rate of decline in cases in Ohio, elimination was not possible by 2010.

The good news is that Ohio has already met the national interim goal of less than 3.5 cases by the 2000. However, there are still areas in Ohio with case rates above the national average. So there is work to be done, to ensure the rates continue to decline.

The Coalition consists of members from organizations around the state who have an interest in the goal of TB Elimination. Representatives from the following organizations are members of the OTC: Cuyahoga County TB Program, Columbus City Health Department, Hamilton County TB Control, Healthcare for the Homeless, Lake County General Health District, Lorain County TB Clinic, Montgomery County General Health District, Muskingum County TB and Respiratory Clinic, Ohio Department of Health Tuberculosis Program, Ohio Department of Rehabilitation and Corrections, Ohio State University, Ohio Thoracic Society, Rural Opportunities, Inc., and the American Lung Association of Ohio.

The OTC provides ongoing professional education for health care workers, and the general public. Past accomplishments include; drafting a bill to update Ohio's tuberculosis laws, which passed in October 2000; compiling a resource for TB education materials in foreign languages; developing and updating The Ohio TB Elimination Plan.

PROFESSIONAL EDUCATION

State and local health departments have the responsibility for preventing and controlling tuberculosis. Prevention and control efforts should include the following three primary strategies:

1. Identify and treat all persons who have TB disease.

2. Find and evaluate persons who have been in contact with TB patients.
3. Test groups at high risk for TB and evaluate for treatment for latent tuberculosis infection.

When a private provider is treating a person with tuberculosis, collaboration between the private provider and the public health department is essential. In October 2000, new laws (<http://ohioacts.avv.com/123/sb173/home.htm>) were enacted to ensure the protection of the public health. The new law describes the responsibilities of the local tuberculosis control unit, the patient, and the physician, during the course of treatment for active disease.

The Ohio Department of Health and the Ohio Tuberculosis Coalition work together to plan and present professional educational programs on all aspects of tuberculosis.

For more information on current educational offerings, you may contact:
Sherri Eley, Director, Ohio Tuberculosis Coalition at 419-224-8561
Shirley Dobbins, Infectious Disease Control Consultant, at the Ohio Department of Health 614-644-8150

The following web sites have information for the practitioner:

- Division of TB Elimination / Centers for Disease Control and Prevention
<http://www.cdc.gov/nchstp/tb/default.htm>
- New Jersey Medical School / National Tuberculosis Center
<http://www.umdnj.edu/ntbcweb/tbsplash.html>
- Francis J. Curry / National Tuberculosis Center
<http://www.nationaltbcenter.edu/>
- Charles P. Felton / National Tuberculosis Center
<http://www.harlemtbcenter.org/>

The official joint statement of the American Thoracic Society, Centers for Disease Control and Prevention, and the Infectious Disease Society of America was published in the American Journal of Respiratory and Critical Care Medicine 2003.

New Recommendations in the document:

- Who is responsible for treatment
- The importance of case management
- Recommended treatment regimens
- Follow-up examinations
- Treatment completion is defined by number of doses ingested and length of treatment.

Download the entire document

<http://www.thoracic.org/adobe/statements/treattb.pdf>

GENERAL INFORMATION ON TUBERCULOSIS

Tuberculosis is caused by bacteria called *Mycobacterium tuberculosis*.

When a person with active tuberculosis (TB) disease cough, laughs, or sings, he/she emits bacteria into the air. A person who shares air space with someone who has active TB of the lungs, he may become infected with the bacteria.

Latent tuberculosis infection

Not all persons who become infected with the TB bacteria become ill. The bacteria can remain inside the body, kept in check by the immune system. This condition is called Latent Tuberculosis Infection (LTBI).

A person with LTBI is not sick, and cannot infect others with tuberculosis. The only way to diagnose a person for LTBI is by the tuberculin skin test.

The tuberculin skin test is administered by injecting a small amount of solution just under the skin of the forearm. A person who is trained to interpret the tuberculin skin test examines the area 48 – 72 hours after the test was administered. If there is an area that is raised and hardened (an induration), it is measured and categorized by the measurement of the induration. Redness is not measured and is not a factor in determining whether an individual is infected. To determine whether a person is positive for TB infection, an evaluation of the patient's risk factors for tuberculosis and the size of the reaction are evaluated.

If the health care worker diagnoses the tuberculin skin test as positive, the person will be referred to a physician for evaluation. The physician will order a chest x-ray, to rule out active tuberculosis disease. If active disease is ruled out, then the patient will be evaluated for medication to prevent the infection from progressing to active disease.

The most important thing to remember is: A person with latent tuberculosis infection is not sick, and cannot spread the germ to others. It is estimated that approximately 10 –15 million people in the United States have latent tuberculosis infection.

Active Tuberculosis Disease

A person can have tuberculosis disease in any organ in the body. The most common site, however, is the lung. People who have tuberculosis of the lungs or larynx are considered contagious. Tuberculosis in any other organ is called extrapulmonary tuberculosis and is not spread from person to person.

The signs and symptoms of tuberculosis may include: fever, chills, night sweats, fatigue, loss of appetite, weight loss and for pulmonary tuberculosis, any or all of the previous symptoms, plus a prolonged cough (greater than 3 weeks), chest pain, and hemoptysis (bloody sputum)

A person diagnosed or suspected of having active tuberculosis disease, will be contacted by the local public health department. The public health nurses will collaborate with the physician to ensure a positive outcome. They will ask about contacts with other persons such as family members, co-workers, and friends over the past several months. Medical and personal information will remain confidential throughout this process.

There are medications you can take to cure tuberculosis, however they must be taken for a minimum of six months, to ensure complete recovery.

You may be asked to take part in a Directly Observed Therapy (DOT) program, to ensure that your medications are taken correctly. Too often patients forget, or simply stop taking their medications when they begin to feel better. This can lead to the development of drug resistant tuberculosis, which takes longer to treat, and requires more costly medications that have more adverse side effects.

DISEASE STATISTICS

To access the Ohio Department of Health Web Page click on the following link:
http://www.odh.state.oh.us/Data/Inf_Dis/TB/tb1.htm

For national data, access the following link:
<http://www.cdc.gov/nchstp/tb/surv/surv.htm>