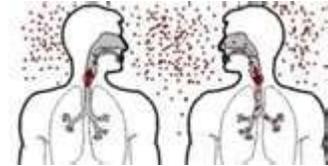


# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## PUBLIC HEALTH ACTIVITIES & SERVICES

### Tuberculosis in Washington



#### THE ISSUE

Tuberculosis (TB) is a disease caused by bacteria that are spread from person to person through the air. TB usually affects the lungs, but it can affect other body parts, such as the brain, kidneys, or spine. In most cases, TB is treatable; however, people with TB can die if they don't get proper treatment. In Washington, the number of new TB cases and the number of extremely difficult cases to treat have increased. From 2008 to 2009 the number of TB cases rose by 12.3 percent from 228 in 2008 to 256 in 2009. The public health system in Washington wants to reverse this trend and prevent TB cases.

A growing challenge in controlling TB is the emergence of more drug resistant tuberculosis cases. This makes it much more difficult to cure patients and prolongs case management from 12 months to 18 to 24 months. Multidrug-resistant TB (MDR TB) is resistant to at least two of the main anti-TB drugs, isoniazid and rifampin. These drugs are used to treat people with TB disease and those who have been exposed to it. In 2009 there were five MDR TB cases in Washington. The Washington Administrative Code (WAC 246.170.031) defines the roles and responsibilities of local health agencies in providing a comprehensive program for the prevention, treatment, and control of TB. It costs a local health agency between \$250,000 to \$500,000 to care for and treat one multidrug-resistant TB patient for 18 to 24 months.

#### WHAT WE ARE DOING ABOUT IT?

In Washington most of our 35 local health agencies provide TB treatment services (30 of 35). In 2009 they provided 17,285 visits to patients and others exposed to active TB, and 11,829 visits to patients with latent TB infection (contacts to infectious cases who are being treated to prevent development of TB). More than 10,221 people across the state were screened by local health for early TB infection.

We created a workgroup of Washington local public officials to address the evolving concern of increasing numbers and complexity of TB patients, and to identify root causes for the increases. The group identified several priorities:

- There's a need to adopt practice standards consistent with American Thoracic Society and Centers for Disease Control and Prevention (CDC) for local health agencies. The need for formalized Standard of Practice Recommendations was identified through a survey to local health agencies. We established state minimum standards of care for diagnosing and treating TB and latent TB. The standards are online in the [Washington State Tuberculosis Services Manual](#)

- Ensure 100 percent of refugees arriving in Washington are screened and evaluated for active infectious TB and latent TB infection. Barriers to screening include delayed notification from CDC's Division of Quarantine, which makes it difficult to locate the refugee unless an address is provided.
- Develop new rapid diagnostic methods for TB at the Washington State Public Health Laboratories including early identification of drug resistant strains. Our goal is to provide adequate treatment of infectious multidrug-resistant TB and prevent its spread.

### CHALLENGES

Of the TB cases in 2009, 55 percent were among foreign-born people who've been in the country more than five years. Because a large proportion of immigrants and refugees have latent TB infection and many of these people are coming into Washington and the United States, even a small risk can result in a lot of cases. Previously, CDC has shown that most TB among the foreign-born is due to reactivation of latent TB infection acquired in the immigrants' or refugees' country of origin. Still, we must consider the possibility that TB infection occurred after entry into Washington or the United States.

Among foreign-born cases that have been in the U.S. for more than five years, there may be greater rate of two chronic diseases — diabetes and end-stage renal disease. These conditions put people at risk for TB.

### WHAT'S NEXT?

Our work must continue. We'll use quality improvement strategies to identify interventions, measure results, and revise our methods. Our goal is to reduce the rate of new tuberculosis cases and multi-drug resistant TB cases in Washington.

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**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON