



Philadelphia TB Newsletter

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Tuberculosis Control Program
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The Philadelphia TB Newsletter is a quarterly publication that is intended to be a resource for clinicians, infection control personnel, and laboratories who diagnose, treat, and/or report tuberculosis (TB) in Philadelphia. It provides treatment updates and recommendations, reviews local and national TB epidemiology, and presents case studies.

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WORLD TB DAY March 24 2009

Photo Source: The World Health Organization-www.wordtbday.org

By Christina Dogbey TB Epidemiologist

World TB Day is held annually on March 24th in order to raise awareness about the threat of TB and the steps needed to control the disease. World TB Day also commemorates the discovery of the TB bacillus by Dr. Robert Koch in March 1882. At that time, TB killed one in seven people in the United States and Europe. Although this disease can be cured and controlled, TB still remains the second leading cause of death among infectious diseases in the world.

According to the World Health Organization (WHO), the global healthcare community continues to make significant progress toward eliminating tuberculosis as a public health threat. Yet, despite these efforts, each year TB continues to cause nine million new cases worldwide. In 2006, an estimated 1.5 million people died of TB with an addition 200,000 dying from HIV-associated TB (WHO, 2009). These alarming rates are partially attributed to the emergence of drug-resistant strains of *M. tuberculosis*.

World TB Day allows the opportunity for providers, TB Controllers and other stakeholders to discuss TB related prob-

lems and work towards solutions that will support the worldwide control and elimination of TB. The theme for World TB Day 2009 is **“Partnerships for TB Elimination,”** This is part of the WHO’s **“I am stopping TB”** two year campaign initiated to encourage all individuals to do their part to combat TB. The Philadelphia TB Control Program recognizes that without its network of partners throughout the City and surrounding counties, our mission would be that much more difficult to accomplish. We wish to thank you for partnering with us in the fight against TB.

To commemorate World TB Day 2009, the Tuberculosis Control Program will present **“How Philadelphia is Stopping TB”** a display of research, posters and information about TB in the lobby of our building. Additionally, we are issuing the annual World TB Day edition of the Philadelphia TB Control Newsletter. Included in this issue are surveillance updates on TB in Philadelphia, information about legal interventions for non-compliant patients, and more.

For more information about World TB Day, please visit the World Health Organization at: www.worldtbday.org

“Famous” TB Quotes

“In high school, I won a prize for an essay on tuberculosis. When I got through writing the essay, I was sure I had the disease.”

-Constance Baker Motley, Manhattan Borough President and New York State Senator

“The biggest disease today is not leprosy or tuberculosis, but rather the feeling of being unwanted.”

-Mother Theresa, Humanitarian

“The answer to old age is to keep one's mind busy and to go on with one's life as if it were interminable. I always admired Chekhov for building a new house when he was dying of tuberculosis.”

-J. Leon Edel, Literary Critic

“Dad always thought laughter was the best medicine, which I guess is why several of us died of tuberculosis.”

-Jack Handy, Saturday Night Live writer

New TB Reporting Form

By Daniel Dohony, MPH
CDC Senior Public Health Advisor

Beginning on January 1, 2009, the Tuberculosis Control Program released a revised version of the **Official Report of Tuberculosis Case/Suspect/LTBI**. Providers are required to complete this form when reporting a suspected or confirmed case of TB or pediatric LTBI to the Philadelphia TB Control Program. The modifications to the reporting form collect the new data that is required to be reported on the newly revised Report of a Verified Case of Tuberculosis (RVCT). This is a report that is required by the Centers for Disease Control and Prevention for each confirmed case of TB in Philadelphia.

The last major revision of the RVCT was in 1993. Since then, the epidemiology of TB has changed in terms of diagnosis and clinical considerations (CDC, 2008). The revised RVCT includes risk factors

such as diabetes, end-stage renal disease, immune-suppressive therapy and contact with an MDR-TB case. It also collects data on parental origin of pediatric TB cases, immigration status and outcome of DOT (if previously treated for LTBI or active TB disease), and accommodates the technologic advances in disease surveillance, testing and treatment (CDC, 2008). It also enhances TB surveillance by capturing data on cases that do not meet the current surveillance definition.

The revised **Official Report of Tuberculosis Case/Suspect/LTBI** is available for download from Philadelphia Department of Public Health's *Health Information Portal* website: <https://hip.phila.gov> and clicking on the “Disease Reporting” link. If you have questions please call TBC at 215.685.6873.

Farewell Dr. Watson, Hello Dr. Daskalaki!

In January we bid Dr. Barbara Watson, who very capably served the Philadelphia TB Control Program for 15 years as our Regional Pediatric TB Consultant, a fond farewell. She has moved on to pursue other opportunities and we wish her all the best. In her stead, we warmly welcome Dr. Irini Daskalaki as our new Regional Pediatric TB

By Christina Dogbey, MPH
TB Epidemiologist
Consultant. Dr. Daskalaki comes to us from St. Christopher's Hospital for Children, where she continues to serve as Attending Physician in Pediatric Infectious Disease. Please note that our pediatric clinic hours have changed. Clinic will now be held on Thursday mornings each week from 9:00 AM to 12:30 PM. We are very excited to have her on board. Welcome Dr. Daskalaki!

Legal Interventions for Non-Compliant Patients

By Nikki Pritchett, MPH
TB Epidemiologist

The Philadelphia Department of Public Health Tuberculosis Control Program (PTBC) has a progressively more severe, stepwise legal process for managing non-compliant TB patients, potentially culminating in incarceration. This process is accomplished through effective partnership between PTBC, the Philadelphia Law Department, The Philadelphia Court System, the Police Department and the Philadelphia Prison System. The process ensures that patients who refuse to comply with treatment guidelines are still able to complete adequate therapy for active TB.

Step 1: Compliance Agreement

Patients are presented with a Compliance Agreement, which they are asked to sign. This Agreement lists the roles and responsibilities of both the patient and PTBC. At this time, incentives, enablers and provision of social services are explained.

Step 2: Health Department Order

If the patient becomes non-compliant, he or she receives written notification that a Health Department Order (Enforceable Order) may be issued; these Orders are warning letters that legal action may be taken.

Priorities for Health Department Orders are Multi-Drug Resistant (MDR) TB patients, exposure to persons at high-risk and patients with prior documented non-compliance.

Step 3: Court Order

After a Health Department Order is issued, failure to comply with the Order may result in a Court Summons and, eventually, confinement.

Step 4: Confinement

If non-compliance continues, an affidavit of non-compliance is completed and a subpoena is issued to the

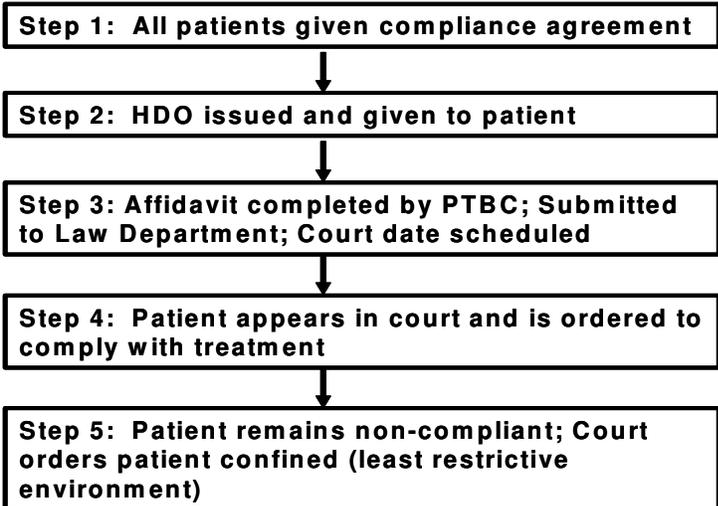


Figure 1: A graphic representation of the Philadelphia Tuberculosis Control Program's Legal Process for non-compliant patients.

patient. At the subsequent hearing, in a designated TB Court, the judge interviews the patient and the PTBC staff and, in most instances, will issue a Court Order instructing the patient to comply with PTBC's instructions. If the patient does not appear for this hearing, a Bench Warrant is issued for his or her arrest. The Court Order effectively transfers responsibility for compliance from PTBC to the Court of Common Pleas. Consequently, further non-compliance is deemed contempt of court, with possible resultant arrest and confinement in a hospital or jail for continuation of therapy. Figure 1 (pictured above) is a graphic representation of this process. The PTBC has documented progressively higher levels of compliance for each step of the legal process. For more information about the efficacy of this process in Philadelphia patients please see our article in the International Journal of Tuberculosis and Lung Disease.

Pritchett EN, Schlossberg D, Lovett-Glenn G, Beck J, Dickman B. *Legal Intervention for Non-adherent Patients in the Treatment of Tuberculosis.* To be published in The International Journal of Tuberculosis and Lung Disease.



Philadelphia Department of Public Health

Tuberculosis Control Program

500 S. Broad Street

Philadelphia, PA 19146

Phone: 215-685-6873 or 215-685-6744

Reporting

All TB cases and suspected cases must be reported to the TB Control Program within 24 hours of identification. To report a case or suspect, call 215-685-6873. Reports can also be faxed to 215-685-6477 or submitted through the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS). Reporting information is available on the TB Control website at www.phila.gov/health or can be obtained by calling 215-685-6873.

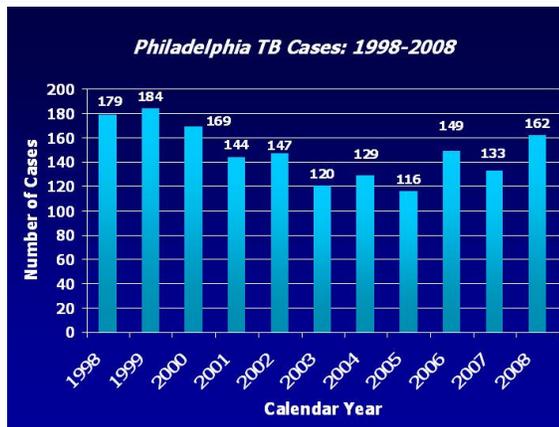
Tuberculosis Surveillance Update: 2008

By Christina Dogbey
TB Epidemiologist

In 2008, the Philadelphia TB Control Program reported 162 confirmed cases of TB. This represents a 22% increase from the prior year when 133 new cases of TB were reported. Philadelphia TB cases represent nearly 60% of the TB cases reported in the Southeast Pennsylvania Health District and 42% (down from 48% in 2007) of the cases in the Commonwealth of Pennsylvania for the period.

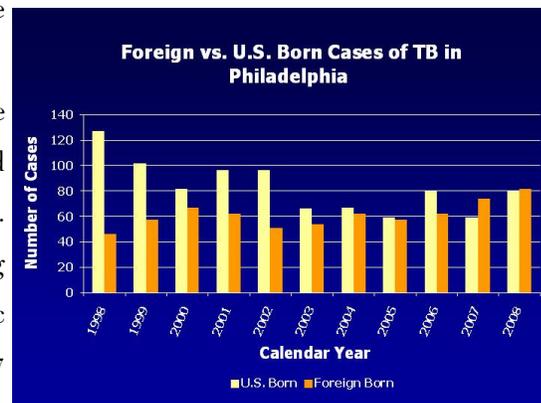
The majority of cases were male (63%) and between the ages of 45-65 years. The number of cases among children less than 5 years of age increased from 11 (6.0%) in 2007 to 17 (10.5%) cases in 2008. Since TB disease in children indicates recently acquired infection and transmission, these data are of sentinel importance.

Tuberculosis cases among those 65 years of age and older decreased from 13.5% in 2007 to 12.3% in 2008. The percent of cases reported among African American and Hispanic patients increased from 49% in 2007



to 59.3% in 2008 and from 5.3% to 6.8% respectively. Conversely, the percent of cases among Asians and whites decreased from 35.3% to 27% and from 10.5% to 7.4%, respectively.

Just over half (51%) of the cases were foreign born, continuing the trend we have seen in the data on Philadelphia patients from 2007. This trend closely reflects the national data, in that as U.S. born cases steadily decline, foreign born cases remain constant, but are beginning to consistently exceed the number of U.S. born cases. The 82 foreign-born TB cases reported last year in Philadelphia originated from 28 different countries and all 6 World Health Organization (WHO) regions. The Western Pacific Region (which includes Cambodia, China, Lao PDR, the Philippines and Vietnam) have accounted for nearly 38% of the foreign-



born cases since 2005. The continuation of this trend indicates that more resources will need to be targeted toward increased TB screening and services for the immigrant community in Philadelphia