

County struggles to bring down high TB rate

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People think they just have a bad cold, until it refuses to go away.

Often, they have tuberculosis, a curable disease that nevertheless has proved extremely difficult to eradicate, particularly in Santa Clara County.

"The TB case rate in the Santa Clara-San Jose-Sunnyvale area is routinely, if not the highest, at least in the top three in the U.S. every year," said Julie Higashi, deputy health officer for Santa Clara County.

And while TB cases have been decreasing in other parts of California and the United States, Santa Clara County's rate has remained nearly the same for the past three years.

With a troubled economy and cuts to public health, officials say eradicating TB may get even tougher.

"California's financial situation could affect TB control programs, which would be unfortunate," said Lee Riley, a professor of Epidemiology and Infectious Diseases at UC Berkeley's School

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of Public Health.

Cutbacks to New York City's TB programs led to an explosion in TB cases in the 1990s, he said. TB cases increased from fewer than 1,500 cases in 1980 to a peak of 3,700 in 1992, according to figures from the New York City Department of Health and Mental Hygiene. By 1995, the epidemic had cost the city more than \$1 billion.

"It ultimately cost them a lot more money," Riley said. "California should be made aware of that."

Although the disease can be cured, the treatment is long and expensive. Latent TB infections cost the county roughly \$250 to \$300 per patient, while the active, contagious form can cost from \$10,000 to more than \$30,000, Higashi said. Patients need to take several pills a day for six to 12 months to get rid of the disease.

Incomplete treatment not only fails to cure TB but can cause the bacteria to become drug-resistant. And each drug-resistant case costs hundreds of thousands of dollars to treat.

The county "plays an extremely important role in managing patients," said Alex Studemeister, an infectious diseases specialist with the San Jose Medical Group.

Each case is monitored by an assigned public health

nurse. These nurses are essential to making sure patients complete their treatment regimen, he said. "It's not just a condition where you take pills, go home and you're well," he said.

Budget cuts have meant fewer county public health nurses, but the county says it's coping. The county now has a specialized team of nurses that work only on TB, Higashi said.

"We struggle with resources, but we're continually trying to find ways to meet those needs for public safety," Higashi said. That's particularly important in the Bay Area, with its high rate of TB cases.

One reason why the Bay Area has such high TB rates is "because we're so international," said Masae Kawamura, director of San Francisco Public Health TB Control. More than a third of Santa Clara County's residents are foreign-born, and they contributed 90 percent of active TB cases in 2010, according to county statistics. People catch the disease when visiting countries where it is endemic, or may have been infected before they came to the U.S. Seventy percent have lived in the U.S. for more than five years when they fall sick with TB.

The TB bacteria can infect a person decades earlier, and "can stay living in your body as a time-bomb," Kawamura said. "You never know if it's gonna wake up or not, or

when it's gonna wake up."

That why controlling TB means going beyond just people with the active disease.

"Screening would make a difference in identifying and treating the people who have latent TB," Riley said. "But it takes a lot of effort and manpower."

The county requires every new and transfer school student to be tested for TB. To add to the costs, the public health department also has to track down and test every person with whom a TB patient came in contact.

"It's intense, but you can't scrimp on any of it," Kawamura said. Otherwise, the disease is transmitted in the community, she said.

Buoyed by a decrease in San Francisco's TB cases, which fell below 100 for the first time in 2010, Kawamura is confident that rates will go down. New diagnostic technologies should help. These include a blood test that is more accurate than the traditional skin test, and a new sputum test that can identify the TB bacterium within hours rather than two to three weeks, she said. Kawamura said she also hoped for new and better drugs with a shorter treatment regimen.

Until that time, treating TB is going to be costly and a lot of work, she said.

"I don't think I'll ever be out of a job," Kawamura said, "but we're trying really hard to achieve that."