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MEMORANDUM

TO: Donna Knutson, Executive Director Council of State and Territorial Epidemiologists

FROM: Kathleen F. Gensheimer, M.D., M.P.H., State Epidemiologist, Bureau of Health

SUBJECT: Advisory Committee for the Elimination of Tuberculosis
February 13-14, 2001

DATE: March 12, 2001

The Advisory Committee for the Elimination of Tuberculosis met February 13-14, 2001 in Atlanta (agenda attached). Highlights of the meeting and discussion follows:

An update on the NCCLS draft standards on antimycobacterial susceptibility testing was presented. Key points of the NCCLS recommendations include:

(1) Reemphasizing the need for testing for Pyrazinamide (PZA);
(2) Streptomycin should be tested for as a secondary drug;
(3) Two concentrations of isoniazid (INH) should be tested;
(4) There should exist the option or a reduced drug susceptibility testing in areas with low drug resistance that would include only INH; rifampin (RiF) and ethambutol (EMB); and
(5) Consideration needs to be given to expanded public secondary drug testing as appropriate.

Public discussions will continue and review and revision of this proposal will continue in the weeks ahead.

An update on the recently released IOM report, "Tuberculosis in the Workplace" was presented. The main question addressed by the committee was whether health care and selected other categories of workers are at a greater risk of infection, disease, or mortality due to tuberculosis than others in the community in which they reside. Conclusions of this group included: (1) tuberculosis remains a threat to certain hospital, prison and other workers; (2) risk has been declining, but vigilance in tuberculosis control is still needed in workplaces and communities; and (3) tuberculosis measures as recommended by CDC appear to have helped end work outbreaks and prevent new ones. Other findings included: (1) the primary risk of tuberculosis transmission in the work place comes from those with undiagnosed, untreated disease; (2) occupational risk is influenced by

community tuberculosis rates and job type; (3) data on work place tuberculosis rates are very limited especially for nonhospital workers; and (4) implementation of CDC guidelines appears best for written policies and protocols, TST testing, and other administrative controls, whereas routine practices may differ from written policies. Recommendations made by the IOM study group to OSHA to consider in reformulating an effective standard included: (1) required measures should be effective; (2) regulation should increase or sustain adherence to effective measures; and (3) regulation should allow flexibility to adapt controls to risks faced by workers so that any ultimate standards created will increase compliance with effective controls but at the same time, allow risk-related flexibility.

The committee spent considerable time reviewing and commenting on the current draft guidelines for the "Control of Tuberculosis in Low Incidence States." Discussions centered around what the definition for elimination should be; what should the document attempt to achieve, while at the same time, not detract from tuberculosis control in high incidence areas; and philosophically, what is it we are trying to say. Is elimination truly achievable given the tools currently available? It was decided that we needed to question whether there currently exists enough resources and capacity to control tuberculosis; prevent outbreaks, and than, developing unique approaches towards moving toward elimination. It was finally agreed that a document was needed to be targeted toward low incidence states, providing them the incentive to move forward with innovative approaches towards tuberculosis elimination, versus maintaining the status quo in tuberculosis control.

A proposal was presented to ACET for establishing a tuberculosis epidemiologic studies (TBES) consortium that would seek to achieve a consensus-building mechanism that strikes the balance between recommended broad scientific and programmatic goals in tuberculosis public health practice and an empowering climate for creative and open intellectual discussion, within the guidelines of mutually agreed-upon peer review. Such a project could expand tuberculosis research programs by building local capacity to conduct and implementing protocol-driven epidemiologic, behavioral, economic, laboratory and operational research as well as promoting the regional collaboration in tuberculosis research and program services. Such purposes are consistent with the recently released IOM report calling for decisive actions to better understand the changing epidemiology of tuberculosis and to rebuild the public health infrastructure and to identify challenges and opportunities for tuberculosis elimination.

Thus was my last meeting as a CSTE representative, to ACET, as my four year term (which began in 1993) has long expired. I have greatly enjoyed my participation in ACET over the years, and hope that the Department of Health and Human Services will select another CSTE member to represent us on this important committee.

cc: James Hadler, M.D., State Epidemiologist, Connecticut Department of Health.