

# TB Times

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## Tom Privett joins L.A. TB Control

The TB Control Program would like to extend a warm welcome to Tom Privett, our new CDC Senior Public Health Advisor. Mr. Privett fills the position vacated by Graydon Sheperd who became the Director of the Florida State TB Program.

Mr. Privett is no stranger to Los Angeles, having worked for the TB Control Program from 1989 to 1990. Among his accomplishments here was the development of our Food and Housing Incentive Program. Since 1990, he has served as director of the Virginia State TB Program. Under Mr. Privett's leadership, Virginia implemented universal DOT for public and private patients, which contributed to improved therapy completion rates across the state.



## The Most Important Nutrient Forgotten????



Many times, as health professionals, we speak about eating the right foods, getting regular exercise and not smoking. Rarely do we speak of the nutrient that could cause death within days if not consumed - **WATER.**

Water is truly a remarkable nutrient that is essential to life. Water is necessary for all metabolic processes, helps to give structure and form to the body, and plays a vital role in temperature regulation. Normal daily water losses from the body occur through urination (1-1.5 L), through the skin by evaporation and perspiration (.5 - .7 L), through expired air during respiration (.25 - .3 L), and through the feces (.10 L).

Cont'd on Page 2

## Conferences

TB Conferences on the first Friday of the month are held in the Andrew Norman Hall of Orthopaedic Hospital, located at Adams Blvd. & Flower Street. The Physician Case Presentations on the third Friday of the month are held at the TB Control Program Office, Room 506A. Participants must sign-in to receive applicable CME credit. Late arrivals of 15 minutes for a 1 hour program or 30 minutes for a 2 hour program will not receive CME credit.

November 6, 1998

9:00-10:15a.m.

*"Congenital Tuberculosis"*

Marilyn Beattie, R.N., LPHN

10:30-11:30a.m.

TB Case Presentation/Discussion

Hanh Q. Lê, M.D.

November 20, 1998

Physician Case Presentations, Cancelled

December 4, 1998

9:00-10:15a.m.

*"Update on TB and HIV"*

Daniel Rodrigue, M.D.

*Queen Mary Symposium*



Harbor-UCLA

4th Annual

Tuberculosis and the  
Health Care Worker Symposium

November 6, 1998

For more information, please call 310-222-2413

## *The Most Important Nutrient Forgotten, cont'd*

Water makes up about 40 - 60% of the total body mass. Muscle protein is 72% water by weight; whereas, water represents 10 - 20% of body fat weight. When a person is under a great deal of immuno-stress, such as HIV or TB, the body chooses protein as the major source of energy rather than fat stores. Therefore, when a person loses weight rapidly, i.e. 3 - 4lbs. in 24 hrs., the weight loss can be assumed to be almost entirely that of water. For example, the average sized person without consuming calories (energy), loses about ½lb. of body weight daily when body fat is the primary source of energy. However, when body protein or muscle is the source of energy, weight loss is considerably greater because each gram of body protein lost is accompanied by a loss of 3 grams of tissue water. In such a situation, dehydration can occur very rapidly and can be very dangerous.

So how much is needed? About 2.5 liters (eleven, 8 oz. cups) of water are required each day for a fairly sedentary adult in a normal environment. Exercise, weather extremes, and illness greatly increase the need sometimes as high as 5 - 6 times the normal intake. This water can be supplied from three sources: liquids, foods, and during metabolism.

As simple as it may seem, water is not consumed as regularly as it should. So here are some tips to share with patients to increase their water consumption and prevent complications.

1. Try sucking on ice chips.
2. Try ice cold water with fresh lemon and orange slices.
3. Keep a bottle of water with you wherever you go, such as on the bus or in a car, to encourage drinking.
4. Some individuals complain they do not like water. If this is the case, suggest mixing 1/2 cup juice with 1/2 cup water to improve the flavor.
5. Hot water with lemon and sugar is great for a morning beverage.

No matter what form water is consumed - hot, cold, frozen - it is important to do it! Remember that water is one of the most critical earthly goods for the survival of all creatures. - *Molly Linek, M.P.H., R.D., Nutrition Program*

*Modern Nutrition in Health and Disease, 8th Ed. Shils, et. al. 1994.*  
*Understanding Normal and Clinical Nutrition, 4th Ed. Whitney, et. al. 1994.*

*Exercise Physiology: Energy, Nutrition and human Performance. McCardle, et. al. 1991.*

## *First Person with Tom Privett*

My name is Tom Privett the newly assigned Senior Public Health Advisor to the Los Angeles County Tuberculosis Control Program from the Centers for Disease Control and Prevention (CDC). By way of introduction, I began my public health career working for the Florida Department of Health and Rehabilitative Services as a street level Community Worker in the Palm Beach County Health Department. This experience provided the unique perspective that results from dealing with the patient population one on one on their turf. I developed a lasting appreciation for the health care providers that serve as the first line of defense against the spread of disease. Without them, it cannot work! I find it essential to periodically spend time in the field to determine what interventions the central office program should develop to assist in the resolution of case management issues. The case manager's ability to resolve these issues to the patient's satisfaction often results in the completion of therapy.

As manager of the Palm Beach County TB Control Program in 1988, the CDC recruited me to serve as a Public Health Advisor in the County of Los Angeles. This assignment gave me the opportunity to meet many dedicated local medical professionals and provided my first exposure to programmatic issues surrounding the control of disease in a major metropolitan area. I'm most proud of developing and piloting the Homeless Housing Program in the Central Health District. I was happy to find out upon my return that this program has not only continued, but expanded to other areas of the county and is currently supported substantially by local funding.

In October 1990, I was asked by the CDC to perform the duties of Public Health Advisor in the Commonwealth of Virginia. I assumed the directorship of the State TB Control Program with the retirement of the physician director in July of 1992. I served in this capacity until my recent return to Los Angeles. Although reporting one-fourth the annual morbidity of Los Angeles County, Virginia presented its own programmatic challenges. Medically under-served rural areas required strategies to resolve accessibility and provider competency issues. The diversity of the predominant patient population in the rural (elderly whites), inner city (young blacks) and metro-D.C. (foreign-born) areas  
*(cont'd on page 3)*

often resulted in interventions effective in one area being of little or no utility in another. This led to the perception of managing three distinct programs rather than one. The Governor's four-year term limit in Virginia inevitably resulted in changes in leadership at the Department of Health, restructuring and seemingly endless micro-management.

I come to this position with no personal agenda and no preconceived notions about the way things should be. My sole purpose for being in Los Angeles is assisting the TB Control Program to confront challenges, to create and take advantage of opportunities today and in the future. I will work towards this goal in any capacity the program deems necessary. Your input and experience are essential to prudent decisions resulting in increased efficiency and effectiveness of TB control efforts. None of us can make a difference alone, but united in a single purpose we can do great things!

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## *Case Reporting*

We are rapidly approaching the end of the year. In order for verified cases of tuberculosis to be counted in 1998, they must be reported by December 31, 1998. TB Control urges everyone to keep up with the proper paper work so that all cases for 1998 can be properly accounted for. If you have any questions about reporting, call TB Control at 213-744-6160.

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## *TB Extended Role Nurse Quarterly Inservice*

Steve Puentes, M.D., Assistant Medical Director, TB Control, will present an update entitled "Side Effects of First Line TB Drugs" to the ERNs at 10:30a.m. on November 6, 1998, at Orthopaedic Hospital, Andrew Norman Hall. Dr. Puentes plans to discuss management of these side effects and identify the indications for laboratory testing. Emphasis of the inservice will be on side effects of INH. All interested staff are welcome to attend.

## *Queen Mary Conference*

Harbor-UCLA Medical Center, in cooperation with the TB Control Program, will be presenting the Fourth Annual Tuberculosis and the Health Care Worker Symposium on Friday, November 6, 1998 at the Queen Mary in Long Beach.

Recent outbreaks of TB among health care workers underscore the need for effective infection control measures. This conference will focus on screening and prevention of TB in nursing homes and hospice settings, among HIV infected employees, and exposure to drug resistant TB. An overview of CDC guidelines for minimizing the risk of transmission to health care workers and strategies for developing an infection control plan will also be provided.

This conference is intended for health care providers who have responsibility for minimizing TB transmission, infection control staff, employee health, emergency department, nursing home, and hospice personnel, including physicians, nurses, and administrators.

The symposium will be held in the Royal Salon meeting room on board the ship. Registration begins at 7:45 am and the day will end at 4:15 pm. There will be an enrollment fee of \$125 which will include all course materials and a luncheon. For additional information or to register for the symposium, please call Dr. Gregory Mason at (310) 222 - 2413.

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## *Suggested Readings for TB Among the Foreign Born*

Lobato MN, Cummings K, Will D, Royce S. Tuberculosis in children and adolescents: California, 1985 to 1995. *Pediatr Infect Dis J* 1998;17:407-12.

Pablos-Mendez A, Raviglione M, Laszlo A, et al. Global surveillance for antituberculosis-drug resistance, 1994-1997. *NEJM* 1998;338:1641-49.

Bradford W, Koehler J, El-Hajj H, et al. Dissemination of *Mycobacterium tuberculosis* across the San Francisco Bay Area. *J Infect Dis* 1998;177:1104-07.

**Los Angeles County Department of Health Services  
Public Health Programs and Services  
Tuberculosis Control Program  
1997 Fact Sheet  
Tuberculosis in the Foreign Born**

In 1997, 19,855 cases of TB were reported in the United States. This represents a 7% decrease from 1996 (21,337 cases). Of these 19,855 cases, 7,702 (39%) were foreign born. These 7,702 cases represent essentially no change in the number of foreign-born cases nationally since 1996 (7,704). However, there has been a steady increase in foreign born-cases since the mid-1980s. Tuberculosis case rates among the foreign born are consistently four to five times higher than among U.S. born persons. <sup>1</sup>

In 1997, 4,059 cases of TB were reported in California. This represents a 6% decrease from 1996 (4,303 cases). Of these 4,059 cases, 2,815 (69%) were foreign born. These 2,815 cases represent a decrease < 1% in the number of foreign born cases since 1996 (2,843). Persons from Mexico, the Philippines, and Vietnam make up 66% (1,861) of the total foreign-born cases. <sup>2</sup>

In 1997, 1,347 cases of TB were reported in Los Angeles County. This represents a 2% decrease from 1996 (1,375 cases). Of these 1,347 cases, 963 (71%) were foreign-born. These 963 cases represent a 4% increase in the number of foreign born since 1996 (910). Cases were reported from 61 different foreign countries in 1997. Los Angeles County comprises 12% of the national foreign-born cases.

Of the 963 foreign born TB cases, 350 (36%) were from Mexico, 166 (17%) were from the Philippines, 107 (11%) were from Vietnam, 69 (7%) were from South Korea and 50 (5%) were from China.

More males with TB in the foreign-born population were reported than females. In 1997, 603 (63%) of the foreign-born cases were male and 360 (37%) were female.

The age group with the largest number of reported foreign-born TB cases was the 15-34 year old age group with 292 cases (30%), followed by the 65+ age group with 225 cases (23%) and the 35-44 age group with 171 cases (18%).

There were 37 (3%) homeless cases of TB among the foreign-born population reported in Los Angeles County in 1997. Twenty-eight of these cases were Hispanic from Mexico, Guatemala, and El Salvador. Of all homeless cases reported in 1997 (115 cases), 32% were foreign born.

In 1997, there were 58 (6%) confirmed cases of TB co-infected with HIV among the foreign born. Forty-four (79%) cases were Hispanic from Mexico, Guatemala, and El Salvador.

Seventy-eight percent (753) of foreign-born cases in 1997 were confirmed on the basis of a positive culture. This is comparable to the U.S. born population in which 73% of cases were confirmed on the basis of positive bacteriology.

C. Tuberculosis Morbidity- United States, 1997. MMWR 1998; 47: 253-257.

California Department of Health Services. Report on Tuberculosis in California, 1996. April 1997 (p. 14).  
California Department of Health Services. Report on Tuberculosis in California, 1997. April 1998 (p.14).

**Tuberculosis Cases by Health District  
Los Angeles County, September 1998 (Provisional Data)\***

| <b>Health District</b>  | <b>September<br/>1998</b> | <b>September<br/>1997</b> | <b>Year to Date<br/>1998</b> | <b>Year to Date<br/>1997</b> |
|-------------------------|---------------------------|---------------------------|------------------------------|------------------------------|
| <b>Alhambra</b>         | 5                         | 6                         | 62                           | 54                           |
| <b>Antelope Valley</b>  | 2                         | 0                         | 16                           | 13                           |
| <b>Bellflower</b>       | 8                         | 4                         | 28                           | 35                           |
| <b>Central</b>          | 10                        | 7                         | 98                           | 94                           |
| <b>Compton</b>          | 10                        | 1                         | 25                           | 23                           |
| <b>East Los Angeles</b> | 4                         | 3                         | 20                           | 21                           |
| <b>East Valley</b>      | 5                         | 4                         | 44                           | 33                           |
| <b>El Monte</b>         | 4                         | 13                        | 37                           | 61                           |
| <b>Foothill</b>         | 1                         | 1                         | 16                           | 12                           |
| <b>Glendale</b>         | 3                         | 3                         | 19                           | 27                           |
| <b>Harbor</b>           | 1                         | 1                         | 9                            | 10                           |
| <b>Hollywood</b>        | 8                         | 11                        | 78                           | 73                           |
| <b>Inglewood</b>        | 7                         | 3                         | 43                           | 38                           |
| <b>Northeast</b>        | 4                         | 7                         | 32                           | 44                           |
| <b>Pomona</b>           | 3                         | 7                         | 44                           | 29                           |
| <b>San Antonio</b>      | 9                         | 8                         | 35                           | 38                           |
| <b>San Fernando</b>     | 1                         | 4                         | 19                           | 13                           |
| <b>South</b>            | 7                         | 5                         | 31                           | 27                           |
| <b>Southeast</b>        | 7                         | 1                         | 24                           | 23                           |
| <b>Southwest</b>        | 5                         | 11                        | 46                           | 43                           |
| <b>Torrance</b>         | 3                         | 5                         | 31                           | 23                           |
| <b>West</b>             | 2                         | 8                         | 28                           | 35                           |
| <b>West Valley</b>      | 9                         | 7                         | 48                           | 46                           |
| <b>Whittier</b>         | 2                         | 4                         | 11                           | 15                           |
| <b>Unassigned</b>       | 1                         | 1                         | 6                            | 11                           |
| <b>TOTAL</b>            | 121                       | 125                       | 850                          | 841                          |

\*The overall yearly percent change from 1997 to 1998 is 1.1%.

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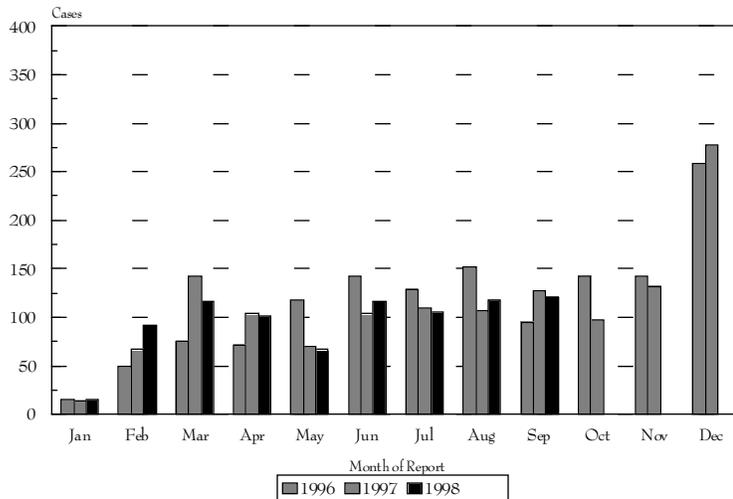
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## Los Angeles County Tuberculosis Control Tuberculosis Incidence By Month of Report, 1996-1998



## *TB Times*

County of Los Angeles

Department of Health Services

Tuberculosis Control Program

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Los Angeles, CA 90007

*Happy Halloween!!*



## October Topics of Interest...

- ⇒ Tom Privett Joins TB Control
- ⇒ The Most Important Nutrient Forgotten?
- ⇒ Case Reporting
- ⇒ TB Extended Role Nurse Quarterly Inservice
- ⇒ Queen Mary Health Care Worker Symposium