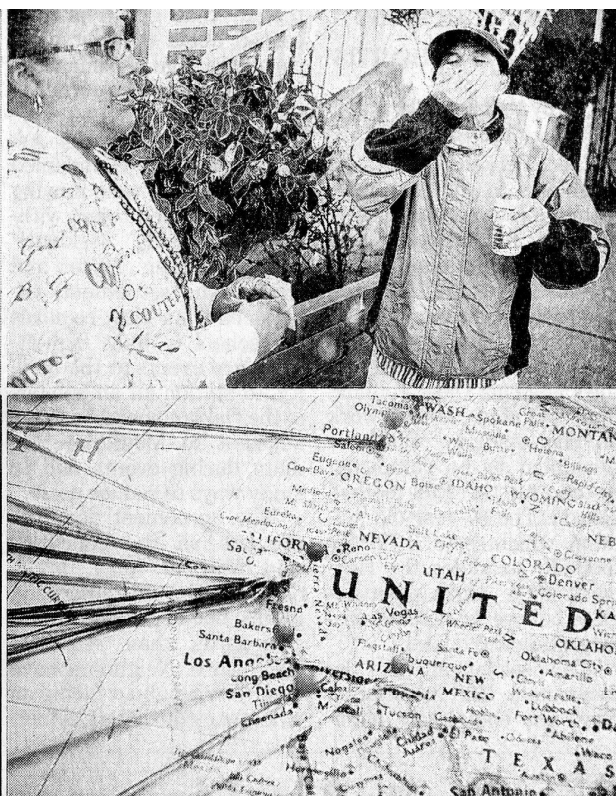
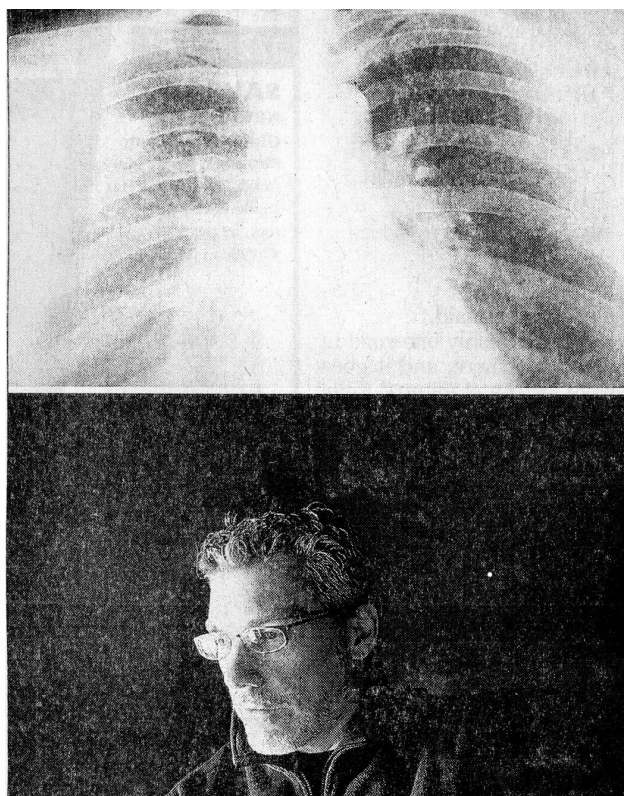


Readers' Forum



DAI SUGANO/MEDIA NEWS

Top left: An X-Ray of a patient who developed active tuberculosis. Top right: San Francisco General Hospital health worker Susan Beasley watches as Be Vo, a San Francisco resident and an immigrant from Vietnam, takes medication to treat his active TB in San Francisco. Bottom left: 44-year-old Silicon Valley tech executive Scott Halstead of San Francisco was under San Francisco General Hospital's treatment for his active TB. Five months before his wife was due to deliver their first child, Halstead learned he had TB. Bottom right: A map of the world is displayed at San Francisco General Hospital's TB Clinic.

DR. RICH RENNER | FROM THE COMMUNITY

Preventing quake threat to global health

WHEN THE Earth moves violently, we notice. In Haiti alone, hundreds of thousands died as a result of their recent dramatic earthquake. As a result, the world jumped into action. Meanwhile every day around the world, thousands of people develop active tuberculosis (TB) and thousands die from that disease.

In less than two months, more people die from TB than were killed in the Haiti earthquake. Perhaps it is a result of the lack of dramatic visibility the TB earthquake has.

Treatment for TB requires drugs to be taken daily for six to nine months. In the developing world, those drugs can be purchased to treat one person for just \$20. Because of inadequate treatment, drug-resistant varieties of tuberculosis have developed.

Tuberculosis is a disease that is spread through the

air. In the late '80s, there was an outbreak of Multiple Drug-Resistant Tuberculosis (MDR-TB) in New York City. While a very small number of people had the disease (fewer than 500 people), it cost \$1 billion to get that outbreak under control. Since then, an even more resistant TB has developed, Extensively Drug-Resistant TB (XDR-TB), and there have even been cases of a more drug-resistant TB, Extremely Drug-Resistant TB (XXDR-TB).

These latter two varieties are even more expensive to treat.

The World Health Organization has just released a new report that indicates that these drug-resistant varieties of tuberculosis are "a serious threat to global health, with rich and poor countries, all countries, at risk."

In the last year we have records for, 2008, an estimated 440,000 MDR-TB

cases emerged globally. It was estimated that 150,000 people died of MDR-TB, and that 1.8 million people overall died of some form of TB. However, it is estimated that only 7 percent of all MDR-TB patients are being diagnosed. And there is evidence that drug-resistant TB is spreading from person-to-person in nearly all of the 114 countries where it has been found.

This is despite there being no reliable data existing for 79 countries. Only 37 percent of the countries are capable of performing continuous surveillance of drug resistance based on routine testing. And 40 percent of the known MDR-TB patients are not having successful treatment outcomes.

For that year the Centers for Disease Control and Prevention report the greater Bay Area had 668 TB cases.

One-third of the world's population is estimated to be infected with TB. Most of those cases are currently

latent. But every year more than 9 million cases go active, more and more of them drug resistant. The U.S. Department of Homeland Security has even labeled XDR-TB as an "emerging threat to the homeland."

In the face of this overwhelming threat, the 2008 Congress authorized funds to fight TB. Unfortunately, they have not bothered to make sufficient money available from that authorization.

If the U.S. does not lead on this, no other country will feel pressure to appropriate sufficient funding. Everyone would lose.

While this may end up resulting in an earthquake that is eventually noticed, responding to it would be far more expensive, IF it is possible.

Let's get Congress to act, while there is still time!

Dr. Rich Renner is a resident of Bremerton, Wash.