

07-03

STATEMENT OF POLICY

Tuberculosis Prevention and Control

Policy

The National Association of County and City Health Officials (NACCHO) strongly supports increasing categorical federal, state, and local funding for the tuberculosis control activities of state and local health departments to achieve the elimination of tuberculosis in the United States.

Justification

Tuberculosis control efforts are labor intensive, requiring the recruitment, training, and retention of highly skilled health care workers. Tuberculosis remains a leading cause of preventable infectious disease deaths worldwide,^{1,2} and the increasing global emergence of multi-drug resistant tuberculosis and extensively drug resistant tuberculosis increase public health workload and pose public health challenges, particularly with the growing potential for importation and subsequent spread of these infections in our communities.³ Domestically, tuberculosis continues to disproportionately affect vulnerable populations, and requires strong public health infrastructure to maintain adequate prevention and control measures. In addition, underlying risk factors for tuberculosis such as diabetes and renal disease are rapidly on the rise and contribute to the threat of tuberculosis resurgence.

In the United States, tuberculosis elimination and strengthening domestic capacity to combat multi-drug resistant tuberculosis are national public health goals.² Success in achieving these goals is dependent upon core public health activities conducted by state and local health departments, including the identification and treatment of individuals infected with tuberculosis. Effective prevention and control efforts have been responsible for a marked and sustained decrease in the number of tuberculosis cases reported between the early 1990s and 2013.⁴ Past resurgences in tuberculosis cases have been directly attributed to decreases in funding for tuberculosis control and infrastructure, and have taken billions of dollars to correct.⁵ In 1968, for example, New York City spent \$40 million on tuberculosis control activities. By 1978, expenditures were reduced to \$18 million. Tuberculosis case rates began to rise in the 1980s, and it cost an estimated \$1 billion in the early 1990s to regain control of tuberculosis.

Improving domestic capacity to implement tuberculosis prevention and control activities is critical to keep pace with continually evolving standards of patient care. Ongoing research into novel interventions and treatments is producing important new effective options, such as short-course treatment regimens for latent tuberculosis infections. Effective implementation of these innovations requires increasing the resources and public health workforce to expand testing of high-risk persons and adequately initiate and monitor treatment.



Strengthening local capacity to implement tuberculosis prevention and control activities is necessary to ensure that future research developments have a meaningful impact on our communities. Increasing tuberculosis control and treatment funding and providing incentives to state and local health departments to use new, innovative control and treatment modalities will ensure continued progress combatting tuberculosis cases in the U.S. Increased funding of tuberculosis control programs at the state and local level is essential to protect communities from a disease that is largely treatable and preventable.

References

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Record of Action

Proposed by NACCHO Infectious Disease Prevention and Control Workgroup

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