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State of New Mexico
County of Otero

Directive 2006-03
MANDATORY TURBERCULOSIS TESTING FOR
OTERO COUNTY EMPLOYEES

SECTION I: PURPOSE AND SCOPE

Otero County values the safety and health of our employees as well as others that they may come into contact with in their normal duties. As a result, pre-employment physicals, drug screening, immediate response to job related injuries and illness, and proper safety measures are necessary to identify hazards in the workplace and ensure that the Otero County Safety and Health Program are in place to minimize risk, one of these risks is tuberculosis.

The purpose of this directive is to set Otero County Standards to reduce the risks of exposure to tuberculosis (TB) by implementing mandatory testing during the pre-employment physical assessment to monitor the employees and to protect those who may be exposed to risk.

SECTION II: PROCEDURE

The Personnel Coordinator will schedule the initial appointment for new employee's pre-employment physical which will include administering TB testing. Results of the physical and reading of the TB test will be submitted to the Personnel Coordinator. Successful passage of the physical assessment and/or TB screening is required prior to processing in as a county employee. All offers of employment are contingent upon satisfactory completion of the TB health screening.

In addition, annual tuberculosis (TB) screening is required for jobs that are classified as "at risk", please see the Personnel Coordinator for a list of those identified as "at risk". Employees will be notified of the availability of the TB screening, and it will be the employee's responsibility to be tested and submit documentation to the Personnel Office. Supervisors are required to monitor and coordinate with the Personnel Coordinator timely TB screenings, and to verify that the annual TB screening/update has been completed and is retained on file in the Personnel Office.

Martin D. Moore, Ph.D.
Otero County Administrator

ADOPTED THIS 23 DAY OF AUGUST, 2006

World Health Organization

2006 TUBERCULOSIS FACTS

- HIV/AIDS, TB and malaria kill 6 million people every year; nearly **2 million** deaths are caused by TB.
- TB is curable but kills **5000** people every day.
- TB is a disease of poverty; virtually all TB deaths are in the developing world, affecting mostly young adults in their most productive years.
- TB especially affects the **most vulnerable** such as the poorest and malnourished.
- TB is a leading killer among HIV-infected people with weakened immune systems; a quarter of a million TB deaths are **HIV-associated**, most of them being in Africa.
- Global TB incidence is **still growing** at 1% a year because of the rapid increase in Africa; intense control efforts are helping incidence fall or stabilize in other regions.
- **2 billion people**, equal to one-third of the world's total population, are infected with TB bacilli, the microbes that cause TB.
- **1 in 10 people** infected with TB bacilli will become sick with active TB in their lifetime; people with HIV are at a much greater risk.
- TB is contagious and **spreads through the air**; if not treated, each person with active TB infects on average 10 to 15 people every year.
- TB is a **worldwide pandemic**; though the highest rates per capita are in Africa (29% of all TB cases), half of all new cases are in 6 Asian countries (Bangladesh, China, India, Indonesia, Pakistan, the Philippines).
- Almost **9 million new TB cases** occurred in 2004 and 80% of them in 22 countries.
- **Multidrug-resistant TB** (MDR-TB) is a form of TB that does not respond to the standard drug treatment. MDR-TB is present in virtually all 109 countries recently surveyed by WHO and partners.
- **450 000** new MDR-TB cases are estimated to occur every year. The highest rates of MDR-TB are in countries of the former Soviet Union and China.

THE TB TARGETS

- **2015**
  Millennium Development Goals target to have halted and begun to reverse incidence; and associated Stop TB Partnership target of halving prevalence and deaths by 2015 in comparison to 1990.
- **2005**
  World Health Assembly targets to detect at least 70% of sputum smear-positive i.e. infectious TB cases (latest data for 2004: 53%) and treat successfully 85% of detected cases (2003: 82%).

THE NEW STOP TB STRATEGY

- Pursue high-quality DOTS expansion and enhancement
- Address TB/HIV, MDR-TB and other challenges
- Contribute to health system strengthening
- Engage all care providers
- Empower people with TB and communities
- Enable and promote research

Stop TB Partnership

World Health Organization

2006 TUBERCULOSIS THE RESPONSE

The Global Plan to STOP TB 2006–2015 will:

- Achieve the Millennium Development Goal to have halted and begun to reverse the incidence of TB by 2015
- Expand access to high-quality TB diagnosis and treatment for all
- Save an additional 14 million lives
- Treat 50 million people for TB
- Put 3 million TB patients coinfected with HIV onto antiretrovirals
- Treat 800 000 people for MDR-TB
- Produce the first new anti-TB drug in 40 years by 2010
- Develop a new vaccine by 2015
- Provide rapid and inexpensive diagnostic tests at the point of care

- WHO's new **Stop TB Strategy** (see previous page) aims to reach all patients, intensify TB control and ensure the MDG target for 2015 is met. The new strategy is built around the achievements of DOTS, and addresses all new challenges to successful TB control.

- **DOTS** has 5 elements: (i) political commitment with increased and sustained financing; (ii) case detection through quality-assured bacteriology; (iii) standardized treatment with supervision and patient support; (iv) an effective drug supply and management system; (v) monitoring and evaluation system, and impact measurement.

- 183 countries have adopted DOTS, although nearly one-fifth of the world's population still has **no access to DOTS** services.

- More than **22 million TB patients** have been treated under DOTS since 1995.

- The **WHO Stop TB Department** together with WHO regional and country offices: develops policies, strategies and standards; supports the efforts of WHO Member States; measures progress towards TB targets and assesses national programme performance, financing and impact; and facilitates partnerships, advocacy and communication.

- The **Stop TB Partnership** whose secretariat is housed by WHO, is a network of 500 stakeholders; it has a Coordinating Board and 7 working groups: Advocacy, Communication and Social Mobilization; DOTS Expansion; DOTS-Plus for MDR-TB; TB/HIV; New Drugs; New Diagnostics; New Vaccines.

- Full funding of the **Global Plan to Stop TB 2006–2015** over the next 10 years will cost US$ 56 billion, and represents a three-fold increase in investment. The estimated funding gap is US$ 31 billion.

- The **Global Drug Facility**, run by the Stop TB Partnership, is expanding access to drugs for DOTS scale up; in just 5 years it has committed over 7 million TB treatments.

- Projects managing MDR-TB can apply through the **Green Light Committee** for access to quality-assured MDR-TB drugs at reduced prices – in some cases by more than 90%. The Committee is operated by WHO and the Stop TB Partnership.

- In 2005, 46 African Health Ministers declared TB a regional **emergency in Africa**; the Regional Director for WHO's European Region also warned of a TB **emergency in Europe**.

- **G8 world leaders** are committed to fighting TB. In their 2005 Africa communiqué they pledged to help meet the needs identified by the Stop TB Partnership; meet the financing needs of the Global Fund to Fight AIDS, TB and Malaria; and encourage the development of new drugs and vaccines.

- The Stop TB Partnership's **Blueprint for TB Control in Africa 2006–2007** outlined resources and activities required for the region.

- In 2006, **International Standards for TB Care** developed by leading health experts were issued. The International Standards describe a widely accepted level of care that all practitioners should seek in managing patients who have, or are suspected of having, tuberculosis.

- The **Patients' Charter for TB Care**, also issued in 2006, was created by the TB patient and activist communities. The Charter outlines the rights and responsibilities of people with TB.

 WHO/HTM/STB/factsheet/2006.1

Stop TB Partnership