qrulepubliccomments

From: L. A. Stolarczyk [las51021@hotmail.com]
Sent: Thursday, December 15, 2005 10:28 PM
To: qrulepubliccomments
Subject: Older epidemics reoccurances, without proper quarantine measures

What about the examination of older epidemics reoccuring? Shouldn't they be taken into account? There is such a thing as a TB Test, positive or negative. The british appear to have great experience with such epidemics on the small isle, not only that but they have indicated "hoof in mouth", also. Could "hoof in mouth" be a variation that attacks animals, although animals are supposed to have certain immunities people do not.

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Update on the Treatment of Tuberculosis and Latent Tuberculosis Infection

Henry M. Blumberg, MD; Michael K. Leonard, Jr, MD; Robert M. Jasmer, MD

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Tuberculosis (TB) has emerged as a global public health epidemic. Despite decreasing numbers of cases in the United States since 1992, TB remains a serious public health problem among certain patient populations and is highly prevalent in many urban areas. The responsibility for prescribing an appropriate drug regimen and ensuring that treatment is completed is assigned to the public health program or the clinician not to the patient. The initial prescribed regimen for the treatment of TB usually consists of 4 drugs: isoniazid, rifampin, pyrazinamide, and ethambutol. The minimum length for the treatment of drug-susceptible TB with a rifampin-based regimen is 6 to 9 months. Providing medications directly to the patient and watching him/her swallow the anti-TB drugs, which is termed *directly observed therapy*, is recommended for all patients diagnosed with TB and can help ensure higher completion rates, prevent the emergence of drug resistant TB, and enhance TB control. There has been renewed interest in the treatment of those with latent TB infection as a TB-control strategy in the United States for eliminating the large reservoir of individuals at risk for progression to TB. The 2 broad categories of persons who should be tested for latent TB infection are those who are likely to have been recently infected (such as contacts to infectious TB cases) and persons who are at increased risk of progression to TB disease following infection with *Mycobacterium* ***tuberculosis*** (eg, human immunodeficiency virus infection and selected medical conditions; recent immigrants to the United States from high TB-burden countries). The preferred regimen for the treatment of latent TB infection is 9 months of isoniazid. There is now renewed interest in and great need for the development of new drugs to treat TB and latent TB infection.

http://users.ox.ac.uk/~peter/workhouse/MAB/MAB.shtml

Tuberculosis (TB) or 'consumption' was a common and, if left untreated, potentially fatal infectious disease in Victorian England. Its nature was not fully understood until the identification of the tubercle bacillus in 1882. Although it was particularly prevalent among the poor, for many years the MAB made

no particular provision for its treatment, other than the care of sick children, many of whom were consumptive. A specially convened conference of parochial authorities in 1900 petitioned the MAB to provide sanatoriums for the 'open-air' treatment of the condition. The Local Government Board, who needed to approve such a step, were reluctant to sanction the heavy outlay that would be involved. Change came in 1911 with Lloyd George's National Insurance Act, which included a number of TB-related provisions: 'sanatorium benefit' for workers, the building of tuberculosis institutions, and the funding of research into the disease. Despite some confusion and administrative wrangling between the MAB, the Local Government Board, and the London County Council, the MAB finally took on responsibility for providing TB care facilities for the metropolis.

Initially five hundred beds were provided at the Downs Sanatorium at Sutton, and the Northern Hospital at Winchmore Hill. The St George's Home in Chelsea, a 50-bed facility for advanced TB cases in women, was opened in May, 1914. Further developments were interrupted by the First World War. In 1919, the MAB took over the 80-bed Pinewood Sanatorium at Wokingham which had originally been set up by voluntary effort in 1898. Another acquisition in the same year was the Westminster Union's infirmary at Hendon. This was reopened as the Colindale Hospital in January, 1920, and was later extended to house around 350 patients.