



**COUNTY OF SAN MATEO**  
Inter-Departmental Correspondence  
Health System



**Date:** July 13, 2012  
**Board Meeting Date:** August 14, 2012  
**Special Notice / Hearing:** None  
**Vote Required:** Majority

**To:** Honorable Board of Supervisors

**From:** Jean S. Fraser, Chief, Health System  
John Conley, Director, Public Health

**Subject:** Acceptance of Award from the California Department of Public Health  
Tuberculosis Control Branch for the San Mateo County Tuberculosis  
Prevention and Control Program

**RECOMMENDATION:**

Adopt a Resolution authorizing the acceptance of an award from the California Department of Public Health, Tuberculosis Control Branch for tuberculosis prevention and control activities for the term of July 1, 2012 through June 30, 2013, in an amount not to exceed \$309,224

**BACKGROUND:**

In 2011 the local Tuberculosis (TB) rate in San Mateo County was 8.0 per 100,000, which is higher than the California rate of 6.0 per 100,000, and greater than the national rate of 3.6 per 100,000. Other Bay Area counties also have rates higher than the state and national rates. This is primarily attributable to high immigration rates from TB-endemic countries and large immigrant communities within the County. The high TB rates are also attributable to increased transmission among homeless populations, increased transmission in congregate settings such as prisons and jails, and a general reduction in the national public health infrastructure supporting TB control activities.

San Mateo County's TB program staff provides prevention and control measures including case management, contact investigation, and directly-observed therapy. TB cases and their contacts are typically followed for six to twelve months and sometimes longer.

**DISCUSSION:**

The California Department of Public Health (CDPH) provides funding for TB control activities including the investigation of potential cases and administration of the directly-observed therapy program. One of the major concerns with TB cases is the rise in multi-drug resistant (MDR) strains of the disease. This can occur when treatment is started but not completed. All pulmonary TB cases receive directly observed therapy

(DOT), with staff observing patients taking their TB medication daily or biweekly. Other types of TB cases such as children and homeless persons also receive DOT. If patients are noncompliant with their treatment, the Health Officer has the authority to detain patients in facilities to ensure treatment compliance and to protect the health of the community.

Many patients diagnosed with TB may also have other challenges, such as unstable housing, inadequate nutrition, substance abuse, lack of resources, etc. which can interfere with treatment. The State recognizes these obstacles and provides incentive and enabler funds to assist with such needs. Funds may be used to enhance adherence to treatment protocols, prevent homelessness, and allow the use of less restrictive alternatives that decrease or prevent the need for detention. Examples of incentives include vouchers for transportation, food and limited rent assistance.

The TB Program operates in compliance with both the requirements of the CDPH Policies and Procedures Manual as well as conditions stipulated by the State TB Control Branch.

The work required by the terms of the Agreement has been undertaken by the Health System on written assurance and direction of CDPH.

The acceptance of award and Resolution have been reviewed and approved by County Counsel as to form.

The Acceptance of the Award contributes to the Shared Vision 2025 outcome of a Healthy Community by providing funds to identify and case manage patients with TB to prevent spread of the disease. It is anticipated that approximately 61 active TB cases will be case managed by the TB Control Program, with exposed contacts investigated and managed accordingly.

**PERFORMANCE MEASURE(S):**

Measure	FY 2011-12 Actual	FY 2012-13 Projected
Number of active TB cases that will be case managed by the TB Control Program, with exposed contacts investigated and managed accordingly.*	61	61

\*This includes five multi-drug resistant TB cases that require extensive follow-up significantly greater than that required for normal case management.

**FISCAL IMPACT:**

The term of the Award is July 1, 2012 through June 30, 2013. The total amount is \$309,224. The Base Award is \$290,089 and \$19,135 is for food and shelter incentives. The revenue and expenditures associated with this Award are included in the Public Health FY 2012-13 Recommended Budget. There are no required matching funds included in this award, resulting in no Net County Cost.