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Join fight against tuberculosis, here and abroad

watching, tuberculosis—one of world's oldest and deadliest infectious diseases—has made a steady global comeback. On this World Tuberculosis Day, one-third of the world is infected; 15 million in the United States. Florida has among the country's top five state—case—

loads of TB, with disease concentrations in large cities such as Miami and St. Petersburg.

MARIA C. Freire and Nils Daulaire

Even though TB preys on the poor and those with weak immune systems, everyone is at risk: This airborne disease knows no boundaries or race. New York and London have had TB outbreaks in the last decade. Last fall, Seattle Mariners shortstop Carlos Guillén was diagnosed with active TB. Last month, several Mariners coaches and teammates tested positive for the latent form of

TB. Also, a quarter of Florida's TB cases are in Miami. To win this public-health battle, we must draw on global lessons.

Like America today, Russia had no traditional problem with TB. A decade ago, TB was only a statistical blip, but now Russia is among the top 10 TB-infected nations — thanks to poor TB control, rise of the HIV epidemic in Eastern Europe and the explosive spread of drug-resistant strains. These three aspects are relevant here.

While Americans now are vigilant on the HIV front, it's time to devote more attention to its TB connection. HIV interacts with TB in a deadly onetwo punch. HIV destroys the immune system, making it 50 times more likely to get active, transmissible TB, which accelerates the progression of AIDS. Today, TB is the No. 1 killer of AIDS patients, and 12 million are co-infected worldwide. In Florida, nearly half the TB patients are either HIV-positive or not aware of their status.

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Deadly multi-drug-resistant TB, which has had outbreaks in Florida, practically defies treatment. Requiring at least two years of daily medication but no guaranteed recovery, it is a by-product of incomplete treatment and old drugs.

When TB patients start feeling better after the first two months of the required ninemonth daily regimen, they often cut short the cumbersome four-drug combination, causing the disease to mutate. The resulting drug-resistant strains have perfected a teflonlike shield because no new, stronger medicine has been developed in 30 years.

Improved, faster-acting TB drugs significantly would improve TB control. But drug development for TB stood still for decades, and while there are new mechanisms, it can't happen in a vacuum. Your involvement can make a difference.

• Get informed and take action. We must keep having productive discussions about the local benefits of consistent U.S. support for the global infectious-disease battle. When polled, most Americans are willing to give many times more to foreign aid than is typically budgeted. Yet the proposed 2003 budget actually cuts one-third of the U.S. funds for global TB and malaria programs. About a dime a day from each resident dramatically would improve the global fight against diseases such as TB.

Make smart investments. Funding the search for new, faster-acting TB medicines sees

returns at home, too. While TB drug development is a major financial undertaking, we now have innovative solutions that combine the best of the public and private sectors.

The Global Alliance for TB Drug Development is building cost-effective partnerships to develop better and affordable TB drugs for far less than it would take a pharmaceutical company. The shorter TB treatment will translate into 65 percent savings in care expenses for TB. In the United States, treatment can cost \$25,000 for a regular TB case or \$250,000 for a drug-resistant one.

Because TB anywhere is TB everywhere, we must do better and invest smarter to stop this comeback disease. Whether it's St. Petersburg, Florida or Russia — our health is at stake.

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