

(from Danuta Kielkowski).

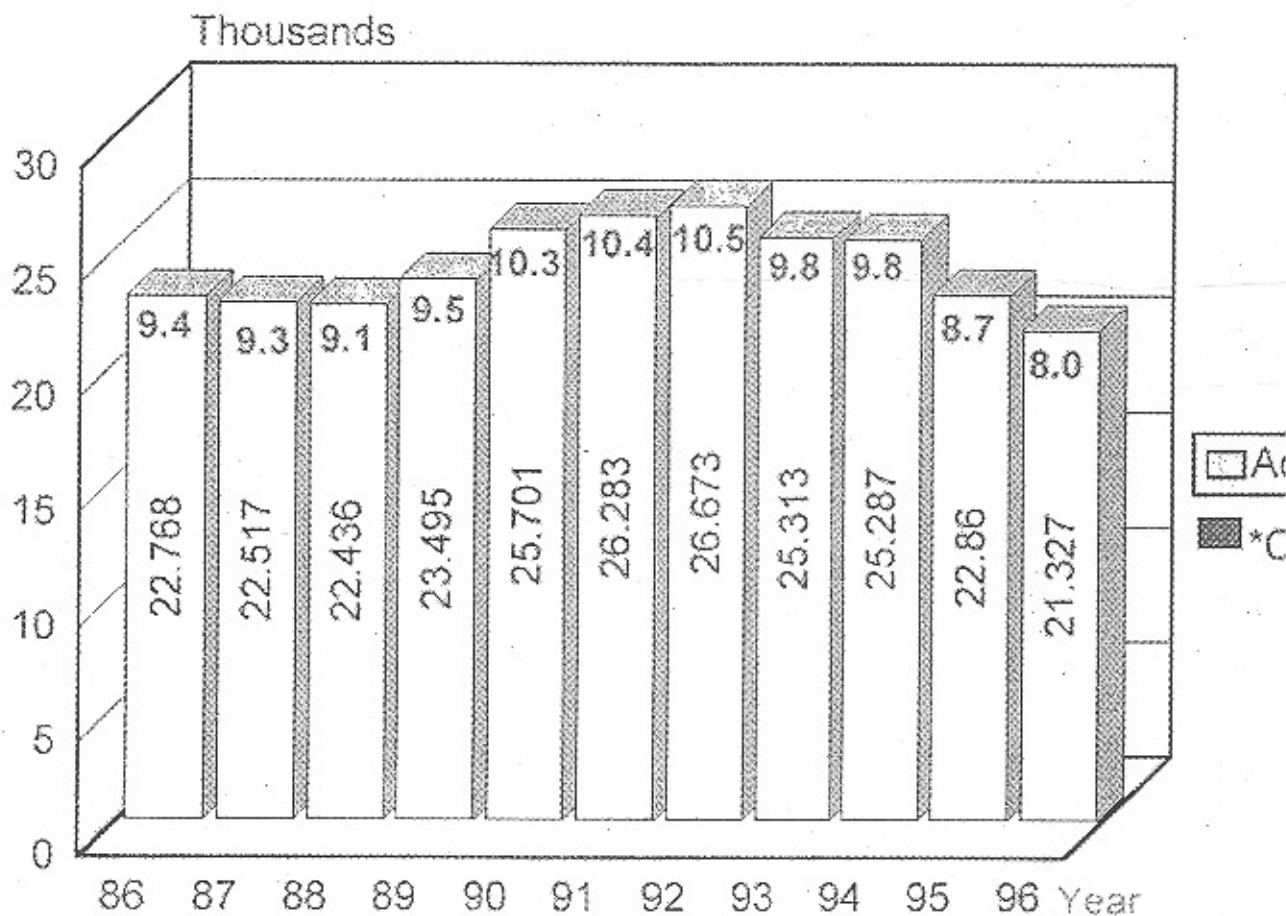
Disease Index

Health & Senior Services

NJ InTouch

The USA response to the AIDS epidemic
 Communicable Disease Service
 Tuberculosis Control Program

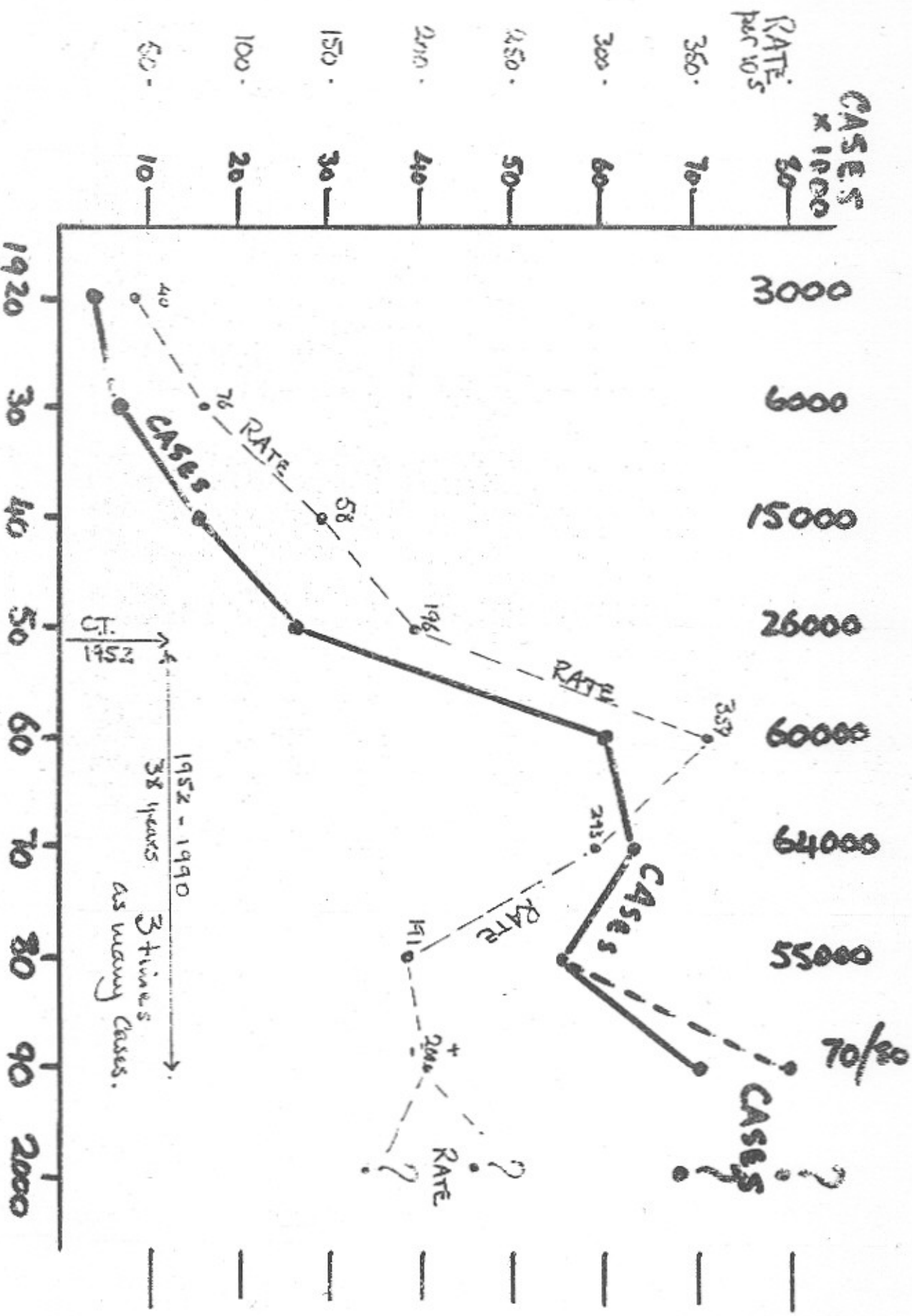
Active Tuberculosis Cases/*Case Rates
 United States 1989 - 1996



Per 100,000 population

	2000	2001	2002	2003
USA CASES	16,362	15,980		
RATE	5.7	5.3	5.2	5.1

South Africa has close to 1/4 million new cases of Tb. per year - the Tb. incidence in RSA is 100 times that of the USA.

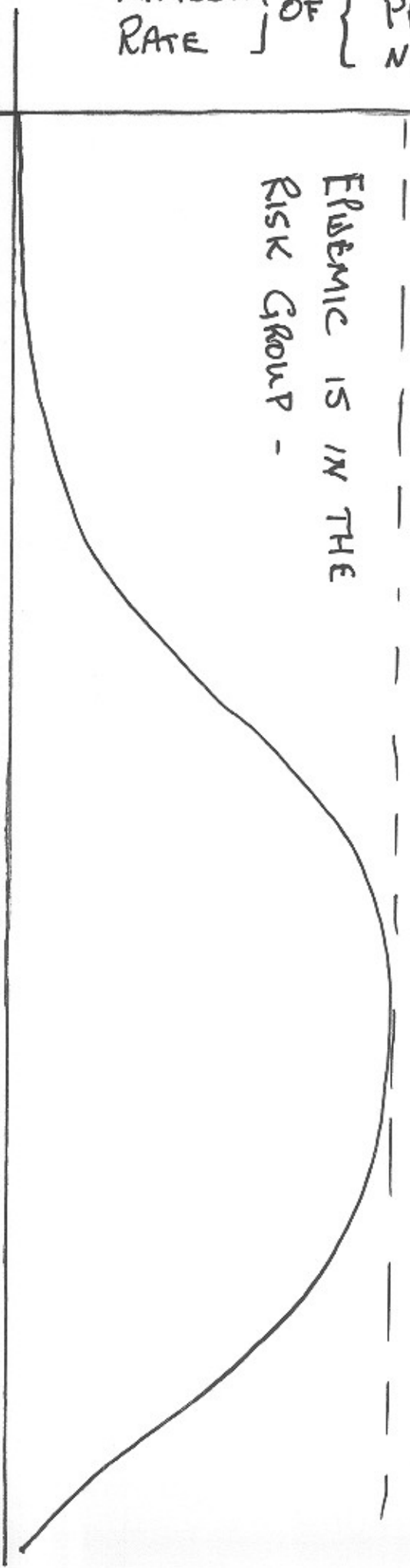


NUMBER } OF { INCIDENT CASES
RATE } OF { PREVALENCE
NEW INFECTIONS e.g. tuberculosis.

LIMIT TO SPREAD
DEPENDS ON THE
SIZE OF THE NON-
RISK GROUP.

EPIDEMIC IS IN THE
RISK GROUP -

TIME



NON-RISK

RISK

The non-risk group is usually very large -

- plague / smallpox: immune survivors, non-fatal cases
- measles: all above age five + immunes from past years.
- TB: BCG or naturally acquired relative immunity.
- etc.

The risk group is usually relatively much smaller

- in the case of TB. the large number of silica exposed individuals may have been the reason for failure to control TB in RSA or miners. (BCG failure also)
- in the case of HIV we have little / no evidence as to the size of the risk group.

POTENTIAL
EXPECTATION

SOCIAL
BREAKDOWN

END GAME

Fig. 4

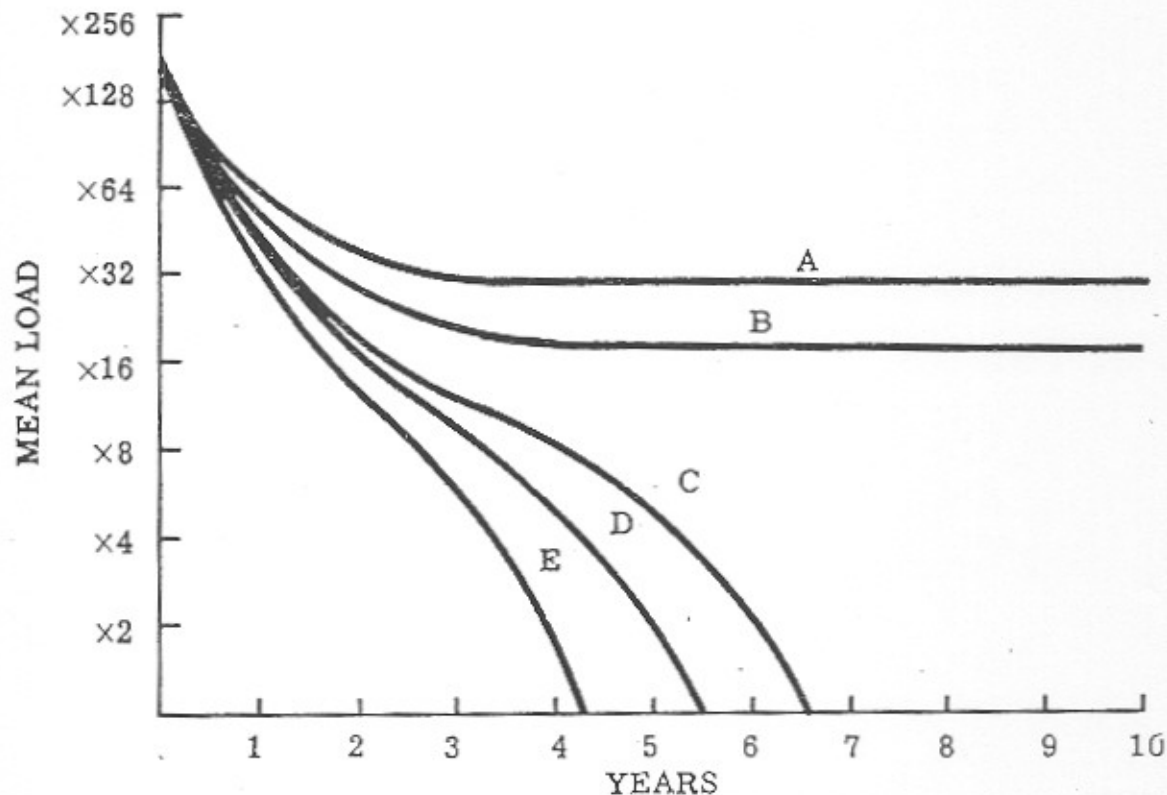


FIG. 4. The break point. The "standard" has been modified in A by reduction of the longevity of the worm through treatment to $1/5$ th. To this has been added decrease of exposure, or of snails, to give a total reduction of transmission factors to $1/8.75$ in B, $1/10$ in C, $1/11.25$ in D and $1/15$ in E. No significance is attached to the actual numerical values of these reductions, but great significance is attached to the slight relative difference between B and C and the consequences of this small difference.