U.S. TB Cases Up 1.7 Percent, Pa. Cases Down 3.8 Percent in 2015

On World TB Day (March 24), the Centers for Disease Control and Prevention (CDC) reported that the number of U.S. tuberculosis (TB) cases increased compared to the prior year for the first time since 1992. There were 9,563 U.S. cases of tuberculosis (TB) reported in 2015, an increase of 157 cases or 1.7 percent compared to 2014. Despite the modest increase in cases, the overall incidence — or case rate — remained level at approximately 3.0 cases per 100,000 persons (2.98 vs. 2.95). Pennsylvania reported 200 TB cases in 2015, down 8 cases (3.8 percent) compared to 2014, and was one of twenty-one states that reported fewer TB cases in 2015. The Pa. case rate per 100,000 persons declined from 1.63 in 2014 to 1.56 in 2015.

Consistent with the trend in recent years, two-thirds of the U.S. TB cases occurred among persons born outside the U.S. Encouragingly, the case rate among the foreign-born declined by 2.3 percent to 15.1 cases per 100,000 persons — continuing a favorable downward trend that began in 2012. While minority populations continue to disproportionately bear the burden of TB dis-ease, there has been one success story — the TB incidence rate among U.S. born non-Hispanic blacks has declined in each of the past four years, from 4.0 per 100,000 persons in 2012 to 3.3 per 100,000 persons in 2015.

Ending TB

Renewing progress in the fight against TB requires not only sustained attention to the prompt diagnosis and treatment of active cases but also increased focus on the diagnosis and treatment of individuals with latent TB infection (LTBI).

It’s estimated that 13 million people in the U.S. today have LTBI and up to 10 per-cent will develop active TB disease. CDC recommends that efforts to diagnose LTBI be focused on populations at highest risk of infection, including 1) persons who have immigrated from or traveled to countries and regions with high rates of TB and 2) persons with suppressed immune systems due to medical conditions such as HIV infection or the effects of immunosuppressive medications such as TNFa inhibitors.

After a diagnosis of LTBI, it’s equally important to encourage infected persons to begin and complete treatment. To improve completion rates, newer, shorter regimens of LTBI treatment should be considered for appropriate patient types.

By continuing to quickly identify and treat persons with active TB and paying in-creased attention to the diagnosis and treatment of persons with LTBI, we can progress towards the goal of eliminating TB in the U.S.