

## ELIMINATING TB REQUIRES A COMPREHENSIVE APPROACH

CDC is committed to fighting TB whenever & wherever it occurs through:



Vigilant Surveillance



Better Diagnostics & Treatments



Testing & Treatment of Populations at Risk for TB



Engaging Affected Communities and Medical Providers

### Decades of Progress Towards Eliminating TB Threatened by COVID-19

In late October 2021, the Centers for Disease Control and Prevention (CDC) issued the 2020 edition of [Reported Tuberculosis in the United States](#). In the executive summary of the report, the authors noted that due to “dedicated efforts to detect, treat, and prevent TB disease in the United States, case counts and incidence rates have steadily decreased since 1992”. In 2020, however, U.S. TB case counts and incidence rates dropped by 19.4% and 19.7%, respectively. After months of in-depth analysis, the CDC cannot quantify exactly how much of the dramatic decreases seen in 2020 were due to the COVID-19 pandemic or a true decline in TB incidence – but it is widely acknowledged that TB cases were likely missed or misdiagnosed in 2020.

As we begin 2022, public health personnel face two more challenges – another surge in COVID cases, this time due to the emergence of the omicron variant, and the resettlement of refugees from Afghanistan. The refugees have undergone medical screening for TB and other communicable diseases while temporarily housed at U.S. safe havens, but some will require TB evaluation and follow-up when they arrive in local jurisdictions.

Despite these challenges, it’s important to continue providing core TB services. In situations where human resources are limited, some prioritization of services may be necessary:

- Individuals with a positive TB blood test or tuberculin skin test who are at increased risk of progression to TB should be prioritized for evaluation. Groups at increased risk include young children – especially those less than two years of age; recent contacts of patients with infectious TB; and individuals with a weakened immune system due to certain medical conditions (e.g., diabetes, untreated HIV infection) or medications (e.g., steroids or TNF $\alpha$  antagonists).
- Patients diagnosed with latent TB infection (LTBI) who are at increased risk of progression to TB should be prioritized for LTBI treatment.

Consistent with state, county, or municipal guidance, video or electronic directly observed therapy should be used as appropriate, ensuring patient safety and that patient confidentiality is protected. The state TB program continues to explore other mobile apps for use in situations where the patient cannot use Microsoft Teams.

In addition, guidance issued by the CDC in March 2021 remains equally relevant today:

- Health care providers are encouraged to:
  - Include TB in their differential diagnosis for patients with common signs and symptoms of TB - especially if they test negative for COVID-19 or have a risk factor for TB; and

- Consider ordering rapid TB diagnostic tests to quickly identify patients with TB disease.
- Patients are advised to seek medical care immediately if they:
  - Have signs and symptoms of TB, or
  - Have respiratory symptoms that persist or return after treatment.

As long as COVID remains a persistent threat, it will continue to be exceptionally challenging to detect all cases of TB – but it remains vitally important to prevent ongoing transmission of TB by promptly diagnosing and treating infectious TB disease.

Clinicians with questions about a presumed or confirmed case of TB may contact the TB Program to speak with one of our medical consultants – Dr. Edward Zuroweste or Dr. George McSherry. Medical consultations are also provided at no charge by the Global TB Institute at 1-800-4TB-DOCS (1-800-482-3627).