

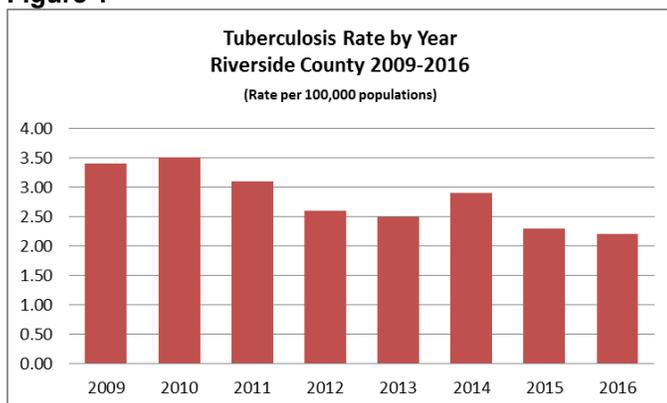
WORLD TB DAY - MARCH 24, 2017

“UNITE TO END TB”

“Unite to End TB” is this year’s World TB Day theme. Tuberculosis (TB) is a disease that requires a global approach while implementing effective strategies at the local level.

According to the Centers for Disease Control and Prevention, TB infects one third of the world’s population. It is estimated that 2.3 million Californians are infected with TB. The California Department of Public Health indicated that 2,073 active cases were identified in the State in 2016 compared to 2,131 for 2015, a reduction of only 58 cases. In Riverside County the number of cases per year has ranged from 75 to 51 cases. Riverside County’s case rate of 2.2 exceeds the year 2020 national objective of 1.0 case per 100,000 populations. See rates in Figure 1.

Figure 1

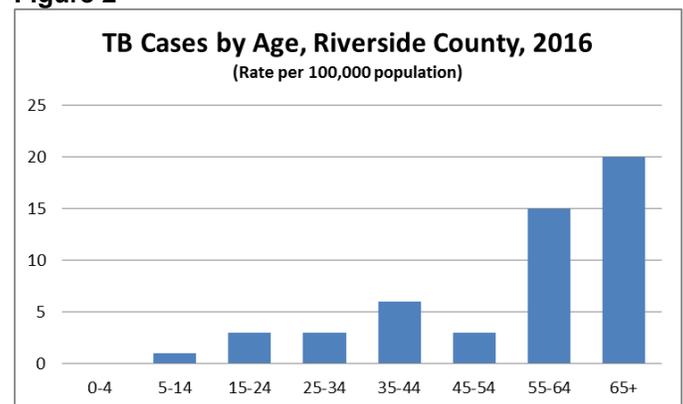


Profile of TB Cases

A review of the demographic characteristics of reported cases for 2016 indicates that 69% of the individuals were 55 years or older. One case occurred in a child in the 5-14 year age group,

resulting in a TB exposure in a school. The age distribution is depicted in Figure 2.

Figure 2



Seventy-five (75) percent of reported cases were foreign born. The majority of cases were from Mexico, United States and Philippines with 16, 13 and 9 cases respectively.

Although the majority of TB cases occurred in Western Riverside County, cases are distributed throughout the County. The geographic distribution is reflected in Table 1.

Table 1: N= 51

Geographic Area	Cases Reported
West	28
Mid-County	4
South	8
East	11

Important TB Control Strategies

A key strategy to move toward the control of tuberculosis is the early identification and appropriate treatment of individuals with active disease. The core regimen for pan-sensitive TB consists of INH, rifampin, PZA and ethambutol.

Patients with multiple-drug resistant TB require treatment for 18-24 months with appropriate medications based on the drug susceptibility studies. All patients on treatment for TB are assessed for risk for non-adherence by a Public Health Nurse. At risk patients are enrolled in the Public Health Directly Observed Therapy (DOT) Program. PHN case managers play an important role ensuring patients complete treatment.

US Preventive Services Task Force Recommends Screening for Latent TB Infection

The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force makes evidence-based recommendations with the stated objective to improve the health of all Americans.

The USPSTF guidelines are referenced by clinicians, patients, and payers to make informed decisions about preventive services. New or updated recommendations issued by the USPSTF are typically covered by private health plans without cost-sharing beginning in the plan year that begins on or after exactly one year from the latest issue date.

The USPSTF recently published a new B-grade recommendation to test for latent tuberculosis infection (LTBI) in populations that are at increased risk. Those at increased risk include people born in countries with elevated rates of TB, and persons in congregate settings such as those in homeless and correctional facilities. The B grade indicates high certainty that the net benefit is moderate to substantial. This recommendation applies to asymptomatic adults age 18 years and older who are at increased risk for tuberculosis. It does not apply to adults with symptoms of TB or children or adolescents who should be evaluated for active TB disease.

Screening for LTBI is a relevant primary care issue. Public and private health care providers, community health centers and health systems have a critical role in preventing TB as they incorporate this LTBI screening recommendation, especially providers serving at-risk populations.

Assessing patients for TB risk factors identifies individuals who should be tested and treated for LTBI.

New Tools to Identify Individuals at Risk for TB

Routine testing of low risk populations is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results. The California Tuberculosis Risk Assessment identifies groups for LTBI testing. These include:

- Foreign born persons from a country with an elevated TB rate.
- Persons with immunosuppression, current or planned
- Close contacts to someone with TB disease (at any time).

The Adult Risk Assessment is located at: <http://www.cdph.ca.gov/programs/tb/Documents/TB-CB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf>

A similar risk assessment tool is available for screening children to identify individuals for LTBI testing. It is located at:

<http://www.cdph.ca.gov/programs/tb/Documents/TB-CB-CA-Pediatric-TB-Risk-Assessment.pdf>

Moving Toward TB Elimination

Although progress has been made at the national, state, and local levels in the fight against tuberculosis, the disease continues to impact individuals, their families and communities throughout the world.

The recognition of March 24 as World TB Day highlights the importance of thinking globally while acting locally to control tuberculosis. Collaboration between Public Health, the medical community and other key partners is essential for the control of this disease.

Tuberculosis is reportable to Public Health, Disease Control within 1 day of identification. Phone: (951) 358-5107 Fax: (951) 358-7922. TB may also be reported through The California Reportable Disease Information Exchange (CalREDIE).

