World TB Day 2010

TB Elimination: Together We Can!

World TB Day is an annual event that happens each year to commemorate the date, March 24, 1882 when Dr. Robert Koch introduced the discovery of Mycobacterium tuberculosis, the bacterium that causes tuberculosis.

Did you know?

Tuberculosis (TB) is an infectious disease and it is airborne via cough, sneeze, talking, or singing. If not treated, each person with active TB infects on average 10 to 15 people every year. Worldwide, TB is one of the leading causes of death affecting one third of the earth’s population.

The Facts!

- **Globally**, there were **9.4 million new TB cases** in 2008 (3.6 million of whom are women) including 1.4 million cases among people living with HIV.¹
- **Worldwide**, **1.8 million** people died from TB in 2008, including 500,000 people with HIV -equal to 4,500 deaths a day.¹
- **TB is a leading killer of people with HIV**. People who are HIV-positive and infected with TB are 20 to 40 times more likely to develop active TB than people not infected with HIV living in the same country.¹
- **Nationally**, there were **12,898 new TB cases** in 2008; the TB rate declined 3.8% from 2007 to 4.2 cases per 100,000 population, the lowest rate recorded since its inception of national reporting in 1953.²
- Although there has been improvement in the incidence of TB cases nationally, progress has slowed recently; the average annual percentage decline in the TB rate decreased from 7.3% per year during 1993–2000 to 3.8% during 2000–2008.²
- The **TB incidence rate in people born outside of the U.S. was 10 times higher than U.S.-born persons** in 2008.²
- In 2008, **Hispanic and black** TB rates were almost **8 times higher** than among **non-Hispanic whites**, while **Asian** rates were almost **23 times higher** than **non-Hispanic whites** in the U.S.²
- **Locally**, there were **119 new cases** of TB reported to the Indiana State Department of Health in 2009.³

Reported Tuberculosis Cases 2002-2009

**Globally**

- In Indiana, the **incidence rate of TB** for **people born outside of the U.S.** was **19 times higher** than U.S.- born persons.³
- In 2009, **Hispanic (all races) incidence rate** was **7.9 per 100,000** per population.
- In 2009, **black** TB rates were almost **6 times higher** than **whites** and **Asian** TB rates were nearly **28 times higher** than **whites** in Indiana.
- **54%** of Indiana’s **new cases** came from **Marion, Allen, and Lake counties** in 2009.³
- In **Marion County**, the number of reported cases **increased to 46 cases in 2009**. This is a **39% increase** from 2008.³
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**What can you do to help eliminate TB in your community?**

- **Local Health Departments** have the responsibility for case management of persons with TB, LTBI, or suspicion of these conditions by providing complete and adequate treatment of all TB patients, isolation of infectious individuals, and identification and treatment of recently infected individuals through complete and timely contact investigation.

- **Indiana State Department of Health** is responsible for oversight of TB control activities in the state of Indiana, technical assistance to LHDs and physicians, evaluation of local TB control programs and policy development related to TB control.

- **Private Medical Providers** that are the patient’s primary care physician performs the medical management of TB according to current American Thoracic Society (ATS) and CDC standards. Diagnostic work-up, prescribing of medication, and monitoring for side effects and clinical response are among the responsibilities of the physician.

**Things to Remember about TB**

There is a **distinction** between **active tuberculosis (TB) disease** and **latent tuberculosis infection (LTBI)**. LTBI means the bacteria that causes **TB is present in the body** but it is **dormant**; one’s immune system is able to fight off the disease, and prevent it from becoming active. **Active TB disease** means one’s immune system is **unable to prevent** the **bacteria from multiplying** resulting in **progression from TB infection to TB disease** which may be transmitted to others.

**High Risk groups for TB fall into two categories**

- **Category 1**: Individuals who have been affected recently with TB
  - Close contacts with someone who has transmissible TB
  - People from high-prevalence countries
  - Children less than five years of age with a positive TB test.
  - Groups of people that are known to have high rates of TB i.e. injection drug users, people with HIV infection, and homeless persons
  - Residents and employees of high-risk settings i.e. correctional facility, nursing home, and hospital

- **Category 2**: Individuals with medical conditions that weaken their immune system.
  - Persons with the HIV infection
  - Substance abuse
  - Specialized treatment for rheumatoid arthritis or Crohn’s disease
  - Silicosis
  - Diabetes mellitus
  - Severe kidney disease
  - Low body weight
  - Organ transplants
  - Cancer of the head and neck
  - Medical treatments i.e. corticosteroids or organ transplant

**Quick Fact**: In Indiana, homeless persons (a high risk group) increased their percentage of total TB cases from **7%** in 2008 to **13%** in 2009. This increase shows why prevention of TB in high risk groups is important!

**References**:
