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in the
United States**

2008

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Coordinating Center for Infectious Diseases
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Preface

Reports of verified cases of tuberculosis (RVCT) are submitted to the Division of Tuberculosis Elimination (DTBE), Centers for Disease Control and Prevention (CDC), by 60 reporting areas (the 50 states, the District of Columbia, New York City, Puerto Rico, and seven other jurisdictions in the Pacific and Caribbean). In January 1993, an expanded system was developed to collect additional information for each reported TB case in order to better monitor trends in TB and TB control. A software package (SURVS-TB) for data entry, analysis, and transmission of case reports to CDC was designed and implemented as part of the expanded TB surveillance system. In 1998, the Tuberculosis Information Management System (TIMS) replaced SURVS-TB.

This publication, *Reported Tuberculosis in the United States, 2008*, presents the summary data for TB cases reported to CDC, verified, and counted for 2008. It is similar to previous publications (see page xi, #19) and contains six major sections. The first section presents trends in the overall TB case counts and case rates by selected demographic and clinical characteristics. The second section presents overall case counts and case rates for the United States by selected demographic characteristics for 2008. In the third section, TB case counts and case rates are presented by state and other jurisdictions with tables of selected demographic and clinical characteristics. In the fourth section, data collected as part of the expanded system (e.g., initial drug resistance, HIV status) are presented by reporting area. Select tables report data from the Pacific and Caribbean jurisdictions. The fifth section provides TB case counts and case rates by metropolitan statistical areas (MSAs: see Technical Notes, page 9, for further details) with tables of selected demographic and clinical characteristics. Finally, the sixth section presents figures from the annual surveillance slide set, which emphasize key recent trends in TB epidemiology in the United States. The slides with accompanying text can

also be viewed and downloaded from the DTBE home page, which is accessible via the Internet at <http://www.cdc.gov/tb/>.

To help interpret the data, an Executive Commentary (page 3) and Technical Notes (page 9) have been included. In addition, the applicable case definition (MMWR 1997;46 [No. RR 10]:40-41) and “Recommendations for Counting Reported Tuberculosis Cases” are provided in Appendices A and B, respectively (page 119). The recommendations for counting TB cases, which update the original January 1977 recommendations, were first published in *Reported Tuberculosis in the United States, 1996*.

After the publication of updated *Guidelines for Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection* in April 2000¹, DTBE, CDC, began receiving reports of severe adverse events (i.e., hospitalization or death) related to the use of a 2-month course of rifampin and pyrazinamide (RZ) for treatment of latent tuberculosis infection (LTBI). Subsequently, DTBE requested and received reports and conducted on-site investigations of liver injury in persons on treatment for LTBI, and treatment guidelines were revised accordingly.²

Severe adverse events among persons receiving treatment for LTBI continue to be a public health concern and data on the annual number and trends of such events are needed. To this end, DTBE organized a working group on treatment for LTBI adverse events in September 2003. This working group was charged with the development of a national surveillance system with the following objectives:

- To assist public health officials, policy makers, and healthcare providers in the prevention of severe adverse events, and
- To serve as the basis for periodic evaluation of guidelines for treatment for LTBI and revision of these guidelines as needed.

The National System for Severe Adverse Events Associated with Treatment of LTBI has been implemented and includes collaborations among CDC, FDA, and other participating agencies to ensure interagency notification of severe adverse events. Mechanisms for quality assurance and timely dissemination of data have been developed.

DTBE urges hospices, hospitals, jails, prisons, and private medical offices to report, through their local health departments, all severe adverse events (e.g., liver injury, metabolic acidosis, anaphylaxis, seizure, severe dermatitis) leading to hospitalization or death of a person receiving treatment for LTBI that occurred after January 1, 2004, to DTBE by telephone (404-639-8401) or e-mail (LManangan@cdc.gov).

References

1. ATS/CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *Am J Respir Crit Care Med* 2000;161:S221–S247.
2. American Thoracic Society/CDC. Update: Adverse event data and revised American Thoracic Society/CDC recommendations against the use of rifampin and pyrazinamide for treatment of latent tuberculosis infection—United States, 2003. *MMWR* 2003;52(31):735–9.

Previous Statistical Reports in this Series:

1. *Special Tuberculosis Projects, 1961–1965*. Atlanta: CDC; 1966.
2. *Special Tuberculosis Projects, December 1965*. Atlanta: CDC; 1966.
3. *Special Tuberculosis Projects, June 1966*. Atlanta: CDC; 1967.
4. *Special Tuberculosis Projects, December 1966*. Atlanta: CDC; 1967.
5. Summary Report. Atlanta: CDC; 1967.
6. *Special Tuberculosis Projects, June 1967*. Atlanta: CDC; 1968.
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12. The project years, 1961–1969, In: *Tuberculosis Program Reports*. Atlanta: CDC; 1970.
13. Tuberculosis programs (for years 1970–1973). In: *Tuberculosis Program Reports*. Atlanta: CDC; 1971–1974.
14. *Reported Tuberculosis Data* (for years 1962–1973). Atlanta: CDC; 1963–1974.
15. *Tuberculosis Statistics: States and Cities* (for years 1974–1985). Atlanta: CDC; 1971–1986.
16. *Tuberculosis in the United States* (for years 1974–1986). Atlanta: CDC; 1976–1987.
17. Tuberculosis program management in the United States, 1984. In: *Tuberculosis Program Reports*. Atlanta: CDC; 1986.
18. *Tuberculosis Statistics in the United States* (for years 1987–1992). Atlanta: CDC; 1989–1993.
19. *Reported Tuberculosis in the United States* (for years 1993–2007). Atlanta: CDC; 1994–2008.

**Reports from 1999 through 2008 are available on the Internet at
<http://www.cdc.gov/tb/statistics/>**

State TB Resources on the Internet*

| | |
|-----|---|
| AL | http://www.adph.org/tb/ |
| AK | http://www.epi.alaska.gov/id/tb.stm |
| AR | None |
| AZ | http://www.azdhs.gov/phs/oids/tuberculosis |
| CA | http://ww2.cdph.ca.gov/programs/tb/Pages/default.aspx |
| CO | http://www.cdph.state.co.us/dc/tb/tbhome.html |
| CT | http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388584 |
| DC | http://doh.dc.gov/doh/cwp/view,a,1374,q,580737.asp |
| DE | http://dhss.delaware.gov/dph/dpc/tbelimination.html |
| FL | http://www.doh.state.fl.us/disease_ctrl/tb/ |
| GA | http://health.state.ga.us/epi/tuber.asp |
| HI | http://www.hawaii.gov/health/tb |
| IA | http://www.idph.state.ia.us/adper/tb_control.asp |
| ID | http://www.healthandwelfare.idaho.gov/Health/DiseasesConditions/Tuberculosis/tabid/378/Default.aspx |
| IL | http://www.idph.state.il.us/health/infect/reportdis/tb.htm |
| IN | http://www.in.gov/isdh/19662.htm |
| KS | http://www.kdheks.gov/tb/statistical_information.html |
| KY | http://chfs.ky.gov/dph/tb.htm |
| LA | http://www.dhh.louisiana.gov/offices/?ID=273 |
| MA | http://www.mass.gov/dph/cdc/tb |
| MD | http://www.edcp.org/tb/index.cfm |
| ME | http://www.maine.gov/dhhs/boh/ddc/epi/tuberculosis/ |
| MI | http://www.michigan.gov/tb |
| MN | http://www.health.state.mn.us/divs/idepc/diseases/tb/stats.html |
| MO | http://www.dhss.mo.gov/Tuberculosis/Data.html |
| MT | http://www.dphhs.mt.gov/PHSD/epidemiology/commun-disease-epi-tuberculosis.shtml |
| MS | http://www.msdh.state.ms.us/msdhsite/_static/14,0,125.html |
| ND | http://www.ndhealth.gov/disease/tb/ |
| NC | http://www.epi.state.nc.us/epi/tb |
| NE | http://www.dhhs.ne.gov/cod/Tuberculosis/tbindex.htm |
| NH | http://www.dhhs.state.nh.us/DHHS/CDCS/tbinfo.htm |
| NJ | http://www.state.nj.us/health/cd/tbhome.htm |
| NM | http://www.health.state.nm.us/PHD/Infectious_Diseases/TB/2007_NM_TB_CaseRates.pdf |
| NYC | http://www.nyc.gov/html/doh/html/tb/tb-reports.shtml |
| NV | http://www.health.nv.gov/CD_HIV_TBProgram.htm |
| NY | http://www.nyhealth.gov/statistics/diseases/communicable/tuberculosis/ |
| OH | http://www.odh.ohio.gov/healthstats/disease/tb1.asp |
| OK | http://www.ok.gov/health/Disease,_Prevention,_Preparedness/Acute_Disease_Service/Disease_Information/CDD_Tuberculosis_Page.html |
| OR | http://oregon.gov/DHS/ph/tb/ |
| PA | http://www.health.state.pa.us/PHP/TB/tb.htm |
| RI | http://www.health.ri.gov/disease/communicable/tb/index.php |
| PR | http://www.salud.gov.pr/Programas/ProgramaTuberculosis/Pages/DatosEstadisticosTuberculosis.aspx |
| SC | http://www.scdhec.net/health/disease/tb/index.htm |
| SD | http://doh.sd.gov/tb |
| TN | http://health.state.tn.us/CEDS/TB/index.htm |
| TX | http://www.dshs.state.tx.us/idcu/disease/tb/statistics/ |
| UT | http://www.health.utah.gov/cdc/tb_home.htm |
| VA | http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/Tuberculosis/ |
| VT | http://healthvermont.gov/prevent/tb/Tuberculosis.aspx |
| WA | http://www.doh.wa.gov/cfh/tb |
| WI | http://www.dhfs.wisconsin.gov/tb |
| WV | http://www.wvtb.org |
| WY | http://www.health.wyo.gov/PHSD/tb/index.html |

*As reported to CDC by U.S. reporting area TB programs as of July 2009. Includes responses from the reporting areas of New York City (NYC) and Puerto Rico (PR).

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