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Suggested Citation: CDC. *Reported Tuberculosis in the United States, 2006*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, September 2007.

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**Reported
Tuberculosis
in the
United States**

2006

Publication Year 2007

Reported Tuberculosis in the United States, 2006
Centers for Disease Control and Prevention
Coordinating Center for Infectious Diseases
National Center for HIV, STD, and TB Prevention
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September 2007

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We also acknowledge and thank

All state and local health departments throughout the United States whose staff collected and reported the data used in this publication.

Cover illustration by Lia Davis, age 10, Atlanta, Georgia, winner of art contest following a TB education program in a fourth-grade elementary school classroom.

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Preface

Reports of tuberculosis (TB) cases are submitted to the Division of TB 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, 2006*, presents summary data for TB cases reported to DTBE, verified, and counted in 2006. 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 2006. 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

Division 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 current 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 2000,¹ DTBE began receiving reports of serious 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 (TLTBI). Subsequently, DTBE requested and received reports and conducted on-site investigations of liver injury in persons on TLTBI, and treatment guidelines were revised accordingly.²

Severe adverse events among persons receiving TLTBI 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 TLTBI 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 adverse events, and
- To serve as the basis for periodic evaluation of guidelines for TLTBI and revision of these guidelines as needed.

Development of the National System for Severe Adverse Events Associated with Treatment of LTBI has been implemented, and will include

formal collaborations among CDC, FDA, and other participating agencies to ensure inter-agency notification of serious adverse events. Mechanisms for quality assurance and timely dissemination of data are also under development.

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

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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.
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15. *Tuberculosis Statistics: States and Cities* (for years 1974–1985). Atlanta: CDC; 1971–1986.
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19. *Reported Tuberculosis in the United States* (for years 1993–2005). Atlanta: CDC; 1994–2006.

**Reports from 1999 through 2006 are available on the Internet at
<http://www.cdc.gov/tb/surv/default.htm>.**

State TB Statistics on the Internet*

AL	http://www.adph.org/tb/
AK	http://www.epi.hss.state.ak.us/id/tb.stm
AR	None
AZ	http://www.hs.state.az.us/phs/oids/stats/index.htm#TBStats
CA	http://www.dhs.ca.gov/ps/dcdc/TBCB/publications.html
CO	http://www.cdphe.state.co.us/dc/tb/tbhome.html
CT	http://www.dph.state.ct.us/BCH/infectiousdise/tubercul.htm
DC	None
DE	http://www.dhss.delaware.gov/dph/dpc/tuberculosis.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	None
IL	http://www.idph.state.il.us/health/infect/reportdis/tb.htm
IN	http://www.in.gov/isdh/programs/tb
KS	http://www.kdhe.state.ks.us/tb/statistical_information.html
KY	http://chfs.ky.gov/dph/tb.htm
LA	http://www.oph.dhh.state.la.us/tuberculosis/index.html
MA	http://www.mass.gov/dph/cdc/tb/index.htm
MD	http://www.edcp.org/tb/index.html
ME	http://www.maine.gov/dhs/boh/ddc/tuberculosis.htm
MI	http://www.michigantb.org
MN	http://www.health.state.mn.us/tb
MO	http://dhss.mo.gov/Tuberculosis/
MT	http://www.dphhs.state.mt.us/hpsd/Communicable-disease/commun-disease-index.htm
MS	None
ND	http://www.health.state.nd.us/disease/tb/
NC	http://www.epi.state.nc.us/epi/tb
NE	http://www.hhs.state.ne.us/cod/Tuberculosis/tbindex.htm
NH	http://www.dhhs.state.nh.us/DHHS/BCDCS/LIBRARY/Data-Statistical+Report/tb-counties.htm
NJ	None
NM	None
NYC	http://www.nyc.gov/html/doh/html/tb/tb.shtml
NV	http://health2k.state.nv.us/tuberculosis/Trends.htm
NY	None
OH	http://www2.odh.ohio.gov/Data/Inf_Dis/TB/tb1.htm
OK	http://www.health.ok.gov/program/tb/index.html
OR	http://egov.oregon.gov/dhs/ph/tb/index.shtml
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/PDFs/Impresos/estFinalesTB-2003.pdf
SC	http://www.dhec.sc.gov/health/disease/tb
SD	http://www.state.sd.us/doh/TB/statistics.htm
TN	http://www2.state.tn.us/health/CEDS/tb/index.htm
TX	http://www.tdh.state.tx.us/tb
UT	http://health.utah.gov/els/hiv aids/tb/tbrefugee.html
VA	http://www.vdh.virginia.gov/std/tbindex.asp
VT	None
WA	http://www.doh.wa.gov/cfh/tb
WI	http://www.dhfs.wisconsin.gov/tb
WV	http://www.wvdhhr.org/idep/dsdc.asp
WY	http://wdh.state.wy.us/tb/index.asp

*As reported to CDC by U.S. reporting area TB programs as of July 2007. Includes responses from the reporting areas of New York City (NYC) and Puerto Rico (PR).

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