

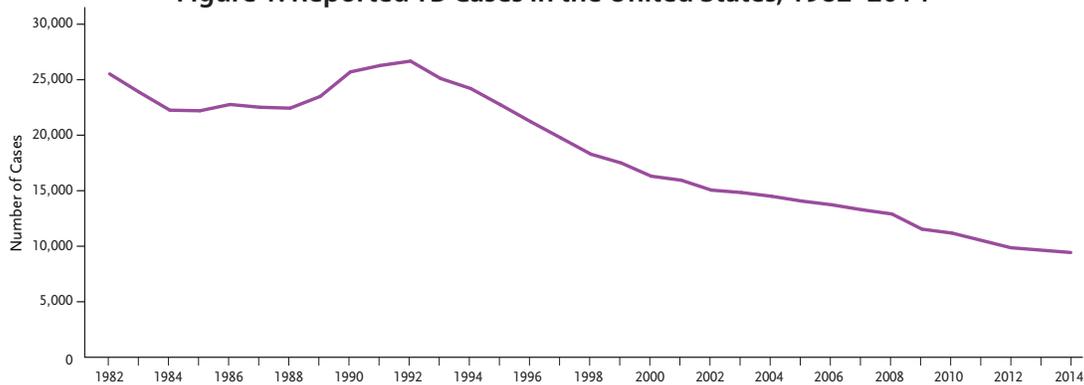
TB in the United States: A Snapshot, 2014

This fact sheet summarizes national data published in CDC's annual surveillance report, *Reported Tuberculosis in the United States, 2014* (available at www.cdc.gov/TB).

National Overview

- The latest national surveillance data show that TB has reached an all-time low in the United States. In 2014, a total of 9,421 cases were reported.
- The TB rate declined 2.2 percent from 2013 to 2014, to 2.96 cases per 100,000 population; however, this is the smallest decline since 1992.
- Estimates suggest that TB prevention and control efforts in the U.S. have helped prevent more than 200,000 cases since 1993.¹
- Four states (California, Texas, New York, and Florida) account for more than half of all TB cases (51 percent or 4,796 cases).

Figure 1. Reported TB Cases in the United States, 1982–2014



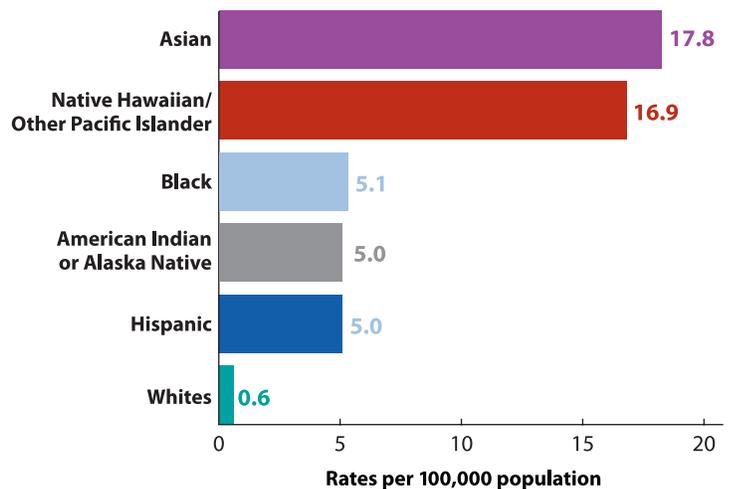
The resurgence of TB in the mid-1980s was marked by several years of increasing case counts until its peak in 1992. Case counts began decreasing again in 1993, and 2014 marks the 22nd year of decline in the total number of TB cases reported in the United States since the peak of the resurgence.

Most-Affected Populations

Racial/Ethnic Disparities Persist

- Although TB rates declined among most racial/ethnic groups, TB rates among racial/ethnic minorities are much higher than those of whites. Rates for Asians (17.8/100,000) were 29 times higher than among whites (0.6), while rates among blacks (5.1) and Hispanics (5.0) were each eight times greater.
- American Indians/Alaska Natives and Native Hawaiian/Other Pacific Islanders each accounted for only one percent of all TB cases; however, rates among these groups (5.0 and 16.9) are relatively high.
- More TB cases are reported among Asians than any other racial/ethnic group (2,985 total cases).

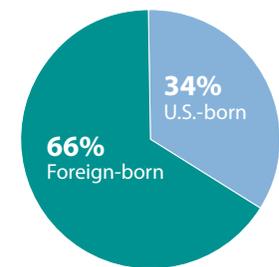
Figure 2. TB Rates by Race/Ethnicity, 2014



Foreign-Born Individuals Bear Significant Burden

- Despite declines in the rates of TB among both foreign-born and U.S.-born individuals, the TB rate among foreign-born individuals (15.4/100,000) was 13 times higher than among U.S.-born individuals (1.2).
- Among individuals with TB and a known place of birth, approximately 95 percent of Asians, 76 percent of Hispanics, 41 percent of blacks, and 22 percent of whites were foreign-born.
- More than half (55 percent) of foreign-born TB patients originated from five countries (Mexico, the Philippines, India, Vietnam, and China).
- CDC officials note that these data underscore the need to address TB as a severe health threat globally. According to the World Health Organization, approximately one-third of the world's population is infected with the bacteria that cause TB; in 2014, approximately 9 million people became ill with the disease and an estimated 1.5 million people died.²

Figure 3. Proportion of TB Cases by National Origin, 2014



Severe Impact among Other Populations

- **Individuals living with HIV:** People living with HIV are at high risk for rapid progression to TB disease once infected and are more likely to die during treatment. In 2014, among individuals with TB and a known HIV test result, 6 percent were co-infected with HIV.
- **Homeless:** Those who are homeless are particularly vulnerable to TB; factors such as crowded living situations can increase risk of transmission in this population. In 2014, among individuals with TB aged 15 years or older with a known housing status, 5.6 percent reported being homeless within the past year.

Drug Resistance Remains a Serious Challenge

Multidrug-Resistant TB (MDR TB)

- Cases of MDR TB are resistant to at least two of the best and most important anti-TB drugs: isoniazid and rifampin. They are treated with drug regimens that are more difficult for patients to tolerate, lengthier, and more costly than regimens for drug-susceptible TB. MDR TB is also more likely to be fatal than drug-susceptible TB.
- MDR TB accounted for 1 percent (91 cases) of TB cases with drug-susceptibility testing completed in 2014. The proportion of cases that were MDR TB has remained relatively steady at approximately one percent in recent years.
- A recent CDC study underscores the serious economic and human costs for treatment of drug-resistant TB. The average direct cost of treatment per MDR TB case (including drugs, diagnostics, case management, hospitalization, etc.) is \$150,000, compared with \$17,000 to treat drug-susceptible TB (in 2014 dollars). When including the productivity losses faced by patients while undergoing treatment, each MDR TB case costs an average of \$282,000 to treat. Patients face the inability to work, long and frequent hospitalizations, home isolation and even death. Medications can also lead to severe health problems, such as hearing or vision loss, liver or kidney damage, depression or psychosis.³ (See "TB Drug Resistance in the U.S.")

Extensively Drug-Resistant TB (XDR TB)

- XDR TB is a rare type of MDR TB. It is resistant to isoniazid and rifampin, and to second-line treatments including any one of the fluoroquinolones and at least one of three injectable drugs (amikacin, kanamycin, or capreomycin).
- Two cases of XDR TB were reported in the United States in 2014.
- A recent CDC study shows that the average direct cost of treatment for XDR TB is even higher than for MDR TB, at \$482,000; when including productivity losses faced by patients, the average cost increases to \$621,000 (in 2014 dollars).³ (See "TB Drug Resistance in the U.S.")

If you are a member of the news media and need more information, please visit www.cdc.gov/nchhstp/Newsroom or contact the News Media Line at CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention 404-639-8895 or NCHHSTPMediaTeam@cdc.gov.

¹ CDC. Trends in Tuberculosis, United States, 2012. *MMWR* 2013; 62(11):201-205 <http://www.cdc.gov/mmwr>.

² WHO. TB Key Facts Fact Sheet. Available at: <http://www.who.int/mediacentre/factsheets/fs104/en/> (Accessed September 22, 2015).

³ Marks S, et al. Treatment Practices, Outcomes, and Costs of Multidrug Resistant and Extensively Drug Resistant Tuberculosis in the United States. *Emerg Infect Dis* 2014; 20(5) – Suzanne Marks estimated productivity losses due to premature deaths for non-MDR-TB and XDR-TB patients, and updated all estimates to 2014 dollars.