

Tuberculosis in Hispanics/Latinos

Tuberculosis (TB) is a disease that is spread from person to person through the air. TB bacteria usually attack the lungs, but it can attack any part of the body such as the kidney, spine, and brain. TB symptoms can include a persistent cough, fever, night sweats, and unintentional weight loss. If not treated properly, TB disease can be fatal.

TB disease was once a leading cause of death in the United States, but since 1993 the number and rates of TB in the country have declined in all groups. In 2011, a total of 10,528 TB cases were reported in the United States; however, Hispanics/Latinos continue to have a disproportionately higher burden of TB.

Several important factors contribute to the disproportionate burden of TB in racial/ethnic groups, including Hispanics/Latinos. These factors include being born in countries with high rates of TB or traveling to their country of origin, living in overcrowded and poorly ventilated residences, and greater burden of co-morbidities associated with TB.

The Numbers

In 2011, TB disease was reported in 3,008 Hispanics/Latinos in the United States, accounting for 29% of all people reported with TB nationally.

- Among foreign-born people with TB, 34% were Hispanics/Latinos
- The rate of TB disease was 5.8 cases per 100,000 population, which is over seven times higher than the rate of TB in white, non-Hispanic people (0.8 cases per 100,000 population).

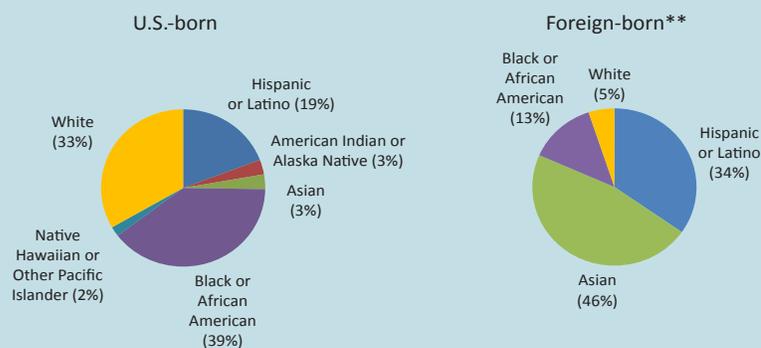
Prevention Challenges

TB is a challenging disease to diagnose, treat, and control. Dwindling resources and loss of public health capacity, including access to care and maintaining clinical and public health expertise add to the challenge. It is critical to reach those at highest risk for TB, and to identify and implement innovative strategies to improve diagnosis and treatment.

TB rates are higher for some racial and ethnic groups. This relates to a greater proportion of people in these groups who have other risk factors for TB. Like other racial and ethnic groups, Hispanics/Latinos face a number of challenges that contribute to higher rates of TB. Challenges include:

- The duration of treatment for latent TB infection and TB disease is lengthy. Patients are often unable or reluctant to take medication for several months. For people with TB disease, inadequate treatment can lead to treatment failure, relapse, ongoing transmission, and development of drug resistance. For people with latent TB infection, medication for a condition with no symptoms of illness is often not a priority.
- Socioeconomic factors impact health outcomes and are associated with poverty, including limited access to quality health care, unemployment, housing, and transportation. These factors can directly or indirectly increase the risk for TB disease and present barriers to treatment of this disease.

Reported TB Cases by Origin and Race/Ethnicity,*
United States, 2011



*All races non-Hispanic. Persons reporting two or more races accounted for less than 1% of all cases.
**American Indian or Alaska Native and Native Hawaiian or Center Pacific Islander accounted for less than 1% of foreign-born cases and are not shown.

- Language and cultural barriers, including health knowledge, stigma associated with the disease, values, and beliefs may also place certain populations at higher risk. Stigma may deter people from seeking medical care or follow up care.



- TB remains a serious threat, especially for people who are infected with human immunodeficiency virus (HIV). People infected with HIV are more likely than uninfected people to get sick with other infections and diseases, including TB.
 - Without treatment, as with other opportunistic infections, HIV and TB can work together to shorten the life of the person infected.
- In addition to HIV, other underlying medical conditions may increase the risk that latent TB infection will progress to TB disease. For example, the risk is higher in people with diabetes, substance abuse (including injection of illegal drugs), silicosis, or those undergoing medical treatments with corticosteroids.
- Delayed detection and diagnosis of TB disease, as well as delayed reporting of TB disease remains a challenge in TB prevention and treatment. Because the number of TB cases in the United States is declining, there is decreased awareness of TB signs and symptoms among health care providers and at-risk populations. Patients may be less likely to seek medical care and health care providers may be less likely to consider TB as the cause.

What CDC is Doing

To achieve TB elimination, ongoing efforts are needed to address the persistent disparities that exist between U.S.-born and foreign-born people, and between whites and racial and ethnic groups in the United States.

CDC is collaborating with other national and international public health organizations to improve screening of immigrants and refugees, test recent arrivals from countries with high rates of TB, and improve TB control and prevention activities along the border between the United States and Mexico. Foreign-born TB case rates are declining in number, but not as quickly as among the U.S.-born.

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CDC Tuberculosis Website: <http://www.cdc.gov/tb>