

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, 2005*, presents summary data for TB cases reported to DTBE, verified, and counted in 2005. 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 2005. 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. 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. The sixth section provides TB counts and case rates by sex and age for the U.S.-affiliated Pacific Island jurisdictions (USAPI). These jurisdictions include Guam and American Samoa, the Commonwealth of the Northern Marianas Islands, the three U.S.-affiliated nations: the Republic of Palau, the Federated States of Micronesia, and the

Republic of the Marshall Islands. Finally, the seventh 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/nchstp/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 131). 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 the Division of Tuberculosis Elimination (DTBE), CDC, 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 TLBTBI and revision of these guidelines as needed.

Development of the National System for Severe Adverse Events Associated with Treatment of LTBI is underway, and will include formal collaborations among CDC, FDA, and other participating agencies to ensure interagency 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, and severe dermatitis) leading to hospitalization or death of a person receiving TLBTBI 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.