

Stop TB in the African-American Community

Nickolas DeLuca, PhD

**Communications, Education, and Behavioral Studies Branch
Division of Tuberculosis Elimination**



AND
IN THE
UNLIKELY
EVENT OF A
PASSENGER
WITH
TUBERCULOSIS,
SURGICAL
MASKS
WILL DROP
FROM THE
OVERHEAD
COMPART-
MENTS...





Man knew he had TB before flying overseas

TB-infected traveler quarantined

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By [Anita Manning](#), USA TODAY



Enlarge By John Bazemore, AP

Julie Gerberding, director of the Centers for Disease Control and Prevention, believes that a federal isolation order, authorized

U.S. health officials said Tuesday that they have issued a rare federal order of isolation to detain a Georgia man diagnosed with a highly drug-resistant form of tuberculosis after he flew on international flights to Paris and Montreal, potentially infecting fellow travelers.

The unidentified patient had been undergoing TB treatment at an Atlanta clinic. Doctors told him not to travel, but he chose to do so for unspecified "compelling reasons," said Julie Gerberding, director of the Centers for Disease Control and Prevention (CDC). He may not have known when he left the

TIME IN PARTNERSHIP WITH **CNN**
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The TB Scare: A Broken System?

By ALICE PARK

Thursday, May 31, 2007



Rooms at National Jewish Hospital in Denver similar to the one that will be given to the 31-year old tuberculosis patient who has contracted XDR TB, a rare form of the disease.

BARRY GUTIERREZ / ROCKY MOUNTAIN NEWS / POLARIS

The New York Times

[Home Delivery](#)

U.S.

TB Patient Is Isolated After Taking Two Flights

By [LAWRENCE K. ALTMAN](#)

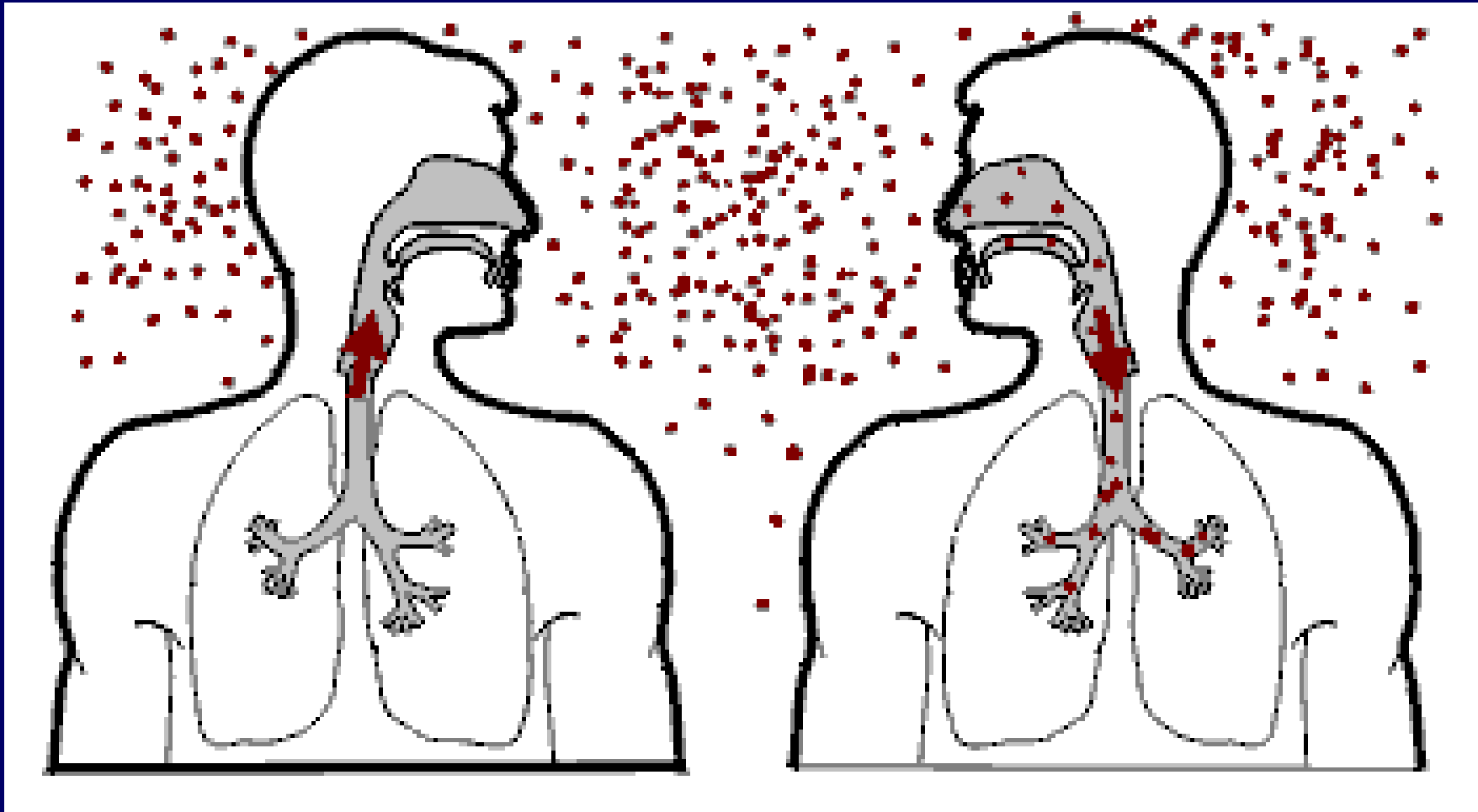
Published: May 30, 2007

Presentation Outline

- An overview of tuberculosis (TB)
- Epidemiology of TB in the African-American community
- TB/HIV co-infection
- Overview of Division of Tuberculosis Elimination sponsored activities to address TB in the African-American community



Tuberculosis Transmission



Active TB Disease vs. Latent TB Infection

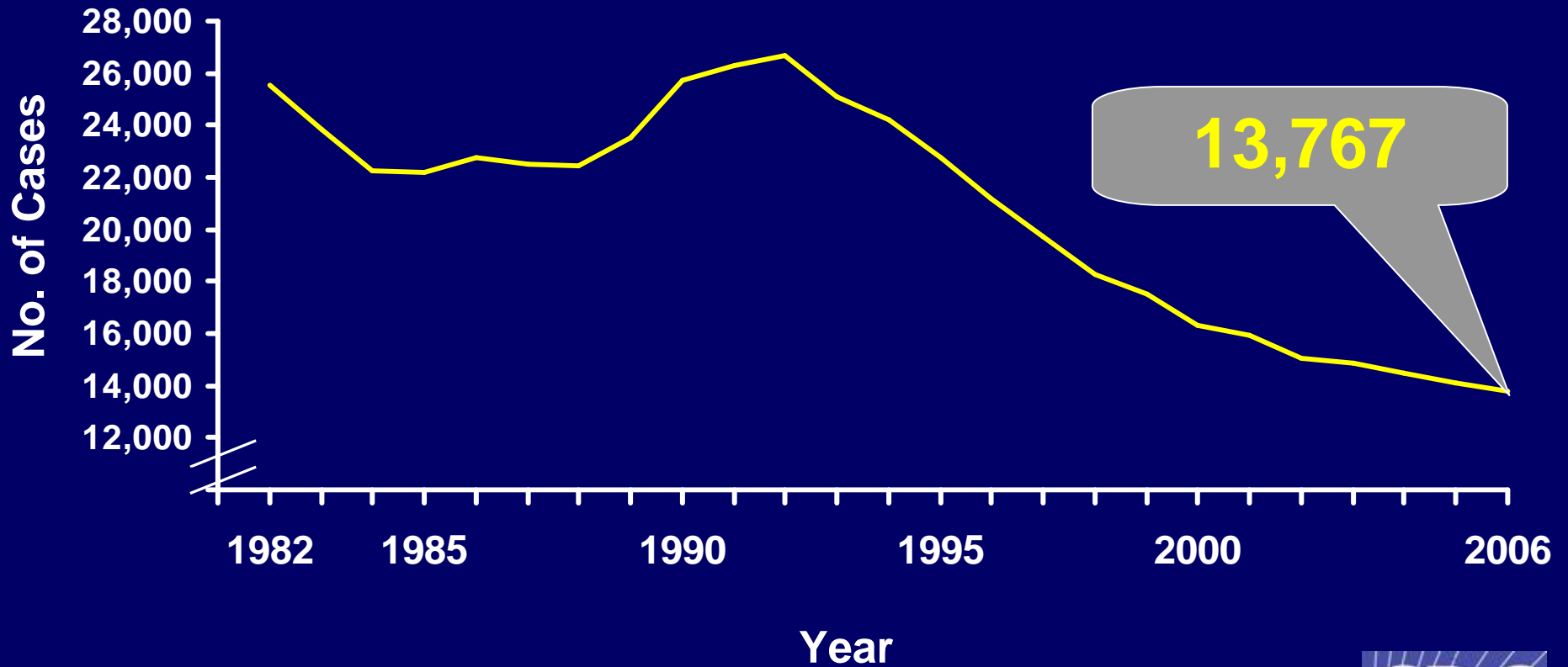
Active TB

- TB germs in the body
- May be infectious (before treatment)
- Symptoms of TB (e.g., cough)
- An active “case” of TB
- Treatment needed to cure disease

Latent TB Infection

- TB germs in the body, but latent (dormant) state
- NOT infectious
- No symptoms
- Not a “case” of TB
- Treatment may be provided to prevent transition from TB infection to TB disease

Reported TB Cases* United States, 1982–2006



*Provisional Data as of March 23, 2007



TB in African Americans

- While overall rates continue to decline in the U.S., TB continues to disproportionately affect racial and ethnic minorities
- In 2005
 - 82% of all reported TB cases occurred in racial and ethnic minorities
 - 45% of TB cases reported in U.S.-born persons were among African Americans
 - The TB case rate for U.S.-born blacks (8.9/100,000) is more than 8 times higher than the rate in U.S.-born whites (1.1/100,000)

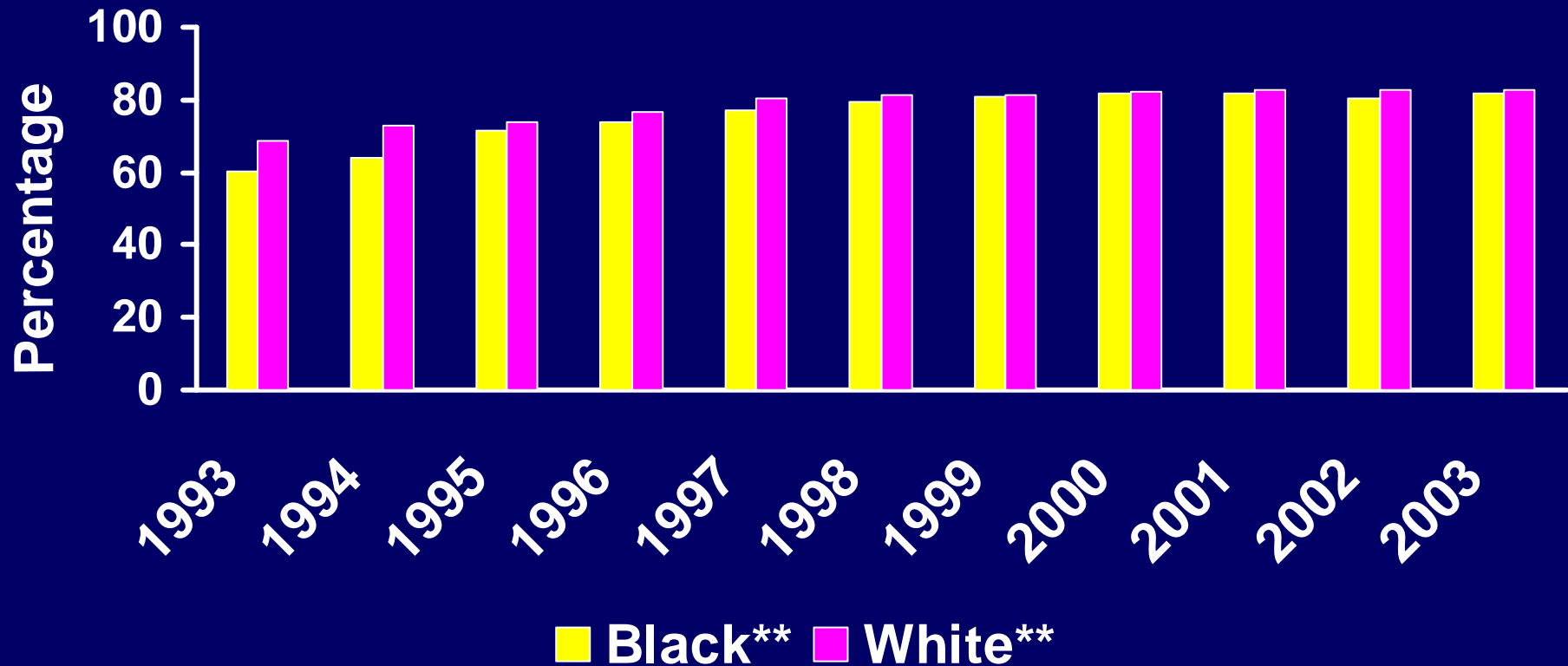
Characteristics Among Selected U.S.-born Persons with TB, 2004

	Black*	White*
No. cases	2,675	2,209
Male	70%	67%
Median age (years)	46	57

*Non-Hispanic



Completion of TB Therapy \leq 1 year United States,* 1993–2003



*Timely completion within 12 months

**U.S.-born non-Hispanic



TB/HIV Co-infection

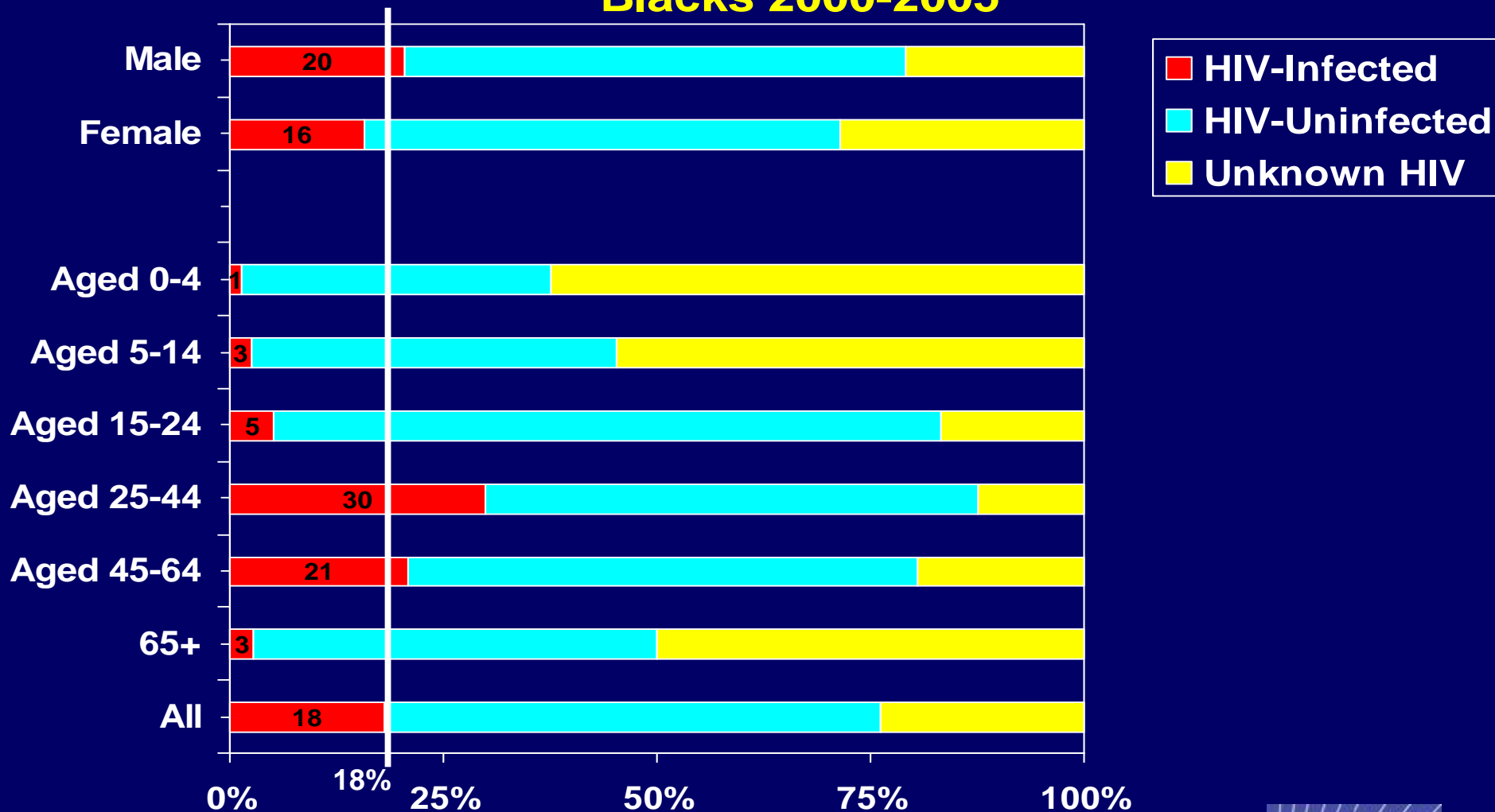
- HIV is the most significant risk factor for progression from TB infection to TB disease
- TB is an AIDS defining illness
- Knowledge of HIV/TB co-infection is important for optimal patient management patient management for contacts, and persons with LTBI or TB disease



Percent of TB Cases by Race/Ethnic Population with TB/HIV Co-infection, 2000-2005

	Total TB/HIV Cases	% HIV + of Total TB Cases
White, Non-Hispanic	706	4
Black, Non-Hispanic	4650	18
Hispanic	1455	9
American I./ Alaska N.	31	2
Native H./Pacific I.	115	.5
Asian	162	1

Demographics of TB Cases by HIV Status Among Blacks 2000-2005



National TB surveillance system, unpublished data, accessed in April 2007



HIV Infection Among Reported TB Cases, 2005

- All TB cases
 - Estimated 9% HIV/TB co-infection
 - Estimated 31% with unknown HIV status
- TB Cases in blacks
 - Estimated 18% HIV/TB co-infection
 - Estimated 21% with unknown HIV status

*Excludes California data



TB and HIV Guidelines

- CDC has recommended HIV counseling and testing of all TB patients since 1989
- In September 2006, CDC released guidelines recommending routine HIV screening for patients in all health-care settings (*including TB clinics*) unless the patient declines (opt-out screening)



Division of Tuberculosis Elimination

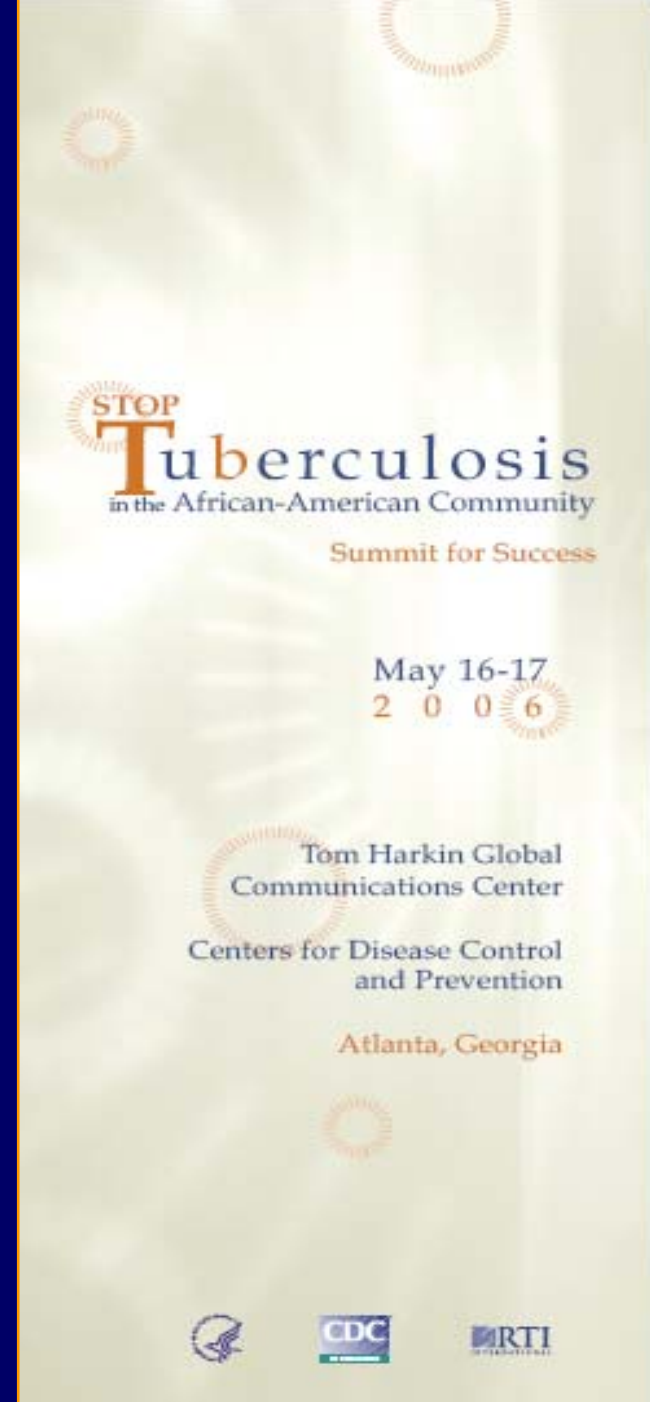
Activities to Address TB in the African-American Community

- Research
- Demonstration Projects
- Education and Training
- Communication
- Partnerships
- Community Mobilization



Summit Goals

- Raise awareness of the problem
- Create links and build networks to lead to ongoing strategies to address the problem




STOP
Tuberculosis
in the African-American Community

Summit for Success

May 16-17
2 0 0 6

Tom Harkin Global
Communications Center
Centers for Disease Control
and Prevention

Atlanta, Georgia



Summit Participants

Over 100 individuals from:

- CDC and TB prevention programs
- Professional organizations
 - National Medical Association, National Black Nurses Association
- Academic institutions
 - Representatives from Historically Black Colleges and Universities
- Local and national advocacy organizations (civic, faith-based, community-based; fraternities)
 - NAACP, Rainbow-Push Coalition
- HHS State and Regional Minority Health Consultants



Summit Breakout Sessions

- Convened groups based on organizational type to facilitate working with peers
- Groups devised actions based upon group discussion
 - Lists of options
 - Restricted to items that could be implemented in the upcoming year



Categorization of Summit Action Items

- Education and Awareness
- Networking
- Building Capacity
- System Change
- Publicity
- Political Will

Education and Awareness Action Items

- Distributed CDC educational materials
 - Exhibits and health fairs
 - Professional organization conference packets
 - Community based organizations
- Increased distribution of *TB Challenge* Newsletter
- Established TB in African-American Community Website
- Established TB in African-American Community Electronic Mailing List



Tuberculosis In Minorities



TB Elimination: Now Is The Time

Disparities in tuberculosis (TB) persist among racial and ethnic minority populations. In 2004, the majority of reported TB cases in the United States occurred among racial and ethnic minorities.

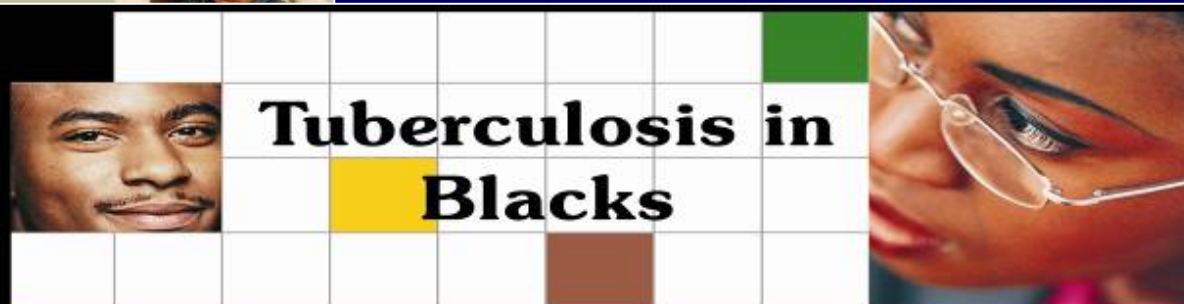
Several factors likely contribute to the burden of TB among racial and ethnic minorities:

- ▶ Among people from countries where TB is common, migration to the United States may result from an infection acquired in the home country.
- ▶ Among racial and ethnic minorities, unequal access to health care, crowded living conditions, and other risk factors, particularly HIV infection, can increase the chance of developing the disease.

Reported TB Cases by Race/Ethnicity in the United States, 2004



*All race are non-Hispanic. Persons reporting two or more races account for less than 1% of all cases and are not shown.



Tuberculosis in Blacks

TB Elimination: Now Is the Time!

Black, non-Hispanic persons continue to have a disproportionate share of tuberculosis (TB) in the United States.

- ▶ In 2004, TB was reported in 4,066 black, non-Hispanic persons—28% of all persons reported with TB nationally.
- ▶ In 2004, the rate of TB in black, non-Hispanic persons was 11.3 cases per 100,000 population, which is more than 8 times higher than the rate of TB in white, non-Hispanic persons (1.3 cases per 100,000 population).

The proportion of TB in black, non-Hispanic persons is even greater if only U.S.-born persons reported with TB are examined.

- ▶ U.S.-born persons represented 46% of all TB cases reported in the United States in 2004.
- ▶ Among U.S.-born persons reported with TB in 2004, 45% were black, non-Hispanic individuals.

Although rates of TB in both blacks and whites have declined substantially over the past decade, the disparity remains. We must better target our efforts to prevent and control TB in this minority population.



The TB Challenge

"Partnering to Eliminate TB in African Americans"

A Newsletter from the Division of Tuberculosis Elimination, Field Services and Evaluation Branch

Summer 2006

TB Challenge Newsletter: Partnering to Eliminate TB in African Americans

Stop TB in the African-American Community Summit Draws More Than 100

Nickolas DeLuca, PhD (CDC), Rachel Royce, PhD (RTI International), and Charles Wallace, PhD (Texas Department of State Health Services)



Dr. Benny Primm, Executive Director, Addiction Research and Treatment Corporation-Urban Resource Institute and other attendees at the 2006 Stop TB in the African-American Community Summit



Dr. Ken Castro and Dr. Kevin Fenton



Breakout session with conference participants

The results of the group work yielded a compilation of specific goals and action items that summit participants committed to trying to achieve in the next year. A summary of all of the identified action items is forthcoming. Summit participants will maintain communication throughout the next year and measure progress towards implementing the action items.

Although modern medicine can prevent and cure TB, only the concerted efforts of the community in partnership with public health and medicine will ensure that TB is eliminated from the African-American community. These partnerships, fostered by the summit, are a key component to mobilizing support for TB elimination as outlined in the 2000 Institute of Medicine's Report, *Ending Neglect: The Elimination of Tuberculosis in the United States*.

About the authors

Nickolas DeLuca, PhD, is chief of the Education, Training, and Behavioral Studies Team in the Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed), and Rachel A. Royce, PhD, MPH, is a Senior Research Epidemiologist with RTI International, Research Triangle Park, North Carolina. Charles Wallace, PhD, MPH, is a TB Manager in the Infectious Disease Intervention and Control Branch, Texas Department of State Health Services. You can contact Dr. DeLuca at ncd4@cdc.gov or 404-639-8988; or Dr. Royce at rroyce@rti.org or 919-732-5974; or Dr. Wallace at charles.wallace@dshs.state.tx.us or 512-458-7447.

More than 100 individuals from myriad organizations gathered in Atlanta to participate in the "Stop TB in the African-American Community" summit, which took place May 16-17, 2006, at CDC's new Tom Harkin Global Communications Center. The participants met to discuss the nature of this public health problem, exchange strategies, and identify ways to help address tuberculosis (TB) in the African-American community. The summit was sponsored by CDC's Division of Tuberculosis Elimination (DTBE) and RTI International. The purpose of the summit was to

1. raise awareness about the problem of TB in the African-American community, and
2. create links and build networks that will lead to ongoing activities and strategies to decrease TB in this community.

In 2005, CDC provisionally reported 3,927 TB cases in non-Hispanic blacks, 28% of all persons reported with TB nationally. The proportion of cases in black, non-Hispanic persons is even greater if only U.S.-born persons reported with TB are examined. In 2005, 45% of TB cases reported in U.S.-born persons were among non-Hispanic blacks. Also in 2005, the TB case rate for this population was more than eight times higher than the rate in white, non-Hispanic persons.



Dr. Garth Graham

The summit included keynote addresses from Dr. Louis Sullivan, President Emeritus, Morehouse School of Medicine and former Secretary of Health and Human Services (HHS); and Dr. Garth Graham, Deputy Assistant Secretary for Minority Health, Office of Minority Health, HHS. CDC leaders also addressed the group, including Yvonne Lewis of the Office of Minority Health and Health Disparities; Dr. Kevin Fenton, Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed); and Dr. Kenneth Castro, Director of DTBE.

Summit participants learned about state-of-the-art research and interventions addressing TB in the African-American community, and learned directly from a panel of patients about their experience having TB. The majority of the summit was devoted to participants working in small groups to strategize actions that their organizations may be able to implement to help eliminate TB in the African-American community. Participants included community and religious leaders, health care providers, public health leaders, policy and decision makers, state and local health department staff,



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Atlanta, Georgia 30333

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Stop TB in the African-American Community Website

The screenshot shows a Microsoft Internet Explorer browser window displaying the website 'DTBE | Stop TB in the African-American Community'. The browser's address bar shows the URL 'http://www.cdc.gov/nchstp/tb/TBinAfricanAmericans/'. The website header includes the CDC logo and the text 'National Center for HIV, STD, and TB Prevention' and 'Division of Tuberculosis Elimination'. The main content area features the title 'Stop TB in the African-American Community' and a paragraph stating: 'This resource has been developed for people who have an interest in the topic of tuberculosis (TB) in the African-American community, and serves as a central repository for information related to this issue.' Below this paragraph is a bulleted list of links to various resources, including 'Tuberculosis in the African-American Community', 'Stop TB in the African-American Community Summit', 'Stop TB in the African-American Community Listserv', 'TB Challenge Newsletter: Partnering to Eliminate TB in African Americans', 'Morbidity and Mortality Weekly Reports (MMWR) related to TB in African Americans', 'TB Educational Resources for the African-American Community', 'TB-Related Listservs, Newsletters, Digests and Web-Based Resources', and 'Other Links related to TB in African Americans and Other Populations'. The left sidebar contains a 'Contents' section with links to 'Home', 'Questions and Answers About TB', 'TB Guidelines', 'Fact Sheets', 'Education/Training Materials', 'Slide Sets', 'TB-Related MMWRs & Articles', 'Surveillance Reports', 'World TB Day', 'TB in African Americans', and 'TB-Related Links'. Below this is a 'Resources' section with links to 'State TB Control Offices' and 'Order Publications'. The browser's taskbar at the bottom shows the Start button, Quick Launch icons, and the system tray with the time '3:24 PM'.

DTBE | Stop TB in the African-American Community - Microsoft Internet Explorer

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CDC Home Search Health Topics A-Z

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October 4, 2006

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National Center for HIV, STD, and TB Prevention
Division of Tuberculosis Elimination

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Stop TB in the African-American Community

This resource has been developed for people who have an interest in the topic of tuberculosis (TB) in the African-American community, and serves as a central repository for information related to this issue.

- [Tuberculosis in the African-American Community](#)
- [Stop TB in the African-American Community Summit](#)
- [Stop TB in the African-American Community Listserv](#)
- [TB Challenge Newsletter: Partnering to Eliminate TB in African Americans](#)
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Local intranet

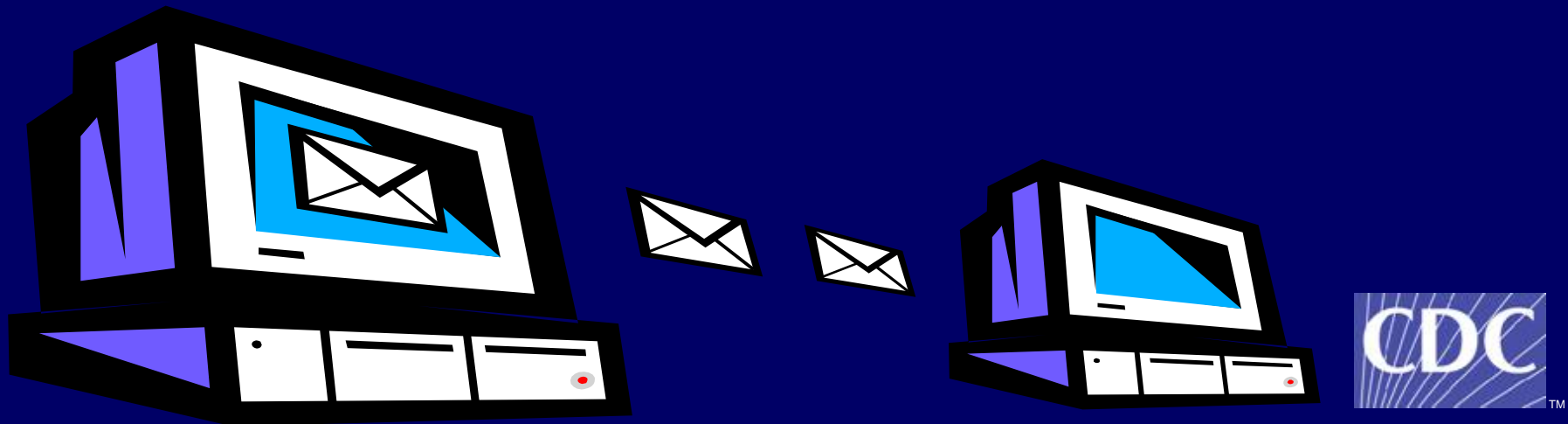
Start Quick Launch Address Links Desktop 3:24 PM

<http://www.cdc.gov/nchstp/tb/TBinAfricanAmericans/>

Stop TB in the African-American Community Electronic Mailing List Subscription Information

To subscribe:

http://www.cdcnpin.org/scripts/listserv/tb_aa.asp





“The Summit was very beneficial in putting TB on our radar screen and brought about new networking. Before the Summit, we were not doing anything in TB.”

---National Advocacy Group participant



Conclusions

- TB is a health disparity for the African-American community
- DTBE is undertaking activities to address this health disparity, but additional commitment, political will, partners, and resources are needed
- Blacks have the highest TB-HIV co-infection rate for all racial/ethnic groups
- Improvements in HIV testing of all TB patients are needed
- Knowledge of HIV/TB co-infection will improve patient management for HIV and TB patients

coughing up blood

WEAKNESS

Weight Loss

POSITIVE SKIN TEST

Night Sweats

CHILLS

MALAISE

FEVER

Loss of Appetite

THINK TB!

HEMOPTYSIS

Chest Pains

difficult breathing

Exposure to Tuberculosis

fatigue

cough

ANOREXIA

failure to thrive

Significant Skin Test

Abnormal X-Ray

Shortness of Breath

Recognize positive signs and symptoms of tuberculosis.
Early diagnosis and treatment reduces spread.
Contact your Health Department or Physician for more information.



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service



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- Dr. Rachel Royce (RTI)
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- Elvin Magee (CDC)
- Dr. Wanda Walton (CDC)
- Patients and staff from the study sites
- NCHHSTP Office of Health Disparities



Non-Hispanic Black TB Cases: Characteristics Associated with HIV infection, 2000-2005

Risk Factor	OR	95% confidence interval
IDU user	4.9	(4.3–5.7)
Non-IDU user	3.0	(2.8–3.3)
Homeless	2.3	(2.1–2.6)
Corrections	1.5	(1.3–1.8)
Alcohol user	1.4	(1.3–1.5)

