

Tuberculosis in the U.S.-affiliated Pacific Island Jurisdictions (USAPI), 2005

The U.S.-affiliated Pacific Islands consist of six jurisdictions that cover an area within the Pacific Ocean that is larger than the continental United States. Three are U.S. flag territories: Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (CNMI). The other three—the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau—are independent countries but are also affiliated with the United States. These independent countries have Compacts of Free Association with the United States; under these compacts, the countries are fully sovereign in domestic and foreign affairs, but give responsibility for their health, education, defense, and other essential operations to the United States. Through these agreements, citizens residing in these three countries are able to immigrate to the United States without the usual overseas screening for health conditions that is required of those permanently resettling from other countries.

As a result of their affiliations with the United States, the USAPIs are among the recipients of U.S. federal government funding, including CDC cooperative agreement funding for domestic TB control program activities.

How do the USAPI TB programs differ from the 50 U.S. state programs?

- Geographically, the USAPIs include 104 inhabited islands spread out over 3 million square miles in the Pacific Ocean. See Surveillance Slide 1-USAPI.
- There is a consistent shortage of health care providers in all job classes in the USAPIs, and continuing education opportunities are limited, often requiring staff to travel off-island for significant amounts of time. These challenges impact the delivery of health care.
- The USAPIs are faced with health problems common to developed countries (e.g., diabetes) as well as developing countries (e.g., high infant mortality rates).
- While case counts in this region are similar to those in low-incidence U.S. states, the burden of disease and case rates are much greater when compared to U.S. areas with similar case counts. The burden of TB in the region far exceeds that of any U.S. metropolitan statistical area with a population of 500,000 or greater. The USAPI regional TB case rate (55.6/100,000) is 6 times greater than that of the State of Hawaii (8.8/100,000) and almost 12 times greater than the U.S. national rate (4.8/100,000).

Table 1: Cases and Case Rates for USAPIs, Hawaii, and the U.S., 2005

Jurisdiction	Cases	Rate	Population
American Samoa	5	8.6	57,881
Guam	64	38.0	168,564
Palau	10	49.3	20,303
Micronesia	74	68.5	108,105
N. Mariana Islands (CNMI)	56	69.7	80,362
Marshall Islands	66	111.7	59,071
USAPI Regional	275	55.6	494,286
Hawaii	112	8.8	1,275,194
United States	14,097	4.8	296,410,404

USAPI TB Surveillance Data Highlights, 2005 (N=275)

- 28 (10%) under 15 years of age
- 96 (35%) 25–44 years of age
- 142(52%) male
- 73 (26%) not born in the USAPI jurisdictions or the United States
 - 54 (74%) emigrated from the Republic of the Philippines (RP);
 - Within CNMI, 44 (79%) reported patients were born outside the region, predominately from RP (28, 64%) and from China (12, 16%)
- 231 (84%) diagnosed with pulmonary disease
- 138 (50%) positive culture for *Mycobacterium tuberculosis*
- 4 (3.3%) with MDR TB; 2 MDR TB cases occurred in persons born outside of the USAPI jurisdictions, of 125 cases with positive culture and initial susceptibility testing done
- 75 (33%) of the work-eligible population aged 15–65 were unemployed

The data reported here reflect cases reported to the CDC National TB Surveillance System using the Report of a Verified Case of TB. TB case reports received as of January 2006 were used for this analysis and are not final for the year 2005. 2005 Population estimates were obtained from the U.S. Census.^{1,2}

¹ <http://www.census.gov/ipc/www/idbsum.html>

² <http://www.census.gov/popest/states/NST-ann-est.html>