

Tuberculosis in Texas

Nationwide the number of new tuberculosis (TB) cases reported annually has declined to an all time low. However, reacting to the current decline in TB disease with complacency and neglect can halt the momentum gained in recent years and result in a rise in reported cases. Of particular concern are the rates of disease among foreign-born US residents and of multidrug-resistant TB.

March 24 is World Tuberculosis Awareness Day

During 2000, 16,377 cases (5.8 cases per 100,000 population) of TB were reported nationwide—a 7% decrease from 1999 and a 39% decrease from 1992 (26,673 cases; 10.5 cases per 100,000 population). In the United States, tuberculosis incidence rates are higher in males, low income racial/ethnic populations, and older age groups.

From 1990 through 1999, 22,145 tuberculosis cases were reported in Texas. The number reported annually during the last 11 years ranged from the 1,506 cases reported in 2000 to 2,542 cases reported in 1994. The 2000 total represents a 8.7% decline from the number of cases reported in 1999 and 1,036 fewer cases compared with the number of reported cases in 1994. The incidence rate in 2000 was 7.4 cases per 100,000 population. In 2000, the incidence rate in Texas was ranked 10th highest for the 50 states and the District of Columbia.

In 2000 most TB patients in Texas were male (64.8%), and a majority (72.2%) were Hispanic or African American. The 1,506 patients with TB reported in 2000 ranged in age from 2 months to 99 years (median: 43 years). A total of 65 patients were 4 years of age or younger; 12 were less than one year of age. A majority (89.2%) of patients 4 years of age or younger were Hispanic or African American. A total of 64 patients were 80 years of age or older; 10 were 90 years of age or older. A majority (62.5%) of patients 80 years of age or older were Hispanic or African American.

For 1995, 28% of the TB patients in Texas were born outside the United States. In 2000, 41.0% were born outside the United States. Only 4.9% of non-Hispanic Whites and 8.4%

of African Americans were born outside the United States. A higher percentage of Hispanics (58.3%) and Asians (97.4%) were born outside the United States. The most frequent countries of birth for those born outside the United States were Mexico (60.2%), Vietnam (9.7%), India (5.3%), and Honduras (3.6%). One-third (33.8%) of the foreign-born patients arrived in the United States within the last 5 years; 13.0% arrived within one year of diagnosis.

Patients with tuberculosis resided in 128 counties throughout the state. A majority (74.2%) resided in only 10 of the 254 counties in Texas. Harris County was the county of residence for 403 patients; 201 patients resided in Dallas County. Annual incidence (cases/100,000 population) rates for Harris County and Dallas County were 12.1 and 9.1 respectively. Twelve counties had an annual incidence rate at least twice the state rate of 7.4. A total of 257 patients resided in one of the 14 Texas counties bordering Mexico. The incidence rate per 100,000 population for the 14 counties was 12.6 compared with 6.8 for the 240 counties not bordering Mexico.

A total of 152 tuberculosis patients were coinfecting with human immunodeficiency virus (HIV). A higher percentage (33.7%) of African Americans were coinfecting with HIV compared with non-Hispanic Whites (18.7%) or Hispanics (10.8%). Similarly, a higher percentage (21.2%) of males were coinfecting with HIV compared with females (10.3%).

Continued ☞

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A total of 1,225 cases were culture confirmed. Of these, 120 patients (9.8%) were infected with *Mycobacterium tuberculosis* resistant to 1 of the 5 first-line drugs (isoniazid, rifampin, pyrazinamide, ethambutol, streptomycin) used in treatment. By comparison, 7.4% of patients with culture confirmed TB reported in 1999 had drug resistant strains. Isoniazid resistance, without resistance to rifampin, was noted in 4.2% of the cases. Rifampin resistance, without isoniazid resistance, was noted in 1.3% of the cases. Any *M. tuberculosis* strain that is resistant to both isoniazid and rifampin is classified as multidrug-resistant tuberculosis (MDR-TB). Five patients in 2000 and 10 in 1999 were identified as having MDR-TB.

The initial treatment of tuberculosis involves administration of four drugs—isoniazid, rifampin, pyrazinamide, and either ethambutol or streptomycin—until drug susceptibility test results are obtained. Drug susceptibility test results determine the choice of drugs and duration to complete therapy. For patients with drug resistance, therapy may continue for two years or longer.



Prepared by Jeff Taylor, MPH, TDH
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For further information call 512/458-7447 or visit the TB Elimination Division Web site:
www.tdh.state.tx.us/tb/

Urgent Recall of Dietary Supplements SPES and PC SPES

On January 28, 2002, BotanicLab™ issued a voluntary nationwide recall of all lots of its dietary supplement PC SPES and on February 8 of its product called SPES. Laboratory analyses by the California Department of Health Services (CDHS) found that PC SPES contained warfarin (Coumadin®), and SPES contained alprazolam (Xanax®). Warfarin and alprazolam are both available in the United States only by prescription.

Warfarin is used to prevent or treat blood clots, pulmonary embolisms, and thromboembolic complications associated with cardiac valve replacement and atrial fibrillation. Alprazolam interacts with many prescription and nonprescription drugs, including acetaminophen, aspirin, ibuprofen, cimetidine, and ranitidine. It can cause bleeding, sharp and sudden headaches, visual changes, numbness and tingling in the arms or legs, and persistent pain or swelling. Alprazolam is used to treat anxiety disorders.

PC-SPES is a mixture of 8 herbs used in Chinese medicine: chrysanthemum, isatis, licorice, lucid ganoderma, pseudoginseng, rubescens, saw palmetto and scute (scutellaria, or skullcap). SPES contains pyrola, agrimony, corydalis, reishi, rubescens, stephania, lycoris, patrinia, ginseng, pollen, prickly ash, licorice, cervus, and broomrape. PC SPES is marketed in the US as a non-prescription therapy "for prostate health" and SPES "for strengthening the immune system.

Consumers are warned to stop using these dietary supplement/herbal products immediately because the undeclared prescription drug ingredients they contain could cause serious health effects if not taken under medical supervision. BotanicLab is offering a full refund for products returned in the original packaging to
BotanicLab PC SPES Recall Program
2900-B Saturn Street
Brea, CA 92821

Call BotanicLab at 800/458-5854 for further information, or go to
www.fda.gov/medwatch/SAFETY/2002/safety02.htm#spes.

Perspectives in Public Health: Tackling TB In Texas Texas Department of Health Quarterly CME Conference

In commemoration of World TB Day, the Texas Department of Health (TDH) Tuberculosis (TB) Education Center, TB Elimination Division, and Public Health Professional Education Program are hosting the TDH Quarterly CME Conference: Tackling TB In Texas.

Designed for public health and primary care physicians, this CME conference will be held in Austin, Texas, on Friday, March 22, 2002, from 8:00 AM to 4:00 PM at the North Austin Medical Center, in the Decherd Auditorium, 12221 Mopac Expressway N. The program consists of lectures supplemented by audiovisual slide presentations.

After attending this conference, the participants will be able to

- ♦ prevent, detect at an early stage, treat, control, or take remedial action against specific medical conditions that may adversely affect the health of individuals and populations in Texas;
- ♦ identify policies, processes, and products that promote and protect the health of people and preserve environmental quality; and
- ♦ establish relationships with other physicians concerned with public health and preventive medicine issues through dialogue with presenters and other participants.

Topics covered at the upcoming conference include

- ♦ **Epidemiology of TB In Texas**
Jeff Taylor, MPH, Epidemiologist, TDH TB Elimination Division
- ♦ **Update on Diagnostic TB Testing**
Kenneth C. Jost, Jr., BA, Chief, Tuberculosis Identification Section, TDH Bureau of Laboratories
- ♦ **Targeted TB Testing in High Risk Populations**
Stephen Weis, DO, Professor of Medicine, University of North Texas HSC-Fort Worth
- ♦ **Treatment of Latent TB Infection**
Richard J. O'Brien, MD, Chief, Research & Evaluation Branch, Division of Tuberculosis Elimination, National Center for HIV, STD, & TB Prevention, Centers for Disease Control and Prevention
- ♦ **TB Testing for School Children**
I. Celine Hanson, MD, Bureau Chief, TDH Bureau of HIV & STD Prevention
- ♦ **Responsibilities of the Provider/Health Department Partnership***
James K. Morgan, MD, MPH, Regional Director, TDH Public Health Region 7
Linda Dooley, MD, Medical Director, Austin/Travis County Health & Human Services, TB Elimination Program
Michael Greenberg, BA, JD, Assistant General Counsel, TDH Office of General Counsel
- ♦ **World TB Day News/Updates**
Charles Wallace, MD, Director, TDH TB Elimination Department
Barbara Seaworth, MD, FACP, Director, TDH TB Education Center

* This session will provide one hour of ethics and/or professional responsibility content.

The Texas Department of Health designates this educational activity for a maximum of 6 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

This program has been reviewed and is acceptable for 6 prescribed hours by the American Academy of Family Physicians.

The Texas Department of Health is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

For further information and to register, call the TDH Public Health Professional Education Program at 800/ 252-8239, Press 4, or 512/ 458-7677. You may register in advance using the form on the back page of this issue or in person at the conference. The registration fee can be paid by credit card or check.

Additional conference information is available at www.tdh.state.tx.us/phpep/cme/cmeevents.htm and at www.tdh.state.tx.us/TCID/TB-Education-Ctr.htm under "Upcoming Events".



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www.tdh.state.tx.us/phpep/

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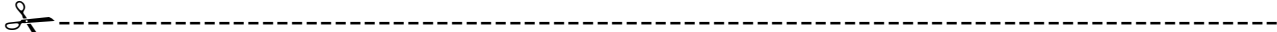
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Registration Form

Perspectives in Public Health: Tackling TB in Texas
Texas Department of Health Quarterly CME Conference
Friday, March 22, 2002 8:00 AM - 4:00 PM

Registration Fee: \$50 Regular \$25 Residents/Fellows (with verification letter) Please call me regarding special needs 

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For information and to register, call 800/252-8239 press 4 or 512/458-7677.
To pay by check, include payment with this registration form and mail to
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Space is limited!
Reservations must be received by March 15, 2002.

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