

For more information, contact

Division of Tuberculosis Elimination

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Coordinating Center for Infectious Diseases
Centers for Disease Control and Prevention
1600 Clifton Road NE
MS E-10
Atlanta, GA 30333
Phone: (404) 639-8120
Fax: (404) 639-8959
E-mail: TBInfo@cdc.gov
Web address: <http://www.cdc.gov/tb/>

Tuberculosis Information Management System (TIMS)

TIMS Help Desk: (404) 639-8444

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Copies of *Reported Tuberculosis in the United States, 2007*, are available from the Division of Tuberculosis Elimination's online ordering system at <http://www.cdc.gov/tb/>.

This report is also accessible via the internet at <http://www.cdc.gov/tb/>

Suggested Citation: CDC. *Reported Tuberculosis in the United States, 2007*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, September 2008.

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Reported Tuberculosis in the United States

2007

Publication Year 2008

Reported Tuberculosis in the United States, 2007
Centers for Disease Control and Prevention
Coordinating Center for Infectious Diseases
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Tuberculosis Elimination

September 2008

Centers for Disease Control and Prevention Julie L. Gerberding, M.D., M.P.H.
Director

Coordinating Center for Infectious Diseases Mitchell L. Cohen, M.D.
Director

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention ..Kevin Fenton, M.D., Ph.D.
Director

Division of Tuberculosis Elimination Kenneth G. Castro, M.D.
Director

Surveillance, Epidemiology, and Outbreak Investigations Branch..... Thomas R. Navin, M.D.
Chief

Surveillance Team..... Valerie Robison, D.D.S., M.P.H., Ph.D.
Team Leader

Field Services and Evaluation Branch Kashef Ijaz, M.D.
Chief

Data Management and Statistics Branch José E. Becerra, M.D., M.P.H.
Chief

This report was prepared by

Surveillance Team
Surveillance, Epidemiology, and Outbreak Investigations Branch
Division of Tuberculosis Elimination
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Coordinating Center for Infectious Diseases
Centers for Disease Control and Prevention

Valerie Robison, D.D.S., M.P.H., Ph.D.
Carla Jeffries, M.P.H.¹
Robert Pratt, B.S.¹
Ryan MacLaren Wallace, M.P.H.
Elvin Magee, M.P.H., M.S.
Lori Armstrong, Ph.D.
Carla Winston, Ph.D.
Lilia P. Manangan, R.N., M.P.H.
Glenda T. Newell
Emily G. Capilouto

Others contributing to the production of this publication

Office of the Director
Philip LoBue, M.D., FACP, FCCP

Data Management and Statistics Branch
The Tuberculosis Information and Management System Support Team

Sandy Price, P.M.P.¹
Bruce Bradley, M.P.A.
Stacey Parker¹
Vic Bowker¹

Surveillance, Epidemiology, and Outbreak Investigations Branch
Mitesh Desai, M.D., M.P.H.

National Center for Health Marketing, Division of Creative Services
Brenda Holmes

Field Services and Evaluation Branch

We also acknowledge and thank

All state and local health departments throughout the United States whose staff collected and reported the data used in this publication.

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¹ CDC Information Technology Support Contractor

Preface

Reports of verified cases of tuberculosis (RVCT) are submitted to the Division of Tuberculosis 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, 2007*, presents the summary data for TB cases reported to CDC, verified, and counted for 2007. 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 2007. 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. Select tables report data from the Pacific and Caribbean jurisdictions. 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. Finally, the sixth 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 DTBE home page, which is accessible via the Internet at <http://www.cdc.gov/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 119). 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 2000¹, 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 TLTBI and revision of these guidelines as needed.

Development of the National System for Severe Adverse Events Associated with Treatment of

LTBI has been implemented, and will include formal collaborations among CDC, FDA, and other participating agencies to ensure inter-agency notification of serious adverse events. Mechanisms for quality assurance and timely dissemination of data are also under development.

At present, DTBE urges hospices, hospitals, jails, prisons, and private medical offices to report, through their local health departments, all severe adverse events (e.g., liver injury, metabolic acidosis, anaphylaxis, seizure, severe dermatitis) leading to hospitalization or death of a person receiving TLTBI that occurred after January 1, 2004, to DTBE by telephone (404-639-8401) or e-mail (LManangan@cdc.gov).

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Previous Statistical Reports in this Series:

1. *Special Tuberculosis Projects, 1961–1965*. Atlanta: CDC; 1966.
2. *Special Tuberculosis Projects, December 1965*. Atlanta: CDC; 1966.
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15. *Tuberculosis Statistics: States and Cities* (for years 1974–1985). Atlanta: CDC; 1971–1986.
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19. *Reported Tuberculosis in the United States* (for years 1993–2006). Atlanta: CDC; 1994–2007.

**Reports from 1999 through 2007 are available on the Internet at
<http://www.cdc.gov/tb/surv/default.htm>.**

State TB Statistics on the Internet*

AL	http://www.adph.org/tb/
AK	http://www.epi.alaska.gov/id/tb.stm
AR	None
AZ	http://www.azdhs.gov/phs/oids/tuberculosis
CA	http://ww2.cdph.ca.gov/programs/tb/Pages/default.aspx
CO	http://www.cdphe.state.co.us/dc/tb/tbhome.html
CT	http://www.dph.state.ct.us/bch/infectiousdise/tbstatis.htm
DC	None
DE	http://www.dhss.delaware.gov/dph/dpc/tuberculosis.html
FL	http://www.doh.state.fl.us/disease_ctrl/tb/
GA	http://health.state.ga.us/epi/tuber.asp
HI	http://www.hawaii.gov/health/tb
IA	http://www.idph.state.ia.us/adper/tb_control.asp
ID	None
IL	http://www.idph.state.il.us/health/infect/reportdis/tb.htm
IN	http://www.in.gov/isdh/19662.htm
KS	http://www.kdheks.gov/tb/statistical_information.html
KY	http://chfs.ky.gov/dph/tb.htm
LA	http://www.dhh.louisiana.gov/offices/?ID=273
MA	http://www.mass.gov/dph/cdc/tb/index.htm
MD	http://www.edcp.org/tb/index.html
ME	http://www.maine.gov/dhhs/boh/ddc/tuberculosis_control.htm
MI	http://www.michigan.gov/tb
MN	http://www.health.state.mn.us/divs/idepc/diseases/tb/stats.html
MO	http://www.ddhss.mo.gov/Tuberculosis.index.html
MT	http://www.dphhs.mt.gov/PHSD/epidemiology/commun-disease-epi-tuberculosis.shtml
MS	http://www.msdh.state.ms.us/msdhsite/_static/14,0,125.html
ND	http://www.health.state.nd.us/disease/tb/
NC	http://www.epi.state.nc.us/epi/tb
NE	http://www.dhhs.ne.gov/cod/Tuberculosis/tbindex.htm
NH	http://www.dhhs.nh.gov/DHHS/CDCS/LIBRARY/Fact+Sheet/tb-reference.htm
NJ	http://www.state.nj.us/health/cd/tbhome.htm
NM	http://www.health.state.nm.us/PHD/Infectious_Diseases/TB/2007_NM_TB_CaseRates.pdf
NYC	http://www.nyc.gov/html/doh/html/tb/tb-reports.shtml
NV	http://health.nv.gov/index.php?option=com_content&task=view&id=208&Itemid=348
NY	None
OH	http://www.odh.ohio.gov/healthstats/disease/tb/tb1.aspx
OK	http://www.health.ok.gov/program/tb/index.html
OR	http://oregon.gov/DHS/ph/tb/
PA	http://www.health.state.pa.us/PHP/TB/tb.htm
RI	http://www.health.ri.gov/disease/communicable/tb/index.php
PR	http://www.salud.gov.pr/Programas/ProgramaTuberculosis/Pages/DatosEstadisticosTuberculosis.aspx
SC	http://www.scdhec.net/health/disease/tb/index.htm
SD	http://doh.sd.gov/tb
TN	http://health.state.tn.us/ceds/TB/index.htm
TX	http://www.dshs.state.tx.us/idcu/disease/tb/statistics/
UT	http://www.health.utah.gov/cdc/tb_home.htm
VA	http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/Tuberculosis/Epidemiology/
VT	None
WA	http://www.doh.wa.gov/cfh/tb
WI	http://www.dhfs.wisconsin.gov/tb
WV	http://www.wvtb.org
WY	http://www.health.wyo.gov/PHSD/tb/index.html

*As reported to CDC by U.S. reporting area TB programs as of July 2008. Includes responses from the reporting areas of New York City (NYC) and Puerto Rico (PR).

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