

Tuberculosis in Texas

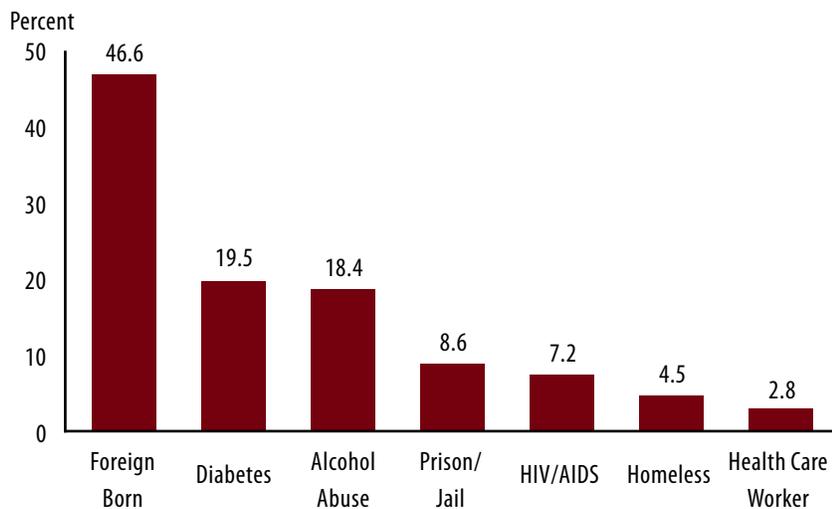
Texas Department of State Health Services TB/HIV/STD/Viral Hepatitis Unit

Tuberculosis in Texas

The Big Picture

In 2011, 1,325 cases of tuberculosis (TB) were reported in Texas, a rate of five per 100,000 population. TB can strike anyone but is more likely to be found in those born in a foreign country where TB is prevalent, people with diabetes, people with HIV/AIDS, the homeless, and those that work in health care. Alcohol abuse is associated with more than 18 percent of TB cases and close to 9 percent of cases are associated with detention facilities.

Risk Factors Associated with TB Cases Reported in Texas in 2011



TB is curable with proper treatment. However, some strains of TB are resistant to the drugs used for treatment. In 2011, sixteen people in Texas were diagnosed with multi-drug resistant TB. Fortunately, there were no cases in Texas that were extensively drug resistant, the most difficult form to treat.

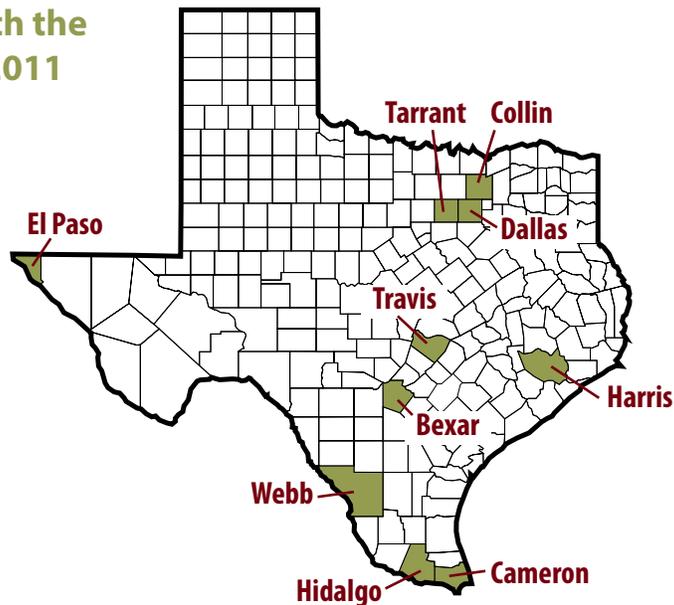
In Texas, 52.6 percent of reported TB cases in 2011 were among Hispanics, 18.7 percent were among African Americans, 12.2 percent were among Whites, 16.1 percent were among Asians, and 0.2 percent were among persons of unknown ethnicity. TB rates are higher along the Texas-Mexico border. Co-infection with TB and diabetes is also more common along the border than in the rest of the state. TB/HIV co-infection is more commonly found in urban areas of Texas.

Tuberculosis Screening

In recent years, blood tests known as Interferon Gamma Release Assays (IGRAs) have been developed to screen for tuberculosis (TB). White blood cells release interferon gamma (IFN-g) in response to contact with TB antigens. If the test result is positive, there is an immune response indicating the presence of the TB bacteria. If the test is negative, there is no such immune response.

Texas Counties with the Most TB Cases - 2011

County	Cases
Harris	318
Dallas	206
Bexar	97
Hidalgo	80
Tarrant	75
Travis	52
Cameron	37
El Paso	37
Webb	36
Collin	20



There are currently two Federal Drug Administration (FDA) approved blood tests on the market: the QuantiFERON®-TB Gold In-Tube test (QFT-GIT) and the T-SPOT®.TB test (T-Spot). The Department of State Health Services Laboratory Services Section Molecular and Serological Analysis Group processes specimens for the QFT-GIT test. Although the tuberculin skin test has been the conventional screening method in Texas, regional and local tuberculosis programs are adopting the IGRA test as the standard tool to screen for TB.

Differences Between the IGRA and the Tuberculin Skin Test

	TST	IGRA
Single patient visit	No	Yes
Test Results	Subjective	Objective
Affected by Bacillus Calmette-Guerin (BCG) Vaccine	Yes	No

Tuberculosis Treatment

Not everyone infected with the bacteria that causes tuberculosis becomes sick. Those who do have symptoms – such as a cough, fever, night sweats, weight loss, chest pain, or fatigue – are most likely suffering from TB disease. Those with TB disease may be infectious and need prompt treatment to end the symptoms and prevent disability or death. Those who are infected with TB bacteria but do not have any symptoms and have a normal chest x-ray have latent TB infection (LTBI). Those with LTBI still require treatment to decrease the risk of future TB disease.

DSHS provides TB treatment medications to public health clinics across Texas. Those clinics treat patients with TB disease and LTBI. Also, people who are presumed to have TB (TB suspects) may be treated while diagnostic work is done. LTBI is generally treated with one medication for 9-12 months. Treatment of suspects may vary in length depending on whether they are diagnosed with TB disease. Treating an average TB case generally involves using up to four medications for six months. Treating individuals with drug-resistant TB requires costly medications that may be used for an extended period of time.

For source information, please call 512-533-3000 or e-mail hivstd@dshs.state.tx.us

TB FACTS TO SHARE

TB is spread through the air from one person to another. When a person with active TB coughs, sneezes, speaks, or sings they put TB bacteria into the air that others nearby may breathe in and become infected.

Most TB transmissions result from exposure to persons with undiagnosed TB disease.

People with latent TB need treatment as soon as possible to prevent them from developing active TB disease.

TB is preventable.
TB is treatable.
TB is curable.



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Contact your local health department to learn more about TB
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