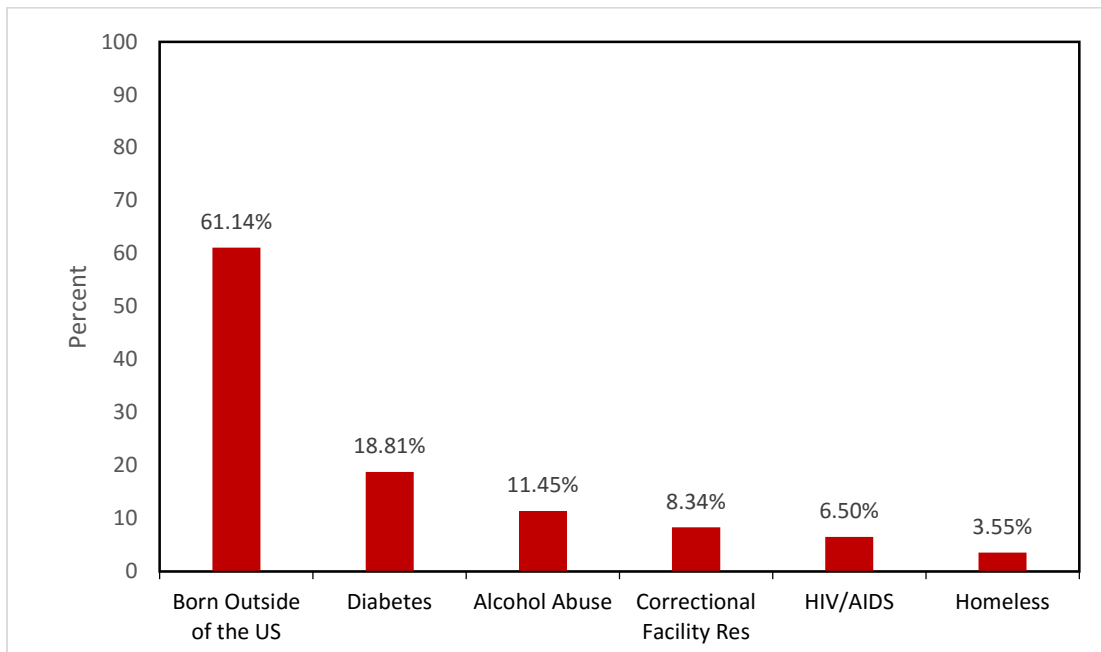


The Big Picture

In 2017, 1,127 cases of tuberculosis (TB) were reported in Texas, a rate of 4.0 per 100,000 population. TB can affect anyone but is more likely to be diagnosed in persons born in a foreign country where TB is prevalent, persons living with diabetes or HIV/AIDS, persons who abuse alcohol and other drugs, persons who live in congregate settings (including prisons and other detention centers), people who experience homelessness, and health care workers.

Risk Factors Associated with TB Cases Reported in Texas in 2017



TB is curable with proper treatment. However, some strains of TB are resistant to the drugs used for treatment. In 2017, eight people in Texas were diagnosed with multidrug resistant TB. There were no cases of extensively drug-resistant TB (XDR-TB) reported in Texas in 2017. XDR-TB is the most difficult form of TB to treat.

In Texas, 53 percent of reported TB cases in 2017 were among Hispanics, 19 percent were among African Americans, 9 percent were among Whites, and 20 percent were among Asians. 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. Homelessness, TB/HIV co-infection is more commonly found in larger urban areas of Texas.



County	Cases
Harris County	281
Dallas County	156
Tarrant County	80
Bexar County	72
Hidalgo County	57
Cameron County	52
El Paso County	36
Fort Bend County	35
Travis County	35
Webb County	25

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 TB bacteria.

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 TST and IGRA tests for TB infection		
	TST	IGRA
Single patient visit	No	Yes
Test results	Subjective	Objective
Results affected by Bacillus Calmette-Guerin (BCG) vaccine	Yes	No

Tuberculosis Treatment

Not everyone infected with the bacteria that cause 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. Prompt treatment is essential to

end 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. These clinics treat patients with TB disease and LTBI. Also, people who are presumed to have TB (TB suspects) may be given treatment while their clinicians perform further testing to confirm or rule out TB disease.

Treating TB disease generally requires up to four medications given for six months. Treating individuals with drug-resistant TB requires costly medications that may be used for an extended period of time. LTBI is generally treated with one medication for 9-12 months. Treatment of suspects varies according to the outcome of their diagnostic tests.