2018 Tuberculosis Annual Report

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Samoa

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Tuberculosis in San Mateo County

- ⇒ 61 new active cases
- ⇒ Incidence: **7.9** cases / 100,000 population
- ⇒ SMC ranked 5th highest incidence in CA
- ⇒ TB-associated deaths: 0

cases of active TB were in individuals

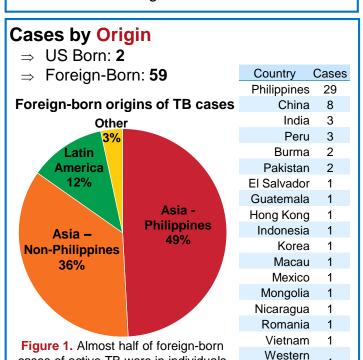
born in the Philippines.

Black

White

Pacific Islander

⇒ No links among US born cases



Patient Demographics **Tuberculosis Cases and** 2014-2018 2014-2018 Incidence Rates, 2014-2018 2018 Annual average Average cases number of cases Incidence Rate Sex Male 34 35.2 9.3 Female 27 24.6 6.3 Age Group 0-4 yrs 0.6 1.4* 0 0.6 0.6* 5-14 yrs 15-24 yrs 4 3.0 3.7* 12 15.0 7.2 25-44 yrs 45-64 yrs 24 19.0 8.7 20 21.6 65+ yrs 17.5 Race/Ethnicity 51 44.6 22.8 Asian 7 10.0 5.0 Hispanic/Latino

*These values are based on calculations using few cases of disease. Caution should be observed when interpreting rates based on few events and/or small populations

Table 1. Based on 5-year average incidences, the groups most affected by TB in San Mateo County are: males, individuals 65 years and older, and Asians.

1

0.4

1.6

2.1*

14.3*

1.0*

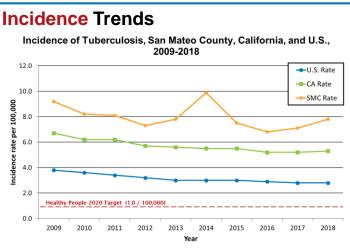
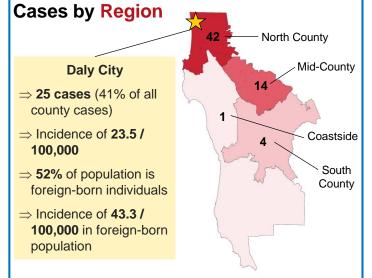


Figure 2. Incidence of TB in San Mateo County remains above the California and U.S. incidence rates.



Demographic Highlights

- ⇒ Median age: 56.5 years old
- ⇒ Age range: 0-95 years old
- ⇒ 1 pediatric case (0-14 years old)

Social Risk Factors

(within past 12 months)

- ⇒ Homeless: 0
- ⇒ Correctional facility: 0
- ⇒ Long-term care housing: 1
- Substance abuse (including alcohol): 2

Clinical Characteristics

| Clinical Characteristics of | TB Cases, 2018 | Number of cases | Percent |
|--|-----------------------------------|-----------------|---------|
| | Pulmonary only | 44 | 72.1% |
| Site of disease | Extrapulmonary only | 13 | 21.3% |
| | Both pulmonary and extrapulmonary | 4 | 6.6% |
| Culture status (sputum cultures from cases with any pulmonary infection) n=47* | Culture Positive | 33 | 70.2% |
| | Clinical Case | 14 | 29.8% |
| Sputum smear status (for cases with positive sputum cultures) <i>n</i> =33 | Positive | 12 | 36.4% |
| | Negative | 21 | 63.6% |
| Comorbidities | HIV/AIDS | 1 | 1.8%** |
| | Diabetes mellitus | 21 | 34.4% |
| | End-stage renal disease | 2 | 3.3% |
| | Other immunosuppression | 6 | 9.8% |

*One case (pulmonary only) was based on a lung culture, no sputum culture was done; this case is not included in this total; **Of 57 cases with known HIV status

Table 2. Over 60% of culture-positive sputum samples were smearnegative. The most common reported comorbidity was diabetes mellitus.

TB Control's Work Load

The TB Control team followed up with **77** potential cases and **536** contacts in 2018.

Of the 58 active cases with treatment monitored by the TB Control team, directly observed therapy (DOT) was performed with 29 cases, and video observed therapy (VOT) was performed with an additional 29

B-notifications

The CDC sends B notifications to health departments as follow-up to the screening mandated by U.S. immigration law. In 2018, San Mateo County received 237 B notifications.

Microbiological Characteristics

| Microbiological Characteristics of TB Cases, 2018 | | Number of cases | Percent |
|---|------------------|-----------------|---------|
| Culture Status (All) | Culture Positive | 47 | 77.0% |
| | Clinical Case | 14 | 23.0% |
| Drug Susceptibility (Culture positive only) | Susceptible | 37 | 78.7% |
| | Resistant | 10 | 21.3% |
| Anti-TB Drug | INH Only | 5 | - |
| | MDR (INH & RIF) | 1 | - |
| Resistance | INH+Streptomycin | 1 | - |
| | PZA | 3 | - |

Table 3. Over 75% of TB cases were culture positive; 78.7% of culture-positive cases were drug susceptible. Only 10 cases were drug resistant, including one multi-drug resistant (MDR) case.

For further information

Call 650-573-2346 Visit smchealth.org/TB

Additional resources:

- California Department of Public Health:
 cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx
- Centers for Disease Control: cdc.gov/tb

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Data sources: CA Dept Public Health (2018 CA and US incidence rates, from 'TB in California: 2018 Snapshot'); CA Dept of Finance (population estimates for incidence calculations, from Jan 2018 P2 data projections); US Census Bureau (city-level population estimates, from American Community Survey 5-Year Estimates)





2018 in Summary

2018 saw an 11.3% increase in incidence of TB in San Mateo County (7.9 cases / 100,000 persons) compared to 2017 (7.1 cases / 100,000 persons). TB incidence in California (5.3 cases / 100,000 persons), and the US (2.8 cases / 100,000 persons) remained about the same over the past three years. Compared to 2009 incidence (9.2 cases / 100,000 persons), San Mateo County has experienced a 14.1% decrease in TB incidence. However, incidences are still above the Healthy People 2020 Target (1.0 cases / 100,000 persons).

The rate of decline in TB incidence in the US is slowing, making it harder to achieve the US goal of TB elimination, defined as less than 1 case per million persons. To make progress towards this goal, there needs to be an intensive effort to screen for latent TB infection (LTBI) and to treat LTBI to prevent future cases of active TB. There are shorter courses of treatment available now for LTBI, which makes it easier for persons to comply and complete treatment.

LTBI should be treated in patients of all ages, as even older patients are at risk for progression to active TB. Of the twenty TB cases 65 years and older in San Mateo County in 2018, nine (45%) were in individuals 80 years and older. Treating LTBI even when diagnosed in older patients will help reduce the risk of development of active TB.

The 2 cases in US born individuals were not epidemiologically linked. We have no evidence of ongoing local transmission of TB. However, without continued aggressive vigilance and control measures, that could easily change. The highest number of cases occurred in Daly City. As expected, the majority of cases were foreign-born, with just under half being foreign-born in the Philippines. Older age groups continued to bear the highest burden of disease in San Mateo County. Persons with diabetes are three times more likely to progress from LTBI to active TB than persons without diabetes. Diabetes mellitus (DM) continued to be the most common co-morbidity in persons with TB and was present in over one third of cases in 2018.