Tuberculosis: A Persistent Public Health Threat

Benjamin D. Galvan, MLS(ASCP), CIC



OBJECTIVES



1. Describe the "natural history of disease" of tuberculosis infection, its management, and associated risk factors



2. List three challenges to TB eradication



3. Recognize the potential downstream effects of the COVID-19 pandemic on TB eradication

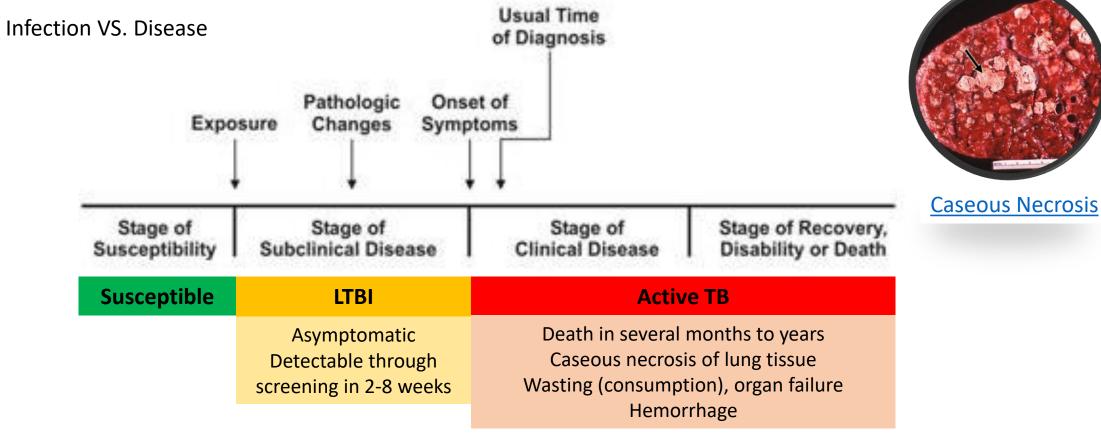




NATURAL HISTORY OF DISEASE

Definition: the progression of a disease process in an individual over time, in

the absence of treatment





Source: Centers for Disease Control and Prevention. Principles of epidemiology, 2nd ed. Atlanta: U.S. Department of Health and Human Services;1992.

TB TIMELINE



Ancient times

TB described in medical literature; identified as a single disease in the 1820s

1834

First international conference on TB is held in Paris

1882

Tuberculin skin test developed by Dr. Charles Mantoux

Evidence of TB depicted in Egyptian art; noted in biblical books



1700s-1800s

Johann Schonlein coins the term "tuberculosis"



1867

Dr. Robert Koch identifies causative agent of TB

1907

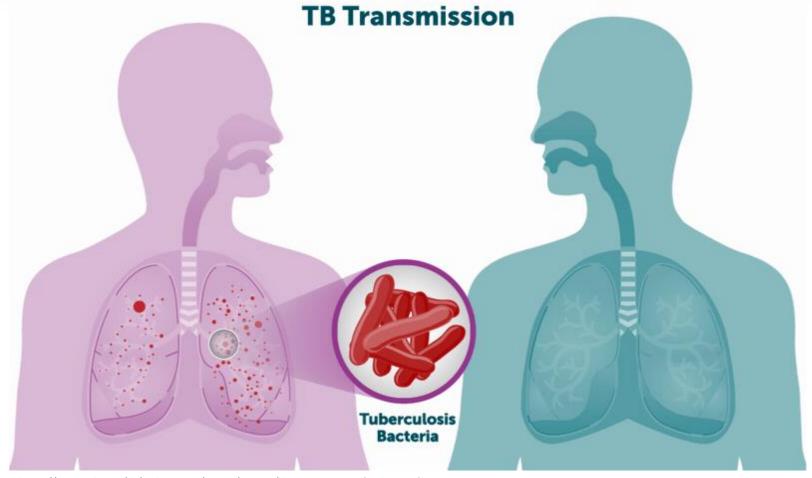


https://www.oxfordmeded.com/wp-content/uploads/2020/05/OI-Timeline-v4a-2048x1852.jpg



TB BASICS

- Mycobacterium tuberculosis
- Airborne Transmission
- Incubation
- Forms of disease
- Genetic protections







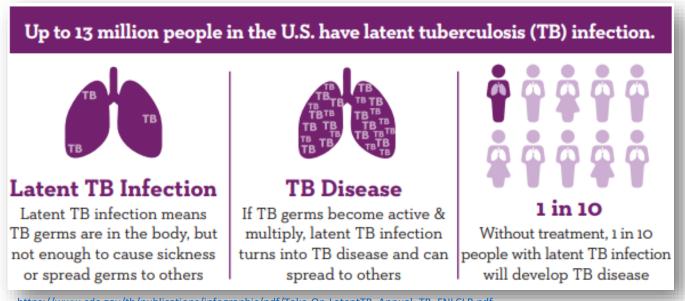
LATENT TB INFECTION (LTBI) and TB DISEASE

Latent TB Infection

- The inactive state of TB infection
- 1/4th of the world estimated to be infected
- 13 million in the US
- Considered non-infectious

TB Disease

- The active state of TB Infection
- 10% of infected people will develop active disease
- Considered infectious



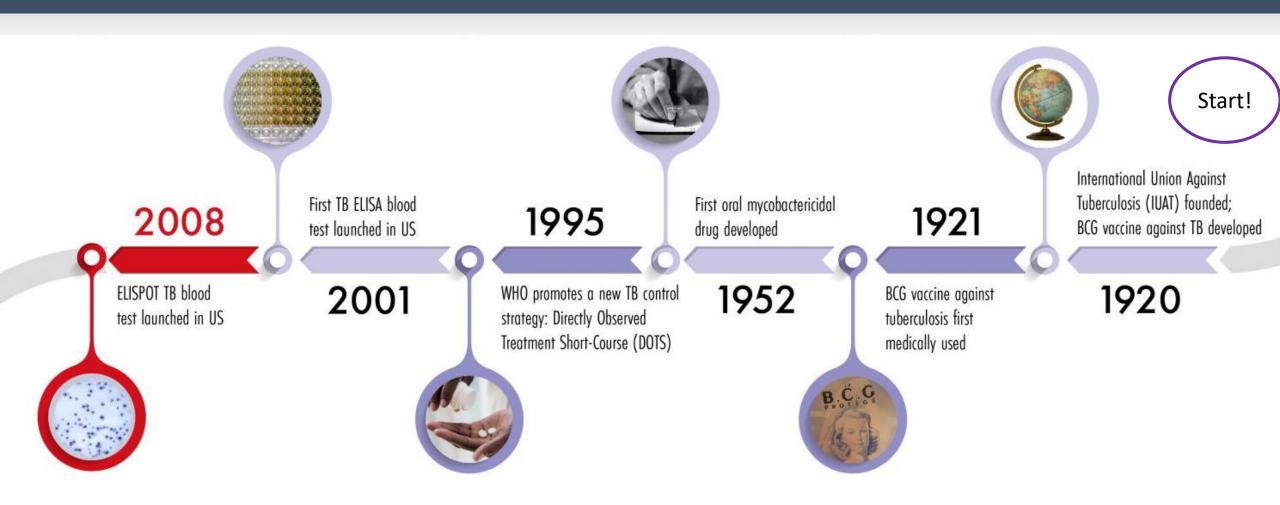


LATENT TB INFECTION (LTBI) and ACTIVE TB DISEASE

Risk Factor	Risk of Developing TB Disease	ng TB Description		
TB infection and no risk factors	About 10% over a lifetime	For people with TB infection, no risk factors, and no treatment, the risk is about 5% in the first 2 years after infection and about 10% over a lifetime.		
TB infection and diabetes	About 30% over a lifetime	For people with TB infection, diabetes, and no LTBI treatment, the risk is about 30% over a lifetime (3 times as high as those with no risk factors).		
TB infection and HIV infection	About 7% to 10% PER YEAR	For people with TB infection, untreated HIV infection and with no LTBI treatment, the risk is about 7% to 10% PER YEAR, a very high risk over a lifetime.		



TB TIMELINE



https://www.oxfordmeded.com/wp-content/uploads/2020/05/OI-Timeline-v4a-2048x1852.jpg



PEOPLE WHO SHOULD BE TESTED FOR TB INFECTION INCLUDE:



Contacts of people with TB disease



People who were born in or who frequently travel to countries where TB disease is common



People with health problems that make it hard to fight TB disease



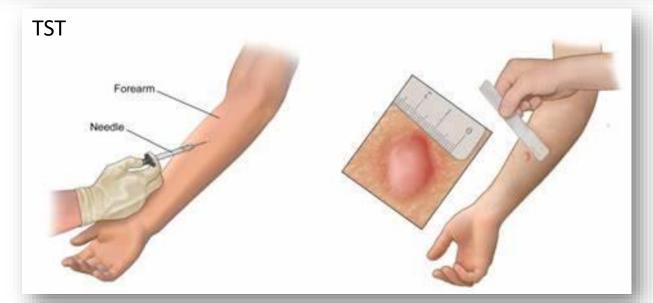


HOMELESS

CORRECTIONAL FACILITIES

People who spend time in places where TB is more common

https://www.cdc.gov/tb/publications/infographic/pdf/Take-On-LatentTB_Annual_TB_FNLCLR.pdf



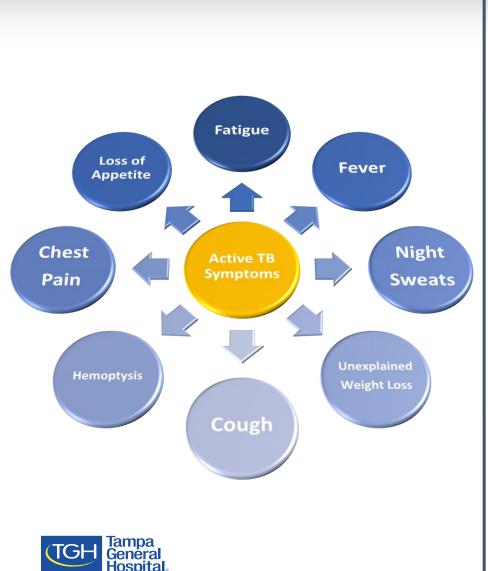
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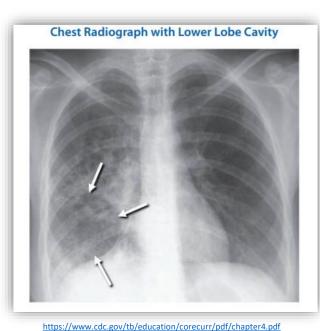


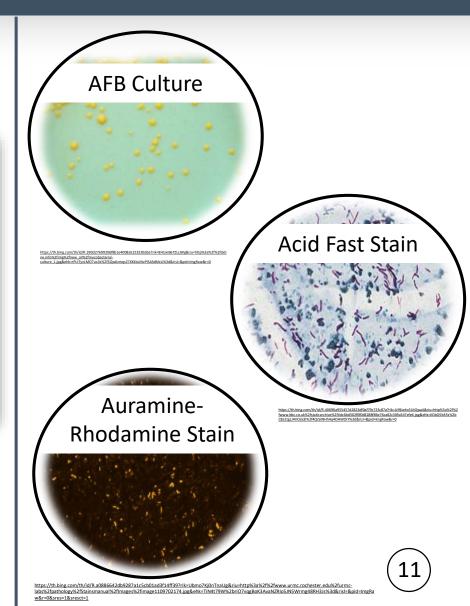
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DIAGNOSING ACTIVE TB DISEASE







TB MANAGEMENT

PZA

RIF

INH

EMB

LTBI

- Treatment
 - Isoniazid (INH)
 - Rifapentine (RPT)
 - Rifampin (RIF)

Drug

- Course
 - 1HP (Short-HIV)
 - o 3HP (Short)
 - o 4R (Short)
 - o 3HR (Short)
 - 6H/9H (Long)



Active TB Disease

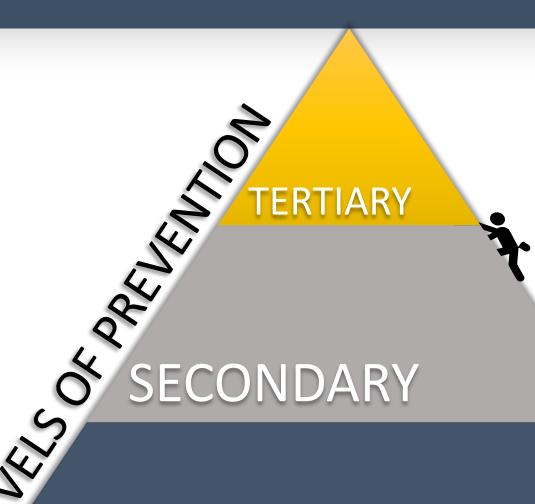
- Treatment (1st line)
 - R | rifampin (RIF)
 - I | isoniazid (INH)
 - P | pyrazinamide (PZA)
 - E | ethambutol (EMB)
- Course
 - 6-9 months
 - 18-24 months (MDR)

TB PREVENTION

Multi-pronged approach to prevention

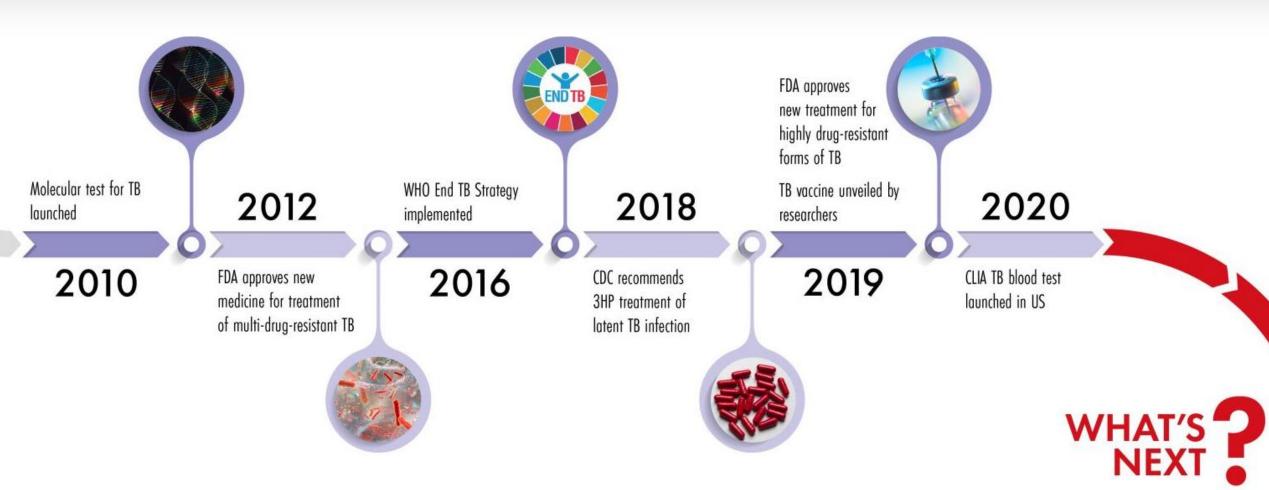
- Diagnosis & Treatment
- Transmission-based precautions
- Safe travel practices
- Vaccination
- Public health control measures and funding
- Addressing Social determinants of health





PRIMARY

TB TIMELINE



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ING TB REQUIRES EXPANDING TESTING ENT OF LATENT TB INFECTION. CDC WORKS

CHALLENGES TO TB ERADICATION





Promote Effective Testing & Treatment Options



Develop |

TB REQUIRES A COMPREHENSIVE APPR

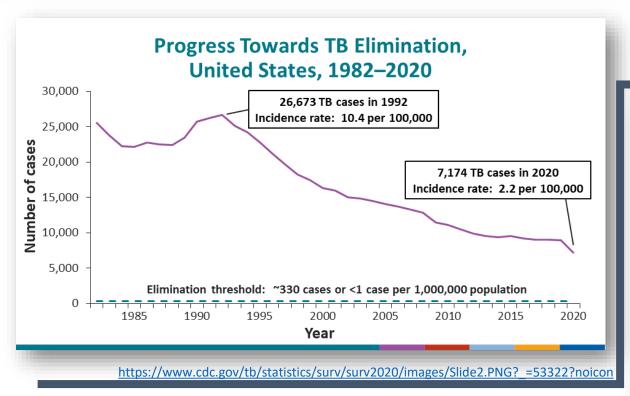
hting TB whenever & wherever it occurs through:

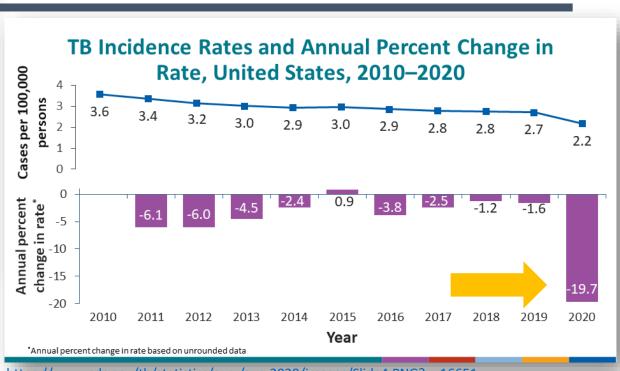






TUBERCULOSIS IN THE UNITED STATES





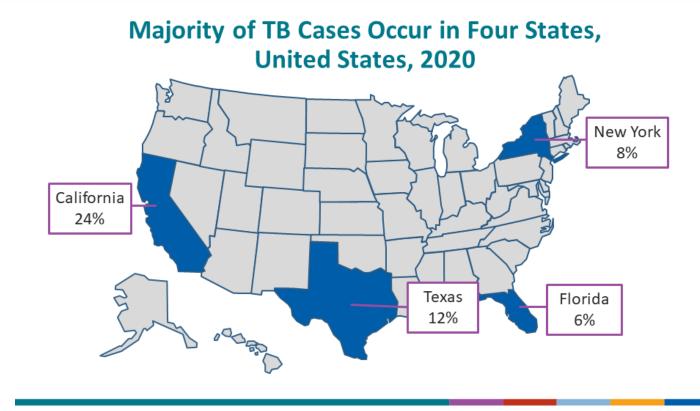
https://www.cdc.gov/tb/statistics/surv/surv2020/images/Slide4.PNG?_=16651



TUBERCULOSIS IN THE UNITED STATES

In 2020, slightly more than half (50.3%) of TB cases continue to be reported from 4 states:

- 1. California (23.8%)
- 2. Texas (12.3%)
- 3. New York state (8.4%)
- 4. Florida (5.7%)

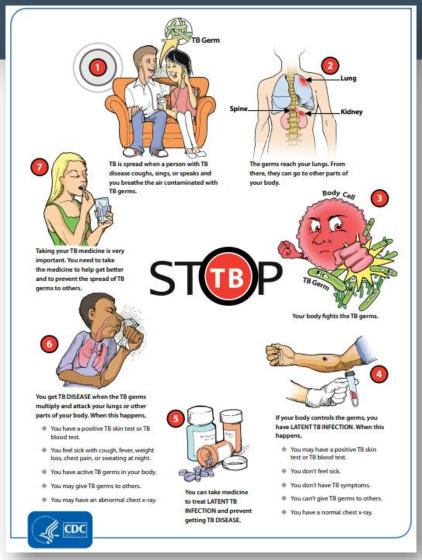


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UNDERDIAGNOSIS

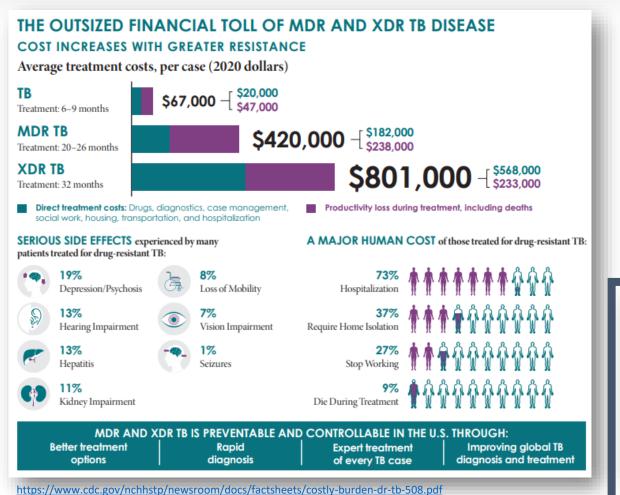
- High risk populations exist globally, including in the US:
 - Contacts of those with TB
 - People living in congregate settings
 - People born in or traveling from high risk/endemic areas
 - Children living with at risk adults
 - Healthcare workers
 - Workers in congregate settings
- Estimated that >30% of latent TB cases go undiagnosed

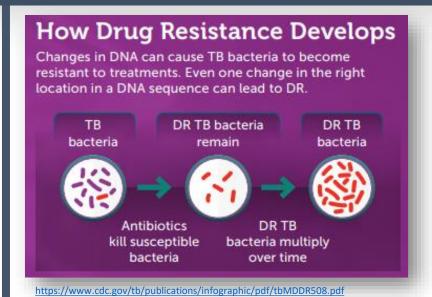


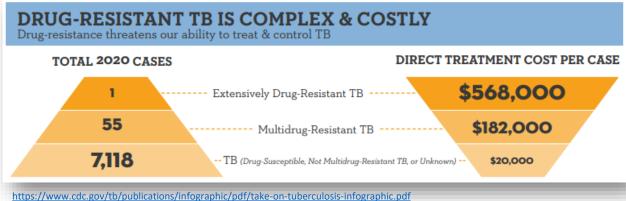
StopTBlarge.pdf (cdc.gov)



DRUG RESISTANCE









SOCIAL DETERMINANTS

Health Disparities

- Race/ethnicity
- Medical conditions
- Geographic location
- Homelessness
- Incarceration

Dr. Taison Bell, SHEA SPRING PLENARY PRESENTATION, 2021

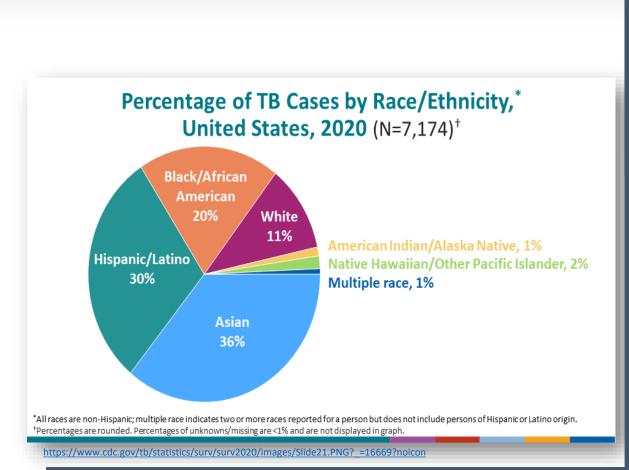
"When White folks catch a cold, Black folks get pneumonia"

- Christine Taylor (my Great-grandmother)





SOCIAL DETERMINANTS



TB CAN HAPPEN ANYWHERE & TO ANYONE

To eliminate TB, we must prioritize groups at increased risk of TB



TB cases occur among

non-U.S.-born persons

Native Hawaiian or Other Pacific Islander persons

Asian persons

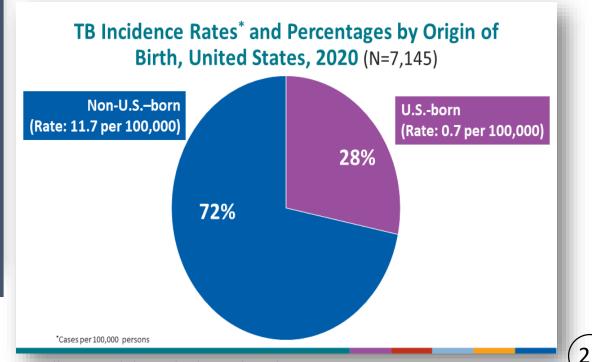
Compared with White persons, TB case rates (per 100,000 persons) are:

higher for Hispanic or Latino persons

Alaska Native persons

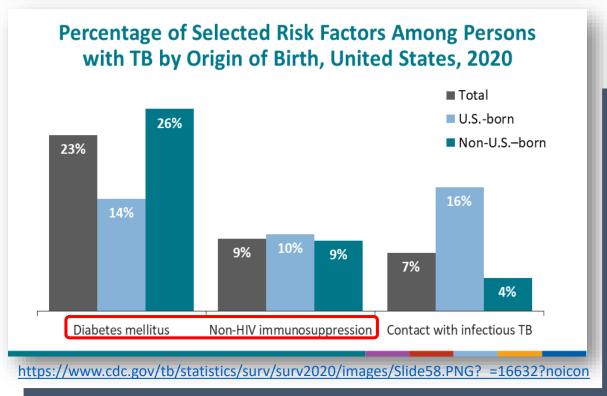
American persons

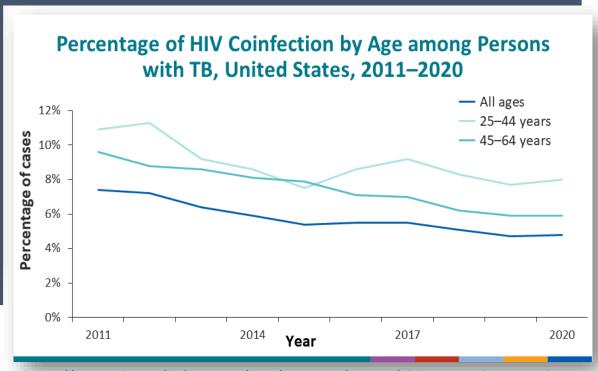
https://www.cdc.gov/tb/publications/infographic/pdf/take-on-tuberculosis-infographic.pdf





SOCIAL DETERMINANTS

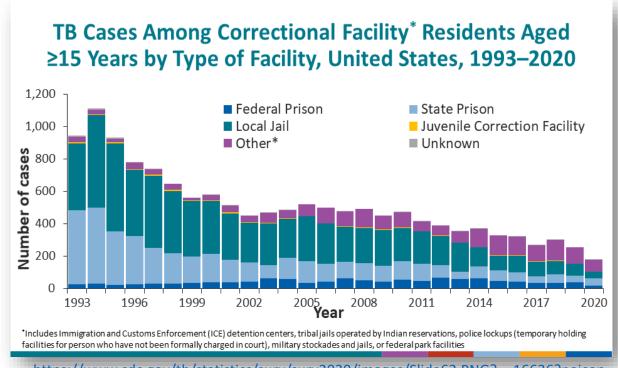




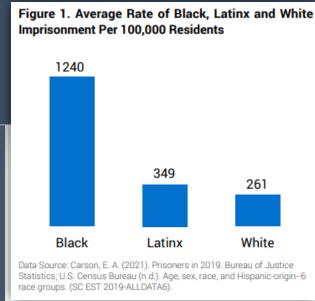
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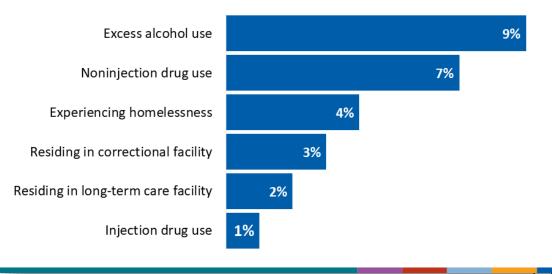
SOCIAL DETERMINANTS



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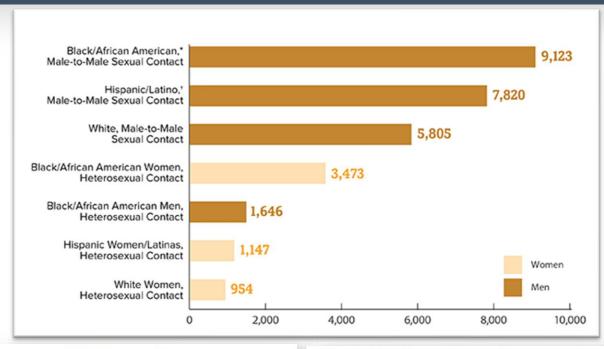


Percentage of Social Risk Factor Among Persons Aged ≥15 Years with TB, United States, 2020





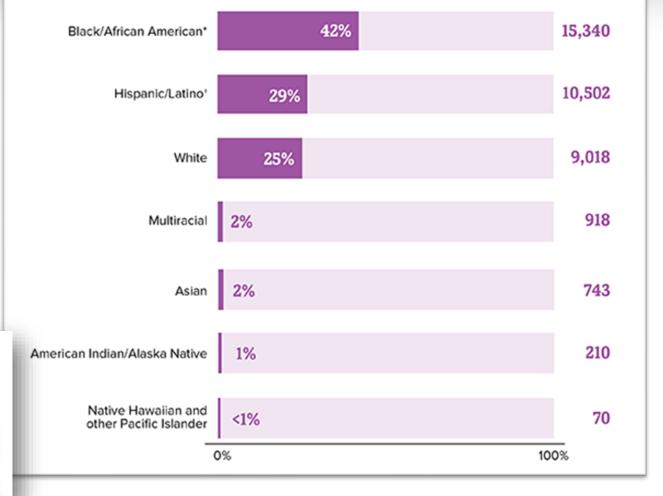
HIV IN THE UNITED STATES - 2019



Gay and bisexual men are the population most affected by HIV.



Black/African American and Hispanic/Latino people are disproportionately affected by HIV.



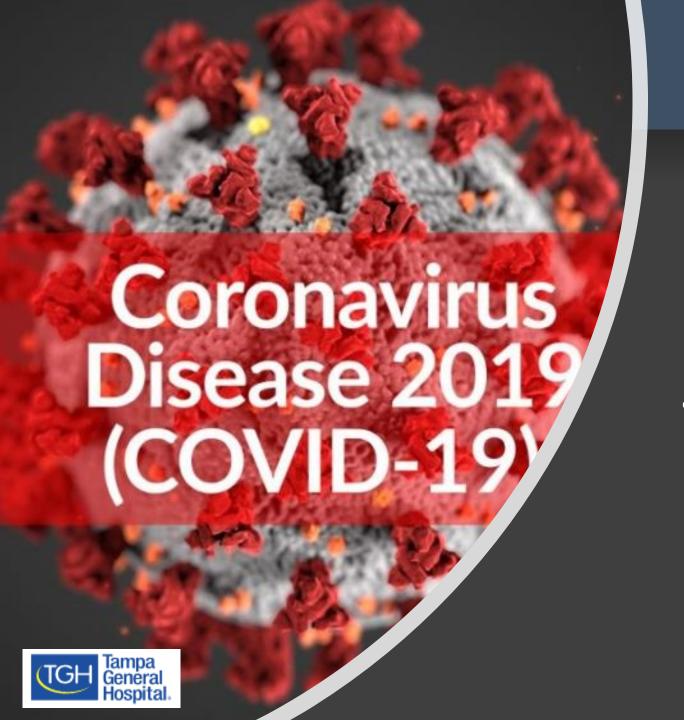


TB and HIV

- Identifying co-infection is paramount
- CDC provides guidelines on treating HIV patients with TB drugs: https://clinicalinfo.hiv.gov/en/guidelines-adult-and-adolescent-arv/overview
- Several treatment options exist depending on the patient's HIV cocktail
- Case Management



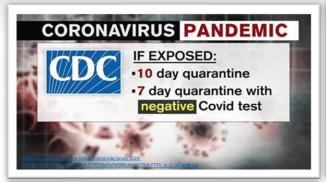




COVID-19 AND TUBERCULOSIS

COVID-19 AND TUBERCULOSIS

- Control measures for COVID
- COVID infection and treatment
- Reduced reported rates
- Supply Chain issues
- Clinical trials halted

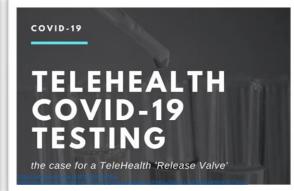














COVID-19

Developed by Stop TB Partnership in collaboration with Imperial College, Avenir Health, Johns Hopkins University and USAID.

THE POTENTIAL IMPACT OF THE COVID-19 RESPONSE ON TUBERCULOSIS IN HIGH-BURDEN COUNTRIES: A MODELLING ANALYSIS

Country	Excess cases betwee (% increase)	n 2020-2025	Excess deaths between 2020-2025 (% increase)			
	2-month lockdown + 2-month recovery	3-month lockdown + 10-month recovery	2-month lockdown + 2-month recovery	3-month lockdown + 10-month recovery		
India	514,370 (3.55%)	1,788,100 (12.32%)	151,120 (5.70%)	511,930 (19.31%)		
Kenya	12,154 (1.51%)	40,992 (5.08%)	4,873 (2.15%)	15,800 (6.99%)		
Ukraine	2,348 (1.19%)	7,589 (3.86%)	455 (2.40%)	1,578 (8.31%)		
Global	1,826,400 (3.1%)	6,331,100 (10.7%)	342,500 (4.0%)	1,367,300 (16.0%)		

Table 1. Model-estimated impact for the excess TB cases and deaths that would occur in each country, as a result of the COVID-19 response. As noted in the text, estimates are relative to a 'status quo' comparator, assuming that TB services continue indefinitely at pre-lockdown levels. Note that even though the global impact estimates fall within the range of country estimates, they are based on country-specific and different status quo trends than the ones used in the modelled countries (i.e. statistical projections of status quo as opposed to projections via a dynamic compartmental model).

(Stop TB, 2020)





WHAT'S BEING DONE TODAY?

CDC Addressing Disparities

- Improve TB screening of immigrants
- Spanish TB website: https://www.cdc.gov/tb/esp
- Culturally appropriate education materials developed
- Highlight personal experience to humanize the disease
- Greater demographic stratification in available data
- Engage with HCPs on treatment and diagnostic options

Research

- TBESC
- o TBTC

TB Elimination Alliance

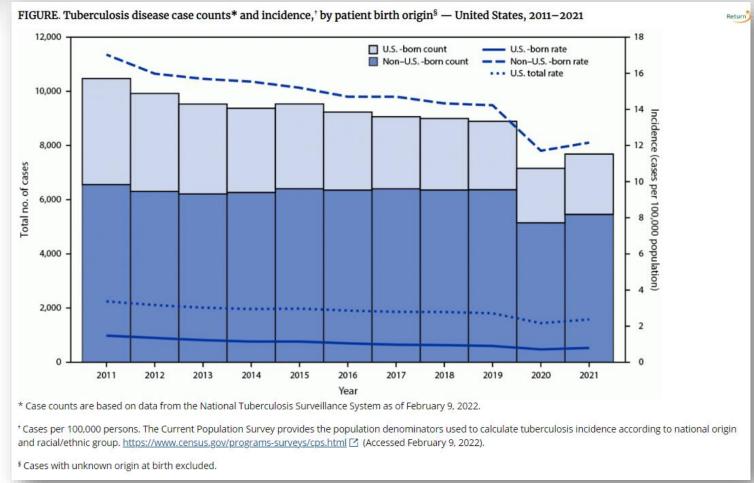
NEEMA





LOOKING AHEAD

- Provisional National Data -2021
- Public Health Funding
- Treatment availability
- Vaccine Technology



Tuberculosis — United States, 2021 | MMWR (cdc.gov)



State Specific Data

2020 Data:

Louisiana: 2.1 / 100,000 population, with 99 cases

Jefferson Parish: 2.8 / 100,000 population, with 12 cases

Orleans Parish: 4.6 / 100,000 population, with 18 cases

2021 Data:

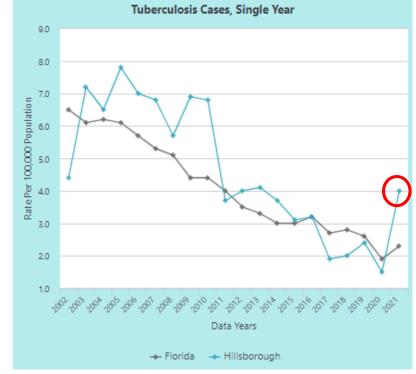
Louisiana: 1.9 / 100,000 population, with 86 cases

Jefferson Parish: 4.2 / 100,000 population, with 18 cases

Orleans Parish: 2.3 / 100,000 population, with 9 cases

TBMorbidity5Year.pdf (la.gov)

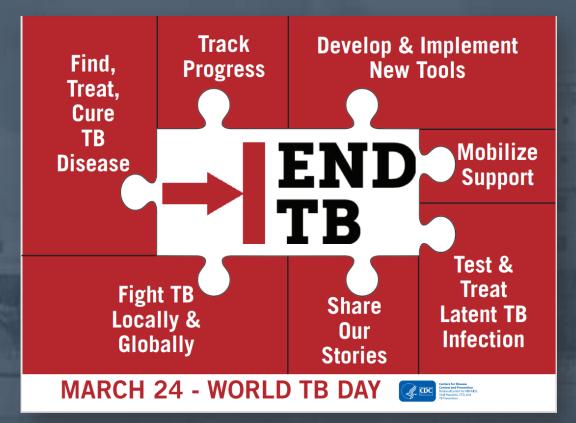
Compare to Florida...

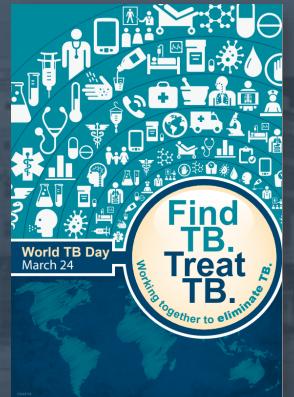


Click on county name or "Florida" in the legend to hide or show the county or state

Tuberculosis Cases, Rate Per 100,000 Population, Single Year											
	Hillsborough				Florida						
Data Year	Count	Denom	Rate	MOV	Count	Denom	Rate	MOV			
2021	60	1,515,107	4.0*	1.0	499	22,005,587	2.3	0.2			
2020	22	1,481,163	1.5	0.6	412	21,640,768	1.9	0.2			









Questions?



Thank you!

bgalvan@tgh.org



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