

## **Tuberculosis**

**Agent:** *Mycobacterium tuberculosis* (bacteria)

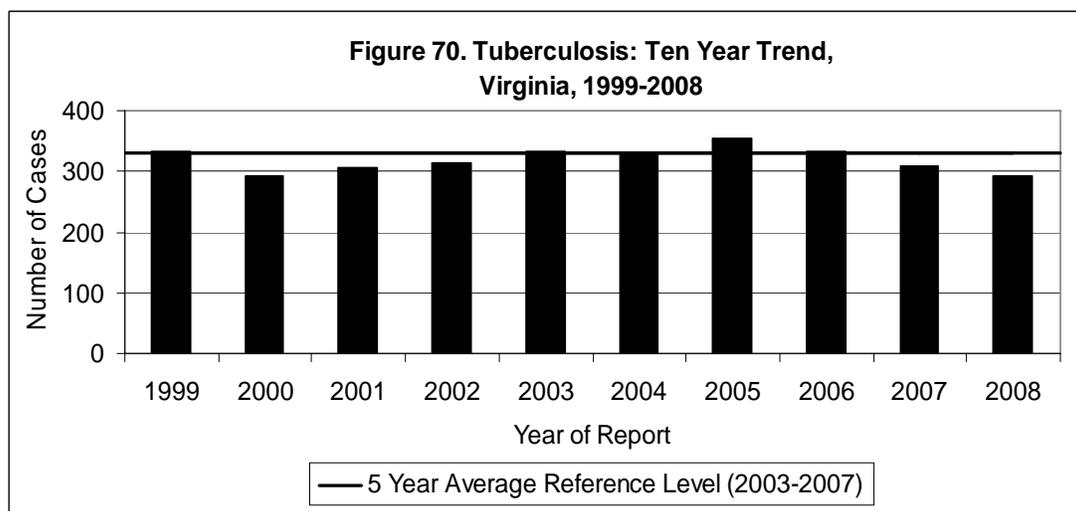
**Mode of Transmission:** Inhalation of tubercle bacilli via airborne droplet nuclei produced when patients with pulmonary or respiratory tract tuberculosis exhale the bacilli through coughing, singing, or sneezing.

**Signs/Symptoms:** Dependent on the organ(s) affected. General systemic signs and symptoms include fever, chills, night sweats, weight loss and fatigue. Symptoms of pulmonary tuberculosis may also include a prolonged (greater than 3 weeks) productive cough and coughing up blood.

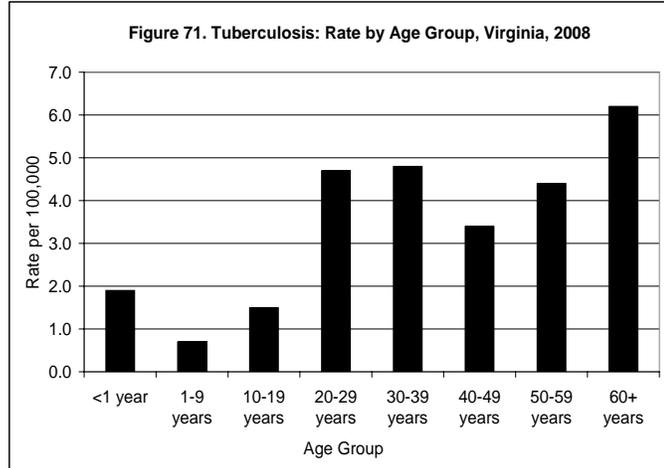
**Prevention:** Prompt identification, diagnosis and treatment of persons with infectious tuberculosis. Timely contact investigations to identify and treat additional persons with active tuberculosis disease and persons with latent tuberculosis infection. Infection control measures in high-risk settings.

**Other Important Information:** About 10% of those infected with tuberculosis will develop active disease during their lifetime, with the greatest risk for disease progression during the two years following infection. Co-infection with HIV and other immune suppressing conditions represent the greatest risks for progression to active disease.

The 292 tuberculosis cases reported in 2008 were a 5% decrease from the 309 cases reported in 2007, and were 12% lower than the five year average of 331.4 cases per year (Figure 70). Drug resistance was found in 35 cases, two of which were multi-drug resistant (MDR). No cases of extensively drug resistant (XDR) tuberculosis were reported. The majority of cases (73%) were reported among foreign-born persons. The five most common countries of origin were the Philippines, Viet Nam, India, Ethiopia and Mexico.



Incidence rates in adults were higher than rates in children and adolescents. The highest incidence rate occurred among persons in the 60 year and older age group (6.2 per 100,000), followed by those in the 30-39 and 20-29 year age groups (4.8 and 4.7 per 100,000, respectively). The lowest rate (0.7 per 100,000) was reported among those aged 1-9 years (Figure 71). By race, the highest incidence by far was observed in the “other” race population (21.4 per 100,000) followed by the black population (4.9 per 100,000) and the white population (1.8 per 100,000). In 2008, all persons of “other” race with tuberculosis were Asian and Pacific Islanders.



Males had a higher rate (4.5 per 100,000) than females (3.1 per 100,000). The highest number of cases and highest incidence rate were reported from the northern region (169 cases, 8.1 per 100,000), and the lowest number and rate were seen in the southwest region (16 cases, 1.2 per 100,000) (Figure 72). The high rate in the northern region is attributed to 72% of the 212 foreign-born cases being reported from that area.

