

The Utah Department of Health, Tuberculosis (TB) Control Program, in collaboration with local health departments and community partners, has made progress towards the elimination of TB in Utah. Over the last ten years morbidity has declined, high-risk groups have been targeted for testing, and knowledge of TB in the community has increased through educational outreach programs. In 2001, Utah had its lowest number of active TB cases and case rate for the last ten years.

Active Cases in Utah

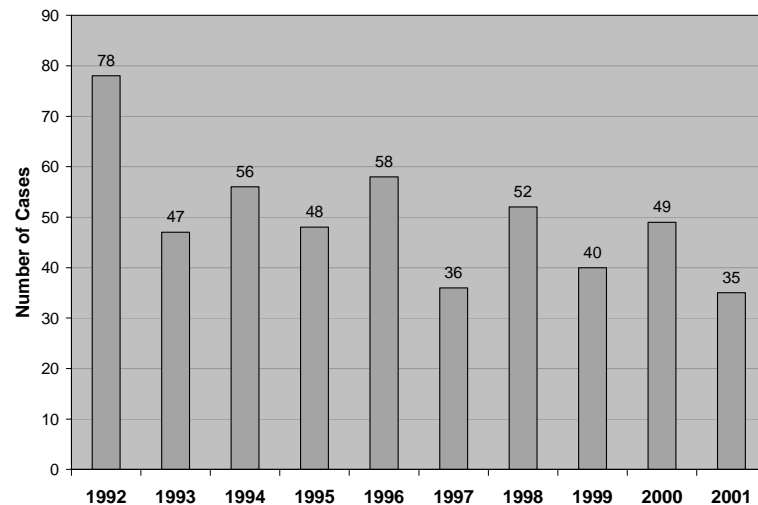
- Utah had an average of 50 cases of active TB reported each year between 1992 and 2001 (Figure 1). The average case rate for this same period was 2.4 cases of tuberculosis per 100,000 (range: 1.5-4.2 cases per 100,000 persons).

Demographic Information

- Males account for more of Utah's TB morbidity than females. Over the past ten years, males have accounted for an average

Active TB in Utah

Figure 1. Number of cases of active TB disease in Utah, 1992-2001.

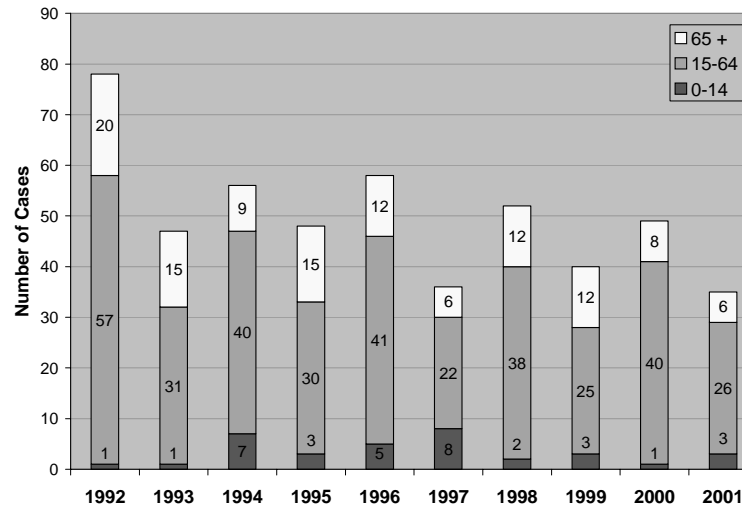


of 67% of cases each year, while females have accounted for 33%. During 2001, 69% (24 of 35) of persons with TB in Utah were male, and 31% (11 of 35) were female.

- For the period between 1992 to 2001, the greatest number of active TB cases in Utah occurred in persons between the age of 15 to 64 (Figure 2). The proportion of Utah's

Age Distribution of TB

Figure 2. Age Distribution of TB Cases in Utah, 1992-2001.



TB cases for this 10 year period averaged 8% in persons 0-14 years of age, 70% for persons 15-64 years of age, and 23% in persons 65 years of age and older. Comparing the age distribution of people with active TB disease with the age distribution of the general population, it is evident that TB affects the older population to a much greater degree. Reasons for this include the weakening of the immune system and other health related problems which allows latent TB infection to develop into active TB disease.

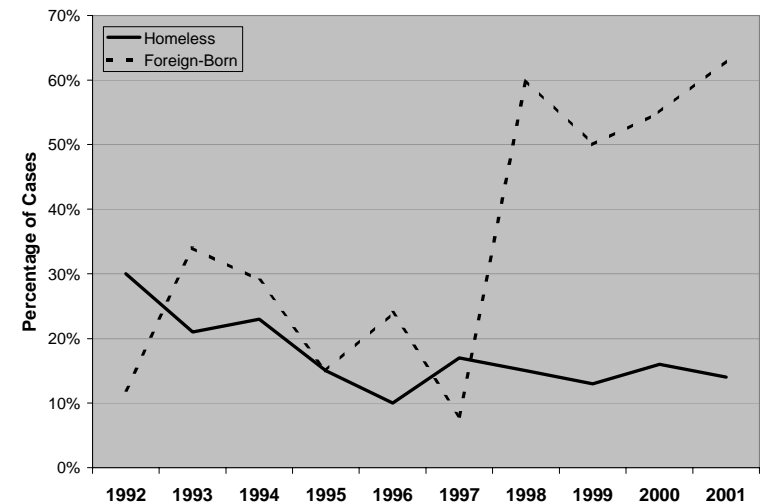
- For the ten year period of 1992-2001, White, non-Hispanic persons accounted for an average of 42% of Utah's TB morbidity. Black, non-Hispanic persons accounted for an average of 9% of Utah's TB morbidity; Native Americans/Alaskan Natives accounted for an average of 11% of morbidity; Asian/Pacific Islanders accounted for an average of 17% of morbidity; and, persons of Hispanic ethnicity accounted for an average of 22% of morbidity.

State Trends

- In the state of Utah, the percentage of persons with TB born outside of the U.S. ranged between 8% and 63%, with an average of 35% for the ten year period. In the years 1998-2001, half or more of the persons diagnosed with TB in Utah were born outside of the U.S. This is consistent with other state trends in the rest of the United States. Foreign-born persons are at a high risk for TB since many are from high prevalence TB areas, such as Africa, Asia, Eastern Europe, and Latin America.

TB in Foreign-Born and Homeless Population

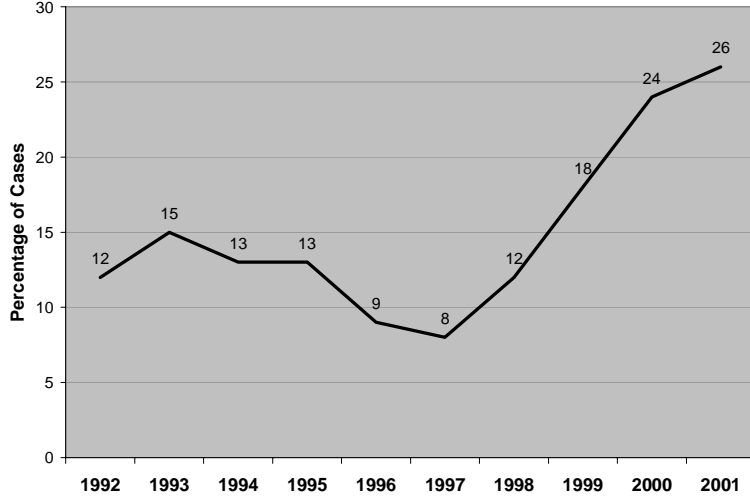
Figure 3. Utah TB Cases in the Foreign-Born and Homeless Population, 1992-2001.



- From 1992-2001, an average of 17% of persons with TB were homeless at the time of their diagnosis. During this ten year period, the majority of persons with TB were living in a primary residence at the time of their diagnosis. The ten year average was 73% for cases living in a private residence, 4% for cases living in a correctional facility, and 6% for cases living in a long term care facility. For a comparison of TB cases in the homeless population versus the foreign-born population see Figure 3.
- Over the ten-year period, 1992-2001, there has been a gradual increase in the number of culture isolates obtained from TB cases that have resistance to one or more anti-tuberculosis medications relative to the total number of TB culture isolates (Figure 4). This troubling statistic highlights the need for continued drug sensitivity testing for all TB culture isolates, and the need for directly observed therapy (DOT) for all TB patients to ensure that they take all their medicine as prescribed to treat their disease. During the last 10 years, there has been a significant increase in the number of clients on DOT, which is administered by nurses or health care workers from the local health departments (19% in 1992 vs. 91% in 2001).

Drug Resistant Cases

Figure 4. Percentage of Drug Resistant TB Cases, 1992-2001.



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Additional information about this topic can be obtained from the Tuberculosis Program, Utah Department of Health, P. O. Box 142105, Salt Lake City, Utah 84114-2105, (801) 538-6096, FAX (801) 538-9913, or the Office of Public Health Assessment, Utah Department of Health, P.O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947 or (801) 538-9346, email: phdata@utah.gov. To view more information on tuberculosis, go to <http://www.health.state.ut.us/els/hiv/aids/tbrefugee.html>.

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