

Wisconsin Tuberculosis (TB) Program Update

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Wisconsin TB Program

Wisconsin Mycobacteriology Laboratory Network Conference, Madison, WI

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Outline

- TB statistics, globally and nationally
- TB in Wisconsin

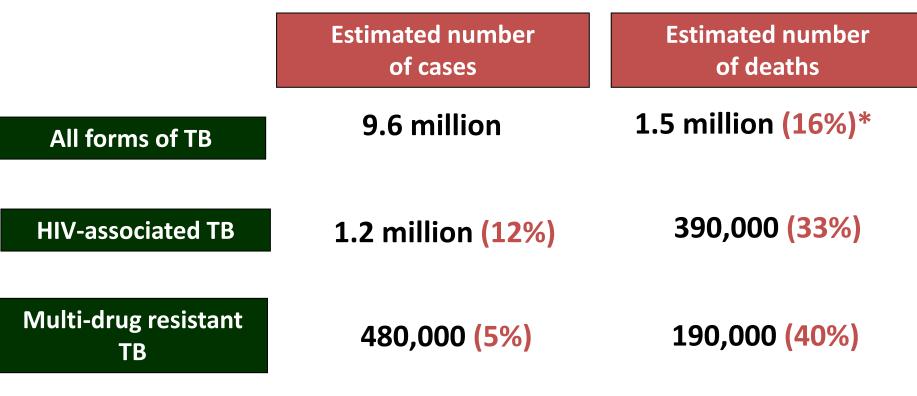
 Epidemiology
 Demographics
- WI partnerships for TB patient management
- WI TB Program Updates



GLOBAL TB STATISTICS



The Global Burden of TB, 2014



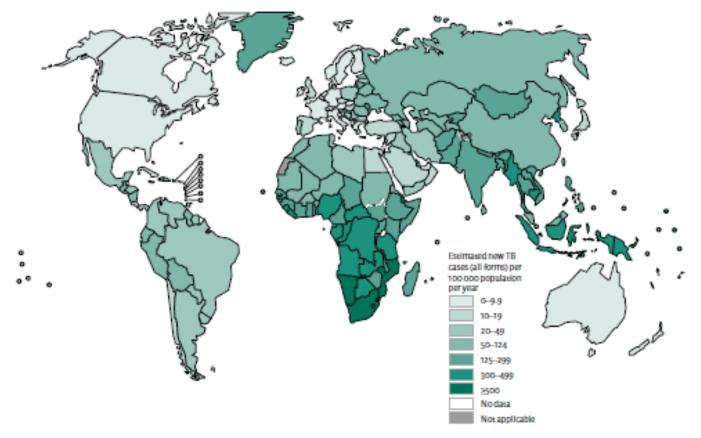
Source: WHO Global Tuberculosis Report 2015

* Including deaths attributed to HIV/TB



Estimated TB Incidence Rates, 2014

Estimated TB incidence rates, 2014





2015 World Health Organization Statistics

- TB remained one of the top 10 causes of death worldwide
- Although there was a 1.5% decrease in the overall number of TB cases worldwide from 2014 to 2015, this decrease was too small to meet the first milestone of the 2020 End TB Strategy.



TB IN THE UNITED STATES



2015 CDC US Statistics

- In 2015, total of 9,563 TB cases were reported in the US based on preliminary data from the CDC National TB Surveillance System.
- This represents an increase of 157 cases from the 9,406 case reported in 2014.
- This is the first time since 1991 that the annual number of reported TB cases in the US has increased from one year to the next.

www.cdc.gov/tb



TB IN WISCONSIN



Wisconsin TB Case Numbers

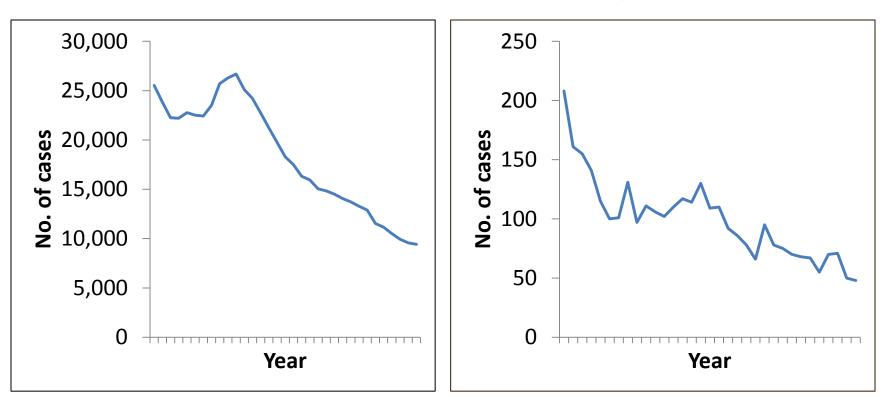
- In 2015 Wisconsin had 69 TB cases which is above the average of 59 cases for the previous 5 years.
- In 2016, 33 cases so far this year, which is very low for November



Reported TB Cases

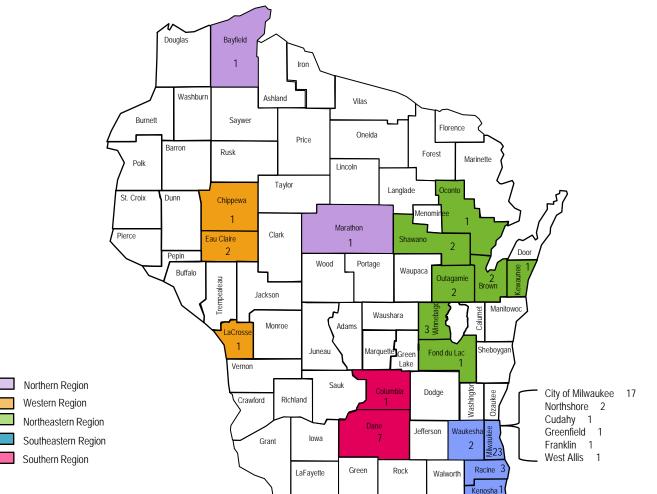
United States, 1982–2014

Wisconsin, 1982–2014





2015 TB Cases by Region

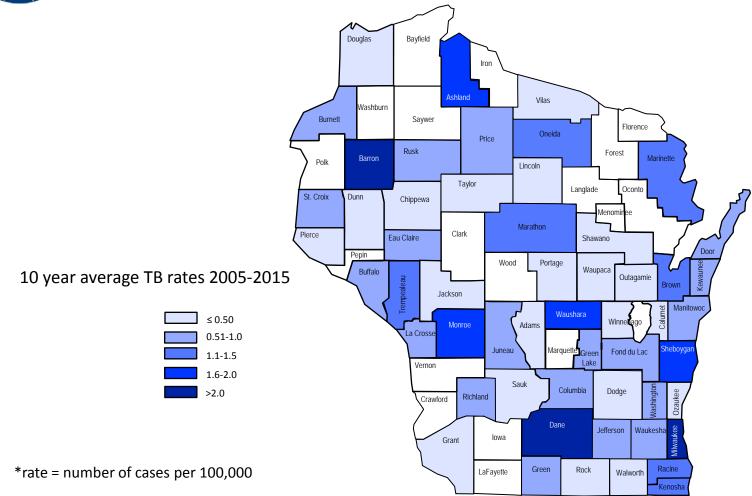


*Preliminary as of November 1, 2015. WI TB Program.

Wisconsin Department of Health Services

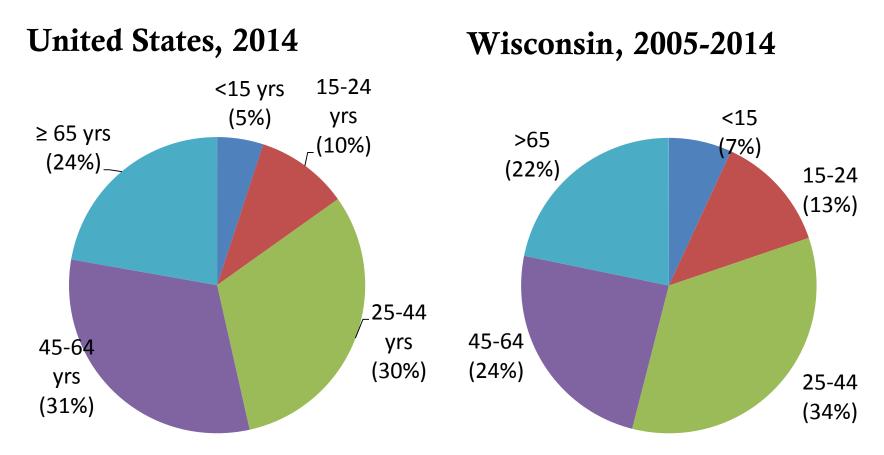


TB Case Rates,* Wisconsin, 2005-2014





Reported TB Cases by Age Group

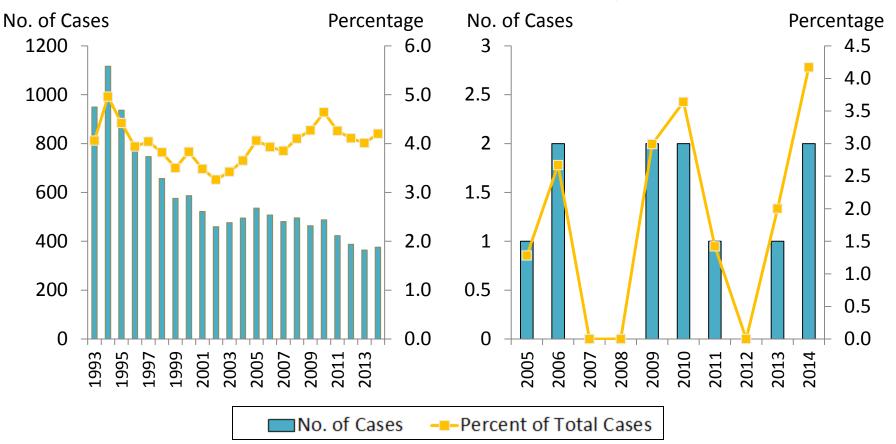




TB Cases by Residence in Correctional Facilities, Age ≥15

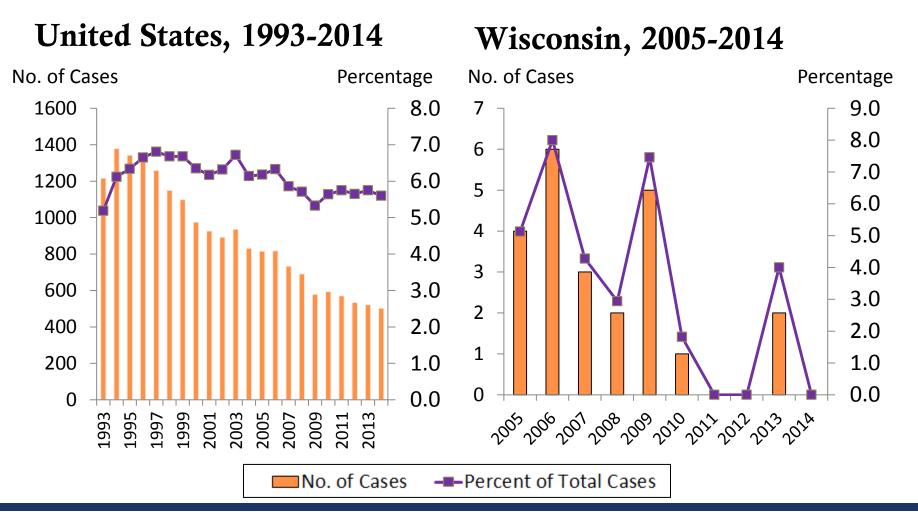
United States, 1993-2014

Wisconsin, 2005-2014





TB Cases Reported as Homeless in the 12 Months Prior to Diagnosis, Age ≥15

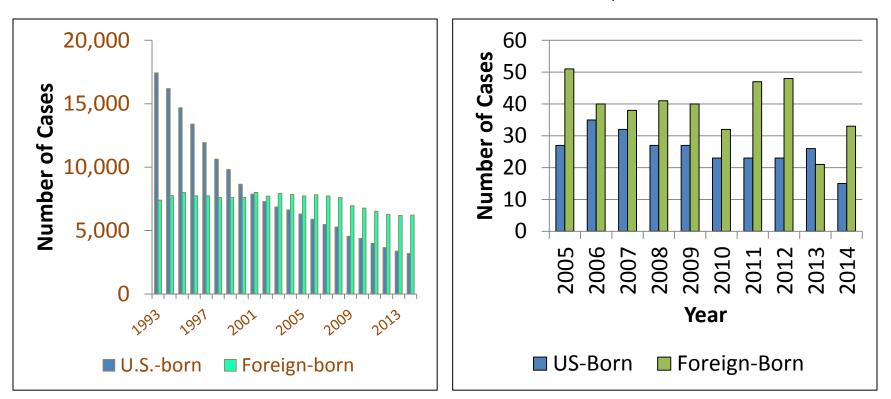




Number of TB Cases in U.S.-born vs. Foreign-born Persons

United States, 1993-2014

Wisconsin, 2005-2014





Countries of Birth of Foreign-born Persons Reported with TB

United States, 2014

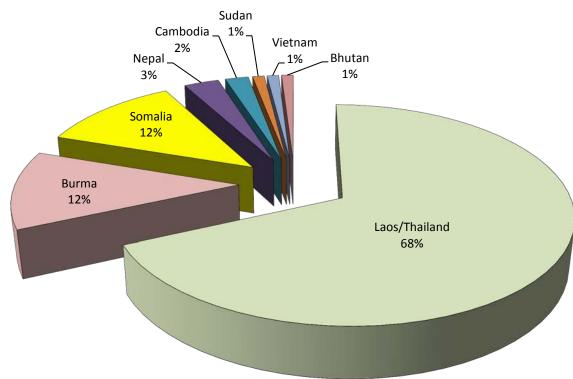
- Mexico (21%)
- Philippines (12%)
- India (8%)
- Vietnam (8%)
- China (7%)
- Guatemala (3%)
- Haiti (3%)
- Other countries (39%)

Wisconsin, 2005-2014

- Mexico (27%)
- Hmong (Laos/Thai) (18%)
- India (14%)
- Philippines (5%)
- China (5%)
- Burma (3%)
- Somalia (3%)
- Other counties (25%)



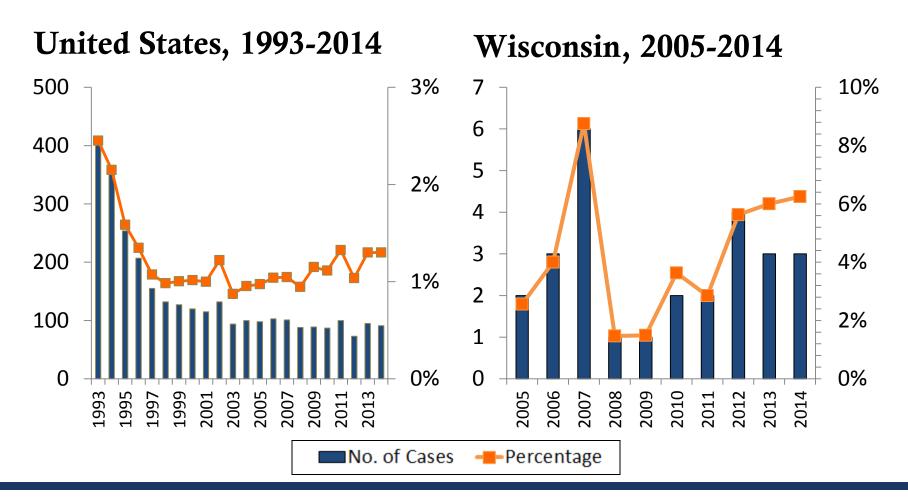
TB in Wisconsin Refugee Population 2005-2014



Refugee population by country of origin



Primary MDR TB





2014 vs 2015 WI TB Data

		14 ase = 48	2015 Total case = 69					
	%	#	%	#				
Pulmonary only	60%	29	59%	41				
Extra-pulmonary	23%	11	32%	22				
Both pulmonary & extra- pulmonary	17%	8	9%	6				
Children <15 yo	0%	0	1%	1				
Foreign-born	69%	33	71%	49				
US-born	31%	15	29%	20				
MDR-TB cases	6%	3	6%	4				
Deaths	6%	3	10%	7				



TB Summary and Challenges

- Two most common factors associated with TB Disease in Wisconsin:
 - foreign-born
 - known contact with someone with active TB disease
- Challenges
 - Loss of TB expertise in healthcare
 - Diagnosis and treatment of TB in high-risk foreignborn populations
 - Complex case management/patients with comorbidities (diabetes, HIV, alcohol/drug use, smoking)



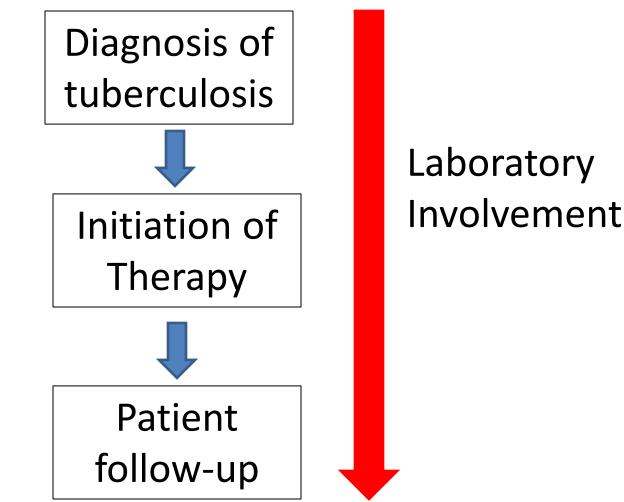
PARTNERSHIPS FOR TB PATIENT MANAGEMENT

Wisconsin Partnerships for TB Case Management

- Wisconsin State Laboratory of Hygiene (WSLH)
- Wisconsin Mycobacteriology Laboratories (31)
- Reference Laboratories
- CDC
- Health care providers and infection preventionists
- Local public health departments
- National TB Controller's Association (NTCA)
- Association of Public Health Laboratories (APHL)



TB Case Management





Laboratory Involvement in TB case Management

- Specimen collection and transport for diagnostic and follow-up testing
- Diagnostic testing
- Report and interpretation of test results
- Referral of specimens or cultures

 Molecular detection of drug resistance
 Culture-based drug susceptibility testing (DST)
 genotyping



The Laboratory is Essential

- Laboratory is a critical partner in the diagnosis of TB
- Rapid, reliable results are essential for early detection of MTBC to prevent ongoing transmission
- Drug susceptibility test results identify drug resistance and help guide the clinician in providing appropriate treatment
- Laboratory results important for monitoring patient response to therapy



WISCONSIN TB PROGRAM UPDATES



TB Program Staffing

Role	Name	Phone					
TB Program Director	Julie Tans-Kersten	608-261-6387					
TB Nurse Consultants	Judy Rabinowitz	608-266-7338					
	Marjorie Wall	608-266-9452					
	Lorna Will	608-266-3729					
Office Associates	Joey Janz	608-266-9692					
for Dispensary	Brandon Rufer	608-266-7473					



		WISCONSIN DEPARTMENT of HEALTH SERVICES									Search Wisconsin DHS											٩					
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Diseases & Conditions Wisconsin Tuberculosis Program

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Wisconsin Tuberculosis Program

🚔 Print

Tuberculosis, or TB, is a disease caused by bacteria called Mycobacterium tuberculosis. The bacteria can attack any part of the body, but usually attack the lungs. People who are infected with TB do not feel sick, do not have any symptoms, and cannot spread TB. If untreated, however, they may develop TB disease and be able to spread it some time in the future. People with TB disease can be treated and cured if they seek medical help. Even better, people who have TB infection but are not yet sick can take medicine so that they will never develop TB disease.

Learn more about the Wisconsin TB Program or choose any of the links found on this page.



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THANK YOU! QUESTIONS?