

TB EPIDEMIOLOGY AND SURVEILLANCE UPDATES



Laura R. Young, MPH, CIC

2024 Biennial TB & Newcomer Health Nurse Meeting

November 20, 2024

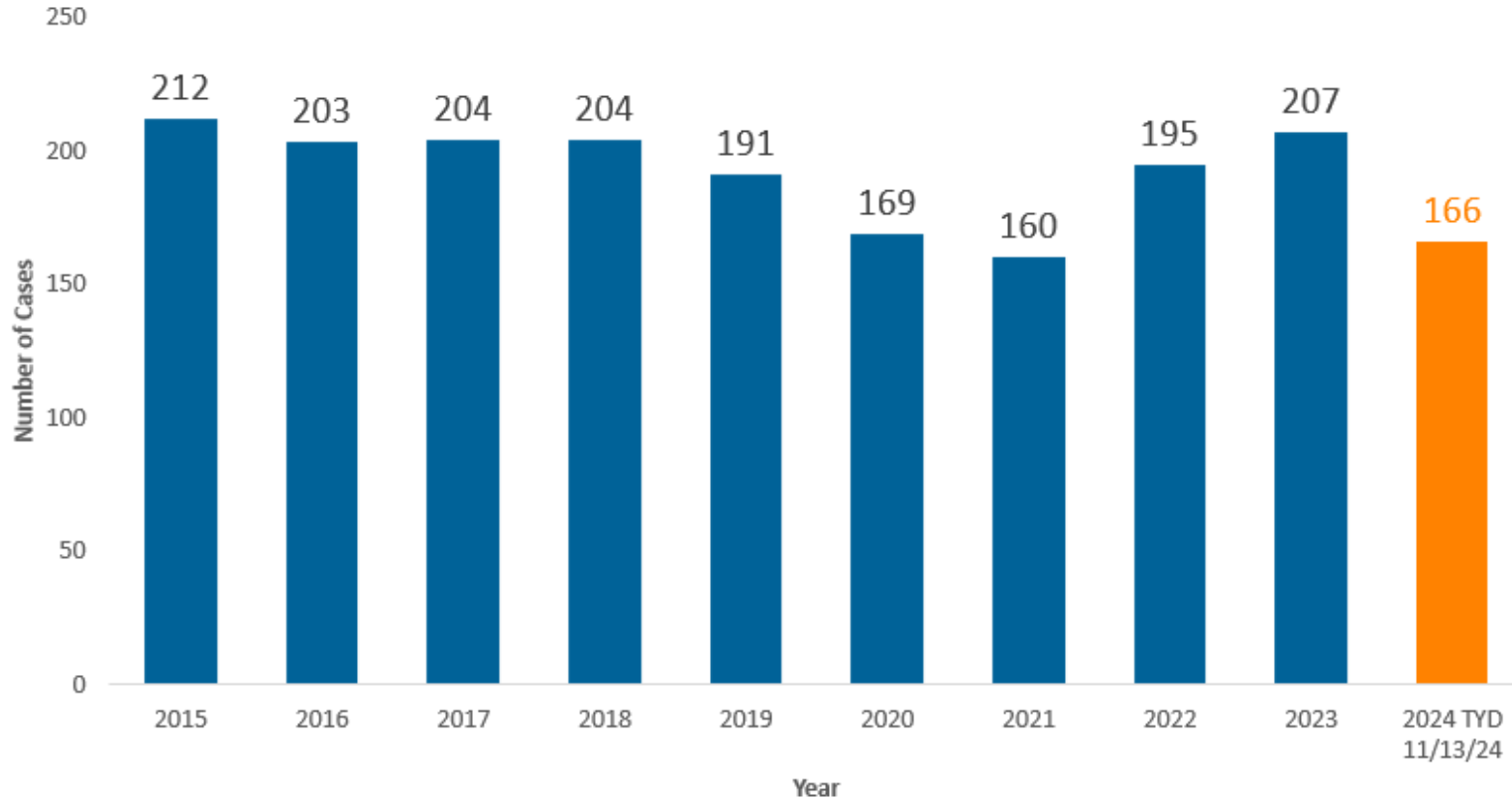
TB and LTBI Reporting Requirements

- Presumptive or confirmed active TB disease reportable by providers and laboratories
- LTBI reportable by providers and positive tests for infection reportable by laboratories
- AFB reportable by laboratories

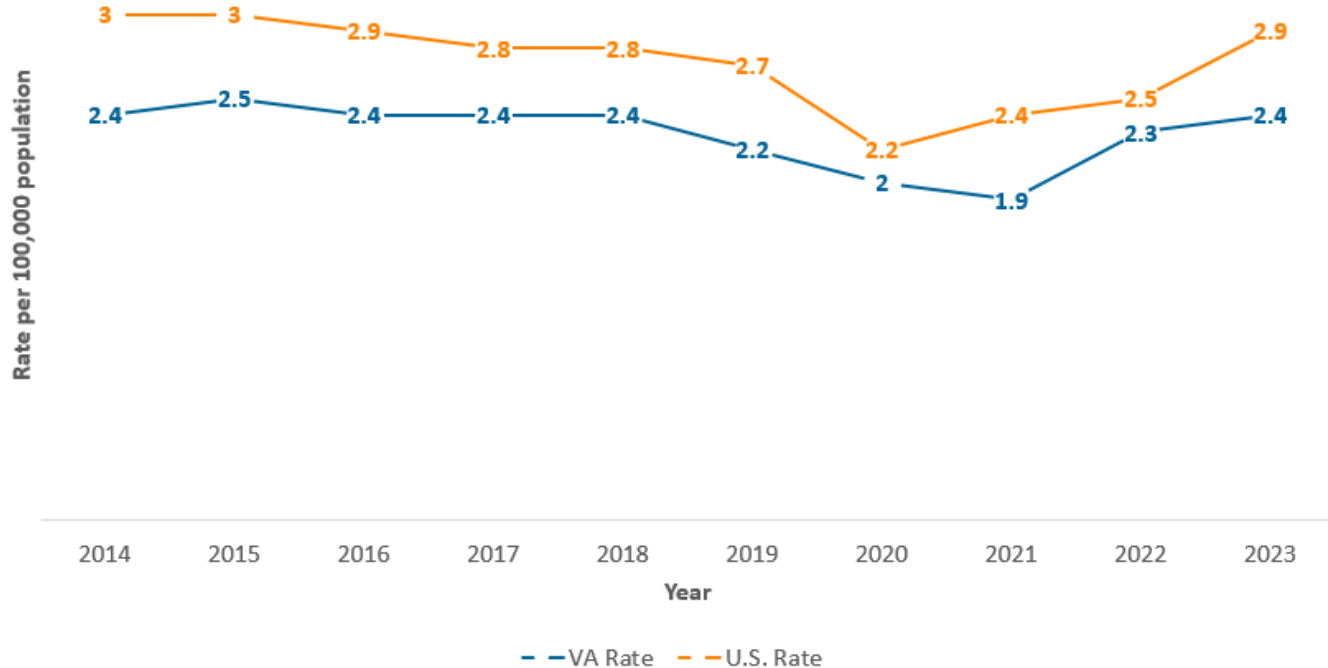
VIRGINIA REPORTABLE DISEASE LIST	
<p>Reporting of the following diseases is required by state law Sections 32.1-36 and 32.1-37 of the Code of Virginia and 12 VAC 5-96-80 of the Board of Health. Regulations for Disease Reporting and Control. Report all conditions when suspected or confirmed to your local health department (LHD). Reports may be submitted by Confidential Notifiable Report Portal (DN-1 form), computer-generated printout, CDC or VDH surveillance form, or upon agreement with VDH, by means of secure electronic submission.</p>	
REPORT IMMEDIATELY	REPORT WITHIN 3 DAYS
<ul style="list-style-type: none"> - Anthrax (<i>Bacillus anthracis</i>) - Botulism (<i>Clostridium botulinum</i>) - Brucellosis (<i>Brucella</i> spp.) - Cholera (<i>Vibrio cholerae</i> O1/O139) - Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV) - Diphtheria (<i>Corynebacterium diphtheriae</i>) - Disease caused by an agent that may have been used as a weapon - Haemophilus influenzae infection, invasive - Hepatitis A - Influenza-associated deaths if younger than 18 years of age - Influenza A, novel virus - Measles (Rubeola) - Meningococcal disease (<i>Neisseria meningitidis</i>) - Outbreaks, all (including foodborne, healthcare-associated, occupational, toxic substance-related, waterborne, and any other outbreak) - Pertussis (<i>Bordetella pertussis</i>) - Plague (<i>Yersinia pestis</i>) - Poliovirus infection, including poliomyelitis - Psittacosis (<i>Chlamydia psittaci</i>) - Q fever (<i>Coxiella burnetii</i>) - Rabies, human and animal - Rubella [a], including congenital rubella syndrome - Smallpox (<i>Variola virus</i>) 	<ul style="list-style-type: none"> - Arboviral infections (e.g., CHIK, dengue, EEE, LAC, SLE, WNV, Zika) - Babesiosis (<i>Babesia</i> spp.) - Campylobacteriosis (<i>Campylobacter</i> spp.) - <i>Candida auris</i>, infection or colonization - Carbapenemase-producing organism, infection or colonization - Chancroid (<i>Histoplasma duncansonii</i>) - Chickenpox (Varicella virus) - Chlamydia trachomatis infection - Coronavirus disease 2019 (COVID-19 or SARS-CoV-2) - Cryptosporidiosis (<i>Cryptosporidium</i> spp.) - Cryptosporidiosis (<i>Cryptosporidium</i> spp.) - Ehrlichiosis/Anaplasmosis (<i>Ehrlichia</i> spp., <i>Anaplasma phagocytophilum</i>) - Giardiasis (<i>Giardia</i> spp.) - Gonorrhea (<i>Neisseria gonorrhoeae</i>) - Granuloma inguinale (<i>Calymmatobacterium granulomatis</i>) - Hantavirus pulmonary syndrome - Hemolytic uremic syndrome (HUS) - Hepatitis B (acute and chronic) - Hepatitis C (acute and chronic) - Hepatitis, other acute viral - Human immunodeficiency virus (HIV) infection - Influenza, confirmed - <i>Legionella pneumophila</i>

CONDITIONS REPORTABLE BY DIRECTORS OF LABORATORIES
<p>CONDITIONS/ORGANISMS WITH SUPPLEMENTAL INSTRUCTIONS FOR LABORATORIANS</p> <p>Legionellosis (<i>Legionella</i> spp.)</p> <p>Leptospirosis (<i>Leptospira interrogans</i>)</p> <p>Listeriosis (<i>Listeria monocytogenes</i>), invasive or if associated with miscarriage or stillbirth from placental or fetal tissue</p> <p>Lyme disease (<i>Borrelia</i> spp.)</p> <p>Malaria (<i>Plasmodium</i> spp.)</p> <p>Measles (Rubeola)</p> <p>Meningococcal disease (<i>Neisseria meningitidis</i>), invasive - Include identification of gram-negative diplococci.</p> <p>Mumps</p> <p>Mycobacterial diseases - (See 12VAC5-90-225 B) Report any of the following:</p> <ol style="list-style-type: none"> 1. Acid fast bacilli; 2. <i>M. tuberculosis</i> complex or any other mycobacteria; 3. Antimicrobial susceptibility results for <i>M. tuberculosis</i> complex. <p>Tuberculosis active disease - A laboratory identifying <i>Mycobacterium tuberculosis</i> complex (see 12VAC5-90-225) shall submit a representative and viable sample of the initial culture to the Division of Consolidated Laboratory Services or other laboratory designated by the board to receive such specimen.</p> <p>Tuberculosis infection</p>

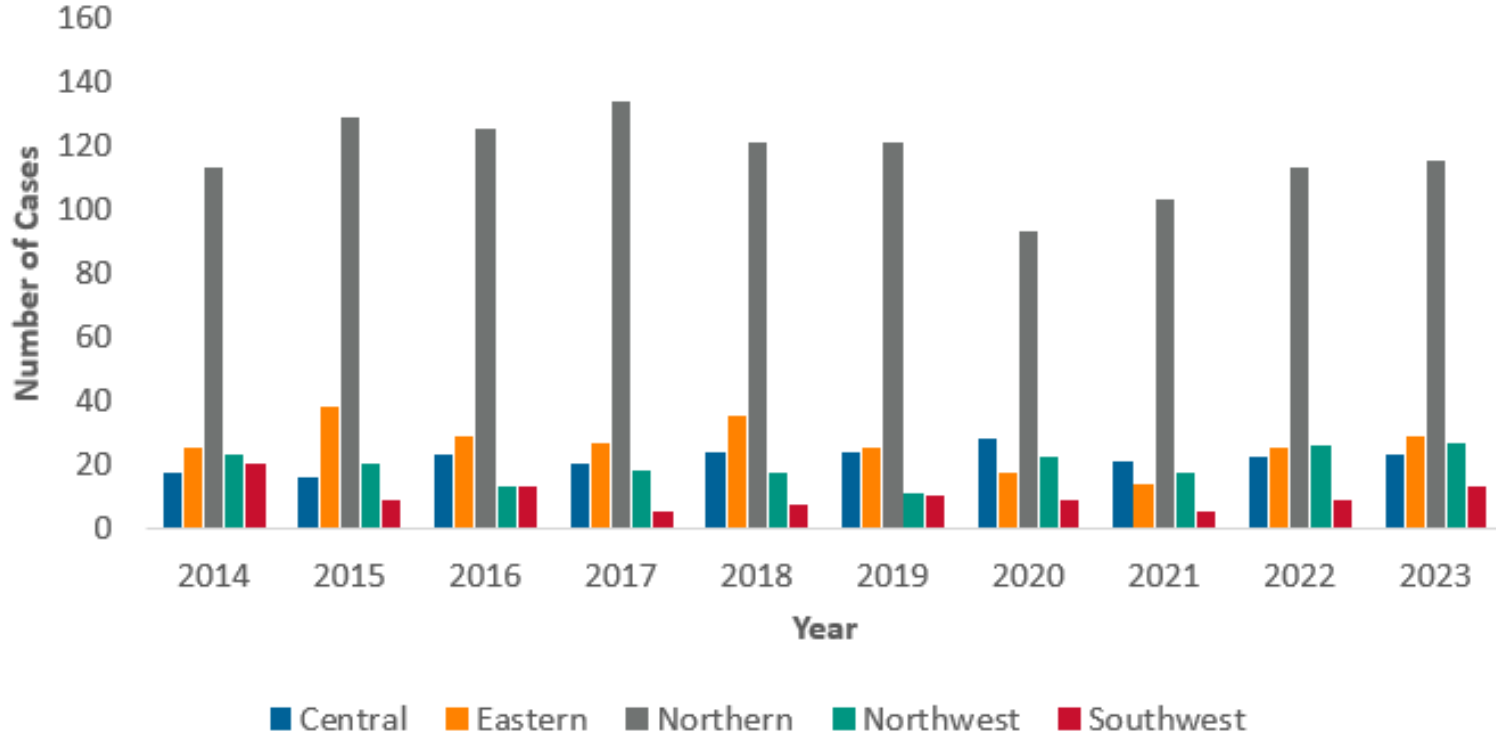
Tuberculosis in Virginia, 2015-2024



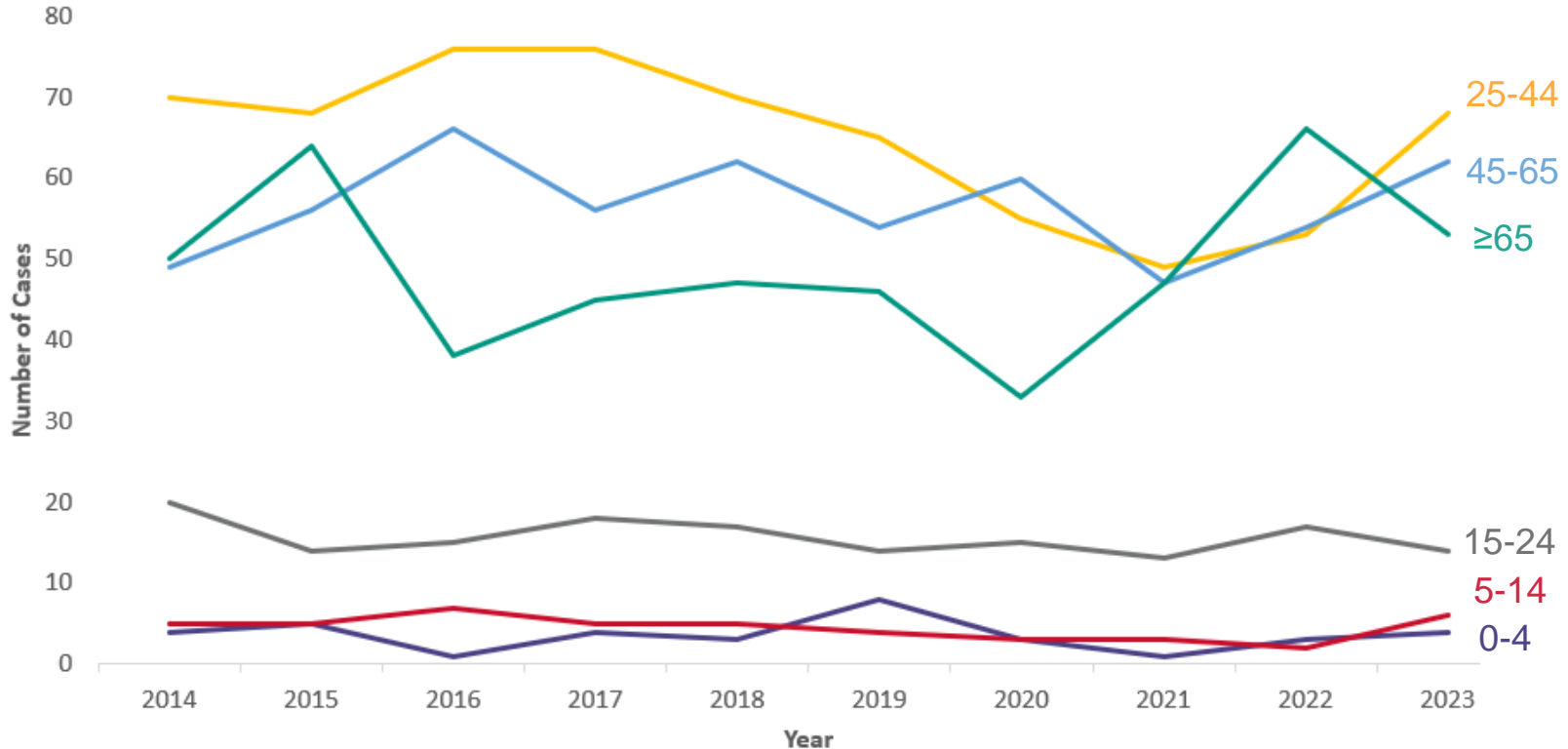
TB Incidence Rate, Virginia and the United States, 2014-2023



TB Case Distribution by Region, Virginia, 2014-2023



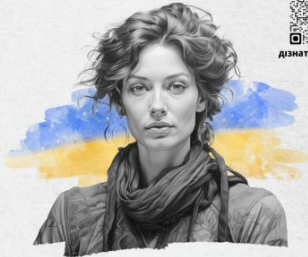
Age Group of TB Cases in Years, Virginia, 2014-2023



Аналіз на ТБ може врятувати ваше життя.



дизнатися більше!



Туберкульоз (ТБ) це інфекційна хвороба, яка може вражати ваші легені, мозок, хребет та інші частини вашого тіла.



Пройдіть обстеження на туберкульоз сьогодні та захистіть себе, свою сім'ю і свою громаду.



Аналіз на туберкульоз простий, конфіденційний і безкоштовний для біженців з України.

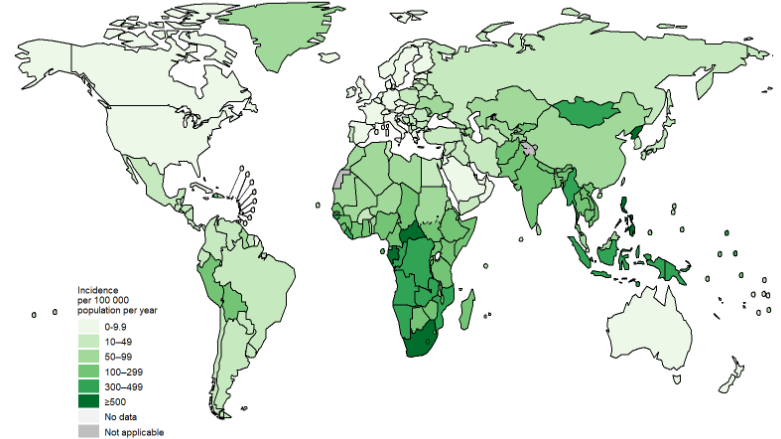


Відвідайте сайт vdh.virginia.gov/tb, щоб дізнатися більше про туберкульоз і знайти місце проведення обстеження.

Nouvo vwayaj ou a kòmanse ak yon tè s TB.



Tibèkiloz (TB) ka fè kò w mal. Pwoteje tèt ou ak fanmi ou. **Al fè tè s jodi a.**



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Humanitarian

Abused Spouses, Children and Parents ▾

Processes for Cubans, Haitians, Nicaraguans, and Venezuelans ▲

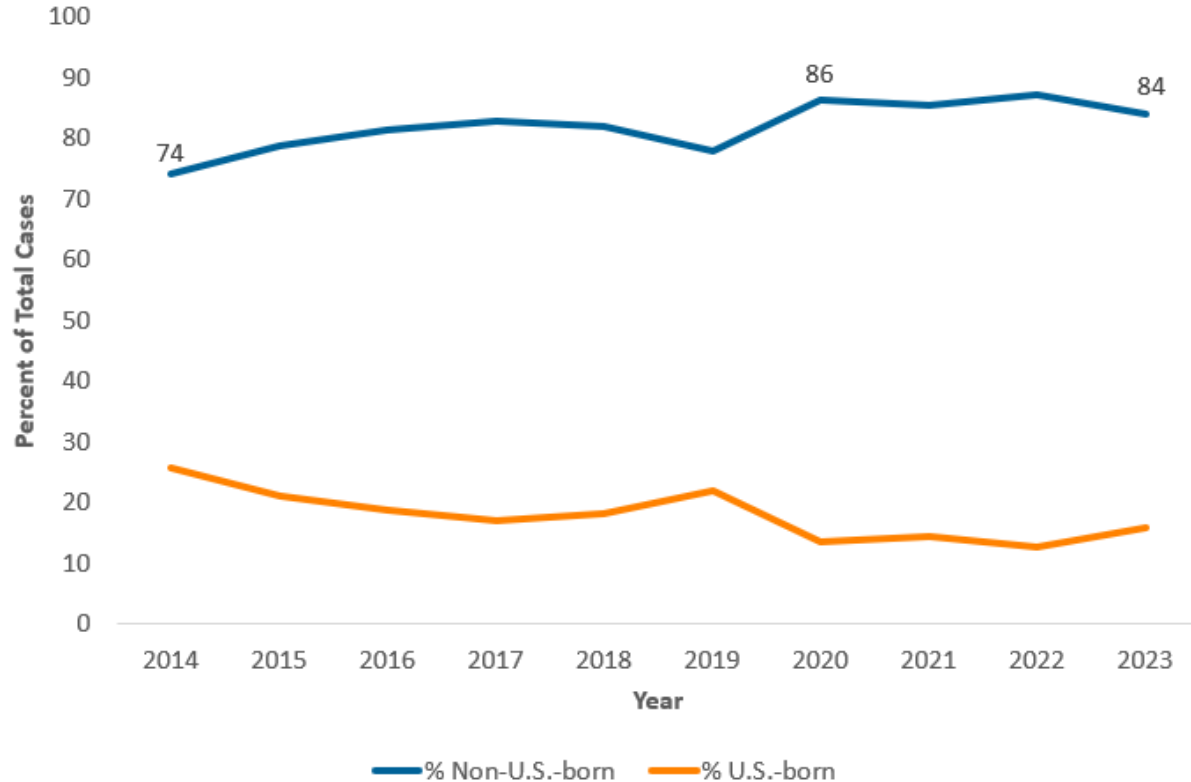
Processes for Cubans, Haitians, Nicaraguans, and Venezuelans

[Español](#) | [Kreyòl Ayisyen](#)

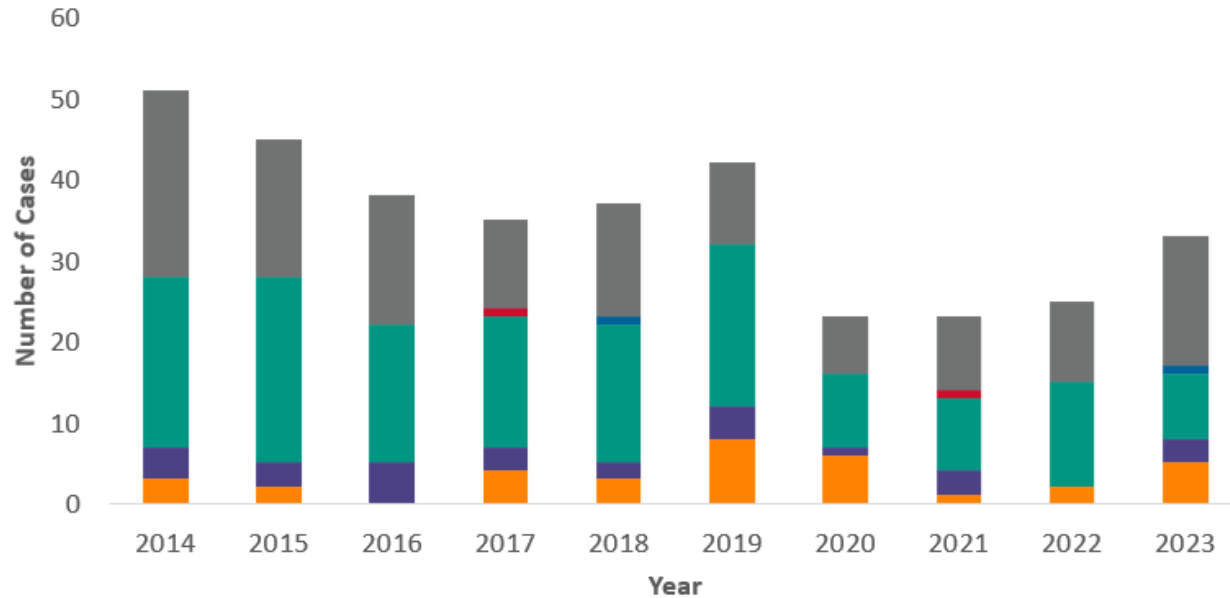
ALERT: You are likely eligible to apply for an employment authorization document (EAD) to legally



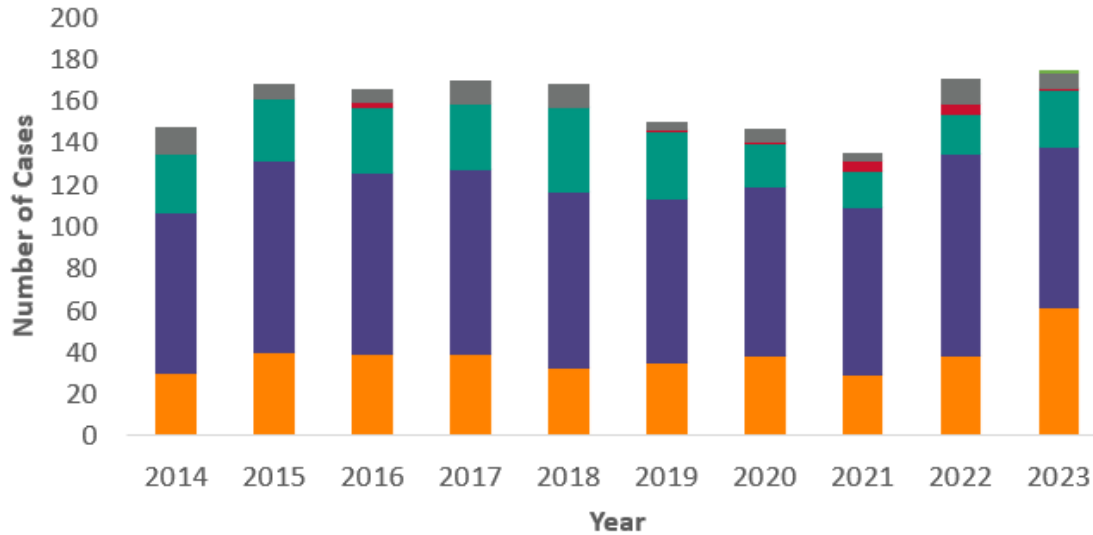
Percent of Total TB Cases by Nativity, Virginia, 2014-2023



Race and Ethnicity of U.S.-Born TB Cases, Virginia, 2014-2023

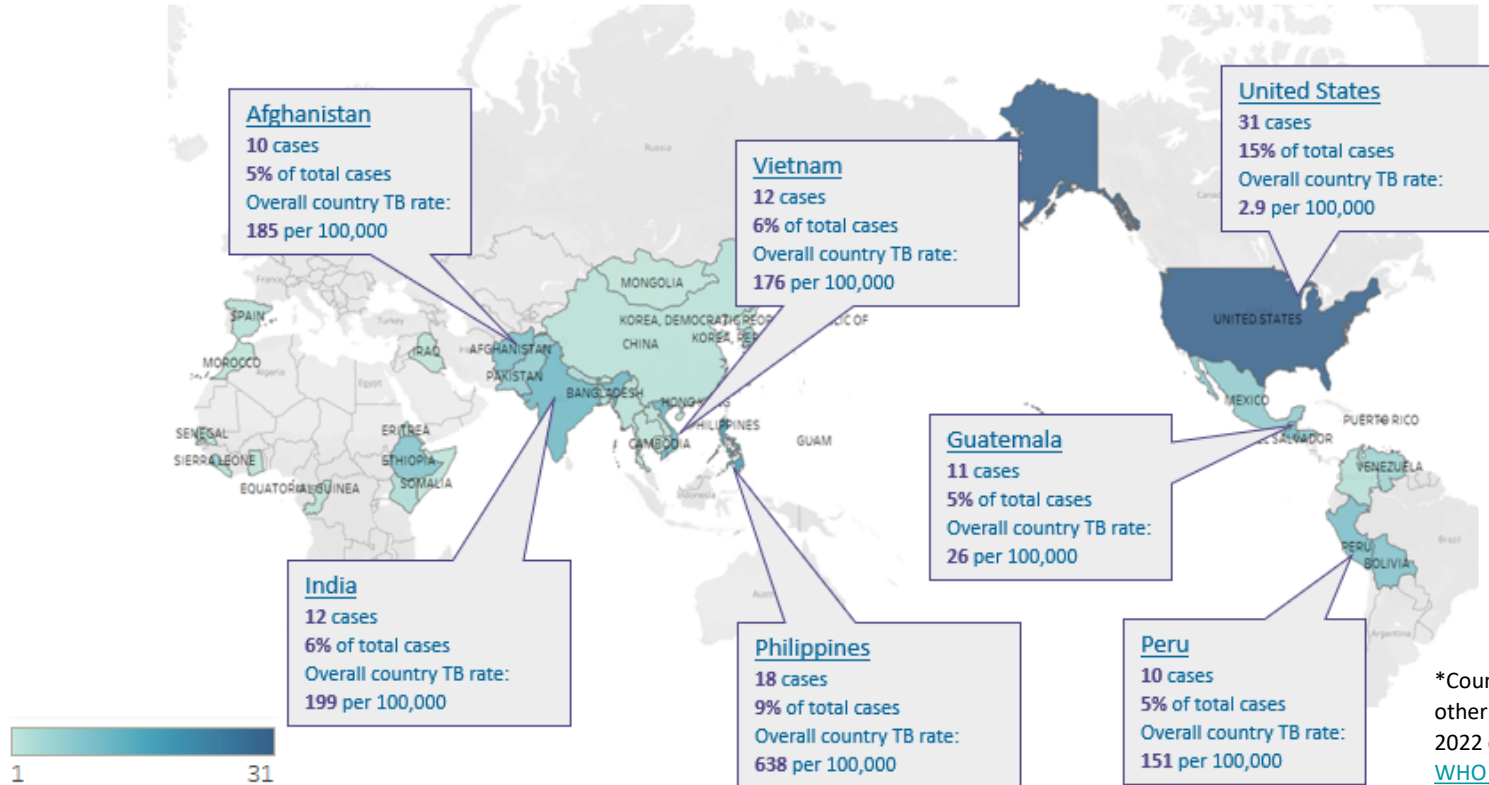


Race and Ethnicity of Non-U.S.-Born TB Cases, Virginia, 2014-2023



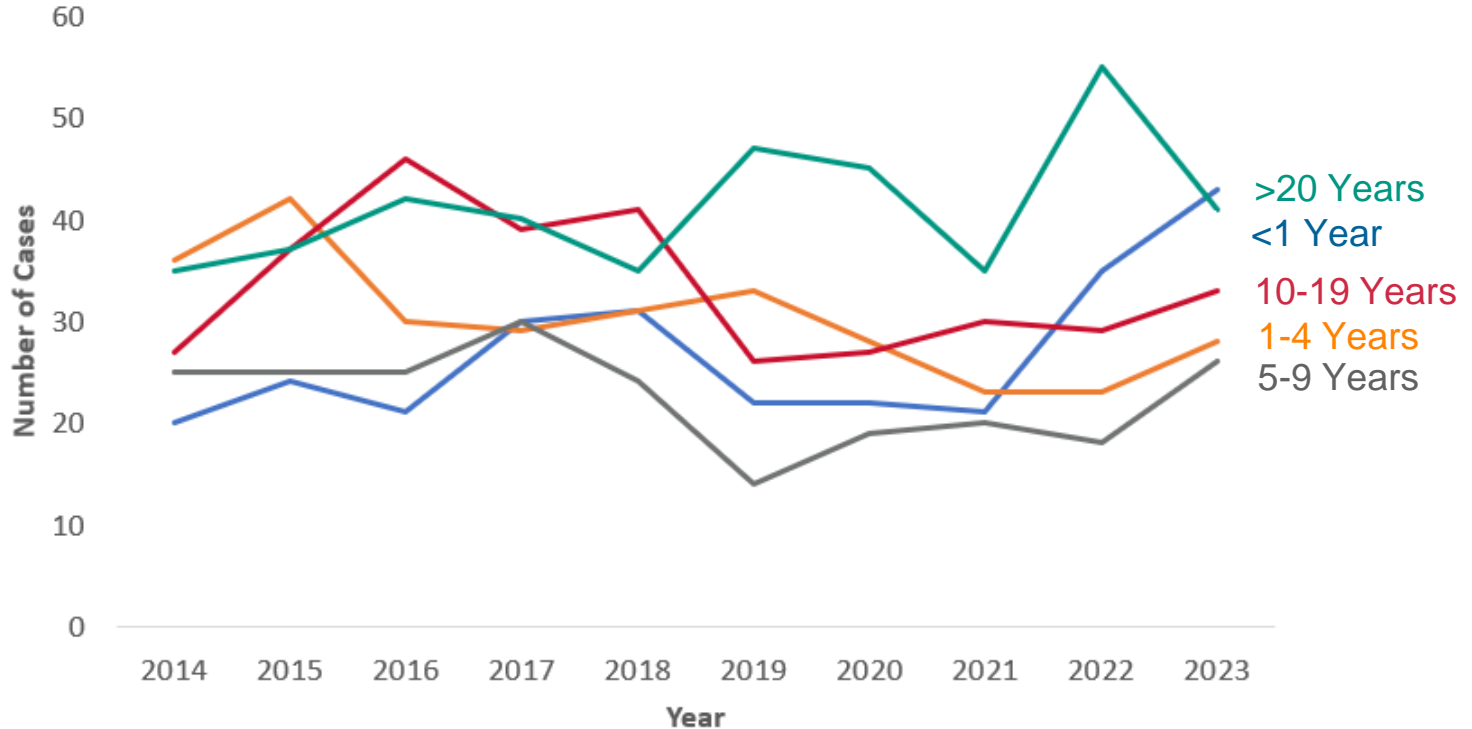
- Hispanic or Latino
- Asian
- Black or African American
- Multi-Race
- White
- Native Hawaiian or other PI

TB Cases by Country of Birth*, Virginia, 2023

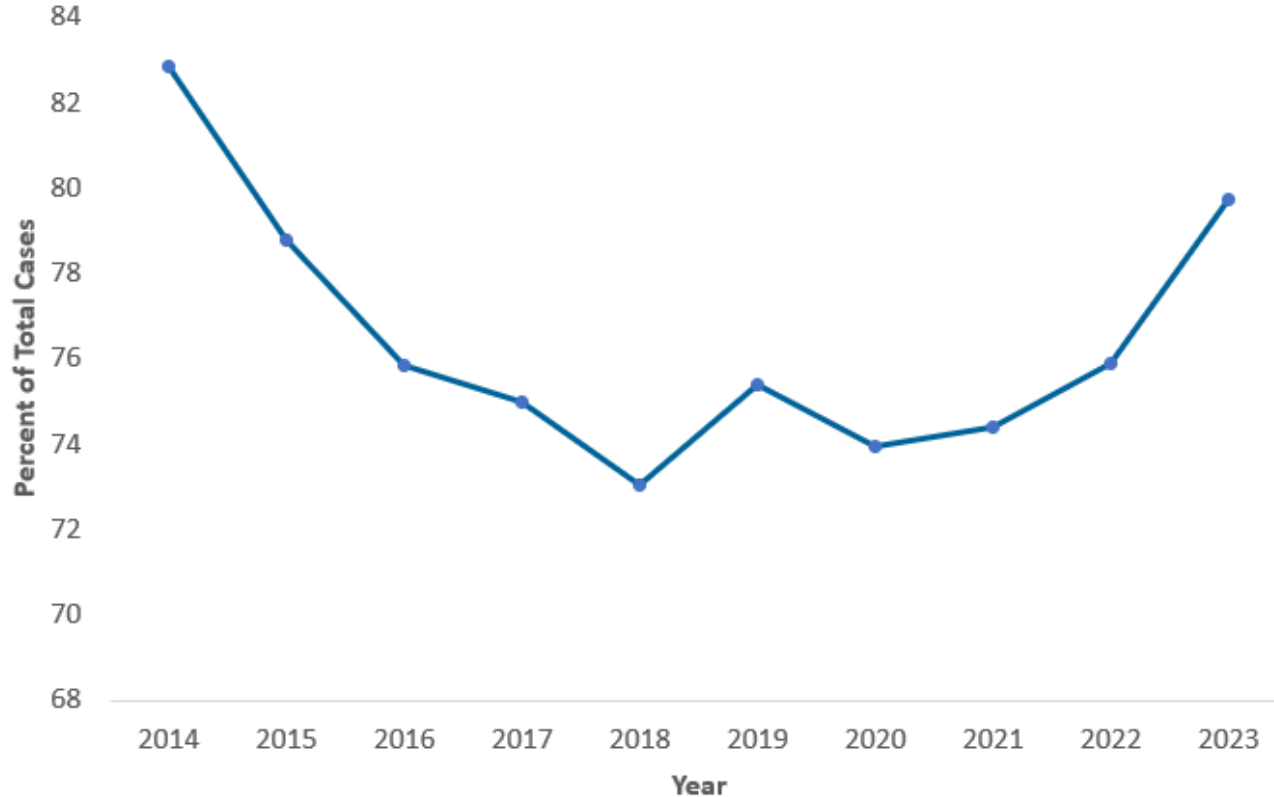


*Country-specific TB rates for countries other than the United States are based on 2022 data published as part of the [2023 WHO Global Tuberculosis Report](#).

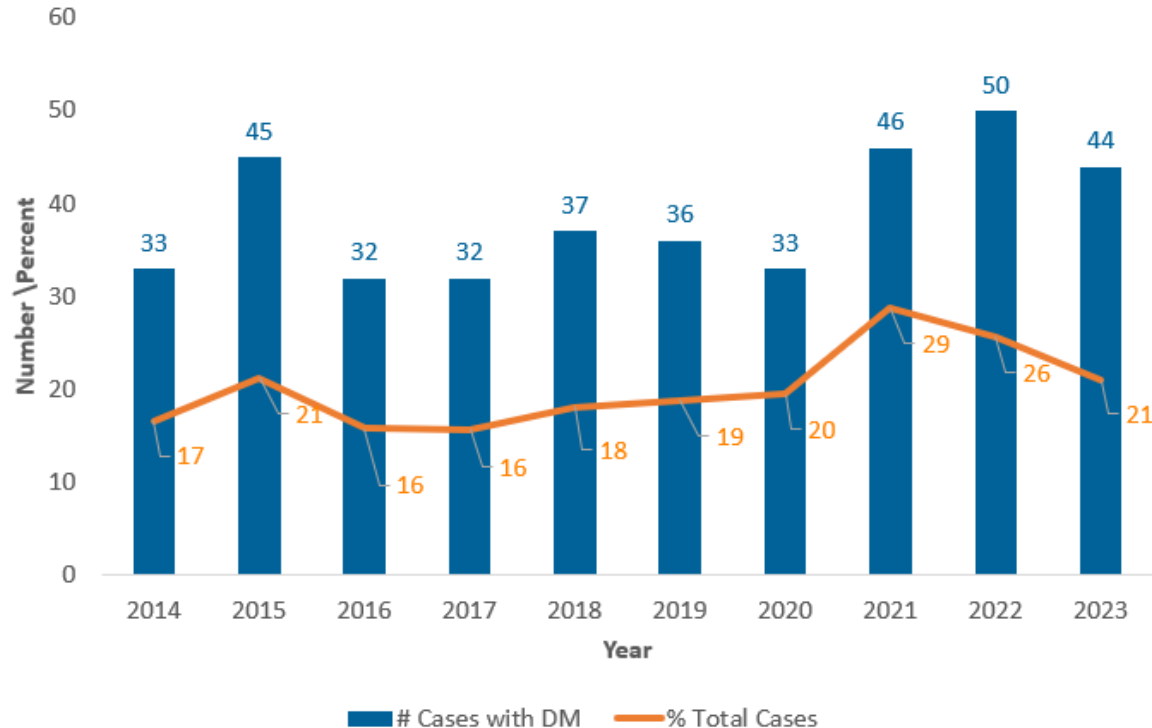
Time in the United States at TB Diagnosis, Virginia, 2014-2023



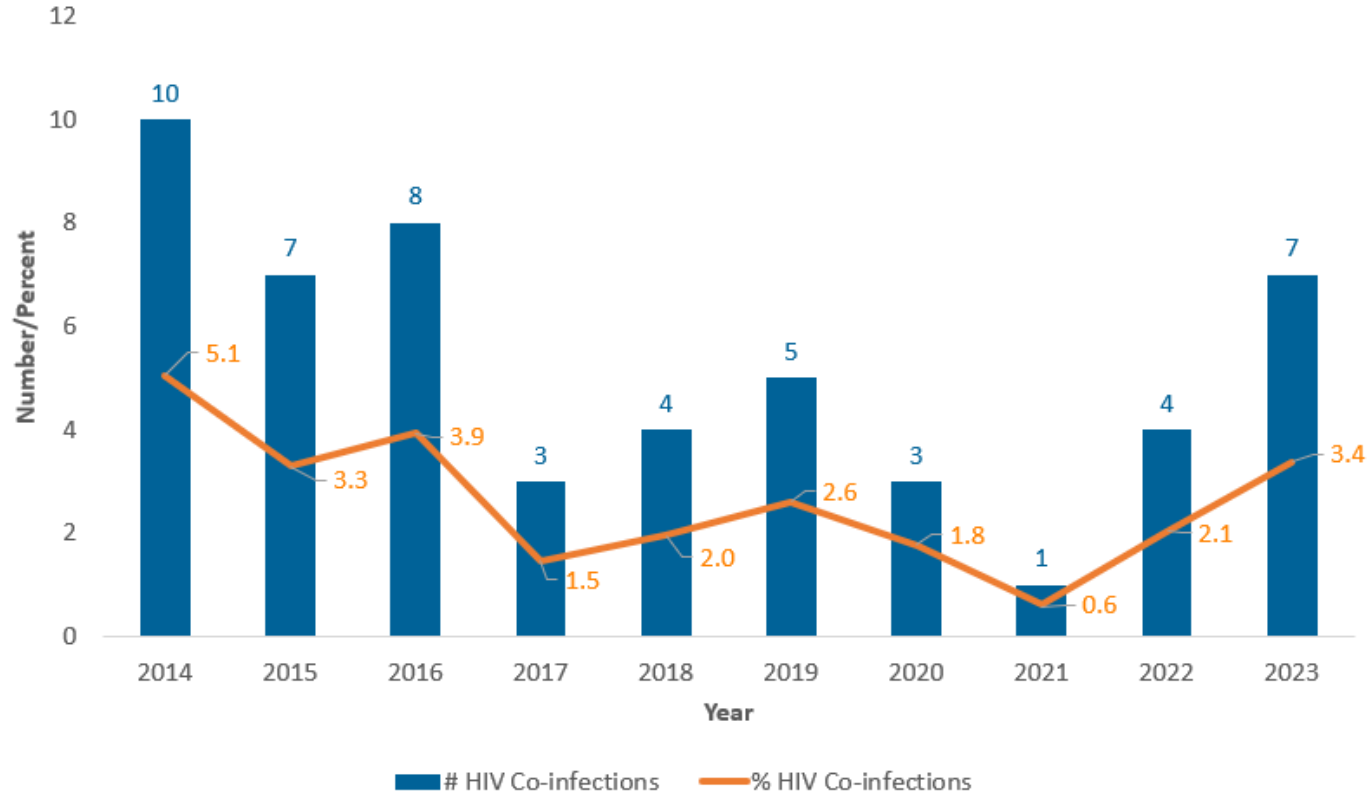
Pulmonary Site of Disease, Virginia, 2014-2023



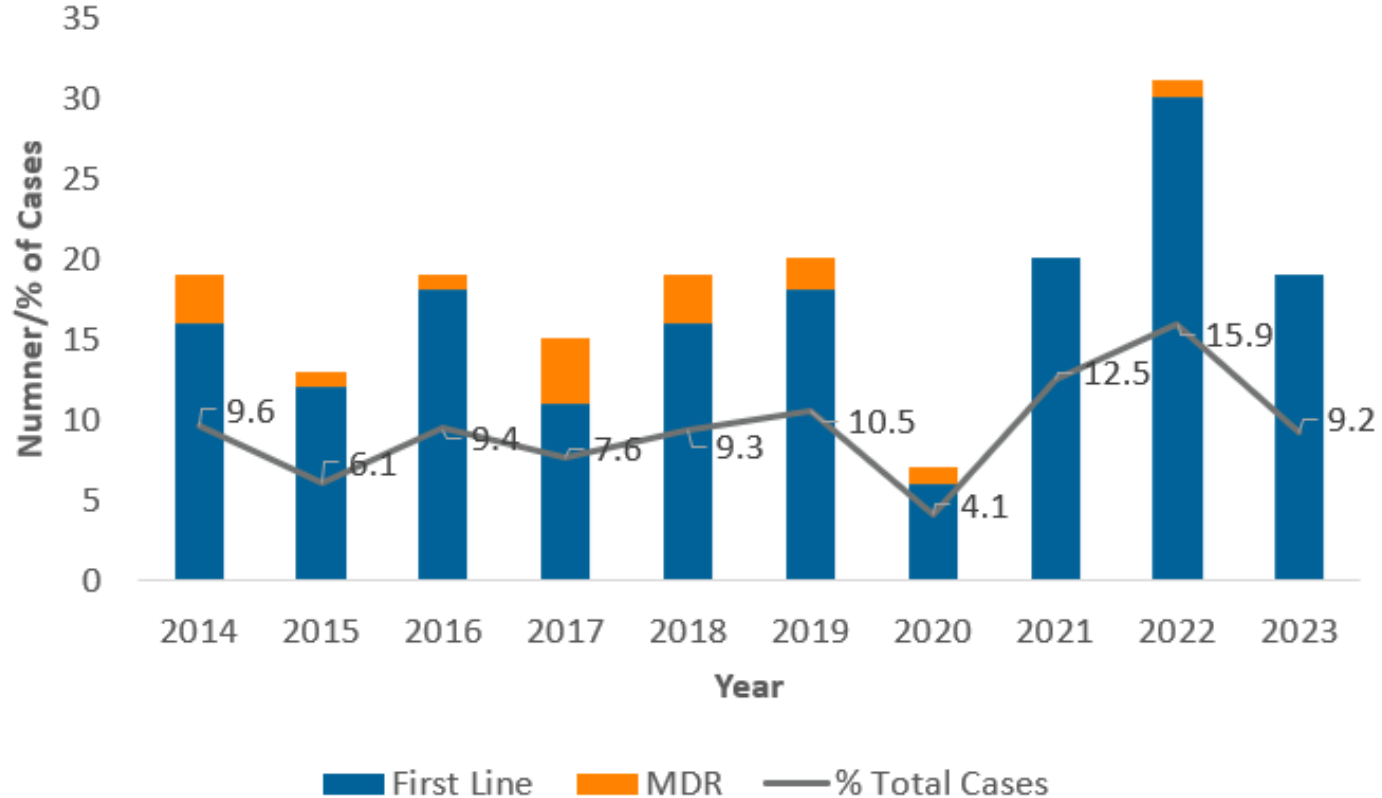
Number and Percent of TB Cases with Diabetes, Virginia, 2014-2023



TB Cases with HIV Co-infection, Virginia, 2014-2023



Drug Resistance Among TB Cases, Virginia, 2014-2023





December 14, 2023

Dear DST Reference Center Submitters,

Effective immediately, the CDPH Microbial Diseases Laboratory (MDL) will **temporarily suspend pyrazinamide (PZA) phenotypic drug susceptibility testing (DST)**. MDL and other laboratories around the country have experienced an issue with recent lots of PZA DST reagents used in the BD MGIT testing system. This issue has resulted in delayed PZA reporting due to intermittent QC failures and increases in false resistant or indeterminate PZA DST results that require additional repeat testing. **This delay does not impact any other DST or susceptibility requests.**

VDH-tuberculosis

To: VDH-tuberculosis

Cc: TBNurse (VDH); TBControl (VDH); Milloy, Kathleen (DGS); Craig, Emily (DGS); Mehr, Rana (DGS); Turner, Lauren (DGS); nursmgr (VDH)

****This email was sent to the tbnurse and nursmgr listservs. Please forward as needed.****

Dear district TB partners,

The VDH TB Program was notified by our colleagues at the Division of Consolidated Laboratory Services (DCLS) about issues with phenotypic failures in quality control (QC) testing that is used to confirm test results on patient samples. As a result, DCLS is not able to reliably report estimate on when it will be determined that testing results can be finalized. DCLS will be communicating with local programs if PZA resistance

Staff at DCLS shared their findings with other public health laboratorians at a recent conference and realized that the issue with PZA DST testing from the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL) to discuss the issue and

DCLS has determined that recent PZA DST results that have been reported out should be considered valid. Moving forward, DCLS will continue to conduct DST on all other first line medications (rifampin, isoniazid, and ethambutol) and moxifloxacin and will report those results as tests are completed.

If you have questions or concerns about PZA DST and clinical management of your TB patients, please contact the VDH TB Program at 804-864-7906 or tuberculosis@vdh.virginia.gov.

Thank you,
VDH TB Program and DCLS TB Laboratory staff

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ADMINISTRATION**

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Class 2 Device Recall BD BACTEC™ MGIT™ 960 PZA Kit

[FDA Home](#) | [Medical Devices](#) | [Databases](#)

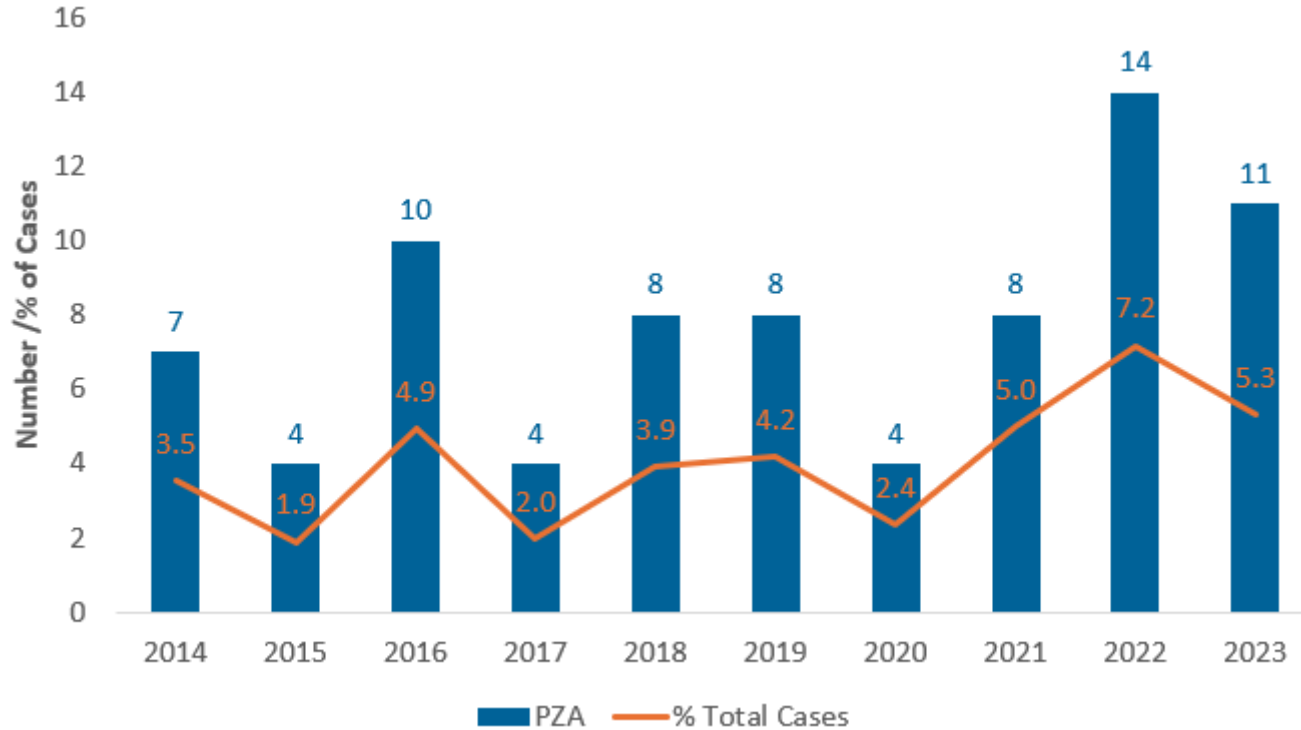
[510\(k\)](#) | [DeNovo](#) | [Registration & Listing](#) | [Adverse Events](#) | [Recalls](#) | [PMA](#) | [HDE](#) | [Classification](#) | [Standards](#)
[CFR Title 21](#) | [Radiation-Emitting Products](#) | [X-Ray Assembler](#) | [Medsun Reports](#) | [CLIA](#) | [TPLC](#)

New Search

Class 2 Device Recall BD BACTEC™ MGIT™ 960 PZA Kit

Date Initiated by Firm	July 18, 2024
Date Posted	August 16, 2024
Recall Status¹	Open ³ , Classified
Recall Number	Z-2686-2024
Recall Event ID	95023
510(K)Number	K021582
Product Classification	Susceptibility test powders, antimycobacterial - Product Code MJA
Product	BD BACTEC MGIT 960 PZA Kit)- IVD qualitative procedure for susceptibility testing of Mycobacterium tuberculosis, from culture to pyrazinamide (PZA) Catalog Number: 245128

PZA Resistance Among TB Cases, Virginia, 2014-2023



Other TB Changes and Challenges

About Division of Global Migration Health

AT A GLANCE

The Division of Global Migration Health (DGMH) works to ensure safe global movement to protect human health.

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 72 / No. 52-53

January 5, 2024

Second Nationwide Tuberculosis Outbreak Caused by Bone Allografts Containing Live Cells — United States, 2023

Clinical Infectious Diseases

GUIDELINES



OXFORD

National Tuberculosis Coalition of America (NTCA) Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 71 / No. 8

February 25, 2022

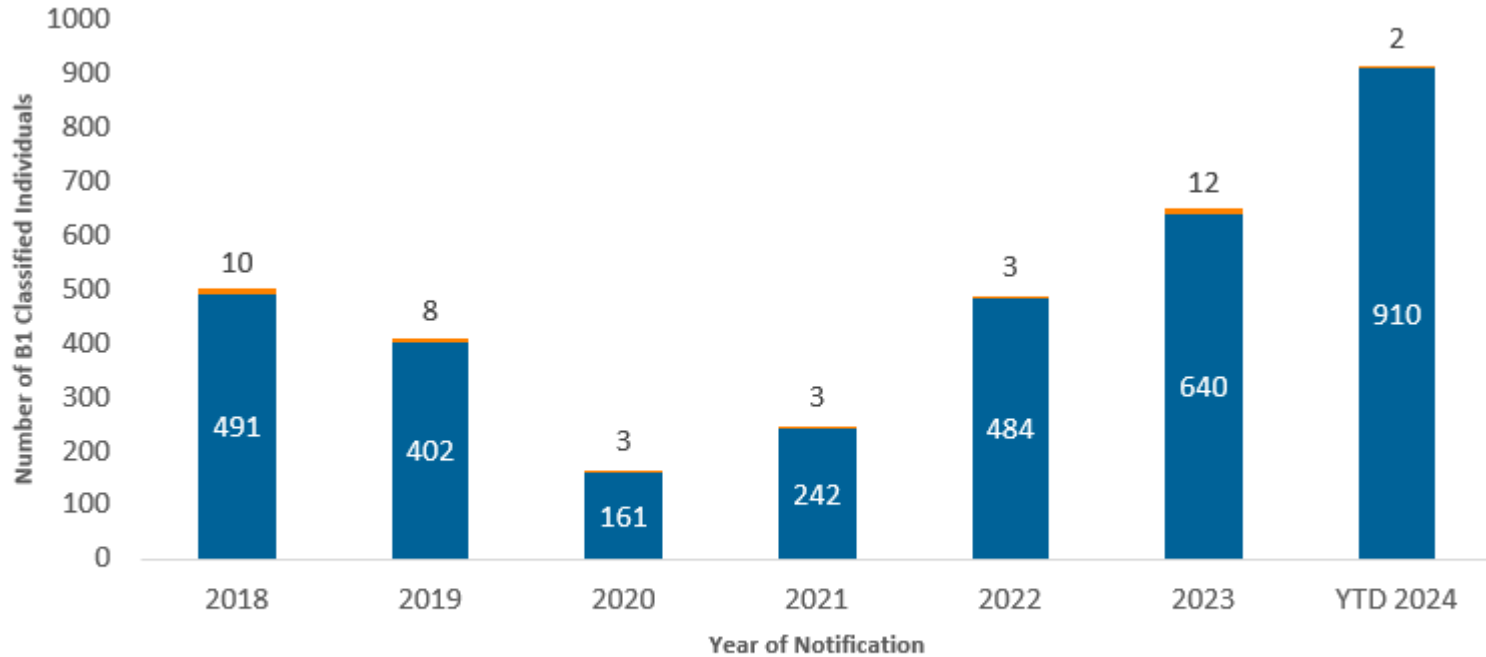
Interim Guidance: 4-Month Rifampentine-Moxifloxacin Regimen for the Treatment of Drug-Susceptible Pulmonary Tuberculosis — United States, 2022

Alternative Housing and Incentive Program Manual

VDH TB PROGRAM

“Hidden” Work

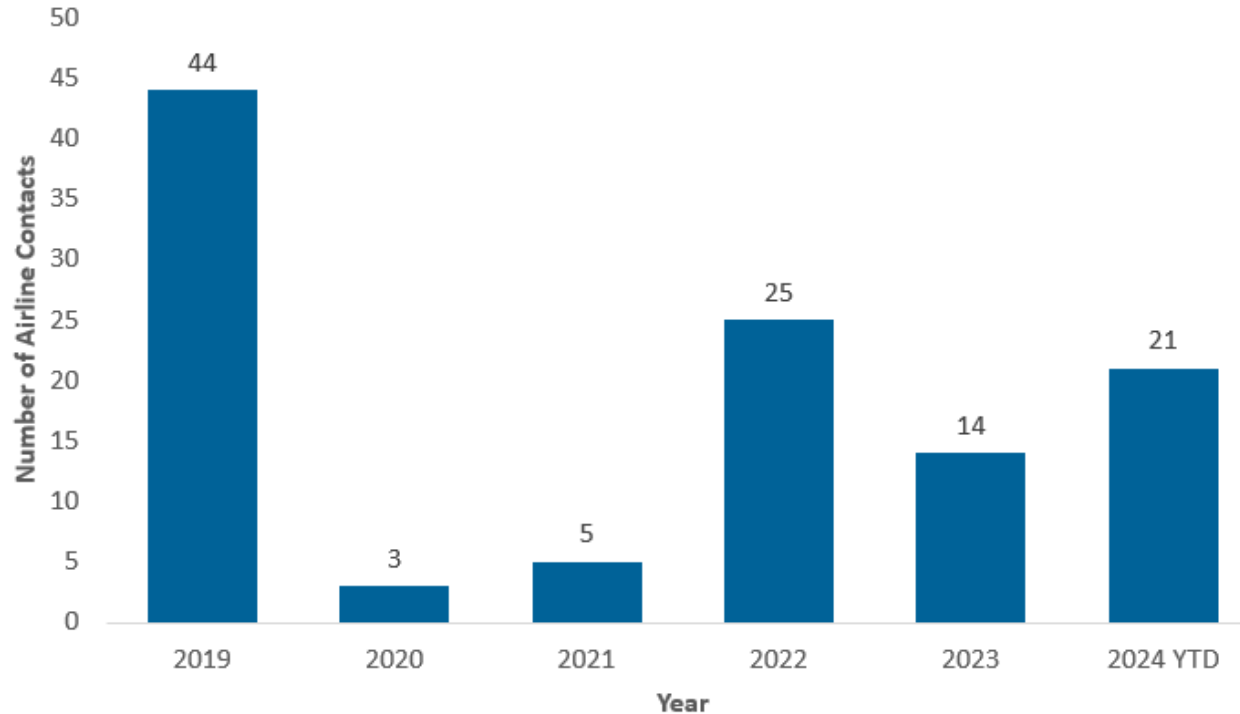
B1 Evaluations, Virginia, 2018-2024 YTD



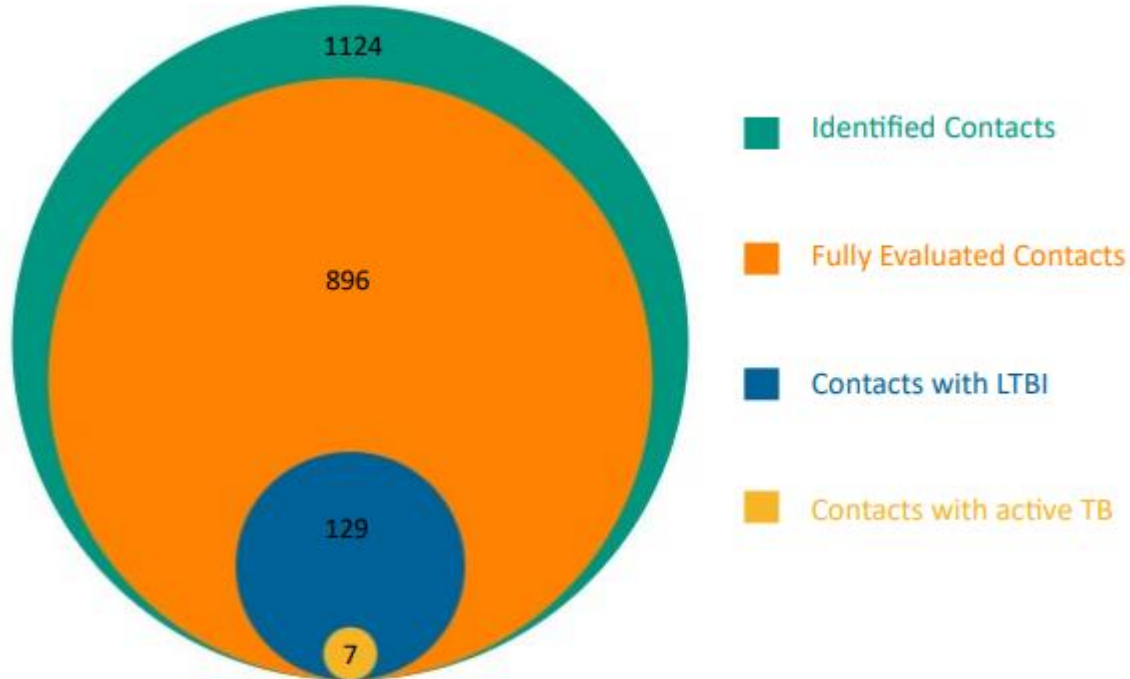
■ Total B1s ■ Treated for TB Disease

*2024 data are not final

Airline Contacts, Virginia, 2019-2024 YTD

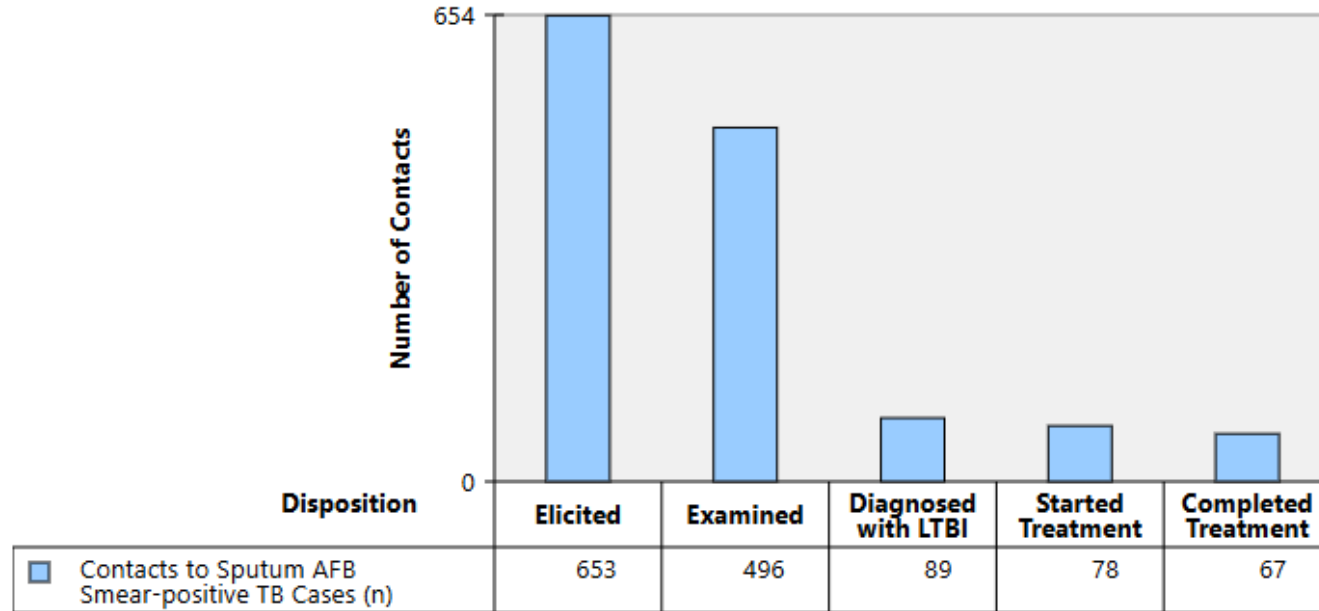


Contact Investigations, Virginia, 2022



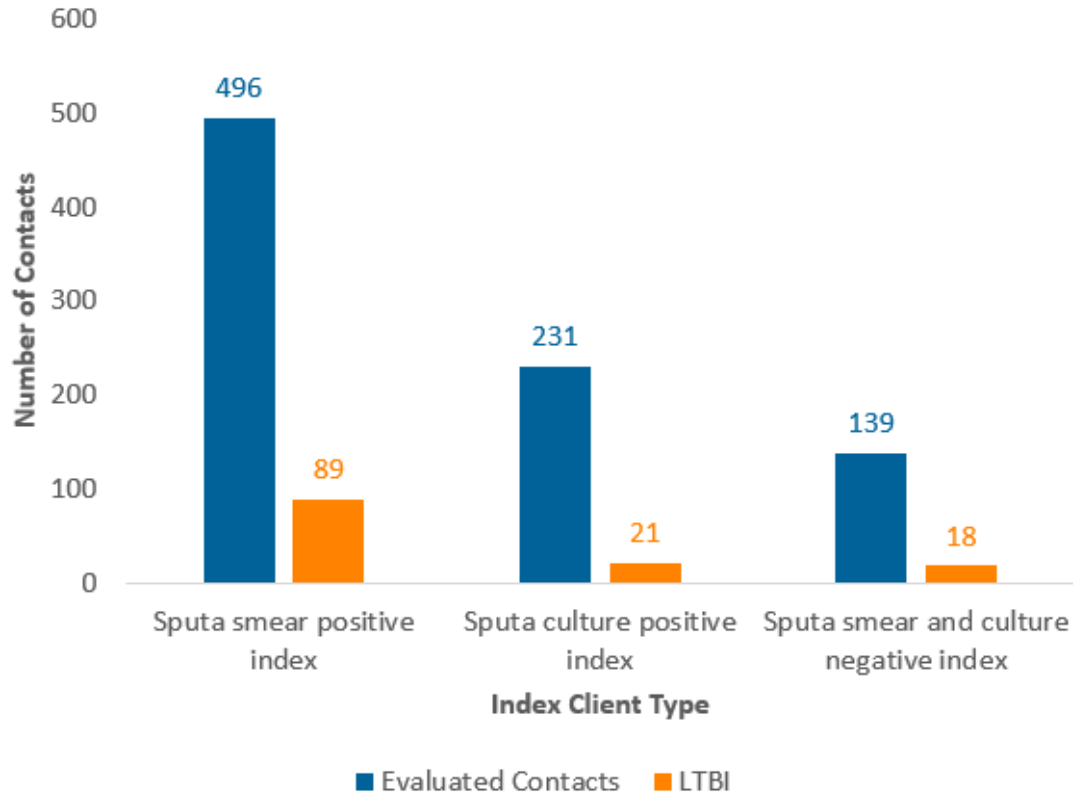
Contact Investigations, Virginia, 2022

**Number of Contacts to Sputum Acid-Fast Bacillus (AFB) Smear-Positive TB Cases, by Examination and Treatment Disposition
Virginia
2022**

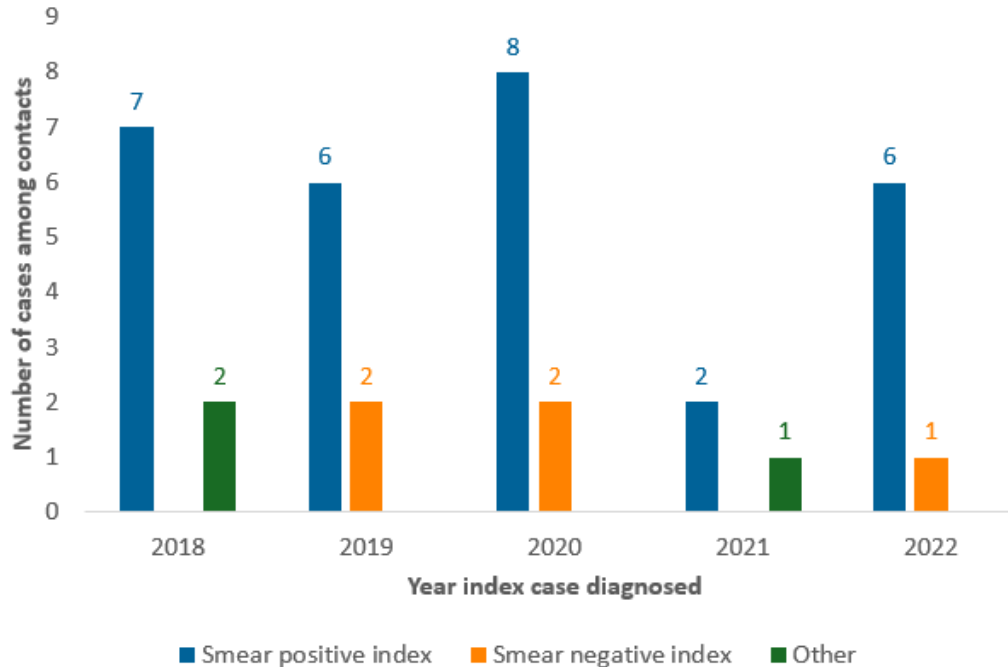


■ Contacts to Sputum AFB Smear-positive TB Cases (n)

LTBI from Contact Investigations, Virginia, 2022



Active TB from Contact Investigations, Virginia, 2022



Interjurisdictional Notifications, Virginia, 2022-2024 YTD

2022	2023	2024 YTD
203	218	160

CDC CureTB Transnational Notification

Division of Global Migration Health | E-mail: caut@cdc.gov | Telephone: 619-542-4813
Web address: www.cdc.gov/curetb/

ONE APPROVED CONTROL, INC. 000001-100
EXP. DATE: 5/31/2027

Referring Jurisdiction: _____ Date sent: _____
 Contact person: _____ City _____ State _____ Telephone: _____ Ext: _____ Fax: _____
 Referring Agency: _____ E-Mail Address: _____

Verified TB: RWCT: _____ or Not reported
 ICE AP: _____ BOPF: _____
 Suspected TB Clinical History request (specify year): _____ Immunocompromised (specify): _____

A. Patient
 Name: _____
 Sex: M F Alias: _____ DOB: _____
 Email 1: _____ Email 2: _____
 Check if patient/patient not currently at home. Current location: _____ Telephone: _____

B. Info in U.S.
 Address: _____
 City _____ State _____ Zip code _____ Home Phone: _____ Cell: _____
 Country _____
 Contact person in the U.S.: _____ Home Phone: _____ Cell: _____
 Relationship: _____ Email: _____

C. Destination Country
 Address: _____
 City _____ State _____ Country _____
 Zip code _____
 Contact person at destination: _____ Home Phone: _____ Cell: _____
 Relationship: _____ Email: _____

D. Clinical Information
 Information for: this referred patient Other, specify _____
 Sites of disease: Pulmonary Other(s), specify _____
 HIV Diabetes No Symptoms Symptoms, specify _____

Fields required to initiate the referral process
 *Please attach original and translated copies to attachments
 *Please attach additional information, as needed
 *Please indicate on this form to whether your address was received

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to CDC/ORM Services Office, 1601 Old Branch Rd., MS-574, Atlanta, Georgia 30333, 478-1740-2022-108

Interjurisdictional TB Notification

Active/Evaluation for Possible TB Disease PAGE 1 OF 2

Referred for: TB disease confirmed care TB disease evaluation
 Call receiving state or local jurisdiction within 1 business day and confirm information is received

Date of Expected Arrival: _____

Client Information
 Last Name: _____ First Name: _____ Middle Name: _____
 Date of Birth: _____ Sex at Birth: _____ Gender Identity: _____ Race: _____ Ethnicity: _____
 Country of Birth: _____ Primary Language: _____ Interpreter Needed?
 New Address: _____ City _____
 State/Province/Region: _____ Zip Code: _____ County: _____
 Phone 1: _____ Phone 2: _____ Email: _____
 Immigrant/Refugee Classification: _____ EDN AP: _____ Transfer Complete in EDN:

Alternate Contact Name: _____ Relationship: _____ Phone: _____
 Additional Contact Information: _____

Diagnosis Verified by: _____ Site of Disease: _____ Specify extrapulmonary: _____

If Pulmonary: Cavitary Sputum culture conversion documented Date of first negative sputum culture: _____
 Isolation: discontinued Continued isolation necessary, specify _____

RWCT (Case Report) Attached (required if counted): Yes No

Tests/Results: TST/IGRA: _____ Radiology: _____ Seroassay: _____ NAAT: _____
Most recent results are attached
 If not attached, please provide report

Treatment Summary: MAROT Log Attached:
 Drug: _____ Dosage: _____ Therapy Admin: _____ Date Started: _____ Date Stopped: _____
 Drug: _____ Dosage: _____ Therapy Admin: _____ Date Started: _____ Date Stopped: _____
 Drug: _____ Dosage: _____ Therapy Admin: _____ Date Started: _____ Date Stopped: _____
 Drug: _____ Dosage: _____ Therapy Admin: _____ Date Started: _____ Date Stopped: _____
 Drug: _____ Dosage: _____ Therapy Admin: _____ Date Started: _____ Date Stopped: _____

Current Medication Administration Method: DOT eDOT SAT
 Side Effects, Adherence, or Administration Problems: _____
 Estimated Treatment Duration: _____ Last DOT dose administered on: _____
 Date medication given for travel: _____ If dose in hand for travel: _____ Prescription Given:

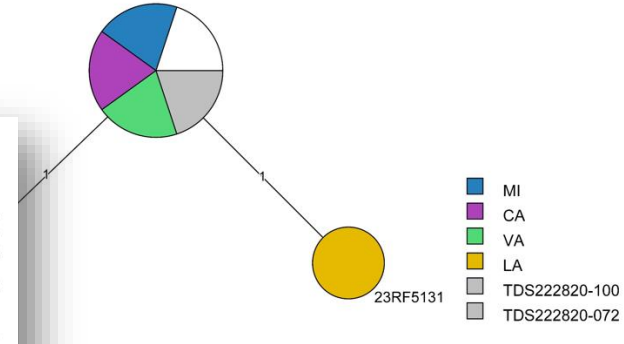
Comments: _____

INTERJURISDICTIONAL TB NOTIFICATION (LHM) | www.tbcontrollers.org/resources/interjurisdictional-transfers
 NOTE: This form contains confidential patient information. Please comply with HIPAA regulations when sending this form. | Rev. 3/2024

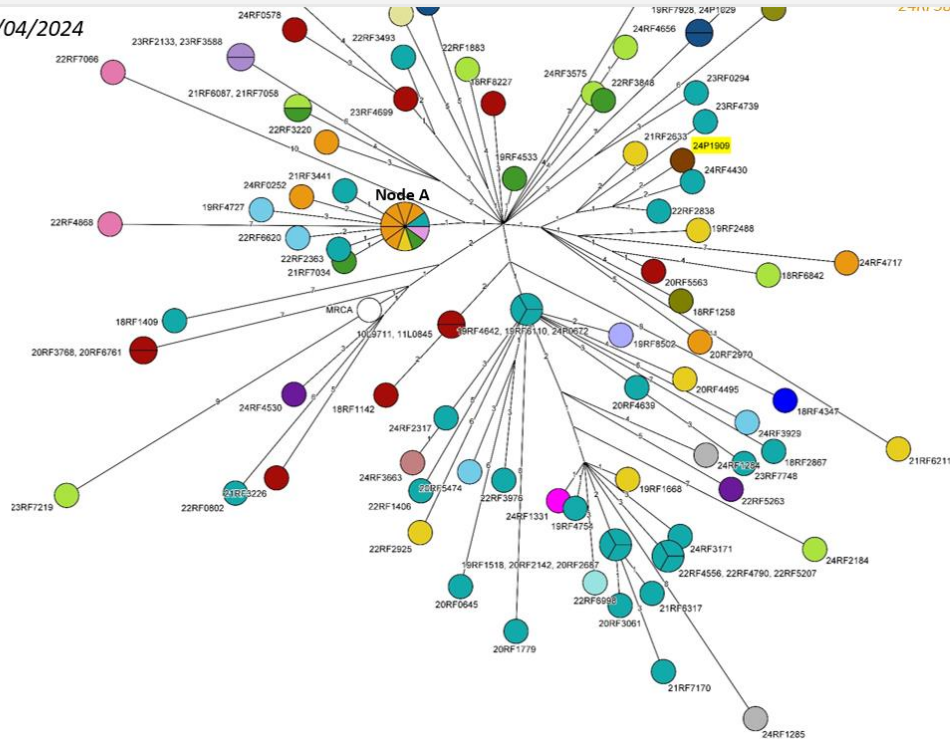
Clusters and Outbreaks

Results received 9/21/2023

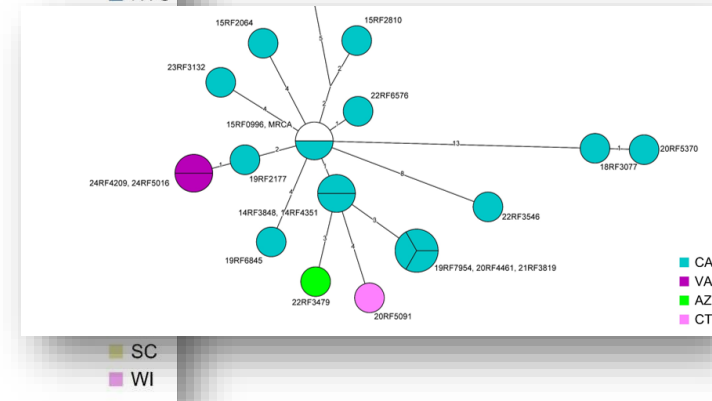
23RF4432, 23RF5053, 23RF5105, 23RF5605, MRCA



ived 11/04/2024

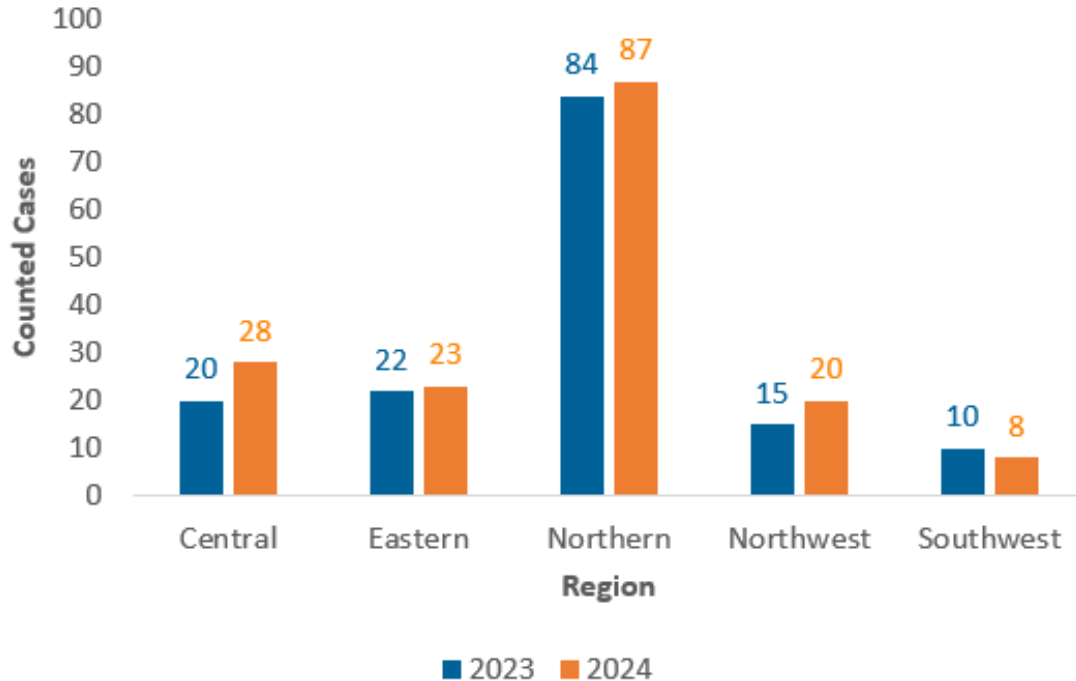


24RF5024 (VA), and 24RF5025 (VA)
(highlighted yellow)



2024 so far

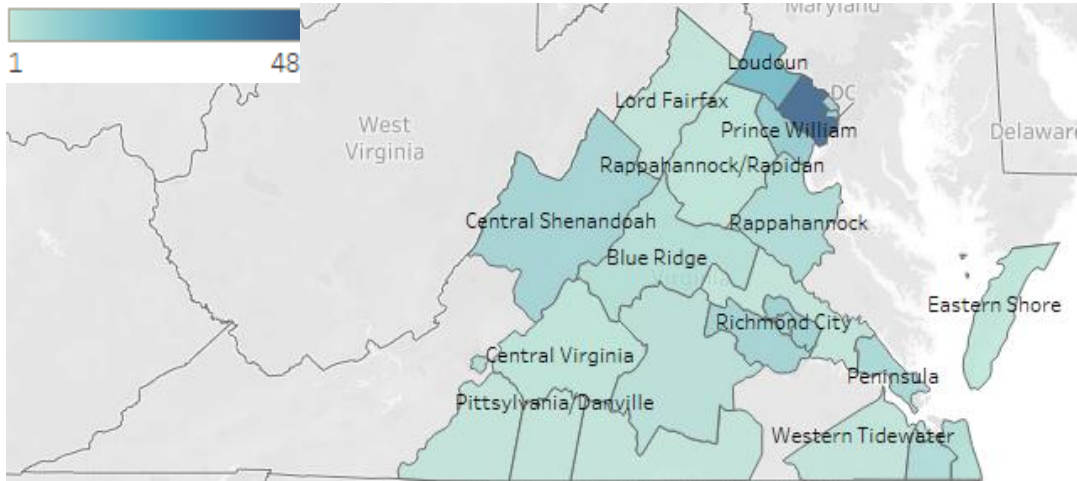
TB Cases by Region, Virginia, YTD 2023 vs. 2024*



- 60% male
- 2% HIV positive
- 17% DM
- 83% pulmonary involvement
- 37 countries of birth

*2024 data are not final

TB Cases by District, Virginia, YTD 2023 vs. 2024*



TB Counts to Date

District	Case Rpt Mmwr Yr / Inv Case Status	
	2023 Confirmed	2024 Confirmed
Blue Ridge	6	4
Central Shenandoah	1	8
Central Virginia	1	2
Chesapeake	3	5
Chesterfield	5	8
Chickahominy	2	1
Crater	3	
Eastern Shore		2
Fairfax	50	42
Henrico	7	8
Lord Fairfax	1	1
Loudoun	9	19
Mount Rogers	1	
New River	1	
Norfolk City	3	3
Peninsula	6	6
Piedmont	1	3
Pittsylvania/Danville	1	1
Portsmouth		2
Prince William	13	11
Rappahannock	3	5
Rappahannock/Rapidan	4	2
Richmond City	2	7
Roanoke City	4	4
Southside		1
Virginia Beach	9	4
West Piedmont		1
Western Tidewater	1	1
Grand Total	151	166

*2024 data are not final

Nontuberculosis Mycobacteria (NTM)

Nontuberculosis Mycobacteria (NTM)

EMERGING INFECTIOUS DISEASES®

ISSN: 1080

EID Journal > Volume 30 > Number 3—March 2024 > Main Article

Volume 30, Number 3—March 2024

Research

Geographic Variation and Environmental Predictors of Nontuberculous Mycobacteria in Laboratory Surveillance, Virginia, USA, 2021–2023¹

Brendan Mullen, Eric R. Houpt, Josh Colston, Lea Becker, Sharon Johnson, Laura Young, Jasie Hearn, Joe Falkinham, and Scott K. Heysell

Author affiliations: University of Virginia, Charlottesville, Virginia, USA (B. Mullen, E.R. Houpt, J. Colston, L. Becker, S. Johnson, S.K. Heysell); Virginia Department of Health, Richmond, Virginia, USA (L. Young, J. Hearn); Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA (J. Falkinham III)

[Cite This Article](#)

Abstract

Because epidemiologic and environmental risk factors for nontuberculous mycobacteria (NTM) have been reported only infrequently, little information exists about those factors. The state of Virginia, USA, requires certain ecologic features to be included in reports to the Virginia Department of Health, presenting a unique opportunity to study those variables. We analyzed laboratory reports of *Mycobacterium avium* complex (MAC) and *M. abscessus* infections in Virginia during 2021–2023. MAC/*M. abscessus* was isolated from 6.19/100,000 persons, and 2.37/100,000 persons had MAC/*M. abscessus* lung disease. *M. abscessus* accounted for 17.4% and MAC for 82.6% of cases. Saturated vapor pressure was associated with MAC/*M. abscessus* prevalence (prevalence ratio 1.414, 95% CI 1.011–1.980; $p = 0.043$). Self-supplied water use was a protective factor (incidence rate ratio 0.304, 95% CI 0.098–0.950; $p = 0.041$). Our findings suggest that a better understanding of geographic clustering and environmental water exposures could help develop future targeted prevention and control efforts.

On This Page

[Methods](#)[Results](#)[Discussion](#)[Cite This Article](#)

Figures

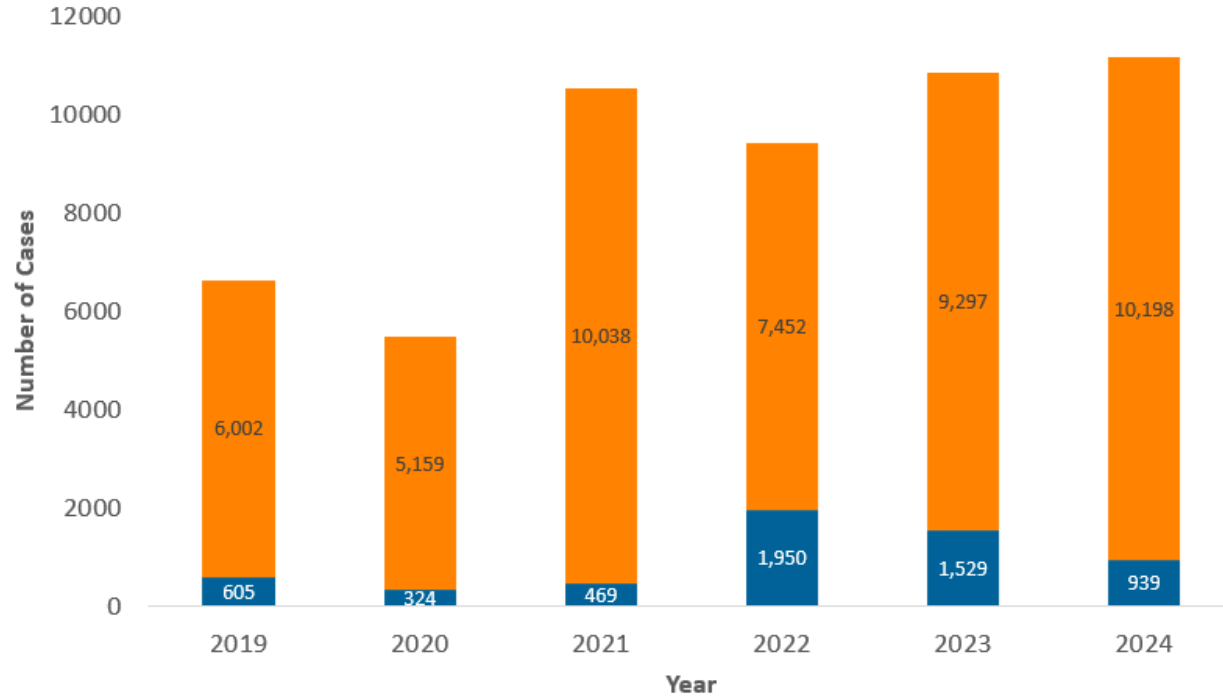
[Figure 1](#)[Figure 2](#)

Tables

[Table 1](#)

Latent TB Infection

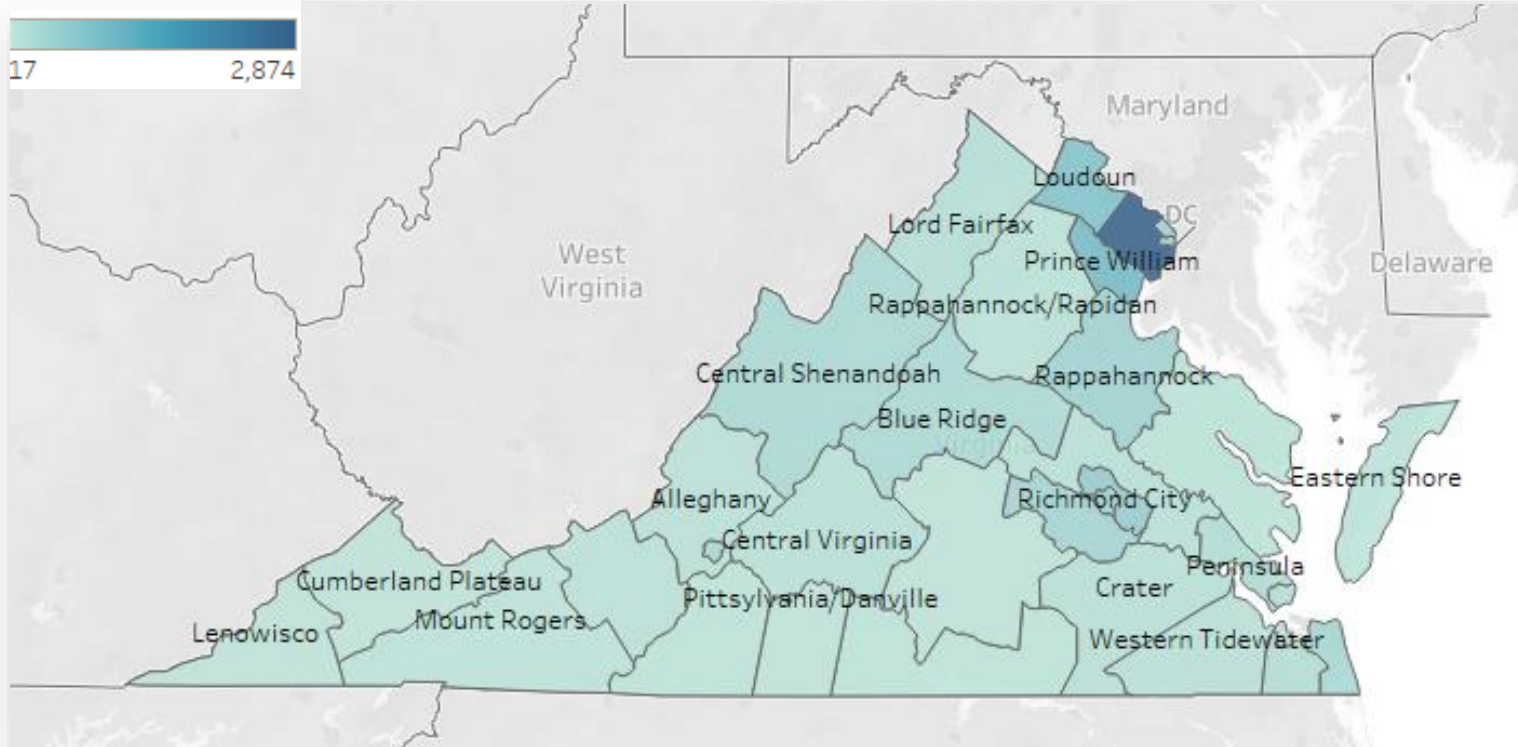
Latent TB Infection, Virginia, 2019-2024*



*2024 data are not final

■ Confirmed ■ Suspect

Latent TB Infection, Virginia, 2024*



*2024 data are not final

Surveillance Changes and Updates

- eCR (electronic case reporting) is coming, but TB and LTBI are in later waves
- Updated flow for documents requiring review (DRR) queue in VEDSS
- Terminology
 - Burden case → non-countable case
- EMR/EHR

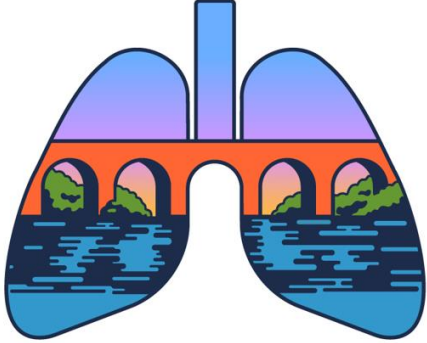
Initial close out for 2024 cases is coming soon!

- Outreach for missing data
- Count reconciliation via line lists
- Counting clinical and other cases diagnosed later in 2024

How can we help?


- Dashboards or reports for new LTBI reports?
- Reports for AFBs?
- More VEDSS/RVCT training?
 - Planning one live session for December
- Data abstraction/chart review visits?
- Specific tools?

Data Resources



Annual Tuberculosis Surveillance Report, 2023

Virginia Department of Health
Division of Clinical Epidemiology
Tuberculosis Program



Virginia Department of Health Tuberculosis Program
Number of Reported TB Cases and Rates per 100,000: 2019-2023 (Revised 02/16/2024)

CENTRAL REGION	2022 Pop*	2019		2020		2021		2022		2023	
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Chesterfield County	378,408	3	0.9	7	2.0	3	0.8	2	0.5	5	1.3
Colonial Heights City	18,294	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Powhatan County	31,489	0	0.0	0	0.0	0	0.0	0	0.0	1	3.2
CHESTERFIELD DISTRICT	428,191	3	0.8	7	1.8	3	0.7	2	0.5	6	1.4
Charles City County	6,605	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Goochland County	26,109	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hanover County	112,938	0	0.0	0	0.0	0	0.0	2	1.8	2	1.8
New Kent County	24,986	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
CHICKAHOMINY DISTRICT	170,638	0	0.0	0	0.0	0	0.0	2	1.2	2	1.2
Dinwiddie County	28,161	0	0.0	1	3.5	0	0.0	0	0.0	1	3.6
Emporia City	5,481	1	19.5	1	18.7	0	0.0	1	17.8	1	18.2
Greensville County	11,226	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hopewell City	22,962	0	0.0	0	0.0	1	4.5	0	0.0	1	4.4
Petersburg City	33,394	2	6.3	0	0.0	2	6.6	1	3.0	0	0.0
Prince George County	43,134	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
Surry County	6,527	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sussex County	10,680	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
GRATER DISTRICT	161,565	3	1.9	2	1.3	3	1.9	3	1.9	3	1.9
HENRICO DISTRICT	333,962	14	4.3	12	3.6	5	1.5	8	2.4	9	2.7
Amelia County	13,455	1	7.7	0	0.0	0	0.0	0	0.0	1	7.4
Buckingham County	16,982	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Charlotte County	11,475	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cumberland County	9,746	0	0.0	0	0.0	0	0.0	1	10.3	0	0.0
Lunenburg County	12,031	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Nottoway County	15,559	0	0.0	0	0.0	7	46.2	2	12.8	0	0.0
Prince Edward County	21,927	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
PIEDMONT DISTRICT	101,175	1	1.0	0	0.0	7	6.8	3	3.0	1	1.0
RICHMOND CITY DISTRICT	229,395	3	1.3	6	2.6	2	0.9	4	1.8	2	0.9
Brunswick County	15,921	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Halifax County	33,644	0	0.0	0	0.0	1	3.0	0	0.0	0	0.0
Mecklenburg County	30,508	0	0.0	1	3.3	0	0.0	0	0.0	0	0.0
SOUTHSIDE DISTRICT	80,073	0	0.0	1	1.2	1	1.2	0	0.0	0	0.0
CENTRAL REGION	1,504,999	24	1.7	28	1.9	21	1.4	22	1.5	23	1.5
VIRGINIA	8,683,619	191	2.2	169	2.0	160	1.9	195	2.3	207	2.4

*Population estimates from CDC WONDER Single-Race Population. Prior to 2023, prior year population estimates from NCHS Bridged-Race Population are used for calculation. Rates for areas with <5 cases may be statistically unreliable.

Tuberculosis in Virginia, 2023

Overview

NUMBER OF VERIFIED CASES: **207**

TB RATE PER 100,000 POPULATION: **2.4**

HEALTH DISTRICTS WITH TB CASES: **28**

Demographics

55% of TB cases occurred among males

25.6% of TB cases were in people older than 64 years

Minority groups continue to be heavily represented among those with TB in Virginia

Clinical Characteristics

Proportion of TB cases with:

- 3.4% HIV
- 9.2% Resistance to any first line drug
- 21.3% Diabetes
- 36.2% A positive sputum smear
- 79.7% A pulmonary site of disease

Country of Birth

42 Number of countries of birth represented among patients with TB disease


Born in the U.S.: 16% | Non-U.S.-born: 84%

Most Common Countries of Birth Among Patients

United States: 31 | Philippines: 16 | India: 12 | Vietnam: 12 | Guatemala: 11

Time in the U.S.

7.9 Median number of years in the U.S. at time of diagnosis among non-U.S.-born patients



Updated February 2024. Source: RHP reporting.



QUESTIONS AND DATA REQUESTS

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Thank you!