

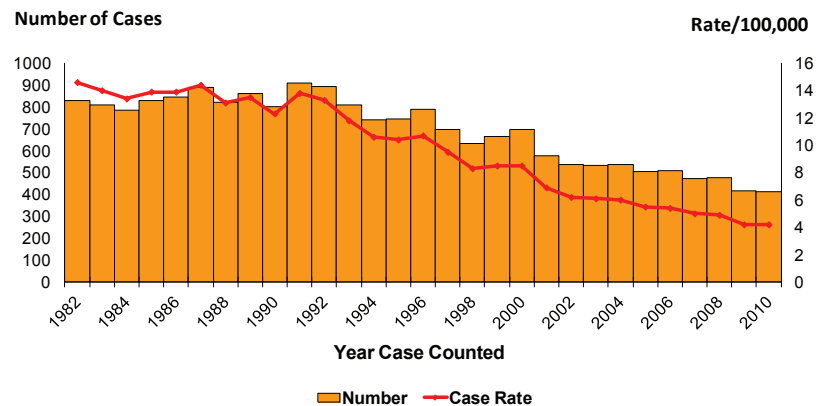


TUBERCULOSIS (TB)

THE NUMBERS

- 411 tuberculosis (TB) cases were reported in Georgia in 2010 - a 1% percent decrease from 415 cases in 2009
- The counties reporting the highest number of TB cases in 2010 were: DeKalb (86), Gwinnett (56), (Fulton (51), and Cobb (26)
- TB cases were predominantly male (66%), Africa American (51%) and US-born (55%)
- Three multi-drug resistant case were reported in 2010 and 20 cases (7%) were resistant to isoniazid, one of the first-line drugs for TB
- Ninety-two percent of TB patients scheduled to complete treatment for active disease by 2010 completed a full course of treatment; and 75 percent received treatment exclusively by directly observed therapy (DOT)
- In 2009, the year for which we have updated contact data, 803 (22%) contacts of active TB cases were infected with latent TB and 60% completed treatment to prevent progression to active TB disease

TB Cases and Case Rates Georgia, 1982-2010



THE RESOURCES

The State TB program ensures all active cases of TB are identified and receive comprehensive evaluation and treatment. Each health district has a contract physician available to provide medical services for TB cases and contacts within the community. Local health departments provide individualized case management to TB clients including screening, chest x-rays, bacteriology, monthly clinic evaluations, social services, and housing to homeless clients, TB medications needed for treatment are provided at no cost to the client. Directly observed therapy (DOT) is the standard of care in Georgia and is available in all health districts. DOT means that public health staff arrange for a responsible person to make sure the patient takes medication consistently, either at home, at work, or in a clinic or doctor's office. DOT prevents the development of multi-drug resistant TB and ensures the completion of treatment.

The local health departments conduct a contact investigation on every case of active TB identified. ■■Public health staff interview the TB client to determine where the client has been and who the client may have exposed. The staff then locates, notifies and evaluates each contact for TB infection and/or TB disease. If latent TB infection (LTBI) is diagnosed, treatment is offered to the contact. TB medications are provided at no cost to the TB client.

Since 1996, the Georgia TB Program in collaboration with the American ■■Lung Association - Southeast Region, has been providing DOT, housing and social services to homeless infectious TB patients statewide.

When hospitalization is necessary for acute care of a person with TB, the GA TB Program has contracts with public ■■and private hospitals. Grady Memorial Hospital in Atlanta has 73 isolation beds for patients either suspected of or diagnosed as having infectious TB. Other hospitals throughout the state have smaller numbers of beds for infectious TB patients.

For more information about tuberculosis in Georgia, contact 404-657-2634 or visit: health.state.ga.us/programs/tb