

2004 Georgia Tuberculosis Report

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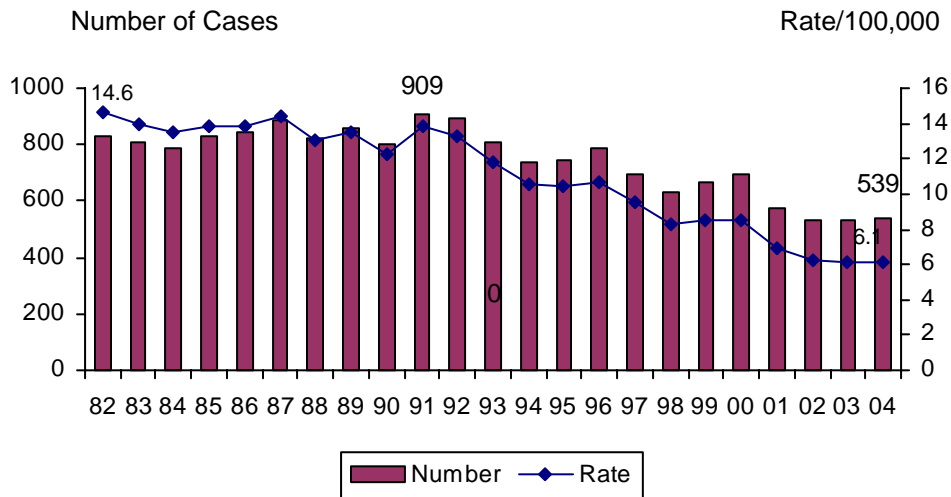
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Tuberculosis (TB) Epidemiology in Georgia

TB Case Numbers and Case Rates

The number of TB cases in Georgia has declined by 41% since 1991, the peak of a TB resurgence that occurred from the mid-1980s to the early 1990s (Figure 1). However, in 2004, 539 new TB cases were reported in Georgia, representing a 1.3% increase from 532 cases reported in 2003. The state TB case rate of 6.1 per 100,000 persons in 2004 remained the same as the state case rate in 2003 and continues to be higher than the U.S. TB case rate (4.9/100,000 in 2004). Georgia had the sixth highest number of TB cases and the seventh highest TB case rate in 2004 compared to other states. The bulk of Georgia's TB cases are in U.S.-born African-Americans (49%) and foreign-born persons (34%).

Figure 1. TB Cases and Case Rates, Georgia, 1982-2004

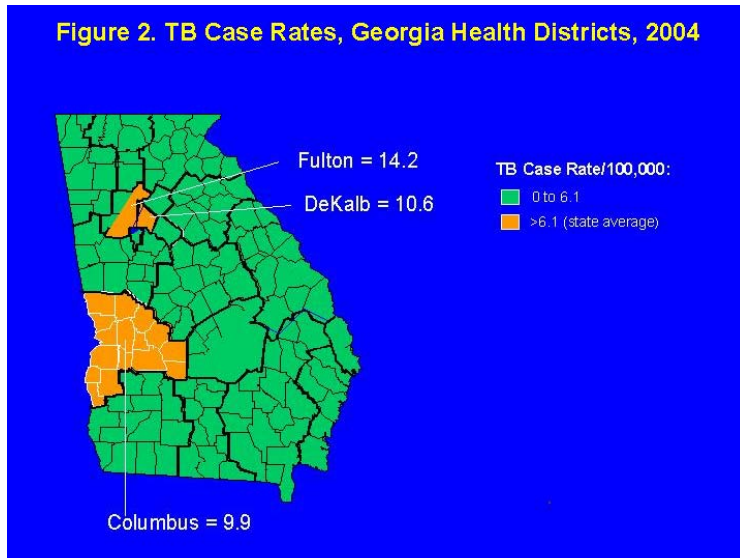


Geographic Distribution of Cases

The metropolitan Atlanta area accounted for 52% of TB cases in Georgia. The counties that reported the highest number of TB cases were: Fulton (116 cases), DeKalb (72), Gwinnett (42), Cobb (29), and Muscogee (20). Of 159 counties, 71 (45%) attained the Healthy People 2010 objective of 1 TB case per 100,000 population. Figure 2 shows the three health districts with case rates higher than the state case rate: Fulton (14.2/100,000), DeKalb (10.6/100,000), and Columbus (9.9/100,000). Tables 1 and 2 show the number of TB cases and TB case rates in 2004 by county and health district, respectively.

TB cases in Fulton and DeKalb counties, the two most populous counties in Georgia, have been steadily decreasing over the past decade. The TB case rate in Fulton County has fallen from 44.4/100,000 in 1991 to 14.2/100,000 in 2004; while in DeKalb County, TB case rates decreased from 19.2/100,000 in 1991 to 10.6/100,000 in 2004.

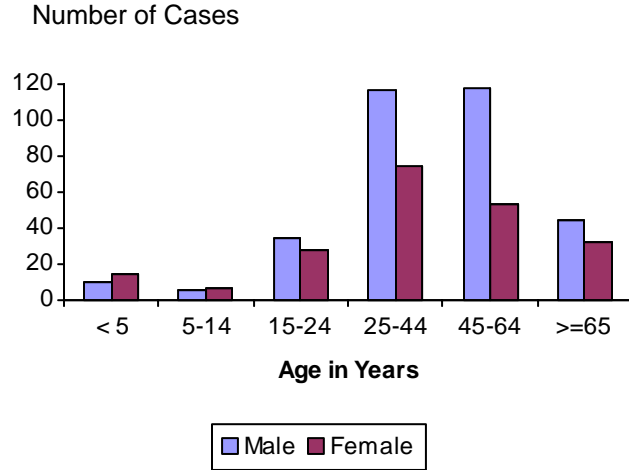
TB cases and case rates have been increasing in the Lawrenceville district for the past three years, from 21 cases in 2001 to 46 cases in 2004, mainly due to an increase in foreign-born cases. Three health districts reported an increase in TB cases for two consecutive years: Dalton (8 cases in 2002 to 21 in 2004), Macon (20 cases in 2002 to 28 in 2004), and Valdosta (2 cases in 2002 to 12 in 2004).



TB Cases by Sex, Race/ethnicity, and Age

TB cases in Georgia were predominantly male (61%) and non-Hispanic black (59%) in 2004 and have consistently been so for many years. Hispanics of all races, non-Hispanic whites, and Asians comprised 17%, 14%, and 10% of TB cases in 2004, respectively. The TB case rate was 20.2/100,00 in Asians, 11.9/100,000 in non-Hispanic blacks, and 1.5/100,000 in non-Hispanic whites in 2004. Case rates have been decreasing in these racial/ethnic groups over the past 5 years (Table 3). The case rate among Hispanics increased slightly from 15.1 in 2003 to 15.3 per 100,000 persons in 2004. The largest proportion (36%) of cases among age groups occurred in persons 25-44 years old (Figure 3). The case rate was lowest in children 5-14 years old and highest in persons 45-64 years old. The case rates in children 5 to 14 years old and in persons 15 to 24 years old has increased slightly over the past 5 years, while case rates decreased in other age groups (Table 4).

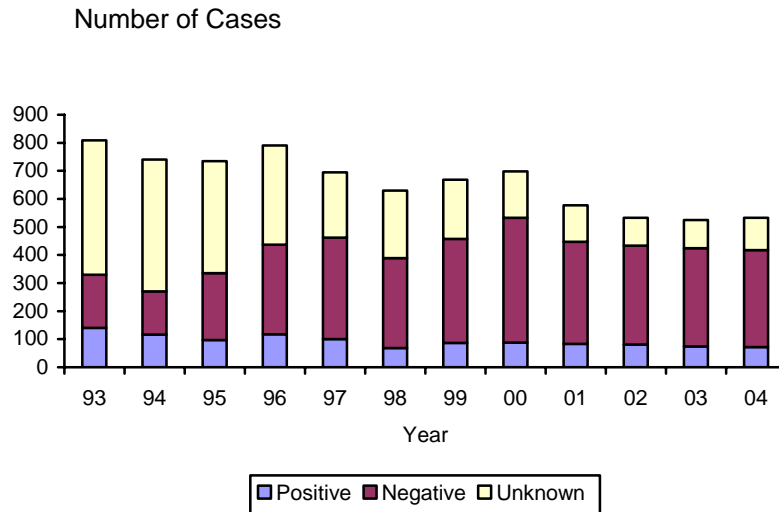
Figure 3. TB Cases by Age and Sex, Georgia, 2004



TB Cases with HIV

TB cases co-infected with HIV decreased from 74 (17%) cases in 2003 to 72 (16%) in 2004. This represents a substantial decline from 1993, the year when surveillance for HIV co-infection started, and when 42% of TB cases with known HIV status were positive for HIV (Figure 4). HIV testing among TB cases has considerably improved over the past five years. Reporting of HIV status increased from 76% in 2000 to 85% in 2004. Among TB cases in adults aged 25-44 years old, 93% had HIV test results reported. In TB cases with information on HIV status, HIV co-infection was predominantly present among African Americans (85%), males (65%), and in adults aged 25-44 (58%).

Figure 4. HIV status of TB Cases, Georgia, 1993-2004

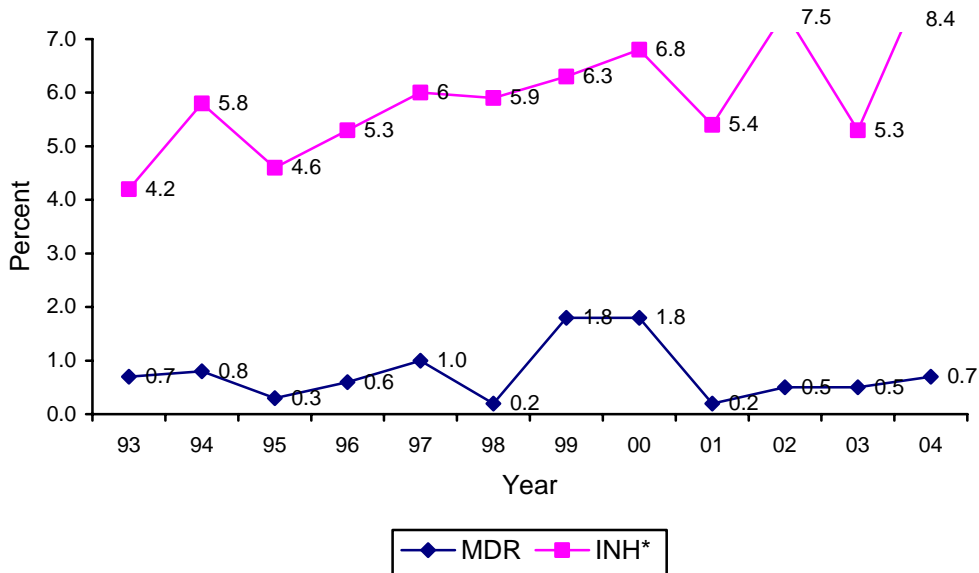


Drug-resistant Tuberculosis

In 2004, three cases of multidrug-resistant tuberculosis (MDR-TB, i.e., TB resistant to at least isoniazid (INH) and rifampin (RIF), the two most effective anti-TB drugs) were reported in Georgia. From 2000-2004, 17 MDR-TB cases were reported, an average of three MDR-TB cases per year. Of these, 14 (82%) were foreign-born, three had previous TB treatment, and three were initially susceptible to RIF when they started treatment. Most MDR-TB cases in the past five years were reported in DeKalb (5 cases), Gwinnett (4) and Cobb County (3).

Thirty-five cases (8%) of primary resistance to INH and four cases (1%) of primary resistance to RIF were reported in 2004. The proportion of TB cases with primary INH resistance has increased since 1993, while that of MDR-TB cases and primary RIF resistance remained stable (Figure 5). The proportion of primary resistance to ethambutol, another first-line anti-TB drug, decreased over the past 5 years (from 1% in 2000 to 0.2 % in 2004). From 2000 to 2004, a total of 141 primary isoniazid resistant cases were reported in Georgia. The counties of Fulton (31 cases), DeKalb (25) and Gwinnett (17) reported the highest number of INH-resistant cases over this five-year period.

Figure 5. Drug-resistance levels of TB Cases, Georgia, 1993-2004

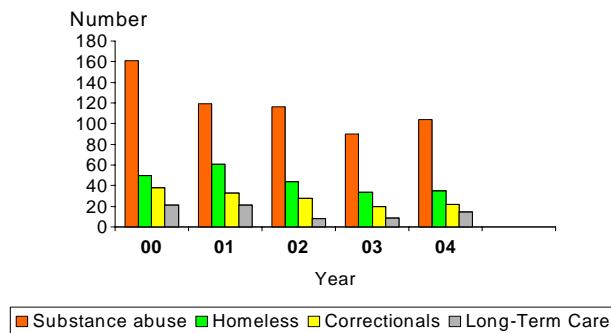


* Primary INH resistance: resistance to INH (alone or in combination with resistance to other drugs) in TB patients who have not received previous TB treatment

TB in High-Risk Populations

In 2004, TB cases living in settings where infection is easily transmitted included 35 (6%) homeless persons, 22 (4%) cases from correctional facilities, and 15 (3%) persons living in long-term care facilities (Figure 5). One hundred and four (19%) cases reported some form of substance abuse in 2004; 10 (2%) abused injected drugs, 52 (10%) abused non-injected drugs, and 76 (14%) consumed excess alcohol. TB cases in other high-risk groups included 12 (2%) health care workers and 3 (0.5%) migratory agricultural workers. TB cases in these high-risk groups have decreased from 5 years ago but small increases in numbers was noted from 2003 to 2004 among substance abusers, homeless persons, and residents of correctional and long-term care facilities (Figure 6).

Figure 6. TB in High-Risk Populations, Georgia, 2000-2004



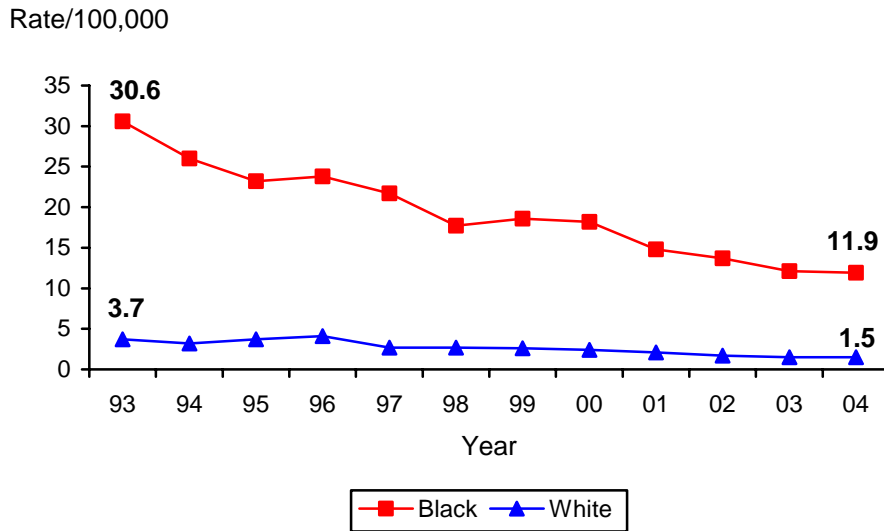
TB Mortality

Fifteen persons died of TB in Georgia in 2003, the year for which the most recent mortality data are available. The age-adjusted TB mortality rate decreased from 0.4/100,000 in 2002 to 0.2/100,000 persons in 2003.

TB Racial Disparities

Non-Hispanic blacks make up 29% of the population in Georgia but accounted for 58% of TB cases in 2004. The TB case rate for non-Hispanic blacks in Georgia (11.9/100,000) was eight times higher than the case rate for non-Hispanic whites (1.5/100,000) in 2004. From 1993 to 2004, the non-Hispanic black TB case rate decreased 61% (from 30.6 to 11.9/100,000) while the non-Hispanic white case rate decreased 59% (from 3.7 to 1.5/100,000) (Figure 7).

Figure 7. TB Case Rates in Non-Hispanic Blacks and Whites, GA, 1993-2004



Black case rate is 8x higher than white case rate

Fulton County had the highest number and one of the highest proportions of non-Hispanic black TB cases compared with other counties in the state. Non-Hispanic blacks represented 43% of Fulton County’s population yet accounted for 79% (92/116) of county TB cases in 2004. Most (91%) of non-Hispanic blacks in the county are U.S.-born. Health Districts that reported high numbers of non-Hispanic black TB cases in 2004 include: DeKalb (53 cases, 74% of District cases), Columbus (23, 66%), Albany (20, 91%), and Macon (20, 71%) (Table 5).

TB case rates for all racial/ethnic groups have been decreasing since 1993 except among Hispanics (10.1/100,000 in 1993 compared to 15.3/100,000 in 2004). The highest case rate among racial/ethnic groups in 2004 occurred among Asians (20.2/100,000) though Asians comprised only 10% of TB cases.

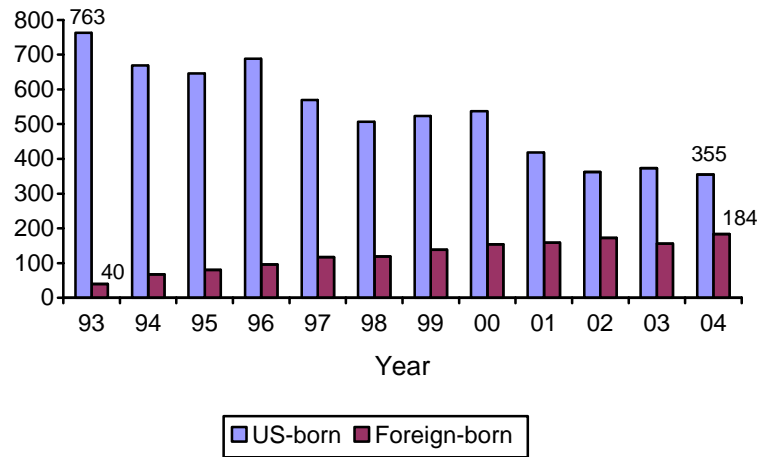
TB in the Foreign-born

In Georgia, the proportion and number of TB cases that are foreign-born increased from 29% (156 cases) in 2003 to 34% (184 cases) in 2004. This represents more than a four-fold increase from 1993, when only 5% (40 cases) of TB cases were foreign-born (Figure 8). Sixty-nine percent of foreign-born TB cases were diagnosed within the first five years of their arrival in the United States.

More than two-thirds (69%) of foreign-born TB cases in 2004 resided in metropolitan Atlanta counties, mostly in DeKalb (41 cases), Lawrenceville (36), Fulton (24), and Cobb (17). Health districts where 50% or more TB cases were foreign-born included: Lawrenceville (78%), Gainesville (62%), DeKalb (57%), Cobb (53%), and Clayton (50%). Health districts where the proportion of foreign-born cases was nearly 50% include: Waycross (46%), Dalton (43%), and Valdosta (42%) (Table 6).

Figure 8. TB Cases in US-Born and Foreign-born Persons, Georgia, 1993-2004

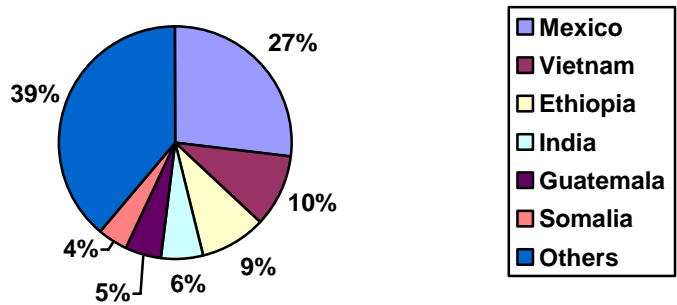
Number of Cases



The proportion of cases that are foreign-born increased from 5% in 1993 to 34% in 2004

Foreign-born cases were primarily seen in persons from Mexico (50 cases), Vietnam (18), Ethiopia (16), India (11), Guatemala (10) and Somalia (8). Foreign-born TB cases came from 43 different countries of origin in 2004 (Figure 9).

Figure 9. Countries of Origin of Foreign-born TB Cases, Georgia, 2004



Refugee and Immigrants

In 2004, 155 refugees and immigrants arrived in Georgia with a B-1 or B-2 TB classification (non-infectious TB conditions diagnosed overseas), 63% were re-evaluated for TB and latent TB infection by their county health departments soon after they arrived in Georgia. The DeKalb and Lawrenceville health districts received most of the B1/B2 notifications in 2004; resettling 63 refugees or immigrants with a B-1 classification (non-infectious active TB) and 28 with a B-2 classification (non-infectious inactive TB). Of

those who were re-evaluated upon arrival in Georgia, five (11%) of 45 persons with a B-1 classification and one of 49 (2%) persons with a B-2 classification had culture-confirmed TB. Of 651 refugee children younger than 15 years old who were screened for TB with a tuberculin skin test in 2004, 133 (20%) had a positive skin test.

Contacts to TB Cases

In 2003, the year with the most complete data for contact investigations, 5,623 contacts to active TB cases were identified. Of these, 39% were household contacts, 26% were leisure activity-related contacts, 23% were work-related contacts, and the rest were contacts exposed to TB in other environments. At least 95% of 203 TB cases with positive sputum smears (an indicator of infectiousness) had contacts identified.

Of 5,623 identified contacts, 3,478 (62%) were completely evaluated for active TB disease and latent TB infection (LTBI) by tuberculin skin tests and chest radiography. LTBI was detected in 1,115 (20%) contacts and 708 (64%) were started on LTBI treatment to prevent progression to active TB disease. Only 59% of infected contacts with available treatment completion data completed LTBI treatment.

Latent TB Infection in Children < 5 years old

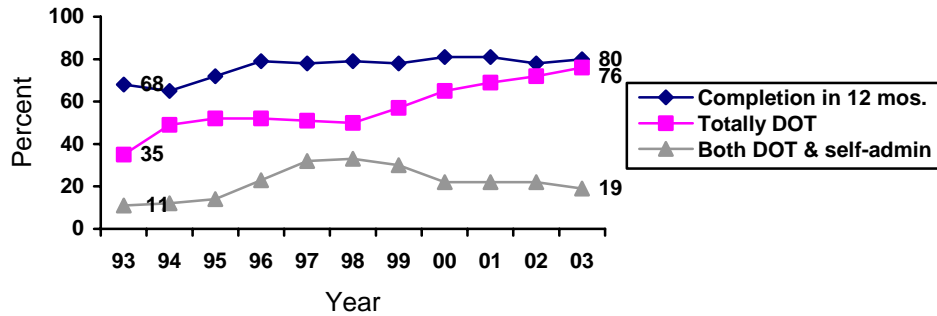
Mandatory reporting to public health authorities of LTBI in children less than 5 years of age began in January 2004. Forty-three such children were reported in 2004; 36 (84%) received LTBI treatment by directly observed preventive therapy from public health workers.

TB Program Objectives:

Objective 1: 90% of TB patients will complete a course of curative TB treatment within 12 months of starting treatment.

Among 446 patients who were scheduled to complete TB treatment in 2004, 93% completed their full course of treatment. Timely completion of therapy, however, was only 80%. Timely treatment completion was lower than the state average among patients exclusively treated by private providers (50%), HIV infected cases (73%), residents of correctional facilities (77%), and abusers of non-injectable drugs (78%). Directly observed therapy was given to 95% of cases in 2003 (Figure 10, Tables 7-9).

Figure 10. Timely Treatment Completion and Directly Observed Therapy (DOT), Georgia, 1993-2003



Timely treatment completion increased from 68% in 1993 to 80% in 2003; DOT was provided to 95% of TB cases.

Objective 2: At least 95 percent of cases with sputum smears that are positive for acid-fast bacillus will have contacts identified.

Georgia achieved this objective in 2004; 193 (95%) of 203 TB cases with positive sputum smears in 2003 had contacts identified.

Objective 3: At least 85 percent of persons with latent TB infection (LTBI) and started on treatment for latent TB infection will complete preventive LTBI therapy.

Of 605 infected contacts with available treatment information that should have completed LTBI treatment in 2004, only 59% completed LTBI treatment.

Progress toward TB Elimination in Georgia

TB cases in Georgia have been decreasing over the past decade, however the rate of decline began to slow in recent years, and for the first time in 5 years, a slight increase in the number of TB cases was reported in 2004. This increase may be due to a combination of factors: the shift to an electronic disease surveillance system which may have increased the efficiency in reporting TB suspects and TB cases, an increase in foreign-born cases, and increases in several high-risk groups. Georgia has been successful in decreasing TB transmission among its U.S.-born population and will need to develop focused strategies to address the increasing proportion of TB cases among its foreign-born population. Although TB case rates are decreasing in African-Americans and the proportion of TB cases among US-born African-Americans is decreasing, racial disparities persist.

Recent cut-backs in state and federal funding have led to staff shortages and decreased resources to implement core TB prevention and control strategies such as directly-observed therapy to ensure treatment completion of active TB cases and contact follow-up to detect secondary cases and treat latent TB infection. A single case of multi-drug resistant TB, the control of a TB outbreak, and mass TB screenings after a school or workplace TB exposure, strain the resources of state and local TB programs. TB does not only affect the poor and disenfranchised. Clusters of TB cases are reported among suburban school children, college students, and in a variety of work places. Current TB program activities must be sustained and intensified to achieve TB elimination in Georgia.

Table 1. Number of TB Cases and Case Rates (per 100,000) by County, Georgia, 2003-2004

COUNTY	2003		2004	
	Number of cases	Case Rate	Number of cases	Case Rate
Appling	<5	5.6	<5	5.6
Atkinson	<5	12.7	<5	12.5
Bacon	0	0	0	0
Baker	0	0	0	0
Baldwin	<5	2.2	<5	4.4
Banks	0	0	<5	6.4
Barrow	<5	7.5	0	0
Bartow	5	5.9	6	6.9
Ben Hill	<5	17.4	0	0
Berrien	0	0	0	0
Bibb	7	4.5	10	6.4
Bleckley	<5	8.4	<5	8.3
Brantley	0	0	<5	12.9
Brooks	0	0	<5	6.1
Bryan	0	0	0	0
Bulloch	0	0	<5	4.9
Burke	<5	8.7	<5	12.9
Butts	0	0	0	0
Calhoun	0	0	0	0
Camden	0	0	<5	2.2
Candler	<5	30.0	0	0
Carroll	<5	4.1	8	7.9
Catoosa	<5	3.4	<5	1.7
Charlton	0	0	0	0
Chatham	17	7.2	10	4.2
Chattahoochee	0	0	0	0
Chattooga	5	18.9	<5	7.5
Cherokee	<5	0.6	<5	2.3
Clarke	5	4.8	<5	2.9
Clay	0	0	0	0
Clayton	15	5.7	14	5.3
Clinch	0	0	0	0
Cobb	23	3.5	29	4.4
Coffee	<5	7.7	<5	5.1
Colquitt	5	11.6	<5	6.8
Columbia	5	5.1	11	10.9
Cook	<5	6.3	0	0
Coweta	<5	3.9	<5	0.9
Crawford	0	0	0	0
Crisp	0	0	<5	18.2
Dade	<5	6.3	<5	6.2
Dawson	0	0	0	0
Decatur	<5	3.5	0	0
DeKalb	84	12.4	72	10.6
Dodge	<5	5.2	<5	5.1
Dooly	0	0	<5	25.8
Dougherty	7	7.3	8	8.4
Douglas	<5	2.0	<5	2.8

COUNTY	2003		2004	
	Number of cases	Case Rate	Number of cases	Case Rate
Early	0	0	<5	8.3
Echols	0	0	0	0
Effingham	0	0	<5	8.9
Elbert	<5	4.8	<5	9.6
Emanuel	5	22.8	<5	9.0
Evans	0	0	<5	17.8
Fannin	<5	4.7	0	0
Fayette	<5	1.0	<5	2.9
Floyd	7	7.5	6	6.4
Forsyth	0	0	<5	0.75
Franklin	0	0	0	0
Fulton	122	15.0	116	14.2
Gilmer	<5	3.8	7	26.2
Glascocok	<5	37.9	0	0
Glynn	0	0	0	0
Gordon	0	0	<5	8.2
Grady	<5	4.1	0	0
Greene	0	0	<5	6.4
Gwinnett	36	5.1	42	6.0
Habersham	0	0	0	0
Hall	7	4.5	6	3.7
Hancock	0	0	0	0
Haralson	<5	7.3	0	0
Harris	0	0	<5	3.7
Hart	<5	4.3	0	0
Heard	<5	26.9	0	0
Henry	<5	1.3	5	3.1
Houston	9	7.5	10	8.1
Irwin	0	0	<5	20.1
Jackson	0	0	<5	4.0
Jasper	0	0	0	0
Jeff Davis	<5	7.8	0	0
Jefferson	0	0	<5	5.9
Jenkins	0	0	0	0
Johnson	0	0	0	0
Jones	<5	3.9	<5	3.8
Lamar	0	0	0	0
Lanier	0	0	0	0
Laurens	<5	4.3	<5	2.1
Lee	<5	3.5	0	0
Liberty	<5	3.4	<5	1.6
Lincoln	0	0	<5	11.9
Long	<5	9.3	0	0
Lowndes	<5	2.1	5	5.2
Lumpkin	0	0	0	0
Macon	<5	7.1	<5	7.2
Madison	<5	3.7	0	0
Marion	<5	14.0	<5	14.1
McDuffie	0	0	0	0
McIntosh	0	0	<5	8.9
Meriwether	<5	8.8	<5	4.4

COUNTY	2003		2004	
	Number of cases	Case Rate	Number of cases	Case Rate
Miller	0	0	0	0
Mitchell	<5	12.6	6	25.1
Monroe	0	0	<5	4.3
Montgomery	0	0	0	0
Morgan	0	0	0	0
Murray	<5	5.1	<5	2.5
Muscogee	12	6.5	20	10.9
Newton	<5	3.9	0	0
Oconee	0	0	0	0
Oglethorpe	0	0	0	0
Paulding	<5	1.0	<5	2.8
Peach	<5	8.2	<5	4.0
Pickens	0	0	0	0
Pierce	0	0	0	0
Pike	<5	6.7	<5	6.3
Polk	<5	2.5	<5	2.5
Pulaski	0	0	0	0
Putnam	0	0	<5	5.1
Quitman	<5	121.0	<5	81
Rabun	0	0	0	0
Randolph	0	0	0	0
Richmond	21	10.6	14	7.1
Rockdale	<5	2.7	<5	5.3
Schley	0	0	0	0
Screven	<5	6.5	<5	19.6
Seminole	<5	21.6	<5	10.8
Spalding	<5	6.6	<5	3.3
Stephens	<5	11.9	0	0
Stewart	0	0	0	0
Sumter	<5	3.0	<5	6.1
Talbot	0	0	0	0
Taliaferro	0	0	0	0
Tattnall	5	22	0	0
Taylor	0	0	<5	11.1
Telfair	0	0	0	0
Terrell	<5	9.2	<5	18.3
Thomas	<5	2.3	<5	2.3
Tift	0	0	<5	7.5
Toombs	5	18.9	0	0
Towns	0	0	0	0
Treutlen	0	0	<5	14.2
Troup	<5	5.0	<5	4.9
Turner	<5	10.4	<5	10.6
Twiggs	<5	19.1	<5	9.6
Union	0	0	0	0
Upson	<5	3.6	<5	3.6
Walker	6	9.6	<5	4.7
Walton	0	0	<5	5.6
Ware	<5	5.6	<5	5.6
Warren	0	0	0	0
Washington	<5	4.8	<5	4.7

COUNTY	2003		2004	
	Number of cases	Case Rate	Number of cases	Case Rate
Wayne	<5	14.5	0	0
Webster	0	0	0	0
Wheeler	0	0	0	0
White	<5	8.8	0	0
Whitfield	5	5.7	9	10.0
Wilcox	0	0	0	0
Wilkes	0	0	0	0
Wilkinson	0	0	0	0
Worth	<5	4.6	0	0

Table 2. TB Cases and Case Rates by Health District, Georgia, 2003-2004

Health District	2003		2004	
	Number of cases	Case rate	Number of cases	Case rate
1.1 Rome	30	5.4	27	4.7
1.2 Dalton	10	2.7	21	5.5
2.0 Gainesville	13	2.5	8	1.5
3.1 Cobb	25	3.3	32	4.2
3.2 Fulton	122	15.0	116	14.2
3.3 Clayton	15	5.7	14	5.2
3.4 Lawrenceville	41	5.0	46	5.3
3.5 DeKalb	84	12.4	72	10.6
4.0 LaGrange	25	3.6	25	3.5
5.1 Dublin	4	2.9	4	2.8
5.2 Macon	23	4.7	28	5.6
6.0 Augusta ASMP	32 3	7.4	24 11	5.5
7.0 Columbus	18	5.0	35	9.9
8.1 Valdosta	7	3.0	12	5.1
8.2 Albany	24	6.7	22	6.1
9.1 Coastal	20	4.0	17	3.3
9.2 Waycross	25	7.6	13	3.9
10 Athens	11	2.8	12	2.9
Total	532	6.1	539	6.1

Table 3. TB Case Rates by Race/Ethnicity, Georgia, 2000-2004

Race/ethnicity	2000	2001	2002	2003	2004
Asian, non-Hispanic	31.5	27	19.4	20.5	20.2
Black, non-Hispanic	17.9	13.9	12.8	12.1	11.9
Hispanic, all races	17.7	13.3	14.3	15.1	15.3
White, non-Hispanic	2.4	2.1	1.7	1.5	1.5

Table 4. TB Case Rates by Age Group, Georgia, 2000-2004

Age Group	2000	2001	2002	2003	2004
< 5 yrs.	4.2	3.4	3.4	5	3.5
5-14 yrs	0.2	0.7	0.7	0.8	1
15-24 yrs.	3.8	4.5	4.4	4.7	4.9
25-44 yrs.	8.8	8.9	8.7	7.4	7
45-64 yrs.	10.5	8.3	8.0	7.7	8.6
>= 65 yrs.	11	9.7	9.7	9.6	9

Table 5. TB Cases by Race/ethnicity, 18 Health Districts, Georgia 2004

Health District	Asian, non-Hispanic		Black, non-Hispanic		Hispanic, all races		White, non-Hispanic	
	N	%	N	%	N	%	N	%
1.1 Rome	3	11	2	7	7	26	15	56
1.2 Dalton	2	10	0	0	10	48	9	43
2.0 Gainesville	3	38	3	38	1	12	1	12
3.1 Cobb	3	9	17	53	9	28	3	9
3.2 Fulton	3	3	92	79	17	15	4	3
3.3 Clayton	2	14	8	57	1	7	3	21
3.4 Lawrenceville	17	37	9	20	15	33	5	11
3.5 DeKalb	6	8	53	74	9	12	3	4
4.0 LaGrange	2	8	12	48	5	20	6	24
5.1 Dublin	0	0	2	50	0	0	2	50
5.2 Macon	1	4	20	71	2	7	5	18
6.0 Augusta	1	3	26	74	1	3	7	20
7.0 Columbus	3	9	23	66	4	11	4	11
8.1 Valdosta	0	0	5	42	4	33	3	25
8.2 Albany	0	0	20	91	0	0	2	9
9.1 Coastal	2	12	13	76	1	6	1	6
9.2 Waycross	3	23	4	31	3	23	3	23
10 Athens	0	0	4	33	4	33	4	33

Table 6. TB Cases by Country of Birth (U.S. or Foreign-born), 18 Health Districts Georgia, 2004

Health District	U.S.-born		Foreign-born	
	N	%	N	%
1.1 Rome	18	67	9	33
1.2 Dalton	11	52	9	43
2.0 Gainesville	3	38	5	62
3.1 Cobb	15	47	17	53
3.2 Fulton	89	77	24	21
3.3 Clayton	7	50	7	50
3.4 Lawrenceville	10	22	36	78
3.5 DeKalb	28	39	41	57
4.0 LaGrange	18	72	7	28
5.1 Dublin	4	100	0	0
5.2 Macon	25	89	3	11
6.0 Augusta	33	94	1	3
7.0 Columbus	29	83	6	17
8.1 Valdosta	7	58	5	42
8.2 Albany	22	100	0	0
9.1 Coastal	14	82	3	18
9.2 Waycross	7	54	6	46
10 Athens	10	83	2	17

Table 7. TB Treatment Completion Trends, 1999-2003, Georgia

Treatment Completion	1999	2000	2001	2002	2003
Over-all completion	536/598 (90%)	552/601 (92%)	473/512 (92%)	410/447 (92%)	394/424 (93%)
Completion in 12 months	458/590 (78%)	477/589 (81%)	409/506 (81%)	345/444 (78%)	356/446 (80%)

Table 8. Completion of Treatment in 12 months by Health District, Georgia, 1999-2003

Health District	1999	2000	2001	2002	2003
1-1 Rome	18/18 (100%)	23/28 (82%)	26/27 (96%)	22/26 (85%)	18/24 (75%)
1-2 Dalton	11/20 (55%)	10/11 (91%)	7/9 (78%)	4/7 (57%)	9/10 (90%)
2-0 Gainesville	10/13 (77%)	8/12 (67%)	6/10 (60%)	5/6 (83%)	6/11 (54%)
3-1 Cobb	20/24 (83%)	23/32 (72%)	30/37 (81%)	23/35 (66%)	21/24 (88%)
3-2 Fulton	95/130 (73%)	133/153(87%)	97/116 (84%)	86/103 (83%)	83/108 (77%)
3-3 Clayton	7/14 (50%)	13/20 (65%)	11/12 (92%)	13/15 (87%)	10/12 (83%)
3-4 Lawrenceville	26/27 (96%)	30/38 (79%)	14/17 (82%)	23/26 (88%)	19/27 (70%)
3-5 DeKalb	69/98 (70%)	56/68 (82%)	59/72 (82%)	60/77 (78%)	55/61 (90%)
4-0 LaGrange	18/19 (95%)	19/26 (73%)	11/14 (79%)	12/14 (86%)	20/23 (87%)
5-1 Dublin	7/9 (78%)	6/7 (86%)	5/6 (83%)	7/7 (100%)	4/4 (100%)
5-2 Macon	14/25 (56%)	19/23 (83%)	16/22 (73%)	11/17 (65%)	15/19 (79%)
6-0 Augusta	34/41 (83%)	21/25 (84%)	38/46 (83%)	15/16 (94%)	23/31 (74%)
Augusta State Medical Prison	6/6 (100%)	8/11 (73%)	13/16 (81%)	5/5 (100%)	1/1 (100%)
7-0 Columbus	15/20 (75%)	16/23 (70%)	11/17 (65%)	19/29 (66%)	15/17 (88%)
8-1 Valdosta	16/17 (94%)	9/10 (90%)	11/14 (79%)	1/2 (50%)	6/6 (100%)
8-2 Albany	29/36 (81%)	26/32 (81%)	17/25 (68%)	4/12 (33%)	17/22 (77%)
9-1 Savannah	7/11 (64%)	16/18 (89%)	10/11 (91%)	9/12 (82%)	12/15 (80%)
9-2 Waycross	41/44 (93%)	25/32 (78%)	19/22 (86%)	9/15 (60%)	16/22 (73%)
9-3 Brunswick	5/7 (71%)	6/8 (75%)	1/3 (33%)	5/6 (83%)	(see Dist 9.1)
10 Athens	10/11 (91%)	10/12 (83%)	7/10 (70%)	13/15 (87%)	5/8 (62%)
GEORGIA	458/590 (78%)	477/589 (81%)	409/506 (81%)	345/444 (78%)	356/446 (80%)

Table 9. Provision of Directly Observed Therapy, Georgia, 1999-2003

Directly-Observed Therapy (DOT)	1999 %	2000 %	2001 %	2002 %	2003 %
Totally Self-administered (SA)	11	9	5	5	4
Totally DOT	57	65	69	72	76
Both DOT and SA	30	22	22	22	19

Table 10. Clinical Characteristics of TB Patients, Georgia, 2000-2004

Clinical Characteristic	2000	2001	2002	2003	2004
% Pulmonary TB	80%	78%	78%	78%	78%
% Sputum smear positive	41%	38%	44%	38%	41%
% Sputum culture positive	60%	58%	60%	56%	61%
% Started on 4 anti-TB drugs in cases > 5 yrs. old	78%	82%	83%	85%	83%
% Sputum conversion after two months of TB treatment	72%	78%	80%	76%	81%

Table 11. Summary of TB Trends, Georgia, 2000-2004

Characteristic	2000	2001	2002	2003	2004
Number of TB cases	695	577	535	532	539
TB case rate/100,000	8.4	6.9	6.3	6.1	6.1
No. and % tested for HIV in adults	490 (78%)	464 (85%)	437 (87%)	430 (88%)	446 (89%)
No. and % drug susceptibility testing	532 (99%)	428 (98%)	418 (99%)	390 (98%)	425 (98%)
INH resistance rate	7.1%	6.1%	7.7%	5.1%	8.2%
MDR-TB rate	1.1%	0.5%	0.5%	0.5%	0.7%
No. and % Black, non-Hispanic	424 (62%)	340 (59%)	322 (60%)	309 (59%)	313 (58%)
No. and % Hispanic, all races	78 (11%)	63 (11%)	75 (14%)	82 (16%)	92 (17%)
No. and % Asian, non-Hispanic	62 (9%)	58 (10%)	44 (8%)	49 (9%)	51 (10%)
No. and % Foreign-born	154 (22%)	159 (28%)	172 (32%)	156 (29%)	184 (34%)
No. and % Homeless	50 (7%)	61 (11%)	44 (8%)	34 (6%)	35 (6%)
No. and % Substance abusers	161 (23%)	119 (21%)	116 (22%)	90 (17%)	104 (19%)
No. and % in Correctional facilities	38 (6%)	33 (6%)	28 (5%)	20 (4%)	22 (4%)
No. and % in Long-term care facilities	21 (3%)	21 (4%)	8 (2%)	9 (2%)	15 (3%)
No. and % Health care worker	13 (2%)	10 (2%)	13 (2%)	18 (3%)	12 (2%)
No. and % Migrant agricultural worker	8 (1%)	4 (0.7%)	11 (2%)	6 (1%)	3 (0.6%)

