



Tuberculosis (TB) Diagnoses among American Indian/Alaska Native (AI/AN) People Living in Washington

TB data from 2007-2016



**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**
Indian Leadership for Indian Health



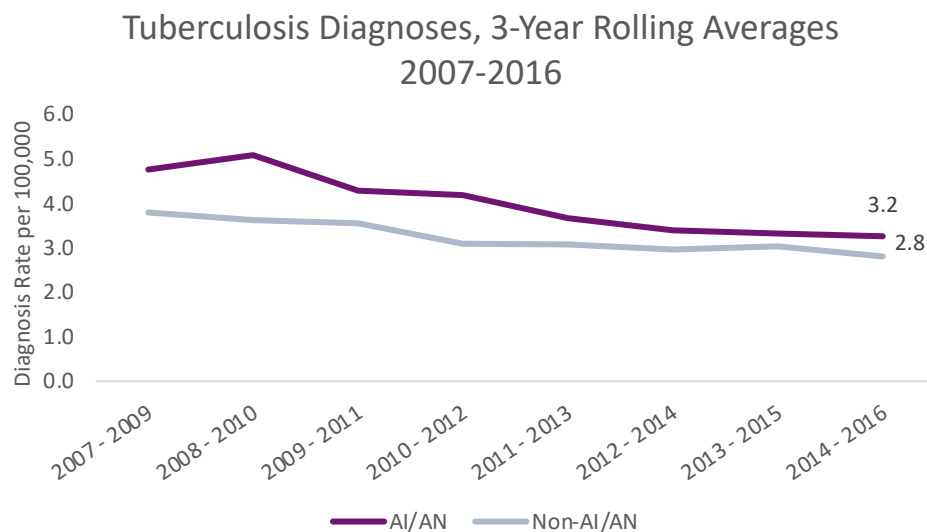
NPAIHB

This data brief summarizes tuberculosis diagnoses among American Indian/Alaska Native (AI/AN) people living in Washington State. Comparisons are made to Washington Non-AI/AN to understand the extent of disease burden experienced by AI/AN communities in Washington.

Tuberculosis (TB) is a disease caused by the bacteria *Mycobacterium tuberculosis* and is transmitted through the air. It generally affects the lungs, but symptoms from other areas of the body can occur as well. While TB can be a serious infection, many people have latent TB infection. In these cases, the immune system can suppress disease progression on its own. Those with latent TB have no symptoms and cannot pass the disease to other people. However, latent TB can develop into TB disease, which can cause serious health problems if not treated, including death. Unlike latent TB, TB disease can be transmitted to others. While there is no morbidity associated with latent TB, treatment for it is important to prevent progression to TB disease. People that have weakened immune systems, such as people living with HIV and diabetes, are at an increased risk for developing TB disease and complications from it.ⁱ

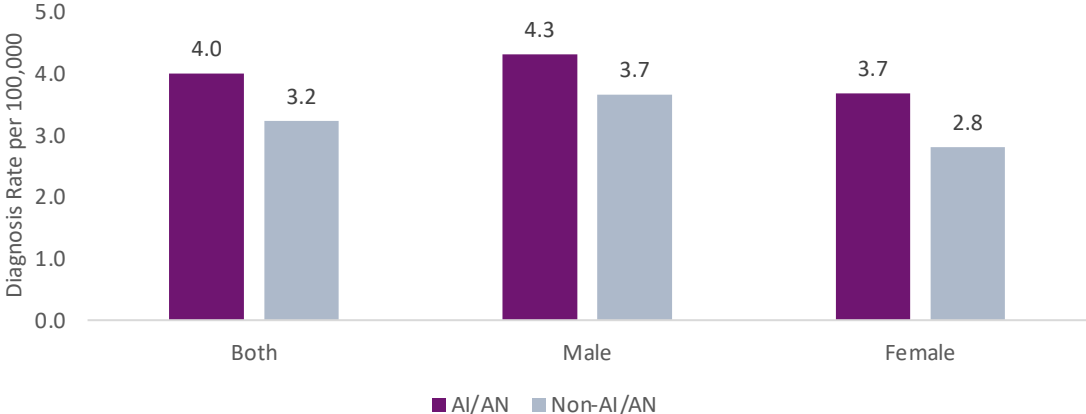
Nationally, new diagnoses of tuberculosis have consistently declined since the early 90s, and the rate is currently the lowest ever observed in the US (2.7 cases per 100,000 persons). Nevertheless, this rate remains higher than the targets set by the Division of Tuberculosis Elimination and established by the National TB Indicators Project (NTIP).ⁱⁱ These objectives and goals span a wide variety of issues related to tuberculosis treatment, prevention, and elimination, including reducing the total number of new TB cases diagnosed per year to 1.3 cases per 100,000.ⁱⁱⁱ

While tuberculosis diagnoses among AI/ANs in Washington have consistently been higher than Non-AI/ANs, overall TB diagnoses have declined since 2007, which follows national trends. Though rates remained low, there was a slight increase in diagnoses for AI/ANs during the 2014-2016 time frame. AI/ANs had a diagnosis rate of 3.2 cases per 100,000, which was slightly higher than the 2016 national rate of 2.9 cases per 100,000.^{iv}



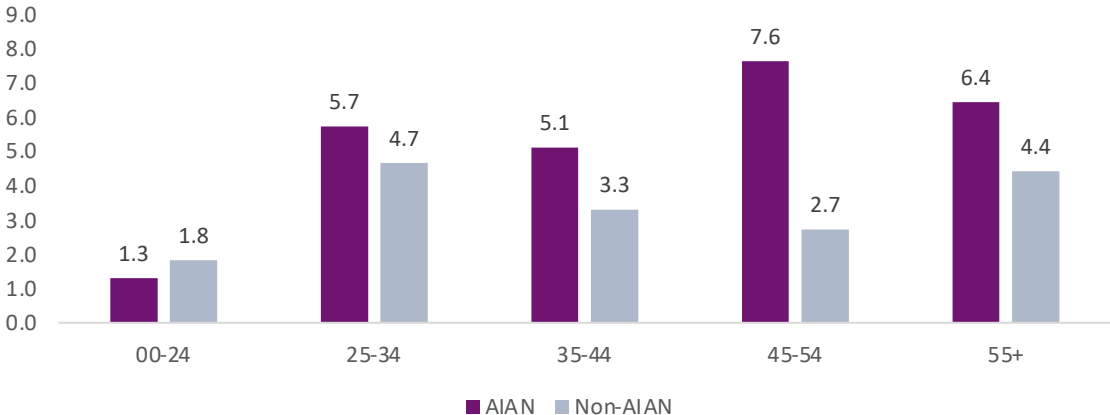
AI/ANs in Washington have an overall rate of TB infection that is 1.3 times higher than that of their Non-AI/AN counterparts. When examining rates by sex at birth, AI/AN males had diagnosis rate 1.2 time higher than Non-AI/AN males, and the diagnosis rate for AI/AN females was 1.3 times higher than Non-AI/AN females.

Tuberculosis Diagnosis Rates by Sex at Birth
2007-2016



With the exception of persons under the age of 24, AI/ANs living in Washington had higher diagnosis rates than Non-AI/ANs in all other age groups. The greatest disparity observed in diagnosis rates was for persons aged 45-54, which was 2.8 times higher for AI/ANs than their Non-AI/AN counterparts.

Tuberculosis Diagnoses by Age
2007-2016





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Washington Tuberculosis Resources

Washington State Department of Health Tuberculosis Program

The mission of the Washington State TB Program is to provide leadership, education, and technical expertise that supports national, state, and local efforts to eliminate tuberculosis.

www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis

About the Data

- Counts less than five have been suppressed to maintain patient privacy.
- Crudes rates were used for comparison between AI/ANs and Non-AI/ANs.
- **Washington Data Sources:** Washington Department of Health Tuberculosis Program, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW project.
- **National Data Sources:** Centers for Disease Control and Prevention (CDC) WONDER, CDC Tuberculosis Surveillance Report, 2019
- The data presented in this brief may not be comparable to information published by state or federal agencies due to differences in how we identify AI/AN individuals.

About this Report

IDEA-NW

The Northwest Portland Area Indian Health Board's IDEA-NW Project aims to address racial misclassification of AI/AN people by identifying incorrect race information in health datasets such as state surveillance systems. The race information is corrected and used to create more accurate health reports for AI/AN communities in order to improve targeted prevention efforts. This report was made using race-corrected tuberculosis surveillance data.

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Public Health Improvement and Training

NPAIHB's Public Health Improvement and Training (PHIT) project provides support and technical assistance to tribes seeking to build strong public health capacity, systems, and processes that serve the needs of their communities. PHIT's Washington Tribal Public Health Improvement (WTPHI) project is currently focused on enhancing public health capabilities to address communicable disease.

www.npaihb.org/tribal-public-health-improvement-and-training

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This report was prepared by staff from NPAIHB's IDEA-NW and Public Health Improvement and Training projects. This publication was supported by funding from the State of Washington Foundational Public Health Services contract #CBO24576 and Centers for Disease Control and Prevention cooperative agreement number NU58DP006385. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the State of Washington or the Centers for Disease Control and Prevention.

ⁱTuberculosis. <https://www.cdc.gov/tb/default.htm>. Date accessed November 12, 2020.

ⁱⁱThe National Tuberculosis Indicators Project (NTIP). <https://www.cdc.gov/tb/publications/factsheets/statistics/ntip.htm>. Date accessed November 13, 2020.

ⁱⁱⁱNational TB Program Objectives and Performance Targets for 2025.

<https://www.cdc.gov/tb/programs/evaluation/indicators/default.htm>. Date accessed November 13, 2020.

^{iv}TB Incidence in the United States, 1953-2019. <https://www.cdc.gov/tb/statistics/tbcases.htm>. Date accessed November 13, 2020.



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