

Tuberculosis in Texas

Texas Department of State Health Services TB/HIV/STD Section

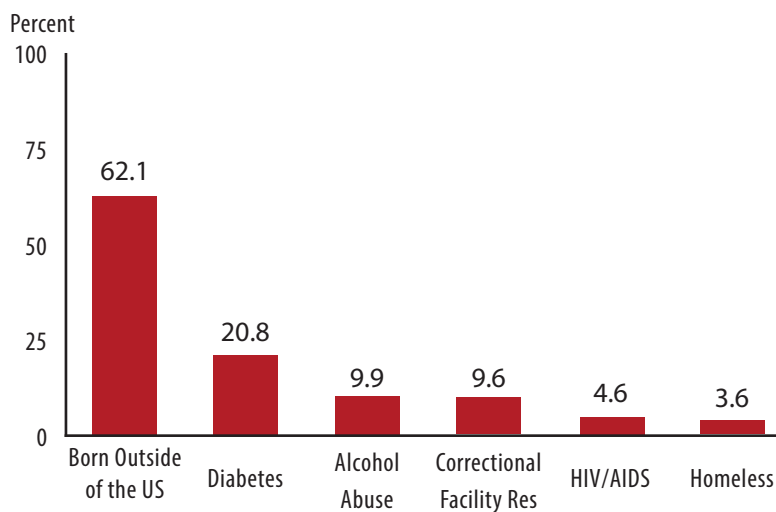
The Big Picture

In 2019, 1,161 cases of tuberculosis (TB) were reported in Texas. This represents an increase of 2.8% from 2018 when 1,129 cases were reported. The Texas rate for 2019 will be available after the U.S. Census releases 2019 population estimates. The 2018 rate was 3.9 per 100,000. TB can affect anyone but is more likely to be diagnosed in persons born in a foreign country where TB is prevalent, persons living with diabetes or HIV/AIDS, persons who abuse alcohol and other drugs, persons who live in congregate settings (including prisons and other detention centers), people who experience homelessness, and health care workers.

Tuberculosis is curable with proper treatment; however, some strains of TB are resistant to drugs used to treat TB. In 2019, eleven people in Texas were diagnosed with multidrug-resistant TB (MDR-TB). There were no cases of extensively drug-resistant TB (XDR-TB) reported in Texas in 2019. XDR-TB is the most difficult form of TB to treat.

In Texas, 53% of reported TB cases in 2019 were among Hispanics, 16% were among African Americans, 10% were among Whites, and 20% were among Asians. TB rates are higher along the Texas-Mexico border. Co-infection with TB and diabetes is also more common along the border than in the rest of the state. Homelessness and TB/HIV co-infection are more commonly found in larger urban areas of Texas.

Risk Factors Associated with TB Cases Reported in Texas in 2019



Tuberculosis Screening

Blood tests known as Interferon Gamma Release Assays (IGRAs) have been developed to screen for tuberculosis (TB). White blood cells release interferon gamma (IFN-g) in response to contact with TB antigens. A positive IGRA test indicates the presence of TB bacteria.

There are currently two Federal Drug Administration (FDA) approved blood tests on the market: the QuantiFERON®-TB Gold Plus (QFT-Plus) and T-SPOT®.TB test (T-Spot). In December 2013, the Department of State Health Services adopted the IGRA test as the standard tool to screen for TB.



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Differences Between the IGRA and the Tuberculin Skin Test

	TST	IGRA
Single patient visit	No	Yes
Test Results	Subjective	Objective
Affected by Bacillus Calmette-Guerin (BCG) Vaccine	Yes	No

Tuberculosis Treatment

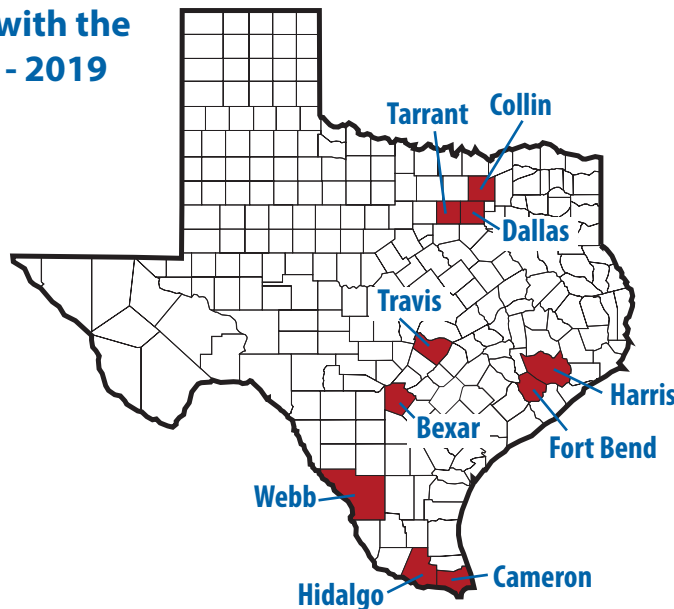
Not everyone infected with the bacteria that cause TB becomes sick. Those who exhibit symptoms such as a cough, fever, night sweats, weight loss, chest pain, or fatigue are most likely suffering from TB disease. Individuals with TB disease may be infectious. Prompt treatment is essential to end symptoms and prevent disability or death. Persons exposed to someone with TB disease, have a positive IGRA or TB skin test after exposure but do not exhibit symptoms suggestive of TB and also have a normal chest x-ray, are most likely to have TB infection. Individuals diagnosed with TB infection are not infectious but still require treatment to decrease the risk of progressing to TB disease.

DSHS provides anti-TB medications to public health clinics across Texas. These clinics treat patients with TB disease and TB infection. Also, people who are presumed to have TB may be given treatment while their clinicians perform further testing to confirm or rule out TB disease.

Treating TB disease generally requires up to four medications given for six months. Treating individuals with drug-resistant TB requires costly medications that may be used for an extended period of time. TB infection can be treated using shorter course medication regimens or one medication for nine months.

Texas Counties with the Most TB Cases - 2019

County	Cases
Harris	266
Dallas	137
Bexar	90
Hidalgo	71
Tarrant	71
Cameron	49
Travis	44
Fort Bend	37
Webb	28
Collin	28



Tuberculosis Facts to Share

TB is spread through the air from one person to another. When a person with active TB coughs, sneezes, speaks, or sings they put TB bacteria into the air that others nearby may breathe in and become infected.

Most TB transmissions result from exposure to persons with undiagnosed TB disease.

People with latent TB need treatment as soon as possible to prevent them from developing active TB disease.

TB is preventable.
TB is treatable.
TB is curable.

DSHS TB/HIV/STD Section

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