

# Update about Tuberculosis Cases in Philadelphia

Health Advisory

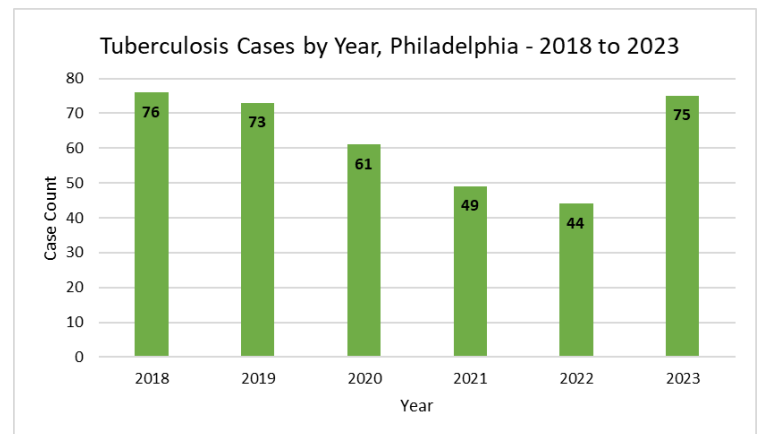
June 7, 2024

## SUMMARY POINTS

- After a sharp decline among TB cases in Philadelphia during the COVID-19 pandemic, cases in 2023 and 2024 have rebounded to pre-pandemic levels.
- Pulmonary TB should be suspected in patients with symptoms, including cough of at least 2 weeks, with or without hemoptysis, fevers, night sweats, and weight loss, as well as consistent epidemiologic factors.

### Background:

Tuberculosis is caused by organisms in the *Mycobacterium tuberculosis* (MTB) complex of which *M. tuberculosis* is the most common. TB typically affects the lungs but can affect many other parts of the body (extrapulmonary disease) as well. Extrapulmonary disease occurs more commonly in children. TB infection (TBI) was formerly referred to as latent TB (LTBI). TBI is infection that occurs when a person is infected with MTB but does not have active disease. Active TB disease occurs when MTB is replicating and causing symptoms. People who are immunosuppressed or have diabetes have a higher risk of developing active TB.



### Epidemiology:

Prior to the COVID-19 pandemic, TB in the United States had been decreasing steadily since 1992. Throughout the pandemic there was a sharp decline in the number of TB cases diagnosed. Starting in 2021, cases began to rebound and have continued to increase since. In 2023, 9,615 TB cases were provisionally reported across the 50 U.S. states and DC, representing a 16% increase (1,295 cases) from 2022. In 2023, the Philadelphia Department of Public Health noted a substantial increase in the number of reported TB cases in Philadelphia. A total of 75 cases were reported in 2023, which represents a 70.5% increase compared to the 44 cases reported in 2022. Increases have been seen in both adult and pediatric populations. As of May 29, 2024, 35 cases have been reported in Philadelphia in 2024. TB remains a significant cause of death nationally, with 602 TB-related deaths reported in 2021. Philadelphia also experiences a number of TB-related fatalities each year.

### Diagnosis and Treatment:

Clinicians, laboratorians, and healthcare facilities should remain vigilant in identifying and reporting suspected and confirmed TB cases. Pulmonary TB should be suspected in patients with symptoms, including cough of at least 2 weeks, with or without hemoptysis, fevers, night sweats, and weight loss, as well as consistent epidemiologic factors, including previous untreated TBI, contact with an individual with TB or travel to a country with [endemic TB](#) and contact with resident population for at least one month. Children with pulmonary TB may lack classic TB symptoms. While most cases of TB in Philadelphia are diagnosed in individuals who are not born in the United States, every year about a quarter of those diagnosed were born in the U.S.

To achieve good outcomes, it is important to use rapid diagnostics such as sputum PCR (Xpert MTB-rif) and start anti-TB therapy quickly. All suspected and confirmed cases of TB disease must be reported to the local public Health Department within 24 hours, in accordance with Philadelphia Health Code § 6-104 et seq. (within 24 hours of diagnosis, specimen collection, or the start of anti-TB treatment).

Additional information about Philadelphia TB Control and CDC's TB elimination activities can be found at <https://www.phila.gov/programs/tuberculosis-control-program/> and <https://www.cdc.gov/tb/default.htm>. To report cases of TB to the Philadelphia TB Control Program, please call 215-685-6873 or fax 215-685-6477.