

A Glance at Washington's Foreign-Born TB Cases



Office of Infectious Disease and Reproductive Health

<http://www.doh.wa.gov/cfh/TB/default.htm>

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Background

Tuberculosis cases among the foreign-born mirror trends in immigration to Washington and changes in countries of origin where tuberculosis is endemic. Between 2000-2005, the foreign-born population in Washington increased 23%. In comparison, between 1990-2000, the foreign-born population increased 97%. In 2005, the foreign-born population represented 12% of Washington's total population, compared with 11% in 2000 and 7% in 1990. Of the total foreign-born population in Washington, 33% entered during the 1990s, and 26% entered in 2000 or later¹.

From 1997-2002, the proportion of TB cases among the foreign-born in Washington increased 13% (Figure 1). Although continuing to increase, this upward trend has slowed over the last four years; from 2003-2006, foreign-born cases increased 4%. As the number of cases in Washington decreases or remains flat over time and the total population of the foreign-born increases, incidence rates among the foreign-born will continue to decrease (Figure 2). Despite this, the burden of TB disease among the foreign-born continues to be much higher than among U.S.-born cases. In 2005, the incidence rate in the foreign-born was 15 times higher than in U.S.-born cases (Figure 2).

Figure 1. Country of Origin Washington, 1997-2006

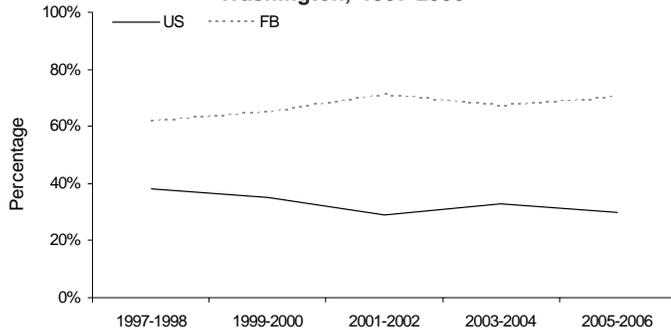
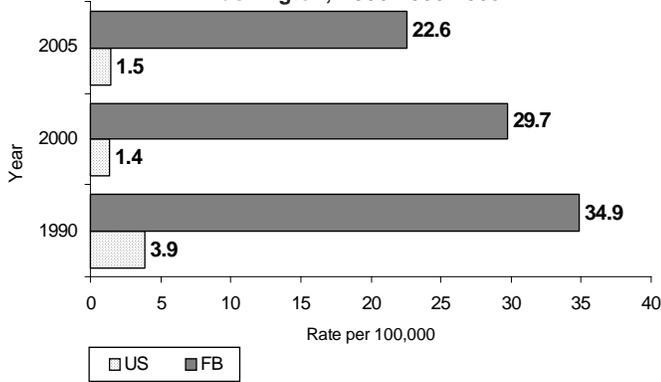


Figure 2. Incidence Rate* Country of Origin Washington, 1990-2000-2005



Length of Stay

Most TB cases among foreign-born people are likely the result of reactivation of infection acquired abroad, although some transmission is occurring in the U.S. The risk of disease among the foreign-born also appears related to chronological age and age at immigration; younger people and those who immigrated at younger ages are at lower risk for subsequent infection with TB. In Washington, the majority of foreign-born cases reported from 2004-2006 were 25 years of age and over and were living in the U.S. for 10 years or more (3% among ages 0-24 vs. 39% among ages 25 and older) (Table 1).

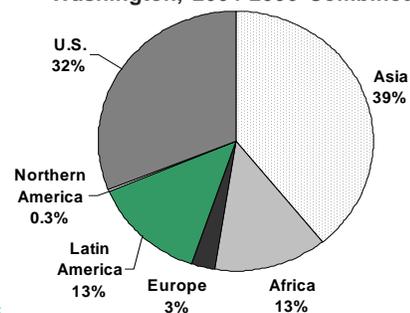
Table 1. Foreign-Born TB Cases Length of Time in the U.S. Washington, 2004-2006 Combined

Length of Time in the U.S.	Age Groups					TOTAL
	0-14	15-24	25-44	45-64	65+	
Less than 1 year	9 (8%)	17 (5%)	43 (40%)	19 (18%)	19 (18%)	107 (20%)
1-4 years	2 (2%)	44 (37%)	51 (43%)	14 (12%)	9 (8%)	120 (23%)
5-9 years	-	12 (15%)	37 (45%)	12 (15%)	21 (26%)	82 (16%)
10-19 years	-	12 (11%)	38 (35%)	38 (35%)	21 (19%)	109 (21%)
20 years and over	-	2 (2%)	24 (22%)	37 (34%)	45 (42%)	108 (21%)
TOTAL	11 (2%)	87 (17%)	193 (37%)	120 (23%)	115 (22%)	526 (100%)

Regions of Origin

Regions of origin among foreign-born TB cases are similar to immigration trends in Washington. In 2005, the largest (39%) share of the foreign-born population in Washington was from Asia². From 2004-2006, the majority of Washington's foreign-born TB cases originated from Asia (39%), Latin America (13%) and Africa (13%) (Figure 3). These are regions with high rates of tuberculosis. As overall case rates and numbers decline, the proportion of cases among the foreign-born will continue to grow. The elimination of TB in Washington will depend increasingly on the elimination of TB among the foreign-born.

Figure 3. Foreign-Born TB Cases Regions of Origin Washington, 2004-2006 Combined



References

¹Population data from the U.S. Census Bureau, 2005 American Community Survey (ACS); Migration Policy Institute (MPI) Retrieved 5/18/2007 from: <http://www.migrationinformation.org/datahub/state.cfm?ID=WA>

²U.S. Census Bureau, 2005 American Community Survey (ACS); Migration Policy Institute (MPI) Retrieved 5/18/2007 from: <http://www.migrationinformation.org/datahub/state.cfm?ID=WA>