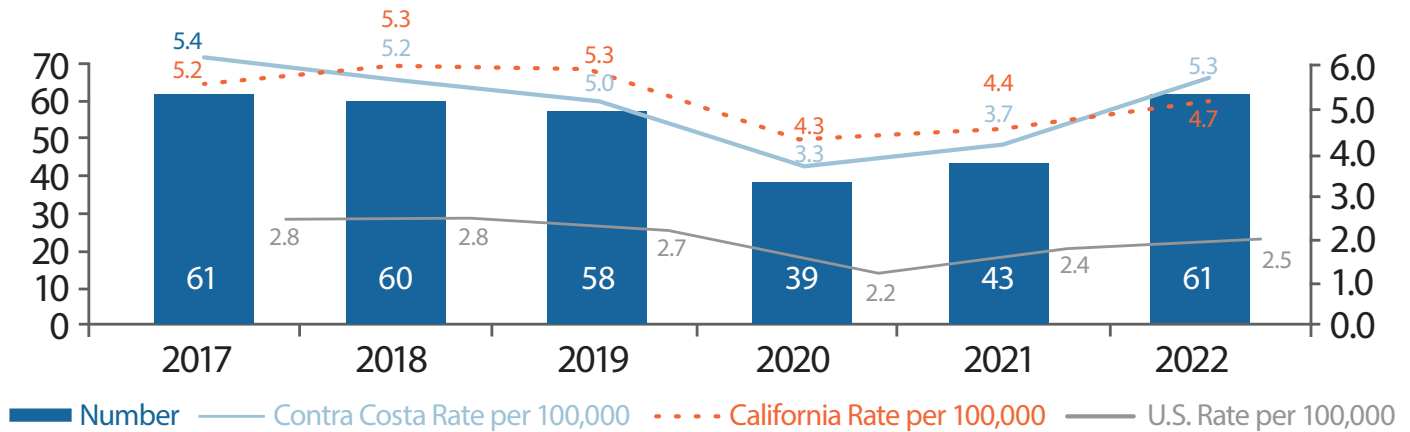
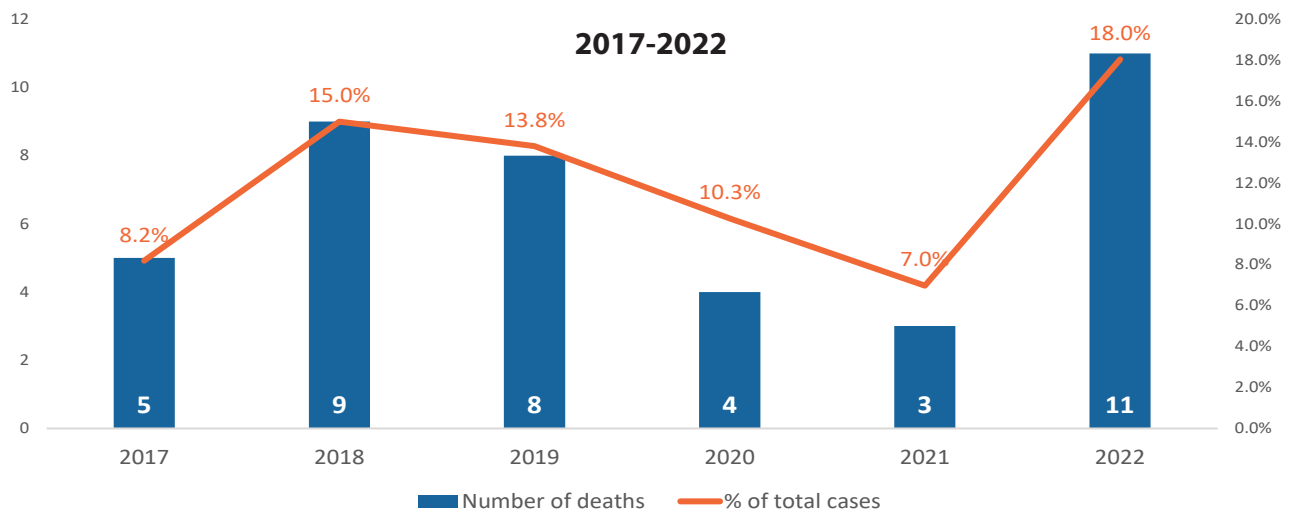


TUBERCULOSIS *in* Contra Costa County 2022



Contra Costa, the State of California, and the United States all saw an overall decrease in reported TB cases between 2019 and 2021, likely due to the COVID-19 pandemic. Possible reasons include fewer cases in persons born outside the US because of decreased immigration, fewer patients seeking care, and decreased transmission of TB due to masking and other COVID-19 restrictions. CDPH and CCH expected an increase in TB cases as these mitigation measures were eased. In Contra Costa County, TB cases for 2022 are now back to pre-pandemic levels. Unfortunately, the severity of illness is greater, as is the rate of clients dying with a TB diagnosis.

PERSONS DYING WITH TUBERCULOSIS



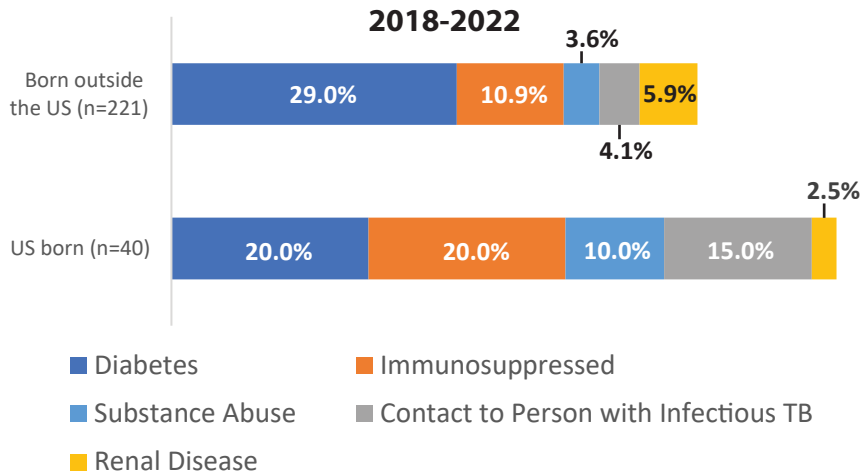
Statewide, the proportion of people dying with TB is at an all-time high of 12.9%. The pre-COVID pandemic percent of deaths in California among persons with TB was 10.9%. The overall increase in deaths with TB are seen by increases among the oldest age group (75+), non-US born, Latinx and within the Southern California region. In Contra Costa, 11 of 61 persons with TB disease died in 2022 (18%). Populations most impacted in Contra Costa were the 75+ age group and those who are non-US born.

Early and ongoing evaluation of our at-risk populations is critical in bringing down the rate of deaths in our community. If you are thinking TB, please consider collecting sputum (AFB smear and PCR) for definitive diagnosis.

Do not hesitate to call TB Client Services for consultation.



TOP 5 RISK FACTORS: US vs NON-US BORN



The impact of these risk factors remains significant in all client populations, including US born.

- Diabetes continues to have a tremendous impact on TB outcomes for all clients regardless of country of birth.
- Certain risk factors, including substance abuse, are most prevalent in our US born population.

Although guidance emphasizes screening of non-US born and recent travelers, it is still important to consider TB screening in all clients with these other risk factors.

Immigrants, Refugees and Parolees

TB continues to be a high-burden disease in much of the world. Contra Costa Public Health TB Client Services (TBCS) remains committed to serving the needs of our incoming new residents and stands with them in stopping TB. Our robust programs work to address the needs of these clients. Last year TBCS provided outreach to 126 B-Immigrants, 110 status adjusters and 19 unaccompanied children.

556 Ukrainian Parolees were anticipated to arrive in Contra Costa in 2022. **Please encourage your patients who are new Ukrainian arrivals to contact the refugee program to establish care. Incentives for completing TB evaluation are available. Call 925-313-6893 or email maggie.nguyen@cchealth.org**

ADVANCES IN TREATMENT OF TB DISEASE

New Regimen for MDR/pre-XDR/XDR TB disease "BPaL"

- Bedaquiline/Pretomanid/Linezolid
- 6-month regimen instead of 12-18 months
- CCC success rate is great
- All oral regimen and overall fewer pill burden
- Close monitoring still required
- Drug procurement can be a challenge
- Safety profile during pregnancy not well studied

Link for additional information

[Bedaquiline, Pretomanid, and Linezolid \(BPaL\) | TB | CDC](#)

New 4-month Regimen for Pan-Sensitive Pulmonary TB 'RPT-MFX'

- Rifapentine/moxifloxacin/INH/PZA
- Great alternative to 6-month RIPE regimen
- 119 doses instead of 182 although higher daily pill burden
- Specific criteria for this regimen include 12 + years of age, at least 40kg, susceptible to INH/RIF/FQN, pulmonary disease only
- Treatment duration independent of cavitations
- Not recommended in pregnancy/breastfeeding

Link for additional information

[HPMZ 4-Month Regimen | National Tuberculosis Controllers Association](#)

- The last few years have been an exciting time for advances in TB treatment. Shorter course treatments for both pan-sensitive and multi-drug resistance are now available.
- Contra Costa TB Client Services has successfully seen 3 clients with MDR/pre-XDR TB complete the new BPaL regimen with little side effects.
- We are excited to pilot the use of the 4-month RPT-MFX as an alternative to standard 6-9 month treatment of pan-sensitive TB disease. For now, we must wait as there is a national shortage of rifapentine.*
- Please do not initiate either of these regimens without first consulting with the TB Client Services program. Both require very close monitoring and reporting to CDPH.
- *We also recommend 4 months of rifampin instead of 3HP for LTBI treatment until the rifapentine shortage is resolved.