

## Tuberculosis Surveillance Update — Montana, 2016

This report reflects confirmed tuberculosis cases reported to the Montana Department of Public Health and Human Services (DPHHS) in 2016. This report was prepared by the Tuberculosis Program. Contact Denise Ingman at 406-444-0273 or [dingman@mt.gov](mailto:dingman@mt.gov) with questions.

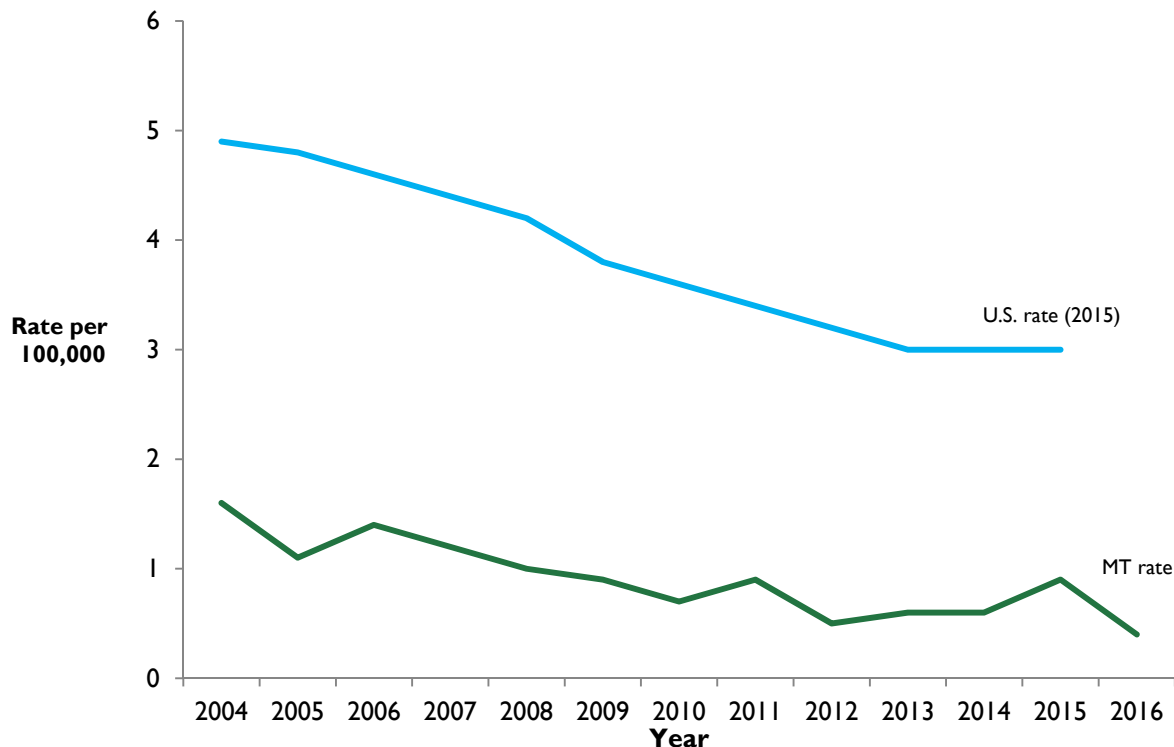
### **TB Surveillance Update** (Table)

- Four (4) patients with new, active tuberculosis were reported in Montana in 2016, historically the lowest number reported in Montana since TB disease surveillance began
- All patients had pulmonary/pleural disease
- All patients had drug-susceptible tuberculosis
- Counties of residence for the TB cases included Flathead, Gallatin, Hill, and Lewis and Clark
- Patient risk factors included HIV infection, previous treatment for TB disease, and untreated latent TB infection
- One patient was foreign born

### **TB Trends** (Figures 1 and 2)

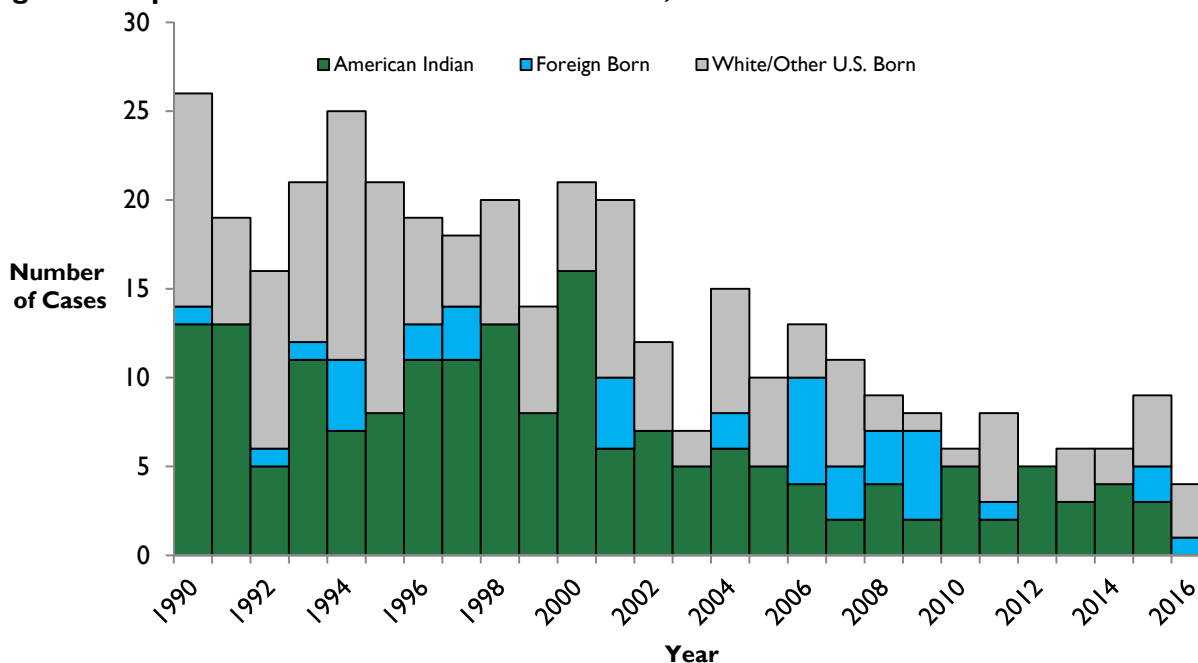
- Incidence rates of TB in Montana and the United States have been decreasing; the 2016 MT rate (0.4 cases per 100,000 population) was substantially lower than the 2015 U.S. rate (3.0 cases per 100,000 population; 2016 U.S. rate is unavailable at the time of this report)
- During the 1990s, an average of 20 cases per year, approximately 2.4 cases per 100,000 population, were reported (range: 14 cases in 1999 to 26 cases in 1990)
- During 2000–2016, an average of 10 cases per year, approximately 1 case per 100,000 population, were reported (range: 4 cases in 2016 to 21 cases in 2000); during the most recent five-year period (2012–2016) an average of 6 cases per year, or 0.6 cases per 100,000 population, were reported
- TB cases among American Indians have declined from an average of 10 cases per year in the 1990s to 5 cases per year during 2000–2016; during the most recent five-year period (2012–2016) the average decreased to 3 cases annually

**Figure 1. Tuberculosis incidence rate — Montana, 2004-2016 and United States, 2004-2015**



Data source: DPHHS Montana Infectious Disease Information System and Centers for Disease Control and Prevention

**Figure 2. Reported tuberculosis cases — Montana, 1990–2016**



Data source: DPHHS Montana Infectious Disease Information System

**Table. Summary of reported tuberculosis cases — Montana, 2014 – 2016**

Characteristics	2014	2015	2016
<b>TB Cases Diagnosed</b>	6	9	4
Montana, total (cases/100,000 pop.)	0.6	0.9	0.4
Non-Hispanic, American Indian (cases/100,000 pop.)	5.5	4.1	0
<b>Sex</b>			
Male	4	7	3
Female	2	2	1
<b>Age at Diagnosis (years)</b>			
<5	0	0	0
5–14	0	0	0
15–24	0	1	1
25–44	0	2	1
45–64	0	2	2
≥65	6	4	0
<b>Ethnicity, Race</b>			
Non-Hispanic, White	2	4	3
Non-Hispanic, American Indian	4	3	0
Non-Hispanic, Black	0	1	1
Non-Hispanic, Asian	0	1	0
<b>Site of Disease</b>			
Pulmonary/pleural	4	8	4
Extrapulmonary	0	1	0
Pulmonary and Extrapulmonary	2	0	0
<b>Drug Resistance</b>			
No resistance	5	5*	2*
Isoniazid resistance	1	2	0
Multiple-drug resistance	0	1	0
<b>Country of Origin</b>			
U.S.-born	6	7	3
Foreign-born	0	2	1

Data source: DPHHS Montana Infectious Disease Information System

\*One or more patients met the definition of a clinical case but were culture-negative so susceptibility testing could not be completed