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Tuberculosis Cases Increasing in Iowa Among Persons from Pacific Island Communities

Health Update

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- In Iowa, tuberculosis (TB) in persons from three Pacific Island regions (i.e., Republic of Marshall Islands [RMI], Republic of Palau, and the Federated States of Micronesia [FSM] which includes Yap, Chuuk, Pohnpei, and Kosrae) continues to represent a substantial proportion of current TB morbidity. Among these populations, 17 cases were identified over a ten-year period 2011–2020; since 2021, 49 cases have been identified.
- Iowa continues to see increasing numbers of migrants from these Pacific Island regions resettling in multiple counties across Iowa. These individuals do not have the benefit of medical screening for communicable diseases, including tuberculosis, prior to international travel to the United States. TB case rates in these regions are among the highest in the world.
- Statewide data indicates TB screening is NOT occurring at sufficient levels in Iowa to identify active or inactive TB (i.e., latent TB infection [LTBI]). Delays in TB screening and testing continue to result in severe disability and death. Clinicians should *Think TB over pneumonia* when patients from these populations present with classic symptoms of pneumonia, with particular attention paid to children. Children younger than 5 years are at higher risk of progression to invasive, fatal forms of TB disease, including TB meningitis.

The Iowa Department of Health and Human Services (HHS) Division of Public Health requests that Iowa clinicians implement baseline tuberculosis (TB) screening for all persons from these Pacific Island communities: Republic of Marshall Islands [RMI], Republic of Palau, and the Federated States of Micronesia [FSM] which includes Yap, Chuuk, Pohnpei, and Kosrae.

- Routine baseline TB screening for all persons from these Pacific Island communities consists of two components: (1) assessing for current signs and symptoms of active TB and (2) using an IGRA (QuantiFERON or T-SPOT) (Mantoux Tuberculin Skin Test [TST] < 2 years of age) to screen for inactive TB. After baseline testing is accomplished, serial testing is not recommended.
- A negative TST or IGRA does not rule out TB disease as persons with advanced disease often have false negatives.
- Persons with signs or symptoms consistent with TB require a thorough medical examination, the chief component of which includes a two-view CXR.
- Clinicians should evaluate for both pulmonary and extrapulmonary sites of disease as TB can occur in any body site. The most common extrapulmonary sites of disease include pleura, lymph nodes, bones, joints, the urogenital tract, and the meninges.

Call the Iowa HHS TB Control Program at 515-281-0433 to report suspected TB disease.

Signs and symptoms: Cough lasting longer than three weeks, fever, night sweats, unexplained weight loss, loss of appetite. Signs and symptoms in children also include feelings of sickness or weakness, lethargy, and/or reduced playfulness, failure to thrive. Children and adults with signs and symptoms consistent with TB require a two-view Chest X-ray:

- Perform a two-view chest X-ray (CXR) at the initial exam. Do not wait for the TST or IGRA result.
- Hilar lymphadenopathy is the hallmark of pediatric tuberculosis and is often the only radiographic finding.
- Medical consultation on an abnormal CXR is available by contacting the Iowa HHS TB Control Program at: 515-281-0433.

Testing: Mantoux tuberculin skin test (TST) vs. interferon-gamma release assays (IGRA) (QuantiFERON Gold or TSPOT)

- For children younger than 2 years, TST is the preferred testing method for inactive TB.
- For children 2 years and older, either TST or IGRA can be used.
- For individuals 2 years and older and previously vaccinated with BCG, IGRA is the test of preference as BCG vaccination often causes false positive TST results.

In most cases, TST or IGRA testing only needs to be done once. Exceptions exist. Local Public Health Agencies (LPHAs) or the Tuberculosis Control Program can assist in making this determination.

Inactive TB (LTBI) treatment: persons with a positive TST or IGRA require a medical exam to rule out active TB disease, the chief component of which is a two-view chest x-ray. Treatment options are listed here: CDC Treatment Regimens for LTBI. Medications are free of charge using the Inactive TB Medication Request Form.

Active TB treatment: TB treatment is managed by the TB Control Program**.** All patients on active TB treatment are required to complete TB treatment by directly observed therapy (DOT) conducted by LPHAs. Patients with infectious (pulmonary/laryngeal) TB are placed on LPHA isolation until the criteria is met to release from isolation.

Contact the Iowa HHS TB Control Program with any questions 515-281-0433

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