



American Samoa



Guam



Marshall Islands



Micronesia



Northern Marianas



Palau

Update on Tuberculosis in the U.S.-affiliated Pacific Island Jurisdictions - 2005

As we recognize World TB Day, I would like to highlight TB surveillance data from our six U.S.-affiliated Pacific Island Jurisdictions (USAPI), a component of our domestic TB control effort.

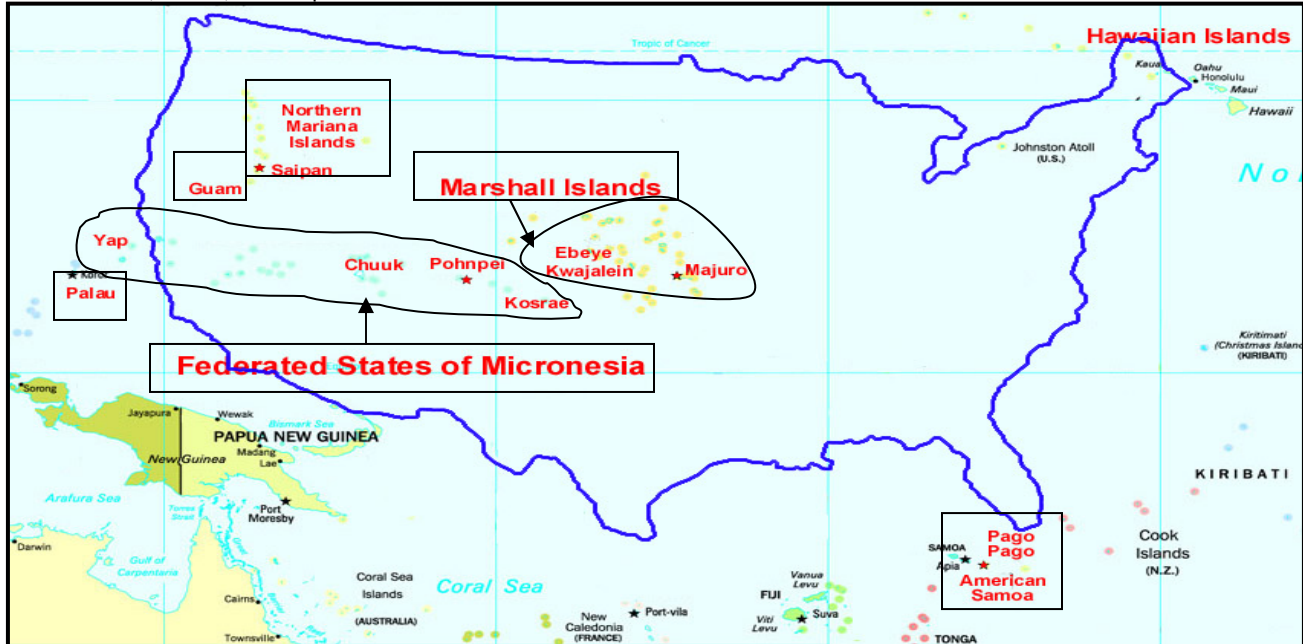


Figure 1: The USAPIs (Commonwealth of the Northern Mariana Islands, the territories –American Samoa and Guam, and the independent countries, referred to as freely associated states – Republic of the Marshall Islands, Republic of the Palau, Federated States of Micronesia (comprised of 4 states – Chuuk, Kosrae, Pohnpei, Yap)

In 2005, the six USAPI programs reported a total of 275 cases of TB. The case rate ranged from 8.6 per 100,000 persons in American Samoa to 111.7 per 100,000 persons in the Republic of the Marshall Islands with a regional case rate of 55.8 per 100,000 persons.

Table 1: Cases and Case Rates for USAPIs, Hawaii, and the U.S. - 2005

Jurisdiction	Cases	Rate	Population
American Samoa	5	8.6	57,881
Guam	64	38.0	168,564
Palau	10	49.3	20,303
Micronesia	74	69.2	107,008
N. Mariana Islands (CNMI)	56	69.7	80,362
Marshall Islands	66	111.7	59,071
USAPI Regional	275	55.8	493,189
Hawaii	112	8.8	1,275,194
United States	14,093	4.8	296,410,404

USAPI TB Surveillance Data Highlights
N=275

- 28 (10%) age less than 15 years
- 96 (35%) age 25-44 years
- 142 (52%) male
- 73 (26%) not born in the USAPI jurisdictions or the US
 - o 54 (74%) emigrating from the Republic of the Philippines (RP);
 - o Within CNMI, 44 (79%) of reported cases were born outside the region, predominately from RP (28, 64%) and from China (12, 16%)
- 231(84%) diagnosed with pulmonary disease
- 138 (50%) positive culture for Mycobacterium Tuberculosis
- 4 (3.3%) with MDR-TB ; 2 MDR-TB cases occurred in persons born outside of the USAPI jurisdictions
- 75 (33%) of the work-eligible population between ages 15-65 were unemployed

The data reported here reflect cases reported to the CDC national TB surveillance system using the Report of a Verified Case of TB. TB case reports received as of January 2006 were used for this analysis and are not final for the year 2005. Population estimates for Samoa, Guam, Marianas, Palau, and Marshalls were obtained from the Secretariat of the Pacific Community (SPC); estimates for Micronesia obtained from the FSM government; for the US and Hawaii from the US Census 2005.

How do the USAPI TB programs differ from the 50 U.S. state programs?

- Geographically, the USAPI constitute a total land area equivalent to two-thirds of Rhode Island (1,545 square miles). While there are 10 population centers, many Pacific Islanders live on surrounding islands, creating challenges for diagnosis and treatment of TB. Across these jurisdictions, basic infrastructure needs are not uniformly available; several of these jurisdictions are in close proximity to countries with higher rates of endemic TB.
- There is a consistent shortage of health care providers in all job classes, and continuing education opportunities are limited, often requiring staff to travel off-island for significant amounts of time. These challenges impact the delivery of health care
- The region grapples with health problems common to developed countries (diabetes, obesity, cancer) as well as those common to developing countries; infant mortality rates in this region exceed the national average, in some areas as much as 5 times greater.
- While case counts in this region are similar to low-incidence states, the burden of disease is much greater when compared to U.S. areas with similar case counts. The burden of disease in the region far exceeds that of any metropolitan statistical area with a population of 500,000 or greater. The USAPI regional TB case rate (55.8/100,000) is 6 times greater than that of the State of Hawaii (8.8/100,000) and almost 12 times greater than the national rate (4.8/100,000).

What is being done to address this TB disparity?

- Since 2004, CDC DTBE has collaborated with the 6 USAPI TB Programs and several partners to implement activities focused on strengthening the USAPI TB control programs to diagnose and treat TB patients.
- Several activities have been implemented to enhance laboratory and diagnostic capabilities, increase the provision of DOT, ensure region-wide participation in TB surveillance reporting, and provide training to program, laboratory, clinical, and administrative staff.
- USAPI programs have made the following accomplishments:
 - Sustaining local smear microscopy and utilization of reference laboratories for culture and drug-sensitivity testing
 - Utilizing standardized data collection tools and implementing regional performance indicators for TB patient management and laboratory activities
 - Actively participating in the national surveillance system
 - Developing a network of local 'experts' within the region

What strategies are planned to continue program development and capacity building?

- Sustain laboratory services
- Continue to improve data collection, surveillance reporting, and program evaluation
- Strengthen case management services particularly for drug-resistant cases
- Promote wider implementation of HIV counseling and testing
- Support regional capacity building and training needs
- Increase collaborative efforts with regional partners

Improvements in the USAPI TB programs are a result of the hard work and commitment by the dedicated USAPI TB control staff in collaboration with our partners and colleagues at SPC, WHO WPRO, State of California, State of Hawaii, University of Hawaii, Francis J. Curry Model TB Center, U.S. Department of Health and Human Services-Region 9 and Pacific Representative, and CDC.

Sincerely,

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Figure 2: Participants from the 3rd Annual USAPI Regional TB Workshop – December, 2005

