

Fairfax County Health Department Tuberculosis Program Annual Report – 2023

In 2023, the Fairfax Health District (FHD) reported 69 tuberculosis (TB) cases (rate: 5.9 per 100,000). For Virginia, during 2023, 207 TB cases (rate: 2.4 per 100,000) were confirmed, with FHD comprising 33.3% of the statewide total. FHD statistics are included in the Northern Health Region, which, in 2023, collectively accounted for 55.5% of the state’s TB cases.

FHD’s higher TB rate reflects the diversity of our population, which includes individuals from countries with high TB burdens. The pattern of slowing decline in TB morbidity during the period preceding the COVID-19 pandemic, a notable drop during the peak pandemic years, and recent rebound has been observed for the United States (US), Virginia, and FHD.

TB disease is a reportable condition in Virginia. Clinicians, hospitals, and laboratories are all required to report TB cases (laboratory-confirmed and clinical) and presumptive cases to the local Health Department. To report TB cases, suspect TB cases, or patients who are started on four-drug TB therapy, please contact the Fairfax County Health Department (FCHD) at **(703) 246-2411**. The Health Department offers evaluation and treatment of active TB disease and latent TB infection (LTBI).

CHARACTERISTIC	2022		2023	
	Number	Percent	Number	Percent ^a (% Change)
Number of cases	55	--	69	25.5 ^a
Case rate (per 100,000 population)	4.6 ^b	--	5.9 ^b	28.3 ^a
AGE				
• ≤ 14 years	0	0.0	4	5.8
• 15 to 24 years	5	9.1	5	7.2
• 25 to 44 years	10	18.2	22	31.9
• 45 to 64 years	19	34.5	14	20.3
• ≥ 65 years	21	38.2	24	34.8
SEX				
• Female	23	41.8	27	39.1
• Male	32	58.2	42	60.9
RACE/ETHNICITY				
• American Indian/Alaska Native, not Hispanic/Latino	0	0.0	0	0.0
• Asian, not Hispanic/Latino	34	61.8	28	40.6
• Black, not Hispanic/Latino	5	9.1	10	14.5
• Native Hawaiian or Other Pacific Islander, not Hispanic/Latino	0	0.0	1	1.4
• White, not Hispanic/Latino	0	0.0	5	7.2
• Multi-race, not Hispanic/Latino	6	10.9	1	1.4
• Hispanic/Latino	10	18.2	24	34.8
PLACE OF BIRTH				
• US Born	0	0.0	5	7.2
○ US-Born case rate (per 100,000 population)	0.0 ^b	--	0.6 ^b	--
• Non-US Born	55	100.0	64	92.8
○ Non-US-Born case rate (per 100,000 population)	15.2 ^b	--	18.2 ^b	--
^b Source (population denominator): US Census Bureau, 2018-2022 American Community Survey 5-year Estimates				

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CHARACTERISTIC	2022		2023	
	Number	Percent	Number	Percent
YEARS OF U.S. RESIDENCY				
• < 1 year	5	9.4	20	31.3
• 1 to 3 years	4	7.5	12	18.8
• 4 to 5 years	7	13.2	1	1.6
• > 5 years	37	69.8	31	48.4
COUNTRY OF ORIGIN (for those countries with ≥ 5 cases reported in 2023)				
• Bolivia	2	3.6	9	13.0
• Vietnam	9	16.4	6	8.7
• Ethiopia	4	7.3	5	7.2
• Peru	2	3.6	5	7.2
• Republic of Korea	2	3.6	5	7.2
• Others	36 (15 countries)	65.5	39 (22 countries)	56.5
DRUG RESISTANCE				
• INH (INH only or INH + other drugs)	6	13.0	4	7.0 ^c
• Multi-drug resistant (INH + Rifampin with or without resistance to other drugs)	0	0.0	0	0.0 ^c
^c The denominator for 2023 is 57 <i>M. tuberculosis</i> culture-positive cases with initial drug susceptibility testing done.				
HIV CO-INFECTION				
HIV Co-infection	0	0.0	3	4.5

Mandated Reporting of Tuberculosis Infection (LTBI)

On November 14, 2018, TB infection, in persons of any age, was added to the [Virginia Reportable Disease List](#). Under the updated [Virginia Regulations for Disease Reporting and Control](#) (12 VAC 5-90-80), healthcare providers are required to report suspected or confirmed cases of TB infection to the local health department serving the jurisdiction where they practice.

For the Fairfax Health District (FHD), the preferred reporting method is online via the Fairfax County Health Department TB webpage (<https://www.fairfaxcounty.gov/health/tuberculosis/providers>) where a direct link is provided to the Virginia Department of Health reporting portal. Through this portal, healthcare providers can submit an electronic Confidential Morbidity Report (or Epi-1). When completing the electronic report form: 1) enter TST/IGRA results in the laboratory section, and 2) document chest X-ray results and symptom screening information, as well as treatment information (if available), in the comments section.

In 2023, FHD reported 2,992 cases of TB infection, representing 27.7% of Virginia’s LTBI morbidity. Of these FHD LTBI cases, 226 (7.6%) and 2,766 (92.4%) were categorized as confirmed (TB disease ruled out) and suspect (only TST or IGRA results reported), respectively.^d

For questions regarding the TB infection reporting requirement, or guidance regarding screening and treatment for TB infection, please call the FCHD TB intake line at (703) 246-2411.

^dLTBI data are preliminary and subject to change.

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Clinician Notes: Key Take-Aways

- Fairfax Health District is a high-incidence area for TB. Most patients with active disease have reactivation of LTBI acquired during residence in a TB endemic country.
- Non-US-born persons, from countries with high TB incidence (see [High Burden TB Country List 2024](#)), are a priority group for screening regardless of length of residence in the US. Within this group, highest priority for TST or IGRA testing are persons who have underlying conditions that may affect their immune status (e.g., HIV, diabetes mellitus).
- The progression of untreated LTBI to TB disease accounts for approximately 80% of U.S. TB cases. It is essential that we identify and treat people with LTBI in order to reach our TB elimination goals and prevent additional morbidity and mortality.
- The CDC and the National TB Controllers Association preferentially recommend short-course, rifamycin-based 3- or 4-month LTBI treatment regimens over 6- or 9-month based isoniazid therapy. More information can be found in the Virginia Department of Health's LTBI Provider Toolkit: [TB Infection \(LTBI\) - Tuberculosis \(virginia.gov\)](#).