

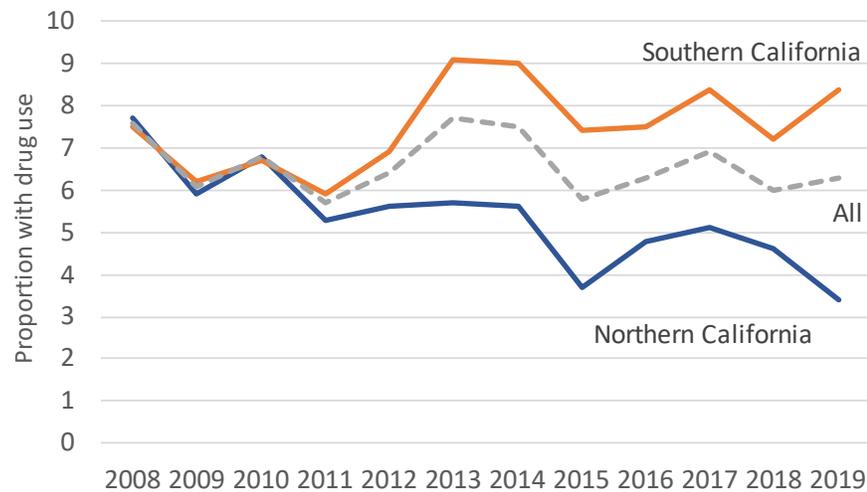
Tuberculosis in Persons Who Use Drugs, California

December 2021

Tuberculosis (TB) disease is an illness caused by the bacteria *Mycobacterium tuberculosis*. TB usually affects the lungs and spreads through the air when a person sick with TB coughs. Persons who use drugs (PWUD) may live in congregate settings, including drug treatment facilities. In some circumstances, the use of inhaled drugs could promote spread of the bacteria. Not everyone infected with the bacteria becomes sick. People that have been infected but are not sick have latent tuberculosis infection (LTBI). People with LTBI can become sick with TB disease in the future if they are not treated. This fact sheet reports information on the patterns of injecting and non-injecting drug use among adults with TB.

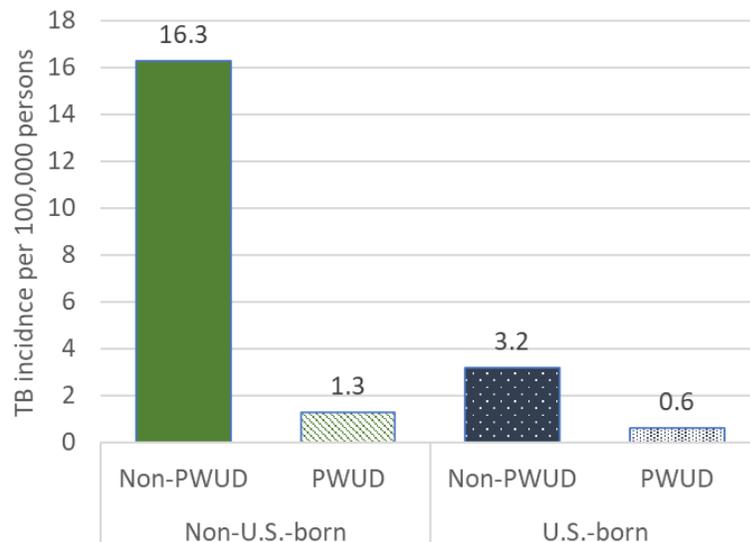
Proportion of TB cases with drug use remains level

Over the last decade, the proportion of adults with TB who reported drug use did not change, however the proportion in Northern California declined while the proportion in Southern California rose slightly. The proportion of drug use among U.S.-born adults with TB (22%) was higher than the frequency among non-U.S.-born adults with TB (3%).



Rate of TB among PWUD is not elevated compared to the rate in non-PWUD

The incidence rate of TB among adult PWUD was actually lower than the rate of TB disease among adult non-PWUD, regardless of U.S. birth status. This may reflect benefits from TB prevention efforts in drug using populations in California.

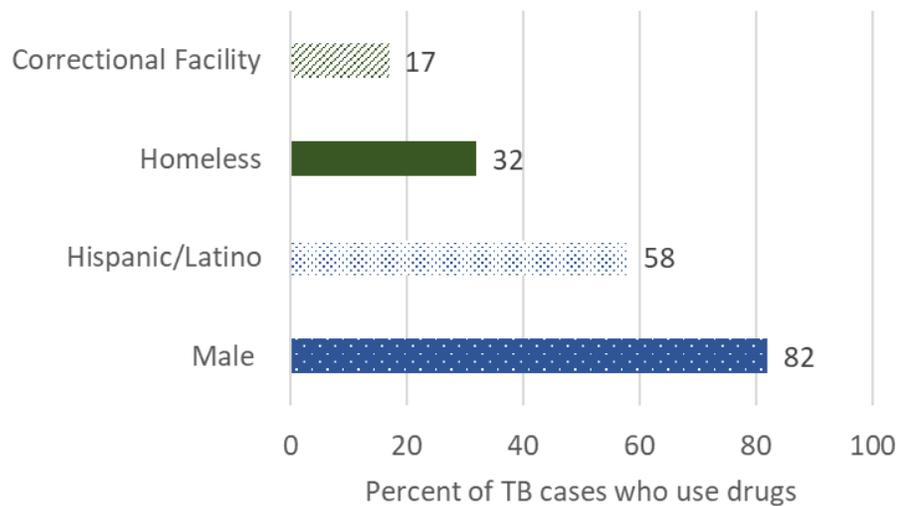


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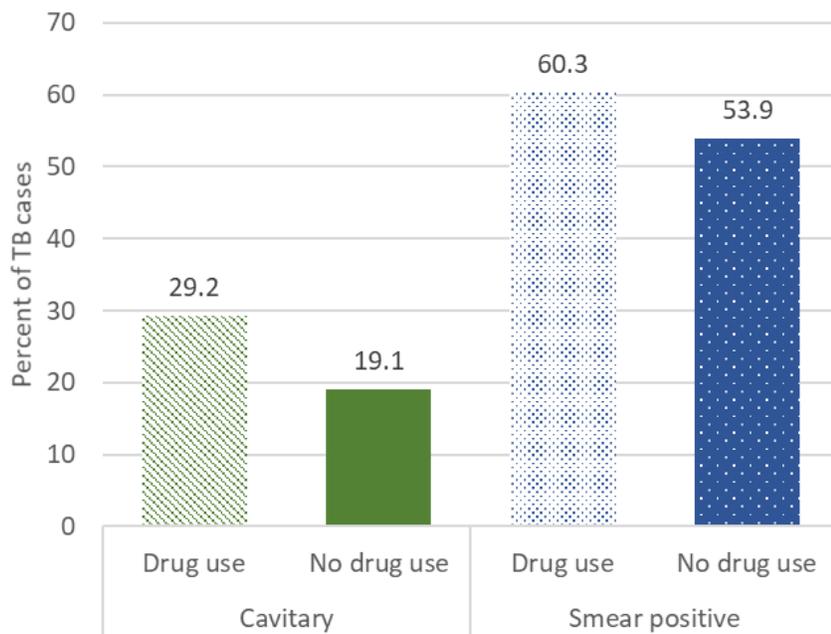
Congregate settings and demographics

A high proportion of adults with TB who use drugs were residents of a correctional facility (17%) or persons experiencing homelessness (32%). Most adults with TB who use drugs were male (82%) and 58% were Hispanic/Latino.



Persons with TB who use drugs may be more infectious and are associated with recent TB transmission and TB outbreaks

Adults with pulmonary TB who use drugs more commonly had positive sputum smears and cavitory lung disease compared with adults with TB who do not use drugs. This suggests that adults with TB who use drugs may be more infectious and have more advanced pulmonary TB than those without drug use.



Overall, adults with TB who use drugs were 20% more likely to be associated with having acquired TB through recent transmission. Of 29 confirmed TB outbreaks in California over a 5-year period, 5 (17%) involved at least 2 persons with TB who used drugs.

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Persons with TB who use drugs are more likely to have delayed or incomplete TB treatment

Adults with TB who use drugs were 50% more likely to have incomplete TB treatment than adults with TB who do not use drugs. Among those completing TB treatment, adults with TB who use drugs were 30% more likely to require more than 12 months to complete treatment. Adults with TB who use drugs commonly access multiple substances that may impede the course of TB treatment. 40% of adults with TB who use drugs also excessively used alcohol, compared with 6% among adults with TB who do not use drugs. HIV infection was documented in 16% of adults with TB who use drugs compared with 3% of adults with TB who do not use drugs.

Addressing TB among PWUD remains important

Drug use among persons with TB often coincides with clinical characteristics, activities, and environments that can promote TB spread. Drug use is also associated with TB outbreaks and disrupts TB treatment. Careful assessment of contacts to persons with TB who use drugs can mitigate outbreaks and enhanced case management may improve TB treatment outcomes. In addition, targeted TB screening among the heterogeneous populations using drugs in California may be warranted, especially in congregate settings where transmission has been documented or in areas where TB disease rates are high. Many facilities caring for PWUD screen for latent TB infection. Identifying and treating latent TB infection among PWUD may have contributed to the lower TB disease incidence observed in statewide surveillance.