

Title: 2025 Oregon Tuberculosis (TB) disease case count highest since 2005

The Oregon Health Authority (OHA) TB Program has confirmed 100 new tuberculosis (TB) cases in 2025, corresponding to a preliminary rate of 2.3 cases per 100,000 population. This is the highest annual case count reported in Oregon since 2005, and the highest incidence rate since 2010. In comparison, there were 87 cases in 2024 (rate 2.0 per 100,000). Oregon's TB rates mirror national rates which have been rising since 2021. The factors contributing to the increase of TB in Oregon are not yet known, but available data from contact investigation and molecular surveillance do not suggest increased local transmission or outbreaks.

Risk factors for TB exposure include being born in or traveling to countries endemic for TB, substance use, and living or working in congregate settings such as shelters or correctional facilities. Conditions like immunocompromised state, uncontrolled diabetes, kidney disease, age less than 5, and use of immunosuppressive medications (e.g., steroids, tumor necrosis alpha inhibitors) increase the risk of progression to TB disease.

Symptoms of pulmonary TB disease in adults include chronic cough, weight loss, fever and night sweats. Mistaking TB for other respiratory illnesses can lead to delayed diagnosis and increase the risk of TB transmission to others. **Think. Test. Treat TB** is a CDC public health campaign to raise TB awareness amongst medical providers. That URL is: <https://www.cdc.gov/think-test-treat-tb/hcp/toolkit/index.html>

For adults with TB risk factors and symptoms compatible with TB disease, take the following steps to rule out TB disease: perform a physical exam, obtain a chest x-ray and collect 3 sputum samples taken at least 8 hours apart when there are radiographic findings suggestive of TB disease. In children, symptoms of TB disease may be subtle (such as failure to thrive) with minimal abnormality on chest x-ray.

Report probable or confirmed TB disease cases to the local public health department where the patient resides.

We recommend screening all people with TB risk factors for latent TB infection (LTBI). Patients who test positive by tuberculin skin test (TST) or interferon-gamma release assay (e.g. QuantiFERON-TB Gold Plus or TSPOT) should have a chest x-ray to rule out TB disease. Most patients with LTBI, should be offered treatment with a short-course regimen (e.g. 4 months daily rifampin, 12 weekly doses of isoniazid and rifapentine or 3 months daily isoniazid/rifampin). Unlike TB disease, LTBI is not reportable.

For clinical consultation about LTBI or TB disease, contact your local public health department or the TB Program at OHA (503) 358-8516 or TB@odhsoha.oregon.gov.

This Oregon HAN Notification was sent to the following alert lists: ORCD1 (includes: Tribal and local health Administrators, Health Officers, CD Nurses, hospitals, epidemiologists, and some members of OHA's staff and leadership), and other Public Health staff.