2024

ANNUAL TUBERCULOSIS SURVEILLANCE REPORT

GEORGIA DEPARTMENT OF PUBLIC HEALTH

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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ACKNOWLEDGEMENT

We would like to thank the district TB coordinators, county health department staff, and state TB surveillance staff who collected and reported the data used in this annual report.

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DATA SOURCES

1) Surveillance data were obtained from the State Electronic Notifiable Disease Surveillance System (SENDSS) as of June 11th, 2025 2) Census data were obtained from the U.S. Census Bureau via https://oasis.state.ga.us/oasis/webquery/qryPopulation.aspx.

SUGGESTED CITATION

Georgia Department of Public Health, 2024 Georgia Tuberculosis Surveillance Report, Atlanta, Georgia, August 2025.

EXECUTIVE SUMMARY

A total of 254 tuberculosis (TB) cases were reported in Georgia in 2024, representing a 3.3% increase from 246 cases in 2023. The TB case rate (number of TB cases per 100,000 persons) increased to 2.3 in 2024 from 2.2 in 2023 (Figure 1).

In 2024, TB incidence by health district ranged from 0.0 cases per 100,000 persons in District 5-1 (Dublin) to 5.8 cases per 100,000 persons in District 3-5 (DeKalb) (Table 2). Six health districts (Districts 3-1, 3-3, 3-4, 3-5, 7-0, and 9-2) reported a TB case rate higher than the overall state incidence in 2024 (Figure 4). Three counties (DeKalb, Gwinnett, and Cobb) reported >20 TB cases each in 2024, accounting for 41.3% of reported cases statewide (Table 1).

Of the 254 TB cases reported in Georgia in 2024, 176 (69.3%) were non-U.S.-born (Figure 8). The top four countries of origin for non-U.S.-born persons reported with TB disease in Georgia were Mexico, India, Guatemala, and Vietnam (Figure 10B). TB cases among persons born in these four countries accounted for 52.8% of cases among non-U.S.-born persons in Georgia.

HIV status was reported for 237 (92.9%) of Georgia TB cases in 2024. 5.1% of all 254 cases were HIV-positive (Figure 12). Individuals experiencing certain social factors face a higher risk of TB exposure. In 2024, 19 (7.5%) of Georgia's total TB cases experienced homelessness in the year before diagnosis. Twelve (4.7%) were diagnosed while residing in a congregate setting, including correctional and long-term care facilities (Figure 13A). In 2023, there were three cases of multidrug-resistant TB (MDR-TB or TB resistant to at least isoniazid and rifampin) diagnosed in Georgia.

The latest year with completed TB contact investigation data was 2023. Among the 1,678 identified contacts of TB cases reported in 2023 in Georgia, 1,146 (68.3%) completed a medical evaluation for TB. Of the 210 contacts diagnosed with latent TB infection (LTBI), 159 (75.7%) started LTBI treatment, and of those, 144 (90.6%) completed LTBI treatment.

From 2023 to 2024, TB incidence in Georgia increased by 4.5% to 2.3 cases per 100,000 (Figure 2). TB incidence in the United States increased by 3.4% to 3.0 cases per 100,000 (Figure 2) from 2023.

Epidemiologic modeling by the U.S. Centers for Disease Control and Prevention (CDC) projects that the goal of TB elimination will not be attained in this century with the current rates of decline. Current program strategies such as early identification of TB cases, completion of TB treatment by directly observed therapy, and contact investigation should be maintained, but newer strategies such as targeted TB testing among high-risk individuals (e.g., persons born in countries with a high prevalence of TB and persons who live or work in high-risk congregate settings) and treating LTBI should be implemented to accelerate progress toward TB elimination.

TUBERCULOSIS SURVEILLANCE IN GEORGIA

TB is a reportable disease in Georgia. All Georgia physicians, laboratories, and other health care providers are required by law to immediately report clinical and laboratory-confirmed TB cases under their care to Georgia Public Health authorities. TB cases may be directly reported to a county health department, a district health office, or to the state TB program. The TB Epidemiology Section of the Georgia Department of Public Health (DPH) is responsible for the systematic collection of all reported TB cases in the state. Immediate reporting of TB cases enables public health staff to follow up with patients, administer directly observed therapy (DOT), monitor TB treatment until completion, evaluate and screen individuals exposed to a TB case, and control TB outbreaks.

TB cases in Georgia can be reported electronically through the State Electronic Notifiable Disease Surveillance System (SENDSS), a secure web-based surveillance software developed by DPH, or by calling, mailing, or faxing a report to public health authorities. Hospital infection control personnel, as well as public health nurses, outreach staff, epidemiologists, and communicable disease specialists involved in disease surveillance are encouraged to report TB through SENDSS. They can register to become a SENDSS user by logging into the system's website (https://sendss.state.ga.us) and selecting TB from the list of reportable diseases.

Public health authorities collect demographic, clinical, and risk factor data about reported TB cases and their contacts. Cases are counted in the jurisdiction in which they reside at the time of diagnosis. Case counts may change slightly as information is verified. These data are analyzed to describe the distribution of the disease, trends in morbidity, mortality, drug resistance patterns, treatment outcomes, clusters of TB cases, and infection rates among high-risk groups and contacts to TB cases in Georgia. These data are used at the state and local level to guide policy and decision making, set priorities for program interventions, evaluate program performance for the prevention and control of TB in Georgia, and educate key stakeholders and the public on TB. Georgia's TB surveillance data are transmitted electronically to the U.S. Centers for Disease Control and Prevention (CDC) and become part of the national TB surveillance database.

TUBERCULOSIS CASE DEFINITIONS FOR PUBLIC HEALTH SURVEILLANCE

DPH uses the 2009 Council of State and Territorial Epidemiologists (CSTE) case definition for tuberculosis (Position Statement 09-ID-65) that can be accessed at:

https://ndc.services.cdc.gov/case-definitions/tuberculosis-2009/

Clinical Description

A chronic bacterial infection caused by Mycobacterium tuberculosis, usually characterized pathologically by the formation of granulomas. The most common site of infection is the lung, but other organs may be involved.

Clinical Criteria

A case that meets all of the following criteria:

- A positive tuberculin skin test or positive interferon gamma release assay for M. tuberculosis
- Signs and symptoms compatible with TB (abnormal chest imaging study or clinical evidence of current disease)
- Treatment with two or more anti-TB medications
- A completed diagnostic evaluation

Laboratory Criteria for Diagnosis

- Isolation of *M. tuberculosis* complex on a culture from a clinical specimen, or
- Demonstration of *M. tuberculosis* complex from a clinical specimen by nucleic acid amplification test

Case Classification

CONFIRMED

A case that meets the clinical case definition or is laboratory confirmed.

EPIDEMIOLOGY OF TUBERCULOSIS IN GEORGIA

Georgia reported 254 new tuberculosis (TB) cases in 2024. This represents a 3.3% increase from the 246 TB cases reported in 2023 (Figure 1). The number of TB cases in Georgia has decreased by 52.7% since 2004 (Figure 1). The TB incidence rate in Georgia increased to 2.3 cases per 100,000 persons in 2024 from 2.2 cases per 100,000 persons in 2023. This is lower than the national incidence rate of 3.0 cases per 100,000 population in 2024 (Figure 2). According to the CDC, Georgia ranked 8th highest in the United States for the number of new TB cases and ranked 21st highest for the TB incidence rate (per 100,000 population) among the 50 reporting states in 2024.

GEOGRAPHIC DISTRIBUTION

Among the 159 counties in Georgia, three counties in the metropolitan Atlanta area reported the highest number of TB cases in 2024: DeKalb (45 cases), Gwinnett (38 cases), and Cobb (22 cases) (Table 1). These three counties accounted for 41.3% of all TB cases reported in Georgia in 2024. Figure 3A shows the geographic distribution of TB cases by county in 2024.

Georgia's 18 health districts have oversight responsibility for public health in the counties they serve. In 2024, District 3-5 (DeKalb) had the highest TB incidence rate with 5.8 cases per 100,000 population, followed by District 3-3 (Clayton) with 5.4 cases per 100,000 population, District 3-4 (Lawrenceville) with 3.2 cases per 100,000 population, and District 7-0 (Columbus) with 3.0 cases per 100,000 population (Table 2). District case counts and rates have been adjusted to exclude cases in prisons and detention facilities.

SEX AND AGE DISTRIBUTION

In 2024, TB cases in Georgia occurred predominantly among males (157 cases, 61.8%), compared to females (97 cases, 38.2%). When stratified by age, the highest proportion of TB cases occurred among persons between the ages of 25-44 (93 cases, 36.6%) (Figure 5B). This has mostly been consistent over the last ten years, with this age group having the highest proportion of cases seven of those years (Figure 5B). Among persons 25-44 years old, 63 cases (67.7%) were male, and 30 cases (32.3%) were female (Figure 5A). The 25-44 age group also had the highest TB incidence rate (3.0 per 100,000), while the lowest incidence rate was among children 5-14 years old (0.3 per 100,000) (Table 6). The TB incidence rate for children younger than 5 years of age, a group more likely to develop life-threatening forms of TB disease, decreased in 2024 to 0.9 per 100,000 as compared to 1.6 per 100,000 in 2023. Young children are more likely than older children and adults to have TB spread through their bloodstream and cause complications and deadlier forms of TB disease, such as TB meningitis or disseminated TB.

RACE/ETHNICITY DISTRIBUTION AND TB DISPARITIES

TB disproportionately affects racial/ethnic minorities in Georgia. In 2024, non-Hispanic Black persons, Hispanic or Latino persons, and non-Hispanic Asian persons accounted for 33.5%, 32.7%, and 24.4% of TB cases in Georgia (Figure 6A), respectively, but only represented 32.0%, 11.6%, and 5.1% of Georgia's population, respectively. Non-Hispanic White persons constituted 9.4% of TB cases in 2024. Non-Hispanic Asian persons had the highest TB incidence rate among race/ethnic groups (10.9 per 100,000), followed by

Hispanic or Latino persons (6.4 per 100,000), non-Hispanic Black persons (2.4 per 100,000), and non-Hispanic White persons (0.4 per 100,000) (Table 7). The TB incidence rate among non-Hispanic Black persons represents an 80.0% decrease from the non-Hispanic Black persons TB incidence rate in 2004 (12.0 per 100,000) (Figure 7). However, the TB incidence rate among non-Hispanic Black persons was still six times higher than the TB incidence rate among non-Hispanic White persons in Georgia in 2024 (Table 7).

Race and ethnicity differed considerably by U.S-born versus non-U.S.-born TB cases. In 2024, Hispanic or Latino persons and non-Hispanic Asian persons accounted for most of the non-U.S.-born cases at 41.5% and 34.7%, respectively. However, non-Hispanic Black persons and non-Hispanic White persons accounted for most of the U.S.-born cases at 65.4% and 20.5%, respectively (Figure 6C).

HIGH-RISK POPULATIONS

NON-U.S.-BORN PERSONS

TB among persons born outside of the United States accounted for 69.3% of TB cases with a known country of origin in Georgia in 2024. Half of non-U.S.-born cases reported in 2024 came from Mexico (17.6%), India (12.5%), Guatemala (11.4%), and Vietnam (11.4%) - all countries where TB is an endemic disease (Figure 10A, Figure 10B). Seventy-six (43.2%) were diagnosed in the first five years of their arrival in the United States (Figure 11). This has increased from the 66 non-U.S.-born cases diagnosed within the first five years of their arrival in 2023.

In 2023, three counties reported more than half (51.1%) of the total number of non-U.S.-born TB cases in Georgia: Gwinnett County (36 cases), DeKalb County (33 cases), and Cobb County (21 cases).

PERSONS WITH HIV CO-INFECTION

HIV testing should be performed for all TB patients, as TB treatment may change when antiretroviral therapy for HIV is given concurrently. Active TB often accelerates the natural progression of HIV infection. Of the 254 TB cases reported in 2024, 5.1% were HIV-positive, compared to 7.3% in 2023 (Figure 12). Among the 13 TB cases with HIV co-infection in 2024, 61.5% were non-Hispanic Black, 61.5% were male, and 76.9% were between 25 and 44 years old.

HIV status was reported for 93.3% of TB cases in 2024. In the high-risk age group of adults 25-44 years of age, HIV status was reported for 100% of patients in 2024, compared to 96.3% in 2023.

PERSONS WITH SOCIAL RISK FACTORS AND MEDICAL RISK FACTORS

Persons residing in crowded congregate settings such as homeless shelters, prisons, and nursing homes are at risk for acquiring TB. In 2024, 19 (7.5%) TB cases in Georgia experienced homelessness in the year before TB diagnosis, 11 (4.3%) were residents of correctional facilities at the time of diagnosis, and 2 (0.8%) were residents of long-term care facilities (Table 3, Figure 13A). Of the 10 TB cases incarcerated in correctional facilities, 5 (45.5%) were under the custody of Immigration and Customs Enforcement (ICE) detention centers, 2 (18.2%) were inmates of federal prisons, 2 (18.2%) were inmates of state prisons, and 2 (18.2%) were inmates of local jails.

Substance use disorder is one of the most reported behavioral risk factors among patients with TB in the United States. TB patients who use substances often experience treatment failure and remain infectious longer because treatment failure presumably extends periods of infectiousness. In Georgia, 44 (17.3%) TB cases in 2024 had reported either use of illicit drugs or heavy alcohol use (Table 3, Figure 13A).

Smoking is not only associated with increased risk of contracting TB, but also with poor treatment outcomes. In 2024, 78 (30.7%) of TB cases reported being a current or former smoker of tobacco or nicotine products, including cigarettes and vapes (Figure 13A). This did not include chewing tobacco.

Persons with weakened immune systems are at a higher risk of developing TB. In 2024, 67 (25.4%) of TB cases reported also having diabetes mellitus. Other reported medical conditions included non-HIV immunosuppression (29, 11.4%), viral hepatitis (10, 3.9%), end-stage renal disease (6, 2.4%), post-organ transplantation (2, 0.8%), and receiving tumor necrosis factor-alpha (TNF-α) antagonist therapy (2, 0.8%) (Figure 13B).

TB IN CHILDREN

TB in children is considered a sentinel public health event as it often indicates recent transmission from an infectious adult case. Additionally, potentially lethal forms of TB disease, such as TB meningitis or disseminated TB, can develop in very young children. In 2024, children younger than 15 years old comprised 4% of TB cases in Georgia: 6 cases (0.9 per 100,000) were reported in children younger than 5 years old, and 4 cases (0.3 per 100,000) were reported in children 5-14 years old (Table 6, Figure 5B). There were two cases of TB meningitis in children younger than 15 years old in Georgia in 2024.

Most pediatric cases in 2024 were U.S.-born (8, 80%). This is consistent with trends over the last five years (Figure 9).

Persons with latent tuberculosis infection (LTBI) are infected with TB bacteria, but do not have clinical signs and symptoms of TB disease. In Georgia, LTBI in children younger than six years old is a reportable disease. When LTBI in a child less than six years of age is reported, the local health department will initiate a contact investigation to identify the source of infection, recommend treatment, follow up with the child to ensure completion of treatment, and monitor for development of active TB disease. Early identification and treatment of TB infection in children can prevent progression to active disease and aid in identifying previously undiagnosed and untreated cases of active TB.

In 2024, 15 children younger than six years old were reported to have LTBI in Georgia. Fourteen (93.3%) were identified by contact investigations performed by county health department staff.

DIAGNOSIS AND TREATMENT OUTCOMES

INITIAL DIAGNOSIS, TREATMENT, AND DIRECTLY OBSERVED THERAPY

In Georgia, most TB cases are initially diagnosed in a hospital or clinic and are followed up by county health departments after discharge to continue their TB treatment. In 2024, 123 (48.4%) of the 254 TB cases in Georgia were diagnosed and initially reported by a hospital or clinic.

In 2024, 187 (73.6%) of the 254 TB cases in Georgia had pulmonary only TB. Of the 187 pulmonary only TB cases, 142 (75.9%) had sputum cultures that were positive for Mycobacterium tuberculosis, 100 (53.5%) were sputum AFB smear-positive, and 71 (38.0%) showed cavitary lesions on chest radiography.

Forty-six (18.1%) TB cases had extrapulmonary only TB, and 21 (8.3%) had both pulmonary and extrapulmonary TB. There was a total of 67 extrapulmonary sites of disease reported, with some cases reporting more than one site. Pleural (19.8%) and lymphatic cervical (13.6%) were the most reported extrapulmonary sites of disease, followed by eye and ear appendages (8.6%), bone and/or joint (7.4%), peritoneal (7.4%), meningeal (6.2%), brain (4.9%), and spinal cord (4.9%) (Figure 14).

Of the 249 TB cases alive at diagnosis in 2024, 230 (92.4%) were started on the standard 4-drug TB regimen of isoniazid, rifampin or rifabutin, pyrazinamide, and ethambutol (RIPE). Eight (3.2%) were started on a four-drug regimen other than RIPE, 5 (2.0%) were started on a regimen of less than four drugs, and 2 (0.8%) were started on BPAL, which is a regimen consisting of bedaquiline, pretomanid, and linezolid. Four cases were not started on treatment due to being lost or dying.

Treatment outcomes were analyzed for eligible 2023 cases as treatment completion data for cases reported in 2024 are not yet available. Eligible cases included persons alive at diagnosis, with an initial drug regimen of one or more drugs prescribed, who did not die within one year of initiating treatment. Ineligible cases included persons with an initial rifampin-resistant isolate, patients with bone and joint disease, meningeal disease, or disease of the central nervous system, or pediatric patients (ages 0–14 years) with miliary disease or positive blood culture or a positive nucleic acid amplification test on a blood specimen, and those who moved out of the country within one year of initiating treatment. Persons reported by ICE Processing Centers are often difficult to obtain treatment outcomes for but are still included in the data.

Among the 191 eligible TB cases counted in 2023, a total of 180 (94.2%) completed treatment and 176 (92.1%) completed treatment within 12 months (Table 5; Figure 16). County health department staff provide directly observed therapy (DOT) to TB patients, which entails watching a patient swallow every dose of their TB treatment medication and monitor for adverse events. Of the 196 cases with available data on treatment administration data in 2023, 166 (84.7%) received TB treatment entirely by DOT, 29 (14.8%) were treated by a combination of DOT and self-administered therapy, and 1 (0.5%) was totally self-administered (Figure 17).

TB MORTALITY

Thirteen persons died of TB in Georgia in 2024. From 2020 to 2024, an average of 12 TB deaths per year occurred in Georgia, with a range of 5 to 16 deaths per year.

CONTACT INVESTIGATIONS AND LATENT TB INFECTION

TB CONTACT INVESTIGATIONS AND LATENT TB INFECTION

Public health authorities routinely conduct contact investigations among persons exposed to a TB case to identify secondary TB cases and contacts with latent TB infection (LTBI). Pulmonary TB cases with positive acid-fast bacillus (AFB) sputum-smear results and/or cavities on chest radiology have the highest priority for contact investigation. This is because these cases are more likely to be highly infectious. During a contact investigation, public health staff conduct in-person interviews to ask recent contacts whether they have TB-like symptoms, administer a TB skin test (TST) or interferon gamma release assay (IGRA), repeat the TST or IGRA 8-10 weeks after the last exposure to the index (first) TB case if the initial TST or IGRA is negative, and have a chest radiology exam performed if the TST or IGRA is positive. Persons with LTBI have a positive TST or IGRA but are asymptomatic and have a normal chest radiology exam. They are not contagious but have a 10% chance of developing TB disease if they do not receive treatment for LTBI.

A total of 1,678 contacts were identified from the contact investigations of TB cases reported in 2023 (the latest year with complete contact investigation data). Among these, 1,146 (68.3%) were completely evaluated for TB. Of the completely evaluated contacts, 210 (18.3%) had LTBI and 20 (1.7%) had TB disease. Among the 210 contacts with LTBI, 159 (75.7%) started LTBI treatment. Of the contacts who started LTBI treatment, 144 (90.6%) completed LTBI treatment, 6 (3.8%) were lost to follow-up, 4 (2.5%) chose to stop, 2 (1.3%) discontinued treatment due to provider decision, and 1 (0.6%) moved to an unknown location.

DRUG RESISTANCE AND MOLECULAR EPIDEMIOLOGY

DRUG RESISTANCE

Among the 201 culture-positive TB cases in Georgia in 2024, 194 (96.5%) were tested for initial drug susceptibility to three of the first-line anti-TB medications: isoniazid (INH), rifampin (RIF), and ethambutol (EMB). Of the 186 tested isolates from cases with no previous history of TB, 10 (5.4%) had primary resistance to INH (resistant to INH, sensitive to RIF irrespective of other drugs) and 0 cases had primary resistance to RIF (resistant to RIF, sensitive to INH irrespective of other drugs).

There were 3 reported cases of multidrug-resistant TB (MDR-TB, i.e. TB resistant to at least INH and RIF) in 2024, none of which were among individuals who had previously been diagnosed with TB. This number has increased from the 2 cases of multidrug-resistant TB in 2023. From 2020-2024, the number of TB cases with primary INH resistance (INH-R) in Georgia ranged from 8 to 15 with an average of 2.8 MDR-TB cases per year (Figure 15). MDR-TB cases often require longer and more complicated treatment, which can be costly for patients and TB programs. Patients treated for MDR-TB can experience serious side effects including hearing loss, hepatitis, kidney impairment, and psychological changes. The average cost of treating a person with TB disease increases with greater drug resistance. On average, the direct cost of treating a patient with drug-susceptible TB in 2020 was $20,000, compared to $568,000 for a patient with the extensively drug resistant (XDR-TB, i.e. TB resistant to isoniazid and rifampin, a fluroquinolone and a second-line injectable, bedaquiline, or linezolid). Funding mechanisms are in place to assist patients with treatment costs but can add additional strain to TB programs. More information about drug-resistant TB can be found at https://www.cdc.gov/tb/about/drug-resistant.html.

MOLECULAR EPIDEMIOLOGY

TB genotyping is a laboratory method that determines the genetic relatedness of TB strains among different patients with culture-positive TB disease. Identical genotypes among persons with TB disease suggest recent person-to-person transmission. The state TB program routinely analyzes TB genotype clusters, which are comprised of two or more TB cases with identical genotypes, to identify recent TB transmission, describe risk factors for transmission, identify possible sources of transmission, and determine ways to stop transmission.

From 2022-2024, there were 43 two-case clusters, 7 three-case clusters, 0 four-case clusters, 1 five-case clusters, and 7 clusters with six or more cases in Georgia (Figure 18). Figure 19 displays the number of genotype cluster alerts by alert level. According to the CDC, alert level is determined by the log likelihood ratio statistic (LLR) for a given cluster, identifying higher than expected geospatial concentrations for a TB genotype cluster in a specific county, compared to the national distribution of that genotype. The Tuberculosis Genotyping Information Management System (TB GIMS) generates alert level notifications based on the LLR: "No alert" is indicated if the LLR is between 0≤5, "medium" is for clusters with LLRs between 5≤10, and "high" alert is for clusters with LLRs ≥10. LOTUS (Large Outbreak of Tuberculosis in the United States) alerts are generated when clusters of ≥10 genotype-matched cases within a 3-year period that related by recent transmission are identified. Between 2022-2024, Georgia received 40 medium alerts, 6 high alerts, and 1 LOTUS alert (Figure 19).

TABLES AND FIGURES

TABLE 1: TB CASES AND CASE RATES* BY COUNTY, GEORGIA, 2023-2024

COUNTY	2023		2024	
	CASES	RATE*	CASES	RATE*
Appling	0	0.0	0	0.0
Atkinson	<5	--	0	0.0
Bacon	0	0.0	<5	--
Baker	0	0.0	0	0.0
Baldwin	<5	--	<5	--
Banks	0	0.0	<5	--
Barrow	<5	--	<5	--
Bartow	<5	--	<5	--
Ben Hill	0	0.0	0	0.0
Berrien	<5	--	0	0.0
Bibb	<5	--	<5	--
Bleckley	0	0.0	0	0.0
Brantley	0	0.0	<5	--
Brooks	0	0.0	0	0.0
Bryan	<5	--	0	0.0
Bulloch	0	0.0	0	0.0
Burke	0	0.0	0	0.0
Butts	0	0.0	0	0.0
Calhoun	0	0.0	0	0.0
Camden	0	0.0	0	0.0
Candler	0	0.0	0	0.0
Carroll	<5	--	<5	--
Catoosa	<5	--	<5	--
Charlton† D. Ray James Correctional Facility/ Folkston ICE Processing Center‡	0 <5	0.0 --	0 <5	0.0 --
Chatham	5	1.6	9	2.9
Chattahoochee	0	0.0	<5	--
Chattooga	0	0.0	0	0.0
Cherokee	<5	--	<5	--
Clarke	<5	--	<5	--
Clay	0	0.0	0	0.0
Clayton† Robert A. Deyton Detention Facility‡	<5 <5	-- --	16 <5	5.4 --

COUNTY	2023		2024	
	CASES	RATE*	CASES	RATE*
Clinch	<5	--	0	0.0
Cobb	19	2.4	22	2.8
Coffee	<5	--	<5	--
Colquitt	<5	--	<5	--
Columbia	<5	--	<5	--
Cook	0	0.0	0	0.0
Coweta	<5	--	<5	--
Crawford	0	0.0	0	0.0
Crisp	0	0.0	<5	--
Dade	0	0.0	0	0.0
Dawson	0	0.0	0	0.0
Decatur	0	0.0	0	0.0
DeKalb	52	6.8	45	5.8
Dodge	0	0.0	0	0.0
Dooly	<5	--	0	0.0
Dougherty	<5	--	<5	--
Douglas	<5	--	<5	--
Early	0	0.0	0	0.0
Echols	0	0.0	0	0.0
Effingham	0	0.0	<5	--
Elbert	0	0.0	0	0.0
Emanuel	0	0.0	0	0.0
Evans	0	0.0	0	0.0
Fannin	0	0.0	<5	--
Fayette	<5	--	0	0.0
Floyd	0	0.0	0	0.0
Forsyth	8	2.9	<5	--
Franklin	<5	--	0	0.0
Fulton	26	2.4	15	1.4
Gilmer	<5	--	0	0.0
Glascock	0	0.0	0	0.0
Glynn	<5	--	0	0.0
Gordon	<5	--	<5	--
Grady	0	0.0	<5	--
Greene	0	0.0	<5	--
Gwinnett	35	3.6	38	3.8
Habersham	0	0.0	<5	--
Hall	7	3.2	11	5.0
Hancock	0	0.0	0	0.0

COUNTY	2023		2024	
	CASES	RATE*	CASES	RATE*
Haralson	0	0.0	0	0.0
Harris	0	0.0	0	0.0
Hart	0	0.0	0	0.0
Heard	<5	--	0	0.0
Henry	<5	--	<5	--
Houston	<5	--	<5	--
Irwin[†]	0	0.0	0	0.0
Irwin County Detention Center[‡]	0	0.0	0	0.0
Jackson	0	0.0	<5	--
Jasper	0	0.0	0	0.0
Jeff Davis	0	0.0	<5	--
Jefferson	0	0.0	0	0.0
Jenkins[†]	0	0.0	0	0.0
Jenkins Correctional Center[‡]	0	0.0	0	0.0
Johnson	0	0.0	0	0.0
Jones	0	0.0	0	0.0
Lamar	0	0.0	<5	--
Lanier	0	0.0	0	0.0
Laurens	0	0.0	0	0.0
Lee	0	0.0	0	0.0
Liberty	0	0.0	0	0.0
Lincoln	0	0.0	0	0.0
Long	<5	--	0	0.0
Lowndes	<5	--	0	0.0
Lumpkin	<5	--	0	0.0
Macon	0	0.0	0	0.0
Madison	0	0.0	0	0.0
Marion	0	0.0	0	0.0
Mcduffie	<5	--	0	0.0
Mcintosh	0	0.0	0	0.0
Meriwether	0	0.0	0	0.0
Miller	0	0.0	0	0.0
Mitchell	0	0.0	<5	--
Monroe	0	0.0	0	0.0
Montgomery	0	0.0	0	0.0
Morgan	0	0.0	<5	--
Murray	0	0.0	0	0.0
Muscogee	10	5.0	8	4.0
Newton	<5	--	0	0.0
Oconee	<5	--	0	0.0

COUNTY	2023		2024	
	CASES	RATE*	CASES	RATE*
Oglethorpe	0	0.0	0	0.0
Paulding	<5	--	<5	--
Peach	0	0.0	0	0.0
Pickens	0	0.0	0	0.0
Pierce	0	0.0	<5	--
Pike	<5	--	0	0.0
Polk	<5	--	0	0.0
Pulaski	0	0.0	0	0.0
Putnam	0	0.0	<5	--
Quitman	0	0.0	0	0.0
Rabun	0	0.0	0	0.0
Randolph	0	0.0	<5	--
Richmond[†]	<5	--	0	0.0
Augusta State Medical Prison[‡]	0	0.0	<5	--
Rockdale	0	0.0	<5	--
Schley	0	0.0	0	0.0
Screven	0	0.0	<5	--
Seminole	0	0.0	0	0.0
Spalding	0	0.0	0	0.0
Stephens	0	0.0	<5	--
Stewart[†]	0	0.0	0	0.0
Stewart Detention Center[‡]	0	0.0	<5	--
Sumter	0	0.0	0	0.0
Talbot	<5	--	0	0.0
Taliaferro	0	0.0	0	0.0
Tattnall	0	0.0	<5	--
Taylor	0	0.0	0	0.0
Telfair	0	0.0	0	0.0
Terrell	0	0.0	0	0.0
Thomas	0	0.0	0	0.0
Tift	0	0.0	<5	--
Toombs	<5	--	0	0.0
Towns	0	0.0	0	0.0
Treutlen	0	0.0	0	0.0
Troup	<5	--	5	7.0
Turner	0	0.0	0	0.0
Twiggs	0	0.0	0	0.0
Union	<5	--	0	0.0
Upson	<5	--	<5	--
Walker	<5	--	<5	--

COUNTY	2023		2024	
	CASES	RATE*	CASES	RATE*
Walton	<5	--	0	0.0
Ware	0	0.0	0	0.0
Warren	0	0.0	0	0.0
Washington	0	0.0	0	0.0
Wayne[†]	<5	--	<5	--
Federal Correctional Institution Jesup[‡]	0	0.0	<5	--
Webster	0	0.0	0	0.0
Wheeler	0	0.0	0	0.0
White	0	0.0	0	0.0
Whitfield	<5	--	<5	--
Wilcox	0	0.0	0	0.0
Wilkes	0	0.0	0	0.0
Wilkinson	0	0.0	0	0.0
Worth	0	0.0	0	0.0
TOTAL	**246**	**2.2**	**254**	**2.3**

[*]Rate per 100,000 population; [†]Reported cases and calculated rates in these counties exclude cases from corresponding prisons and detention centers; [‡]Denominators for prisons and detention centers are unknown

Note: In counties where one to four cases were reported, "<5" is used to represent the number of reported cases, and the case rate is not calculated.

Correctional facilities have always been included in prior reports, however, moving forward they will only be included if cases are identified in the given years.

***Data Sources*:** 1) Case counts were obtained from State Electronic Notifiable Disease Surveillance System (SENDSS) data as of June 11th, 2025; 2) Rates were calculated using population estimates obtained from the U.S. Census Bureau via https://oasis.state.ga.us/oasis/webquery/qryPopulation.aspx.

TABLE 2: TB CASES AND CASE RATES* BY HEALTH DISTRICT, GEORGIA, 2023-2024

HEALTH DISTRICT	2023		2024	
	CASES	RATE*	CASES	RATE*
1.1 Rome	9	1.3	7	1.0
1.2 Dalton	5	1.7	<5	--
2.0 Gainesville	18	2.3	18	2.2
3.1 Cobb	20	2.2	25	2.7
3.2 Fulton	26	2.4	15	1.4
3.3 Clayton†	<5	--	16	5.4
Robert A. Deyton Detention Facility ‡	<5	--	<5	--
3.4 Lawrenceville	36	3.0	39	3.2
3.5 DeKalb	52	6.8	45	5.8
4.0 LaGrange	13	1.4	13	1.4
5.1 Dublin	0	0.0	0	0.0
5.2 Macon	7	1.3	10	1.8
6.0 Augusta†	5	1.0	<5	--
Augusta State Medical Prison‡	0	0.0	<5	--
7.0 Columbus†	12	3.3	11	3.0
Stewart Detention Center‡	0	0.0	<5	--
8.1 Valdosta	<5	--	<5	--
8.2 Albany	7	2.0	8	2.3
9.1 Coastal	8	1.2	10	1.5
9.2 Waycross†	6	1.6	10	2.6
Folkston ICE Processing Center‡	<5	--	<5	--
Federal Correctional Institution Jesup‡	0	0.0	<5	--
10.0 Athens	10	1.7	8	1.4
TOTAL	**246**	**2.2**	**254**	**2.3**

*Rate per 100,000 population; †Reported cases and calculated rates in these health districts exclude cases from corresponding prisons and detention centers; ‡Denominators for prisons and detention centers are unknown.

Note: In districts where one to four cases were reported, "<5" is used to represent the number of reported cases, and the case rate is not calculated.

Correctional facilities have always been included in prior reports, however, moving forward they will only be included if cases are identified in the given years.

Data Sources: 1) Case counts were obtained from State Electronic Notifiable Disease Surveillance System (SENDSS) data as of June 11th, 2025; 2) Rates were calculated using population estimates obtained from the U.S. Census Bureau via https://oasis.state.ga.us/oasis/webquery/qryPopulation.aspx.

TABLE 3: PERCENTAGE OF TB CASES WITH KNOWN TB RISK FACTORS BY HEALTH DISTRICT, GEORGIA, 2024

HEALTH DISTRICT	NON-U.S.-BORN (%)	HOMELESS IN PAST YEAR (%)	CORRECTIONAL FACILITY (%)	LONG-TERM CARE FACILITY (%)	SUBSTANCE USE (%)
1.1 Rome	85.7	0.0	0.0	0.0	0.0
1.2 Dalton	50.0	0.0	0.0	0.0	50.0
2.0 Gainesville	77.8	0.0	0.0	0.0	0.0
3.1 Cobb	92.0	12.0	0.0	0.0	20.0
3.2 Fulton	53.3	13.3	0.0	0.0	33.3
3.3 Clayton	82.4	0.0	11.8	0.0	5.9
3.4 Lawrenceville	92.3	2.6	0.0	0.0	5.1
3.5 DeKalb	73.3	8.9	0.0	0.0	28.9
4.0 LaGrange	38.5	7.7	7.7	0.0	15.4
5.1 Dublin	--	--	--	--	--
5.2 Macon	30.0	10.0	0.0	0.0	40.0
6.0 Augusta	20.0	40.0	40.0	0.0	20.0
7.0 Columbus	25.0	8.3	8.3	8.3	25.0
8.1 Valdosta	100	0.0	0.0	0.0	0.0
8.2 Albany	37.5	12.5	0.0	0.0	25.0
9.1 Coastal	50.0	10.0	0.0	0.0	20.0
9.2 Waycross	73.3	6.7	33.3	0.0	13.3
10.0 Athens	75.0	12.5	0.0	12.5	0.0
TOTAL	**69.3**	**7.5**	**4.3**	**0.8**	**17.3**

***Data Source*:** Data were obtained from State Electronic Notifiable Disease Surveillance System (SENDSS) as of June 11th, 2025.

TABLE 4: PRIMARY RESISTANCE TO FIRST-LINE ANTI-TB MEDICATIONS, GEORGIA, 2024

	ISONIAZID		RIFAMPIN		ETHAMBUTOL	
	CASES	PERCENT*	CASES	PERCENT*	CASES	PERCENT*
GEORGIA	10	5.4	0	0.0	0	0.0

*Percent of cases with completed drug susceptibility testing and no prior treatment with anti-TB medications (N=186)

***Data Source*:** Data were obtained from State Electronic Notifiable Disease Surveillance System (SENDSS) as of June 11th, 2025.

TABLE 5: COMPLETION OF TB TREATMENT AND COMPLETION OF TB TREATMENT WITHIN 12 MONTHS BY HEALTH DISTRICT, GEORGIA, 2023 (N=191)*

HEALTH DISTRICT	COMPLETION OF TB TREATMENT (%)	COMPLETION OF TB TREATMENT WITHIN 12 MONTHS (%)
1.1 Rome	85.7	85.7
1.2 Dalton	100	100
2.0 Gainesville	100	100
3.1 Cobb	86.7	86.7
3.2 Fulton	100	95.2
3.3 Clayton	80.0	80.0
3.4 Lawrenceville	86.7	86.7
3.5 DeKalb	100	97.4
4.0 LaGrange	88.9	88.9
5.1 Dublin	--	--
5.2 Macon	83.3	83.3
6.0 Augusta	100	66.7
7.0 Columbus	85.7	85.7
8.1 Valdosta	100	100
8.2 Albany	100	100
9.1 Coastal	100	100
9.2 Waycross	100	100
10.0 Athens	100	88.9
TOTAL	**94.2**	**92.1**

*Denominator includes persons alive at diagnosis, with initial drug regimen of one or more drugs prescribed, who did not die within one year of initiating treatment; denominator excludes persons with initial rifampin-resistant isolate, patients with bone and joint disease, meningeal disease, or disease of the

central nervous system, or pediatric patients (ages 0–14 years) with miliary disease or positive blood culture or a positive nucleic acid amplification test on a blood specimen, and those who moved out of the country within one year of initiating treatment.
***Data Source*:** Data were obtained from State Electronic Notifiable Disease Surveillance System (SENDSS) as of June 11th, 2025.

TABLE 6: TB CASE RATES* BY AGE GROUP, GEORGIA, 2020-2024

AGE (YEARS)	2020 (N=220)	2021 (N=222)	2022 (N=260)	2023 (N=246)	2024 (N=254)
<5	1.1	0.8	1.7	1.6	0.9
5-14	0.2	0.6	0.1	0.3	0.3
15-24	1.2	1.5	1.5	1.7	1.6
25-44	3.0	2.5	2.9	2.7	3.0
45-64	2.5	2.5	3.2	2.5	2.7
65+	2.2	2.8	3.1	3.3	2.9

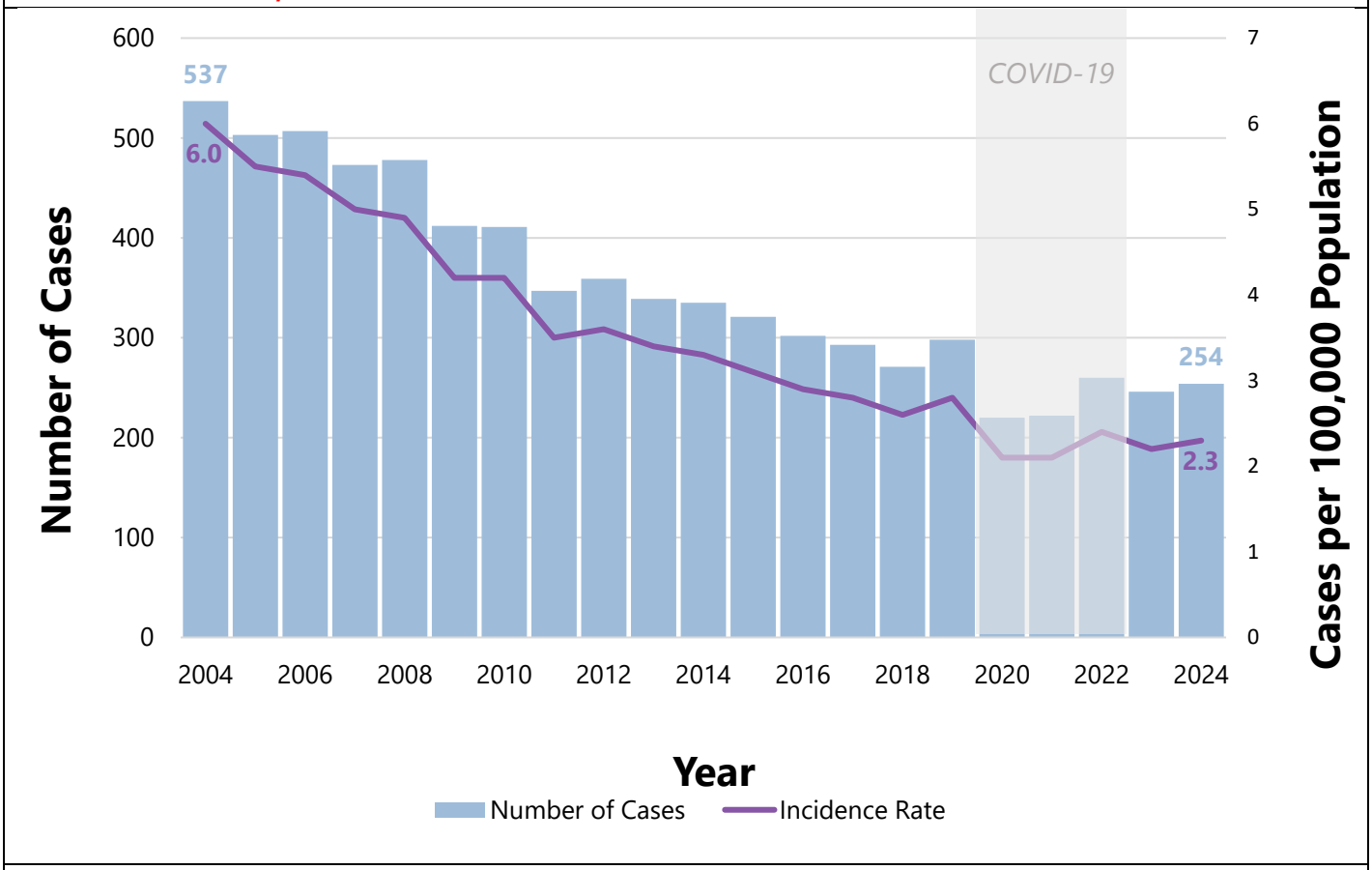
*Rate per 100,000 population
***Data Source*:** Data were obtained from State Electronic Notifiable Disease Surveillance System (SENDSS) as of June 11th, 2025.

TABLE 7: TB CASE RATES* BY RACE/ETHNICITY, GEORGIA, 2020-2024

RACE/ETHNICITY	2020 (N=220)	2021 (N=221†)	2022 (N=260)	2023 (N=246)	2024 (N=254)
Non-Hispanic Asian	10.4	14.5	12.7	8.8	10.9
Hispanic or Latino, All Races	4.4	4.7	6.7	5.0	6.4
Non-Hispanic American Indian or Alaska Native	0.0	0.0	0.0	0.0	0.0
Non-Hispanic Black	2.8	2.2	2.4	3.2	2.4
Non-Hispanic Multiracial	0.0	0.5	1.3	0.0	0.0
Non-Hispanic White	0.5	0.4	0.5	0.5	0.4
Non-Hispanic Native Hawaiian or Other Pacific Islander	13.2	12.9	0.0	0.0	0.0

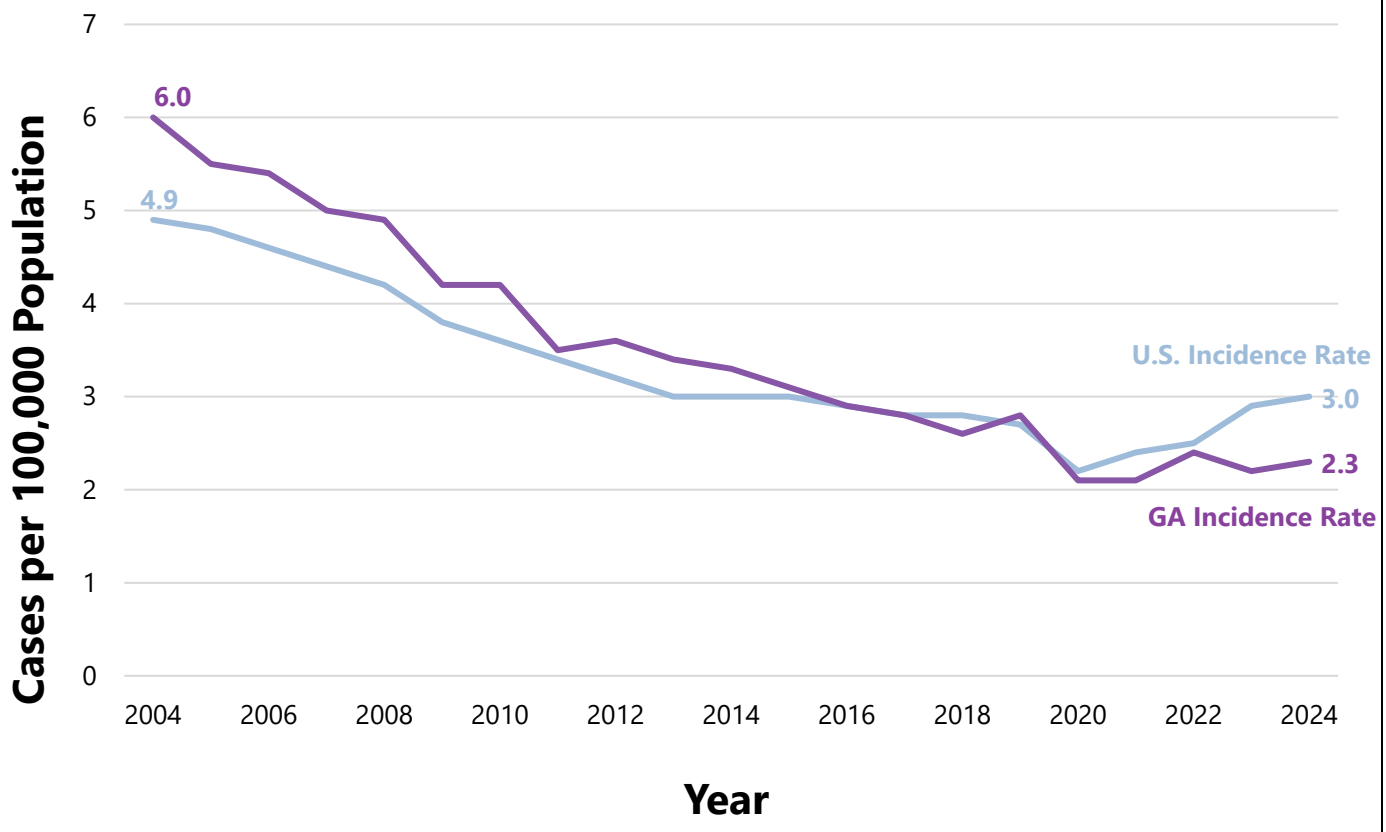
*Rate per 100,000 population
†Case count excludes 1 case with unknown race/ethnicity
***Data Source*:** Data were obtained from State Electronic Notifiable Disease Surveillance System (SENDSS) as of June 11th, 2025.

FIGURE 1: TB CASES AND CASE RATES*, GEORGIA, 2004-2024



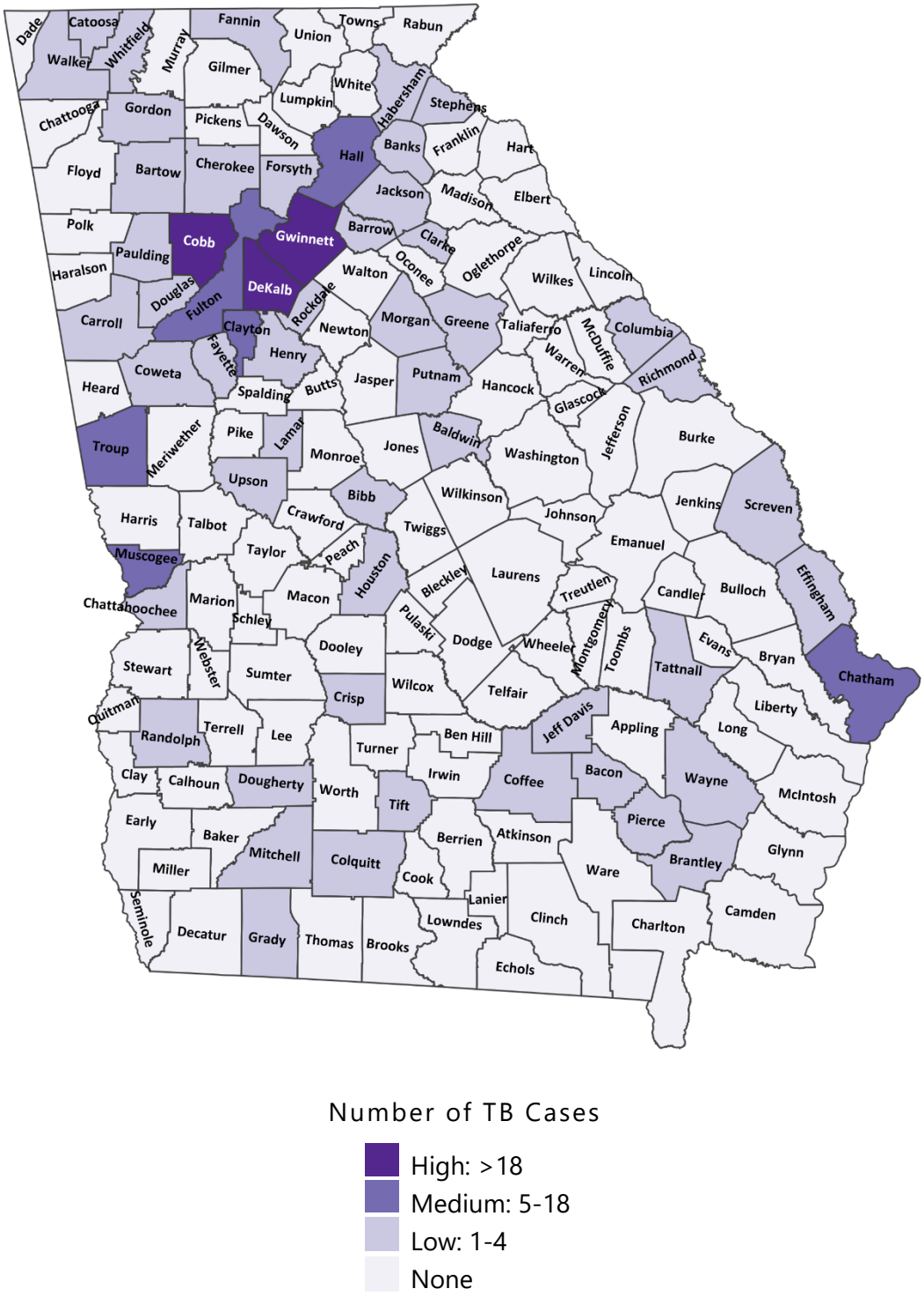
*Rate per 100,000 population

FIGURE 2: TB CASE RATES*, UNITED STATES, 2004-2024



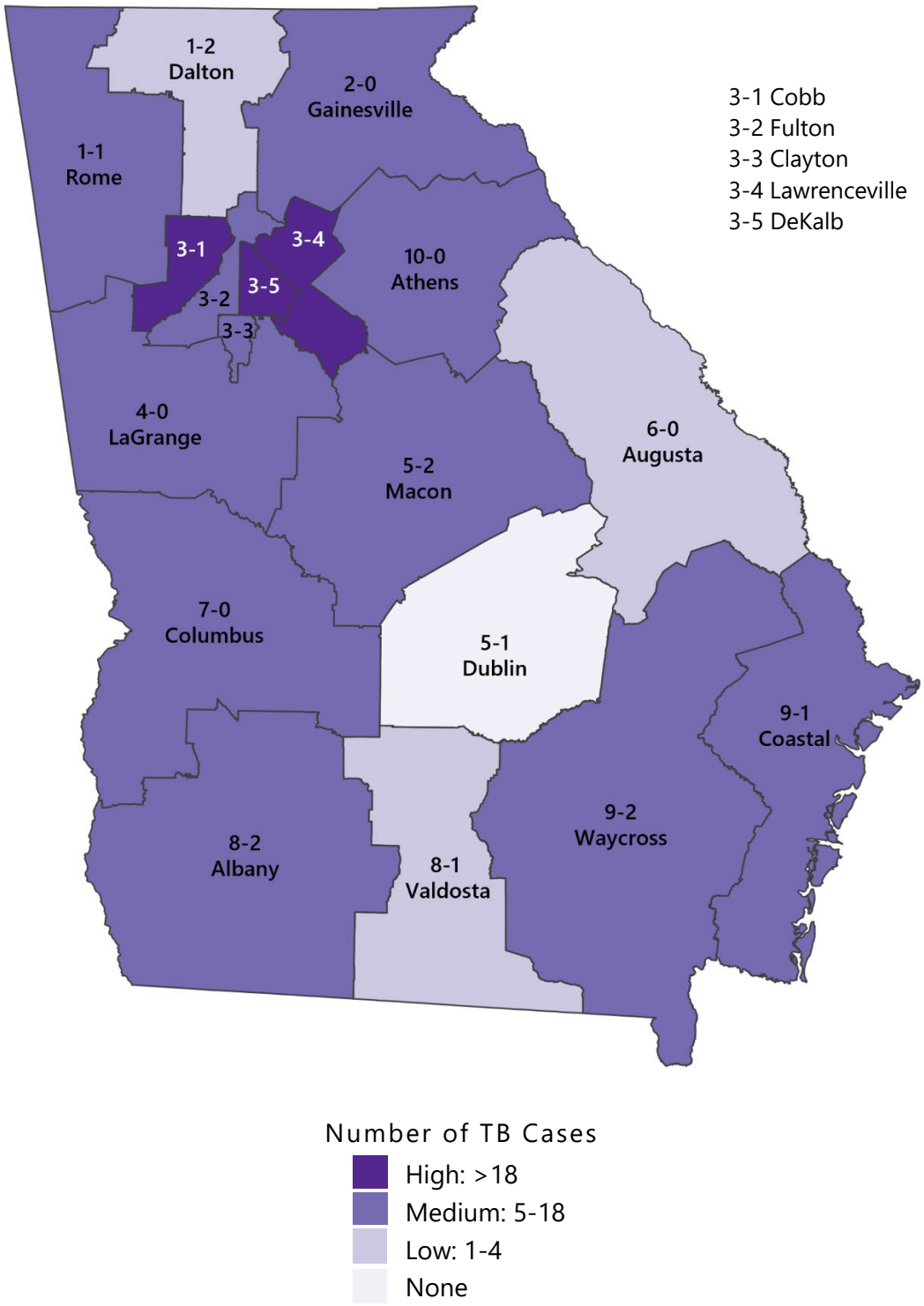
*Rate per 100,000 population

FIGURE 3A: TB CASES BY COUNTY, GEORGIA, 2024 (N=245)*



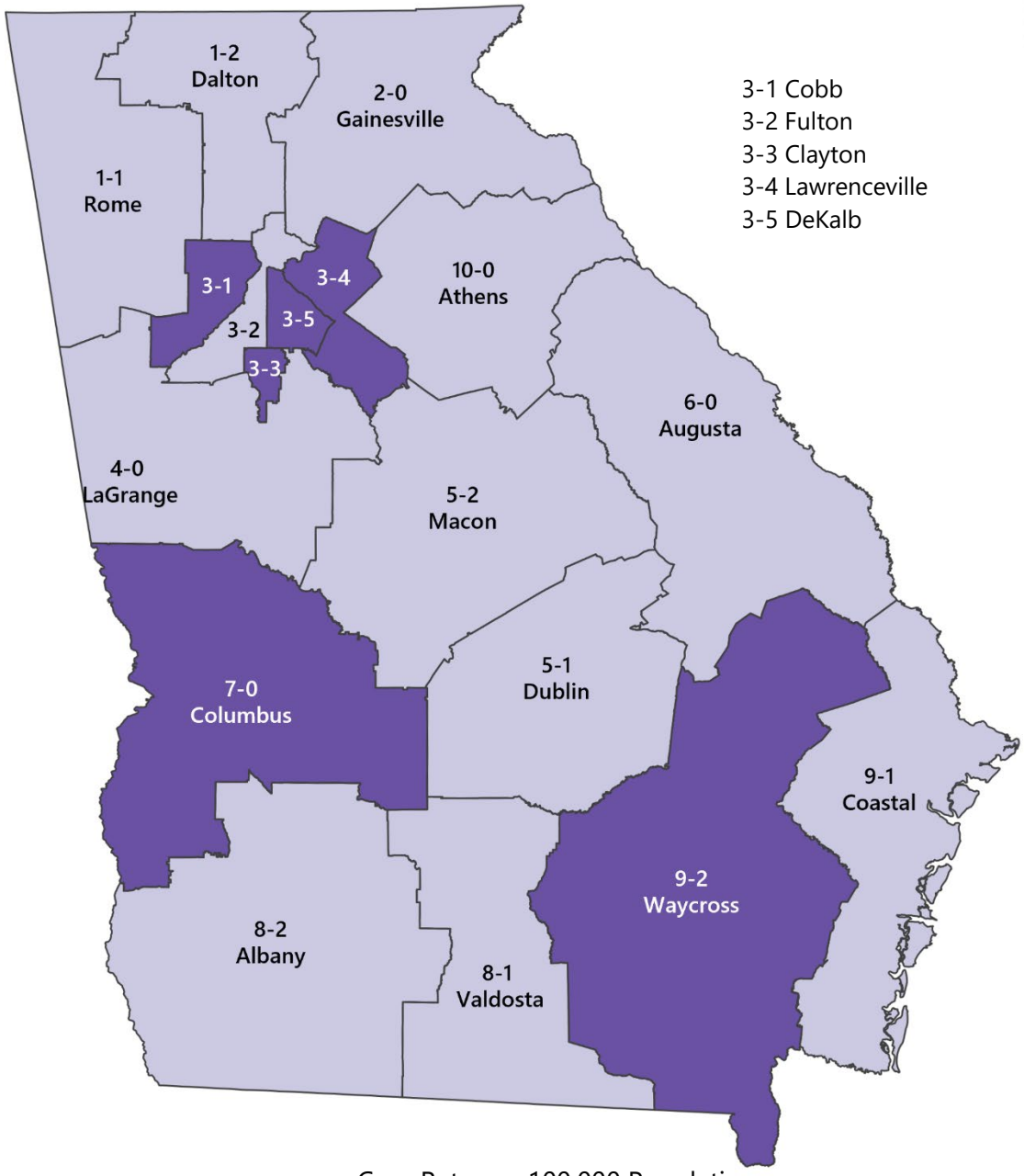
*Cases diagnosed in prisons and detention facilities are excluded

FIGURE 3B: TB CASES BY HEALTH DISTRICT, GEORGIA, 2024 (N=245)*



*Cases diagnosed in prisons and detention facilities are excluded

FIGURE 4: TB CASE RATES* BY HEALTH DISTRICT, GEORGIA, 2024 (N=245)†



*Rate per 100,000 population

†Cases diagnosed in prisons and detention facilities are excluded

FIGURE 5A: PERCENTAGE OF TB CASES BY AGE AND SEX, GEORGIA, 2024

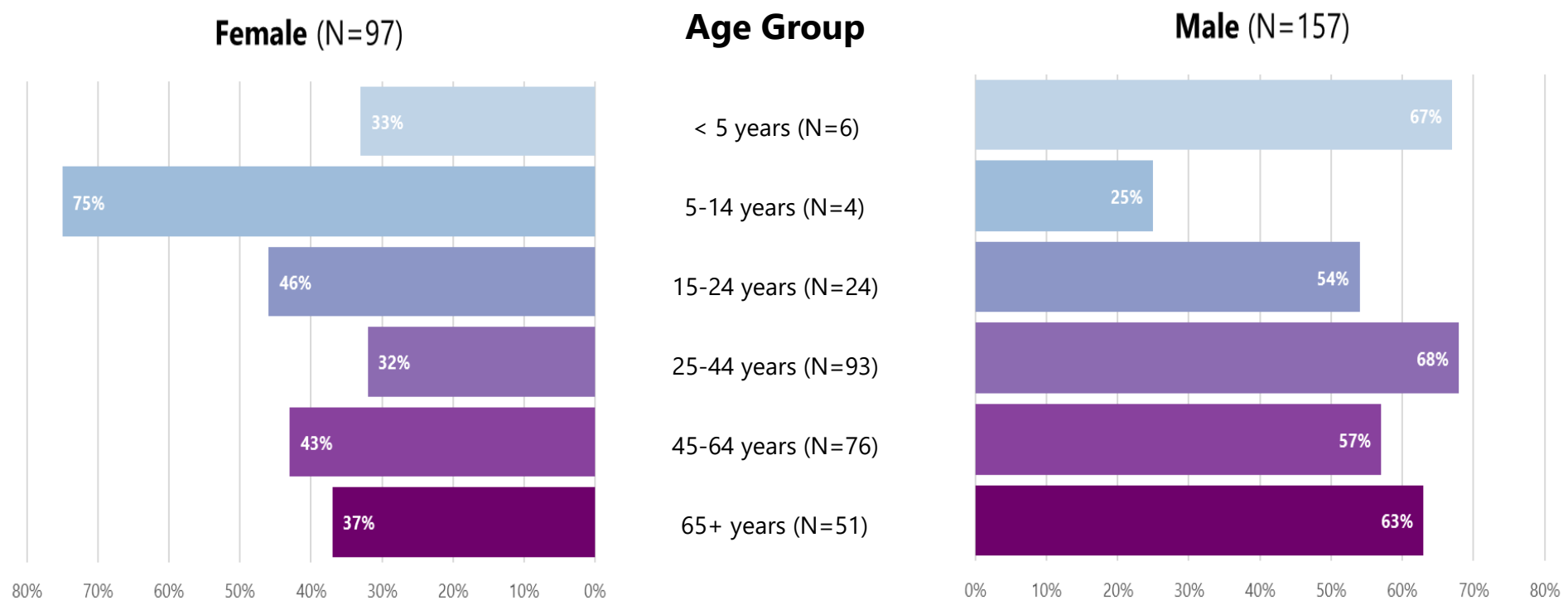


FIGURE 5B: TB CASES BY AGE GROUP, GEORGIA, 2014-2024

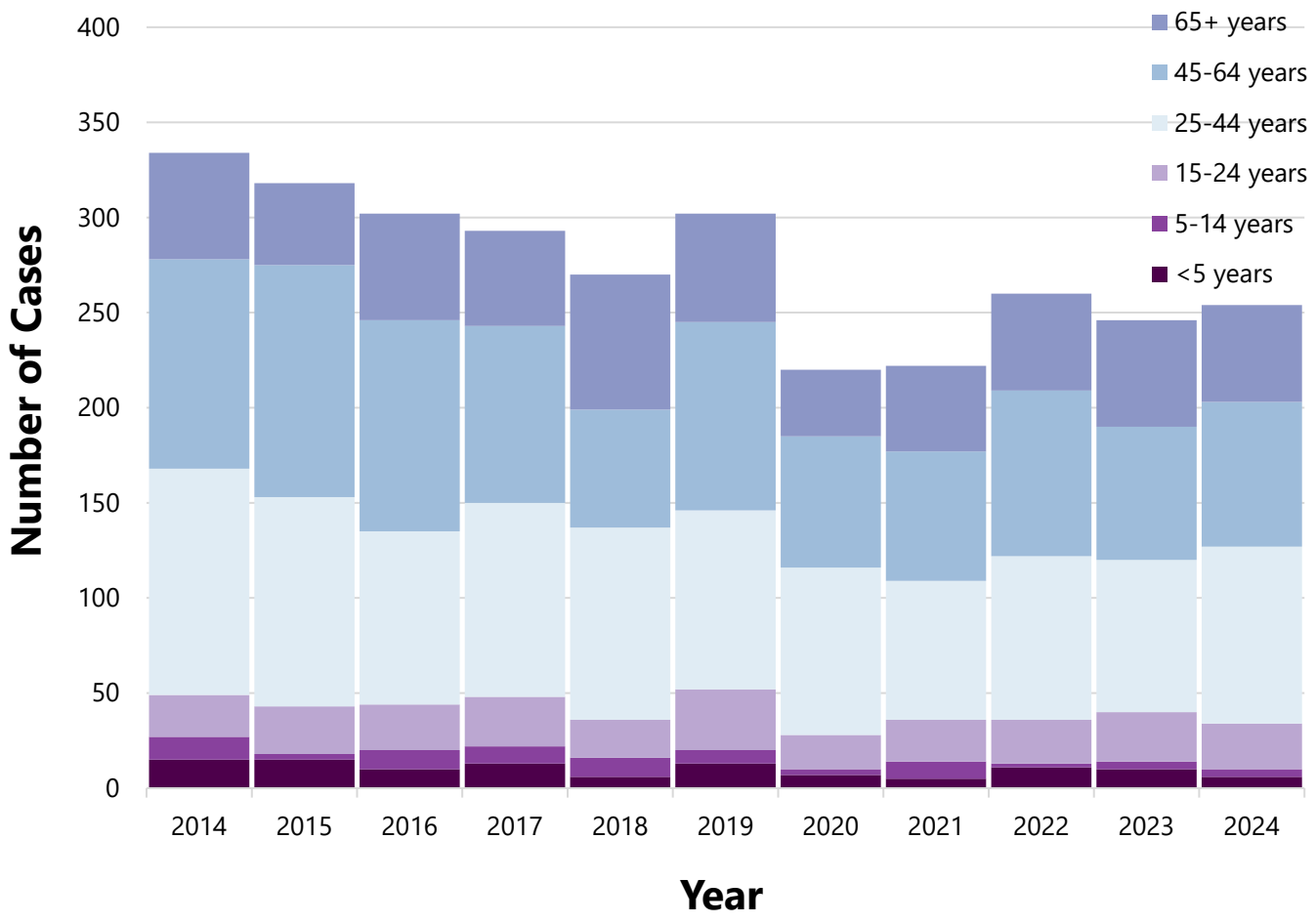


FIGURE 6A: TB CASES BY RACE/ETHNICITY, GEORGIA, 2024 (N=254)

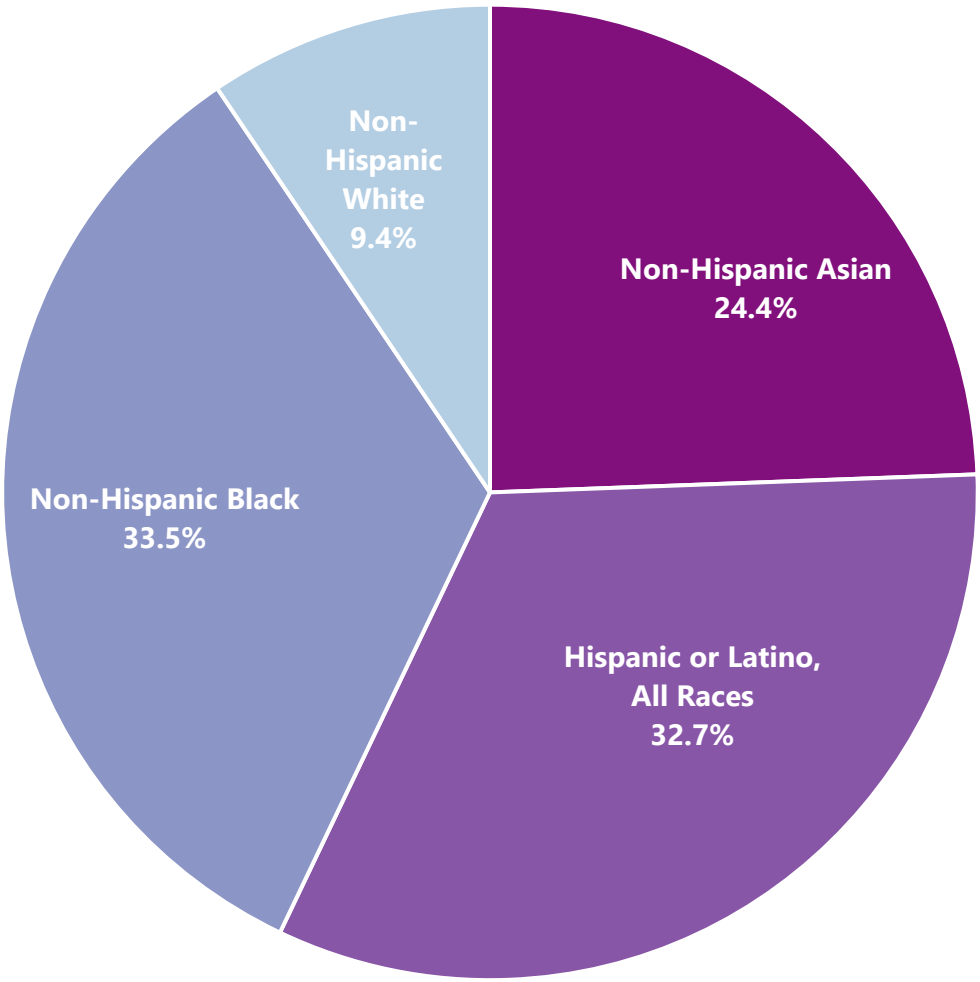


FIGURE 6B: TB CASES BY RACE/ETHNICITY, GEORGIA, 2020-2024

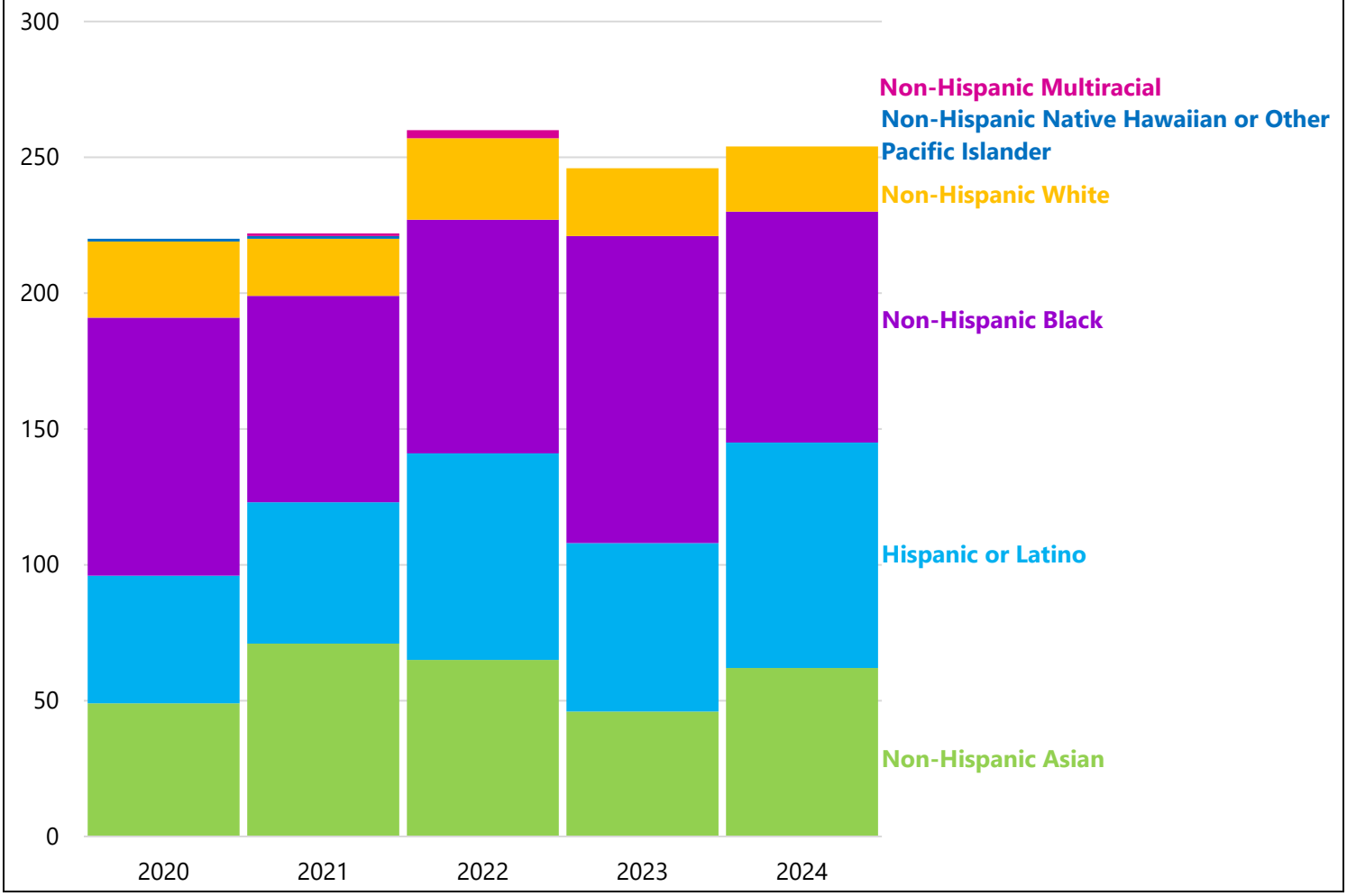


FIGURE 6C: PERCENTAGE OF TB CASES BY ORIGIN AND RACE/ETHNICITY, GEORGIA, 2024

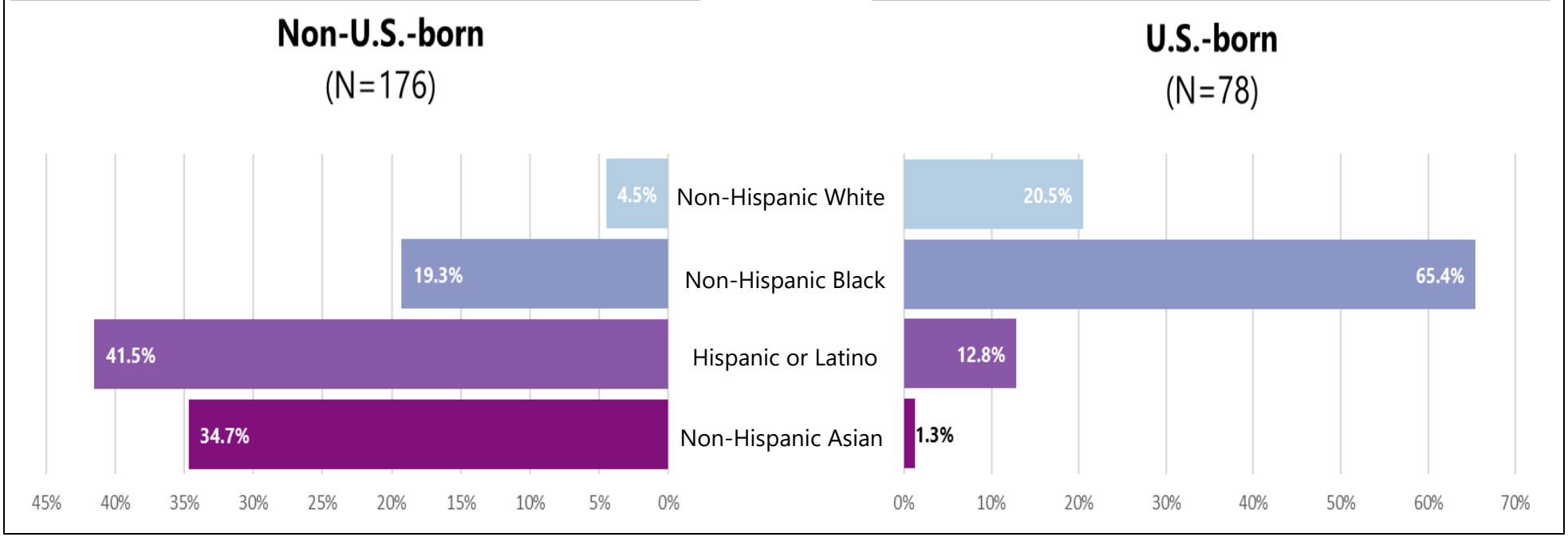
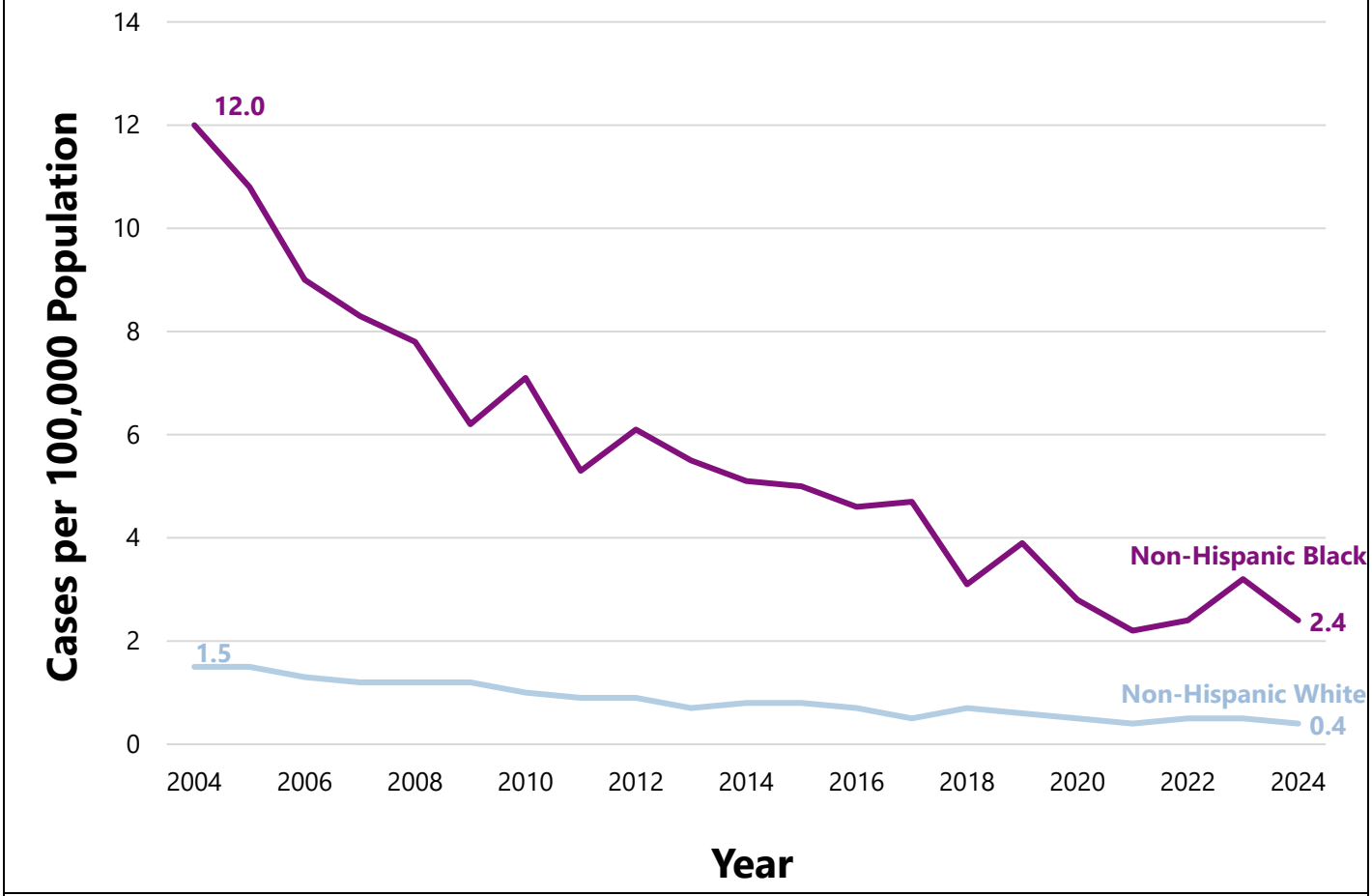


FIGURE 7: TB CASE RATES* AMONG NON-HISPANIC BLACK AND NON-HISPANIC WHITE PERSONS, GEORGIA, 2004-2024



*Rate per 100,000 population

FIGURE 8: U.S.-BORN AND NON-U.S.-BORN TB CASES, GEORGIA, 2020-2024

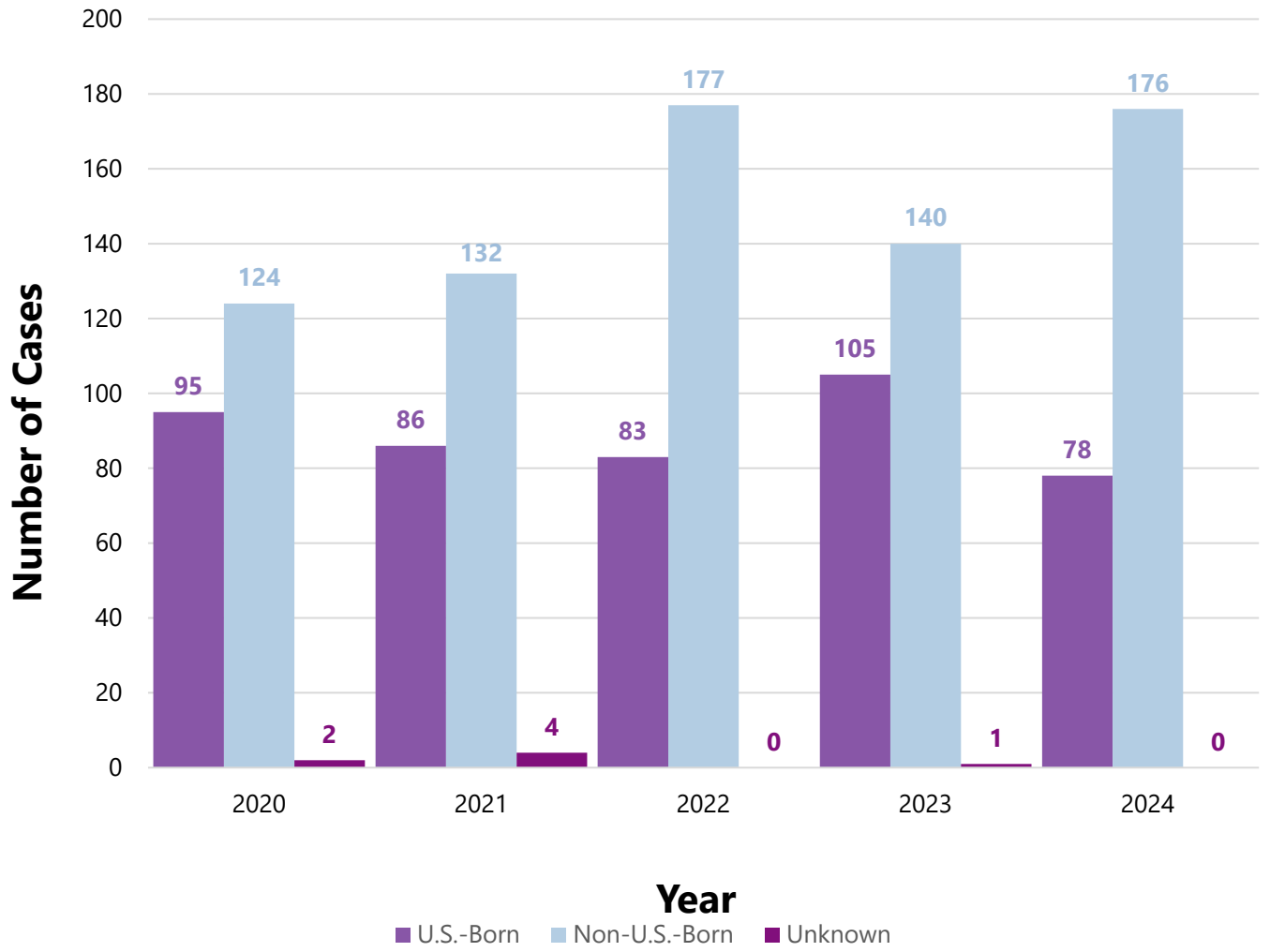
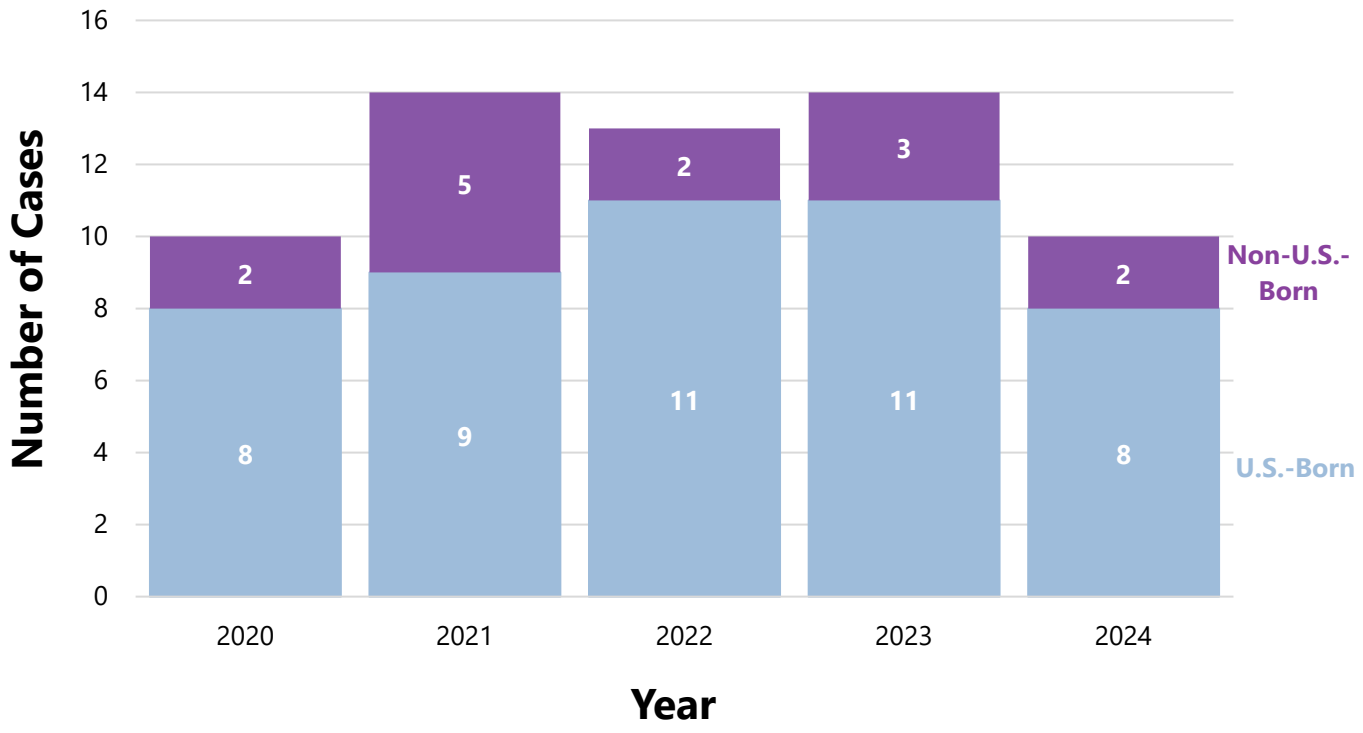
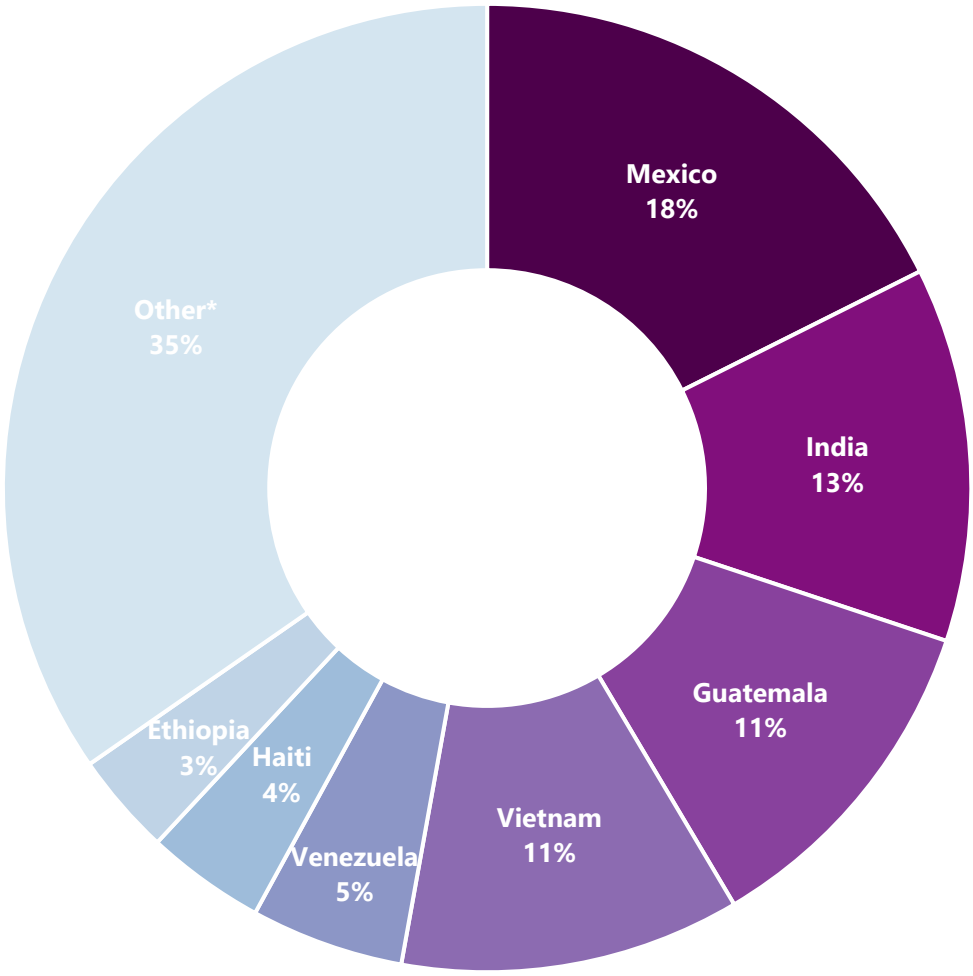


FIGURE 9: PEDIATRIC* TB CASES BY COUNTRY OF ORIGIN, GEORGIA, 2020-2024



*Children less than 15 years of age

FIGURE 10: PERCENTAGE OF TB CASES BY COUNTRY OF ORIGIN FOR NON-U.S.-BORN PERSONS, GEORGIA, 2024 (N=176)



*Other countries include: Afghanistan, Bangladesh, Burma, Côte d'Ivoire, Cambodia, Canada, China, Colombia, Congo, Congo (The Democratic Republic of the), Dominican Republic, Ecuador, El Salvador, Georgia, Guinea, Honduras, Indonesia, Iran, Korea (The Democratic People's Republic of), Korea (The Republic of), Liberia, Myanmar, Nigeria, Peru, Phillippines, Romania, Russia, Senegal, South Africa, Syria, Tanzania, Thailand, Togo, Trinidad and Tobago, and Ukraine

FIGURE 11: PERCENTAGE OF TB CASES BY YEARS SINCE U.S. ARRIVAL FOR NON-U.S.-BORN PERSONS, GEORGIA, 2024 (N=176)

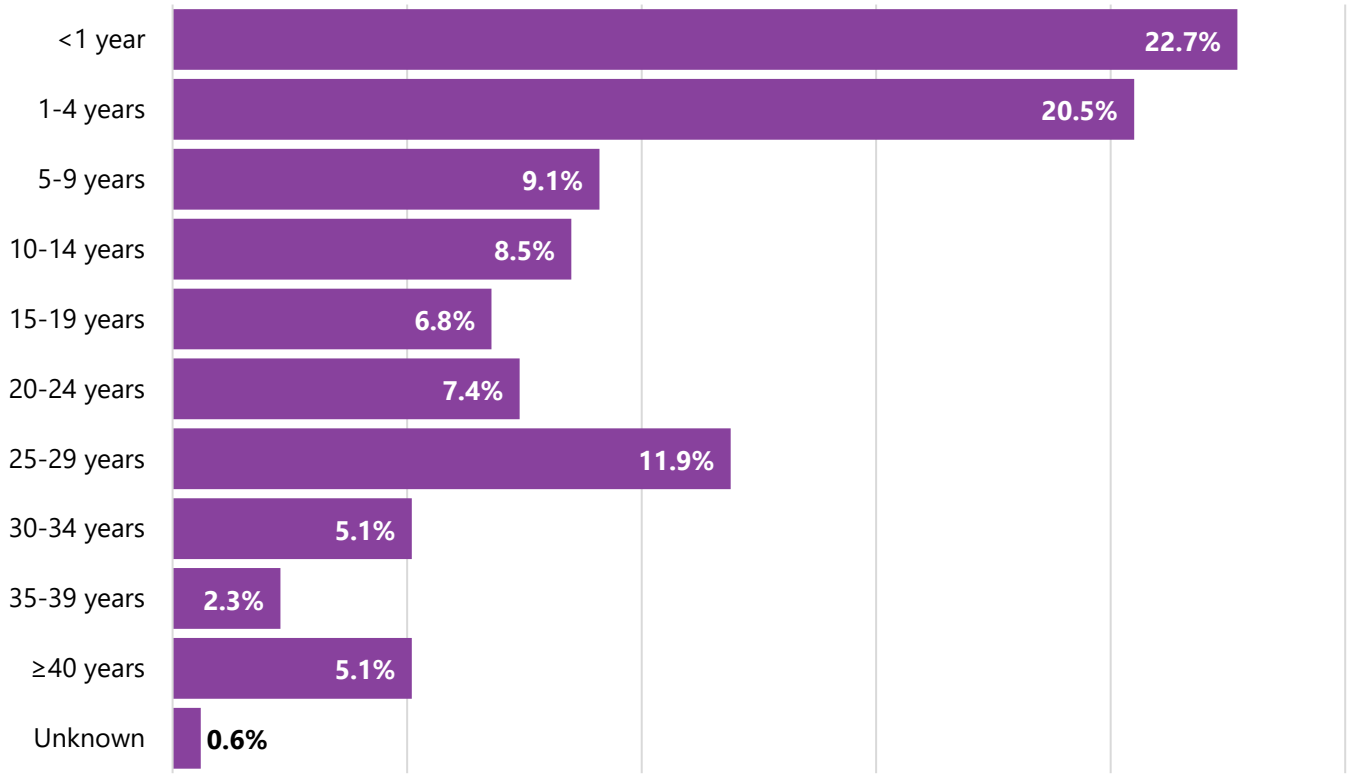


FIGURE 12: HIV STATUS OF TB CASES, GEORGIA, 2004-2024

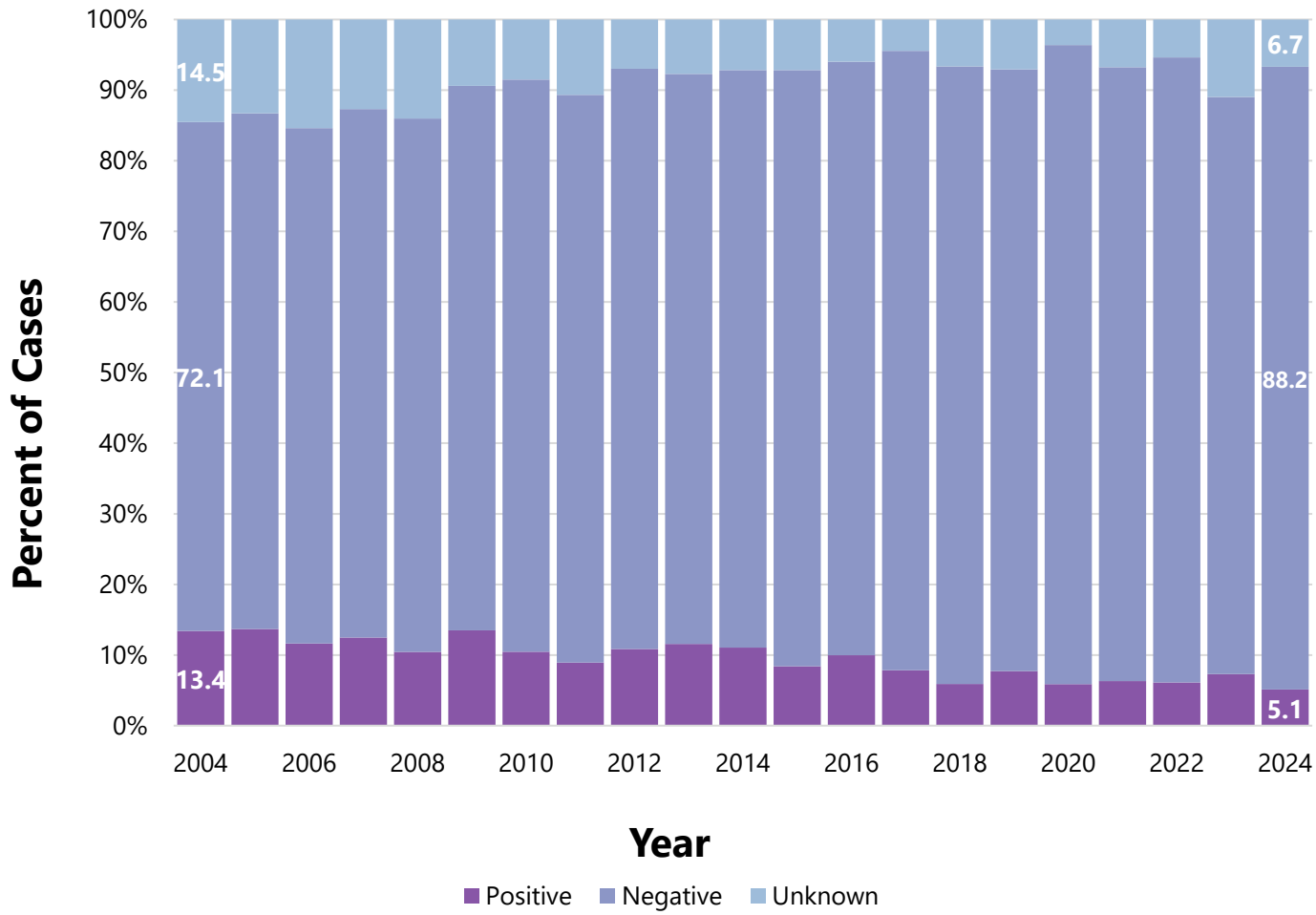
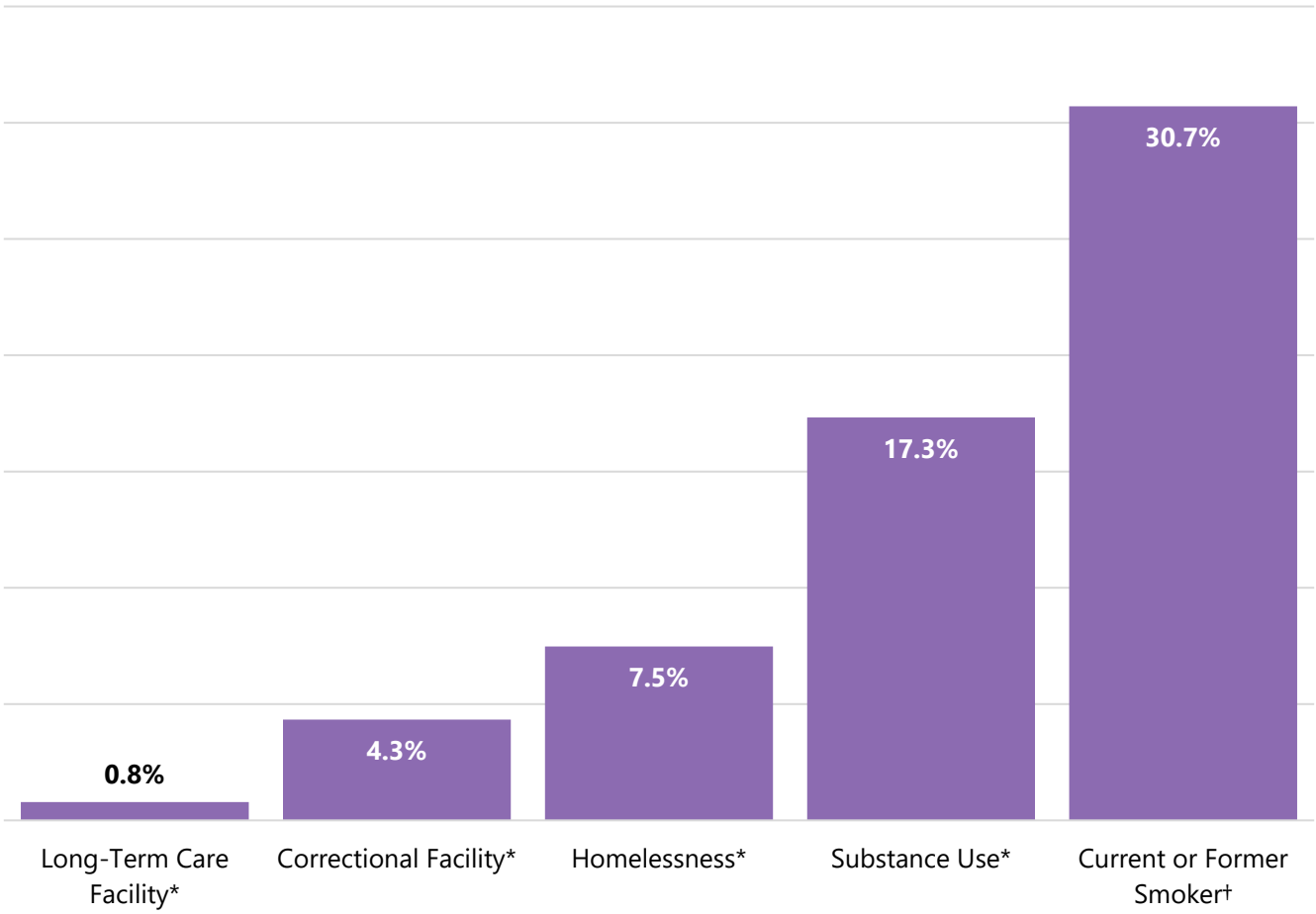


FIGURE 13A: PERCENTAGE OF SOCIAL AND BEHAVIORAL RISK FACTORS AMONG TB PATIENTS, GEORGIA, 2024



*Within the past 12 months prior to TB diagnosis
†At the time of TB diagnosis

FIGURE 13B: PERCENTAGE OF NON-HIV MEDICAL RISK FACTORS AMONG TB PATIENTS, GEORGIA, 2024

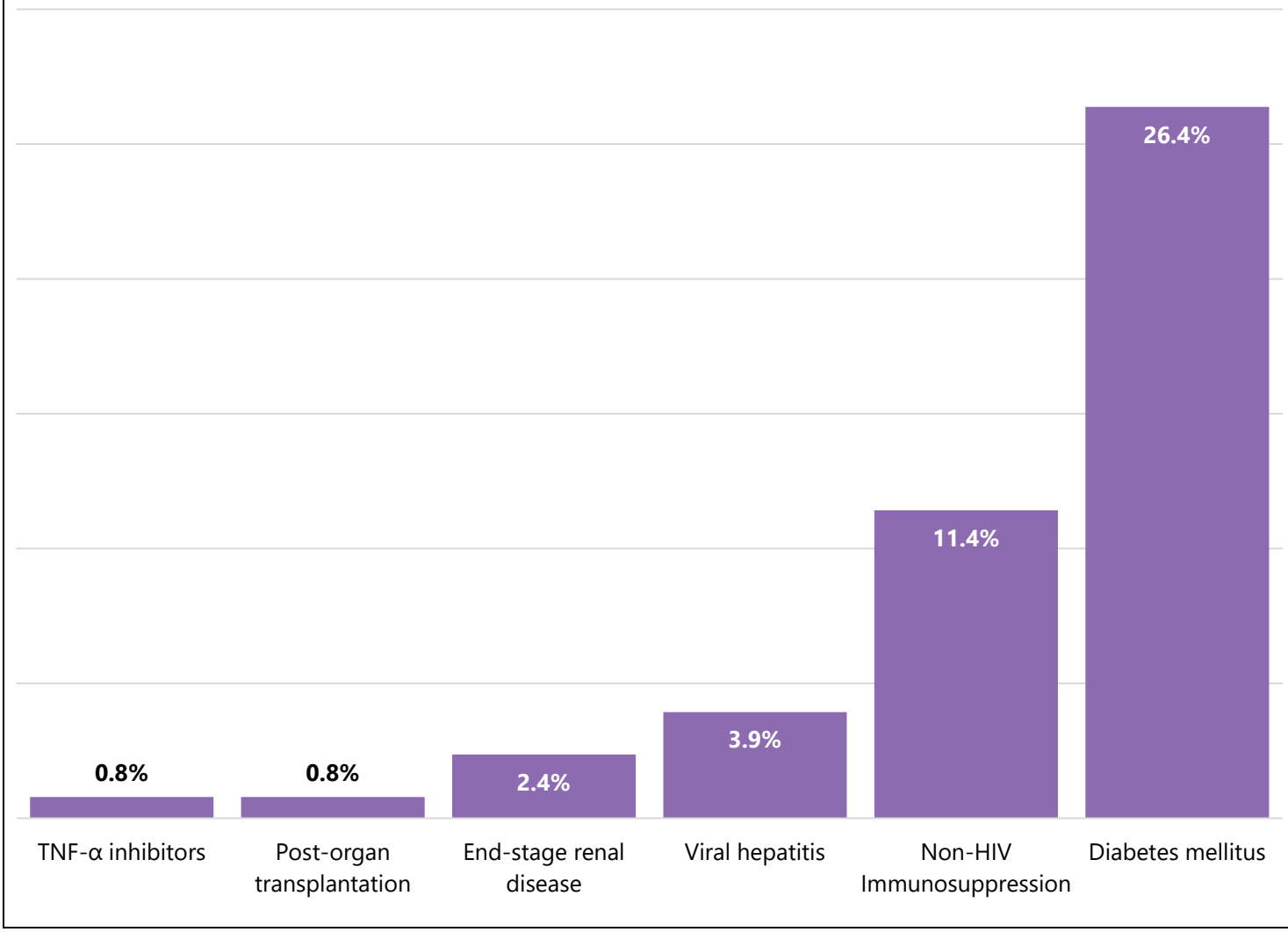
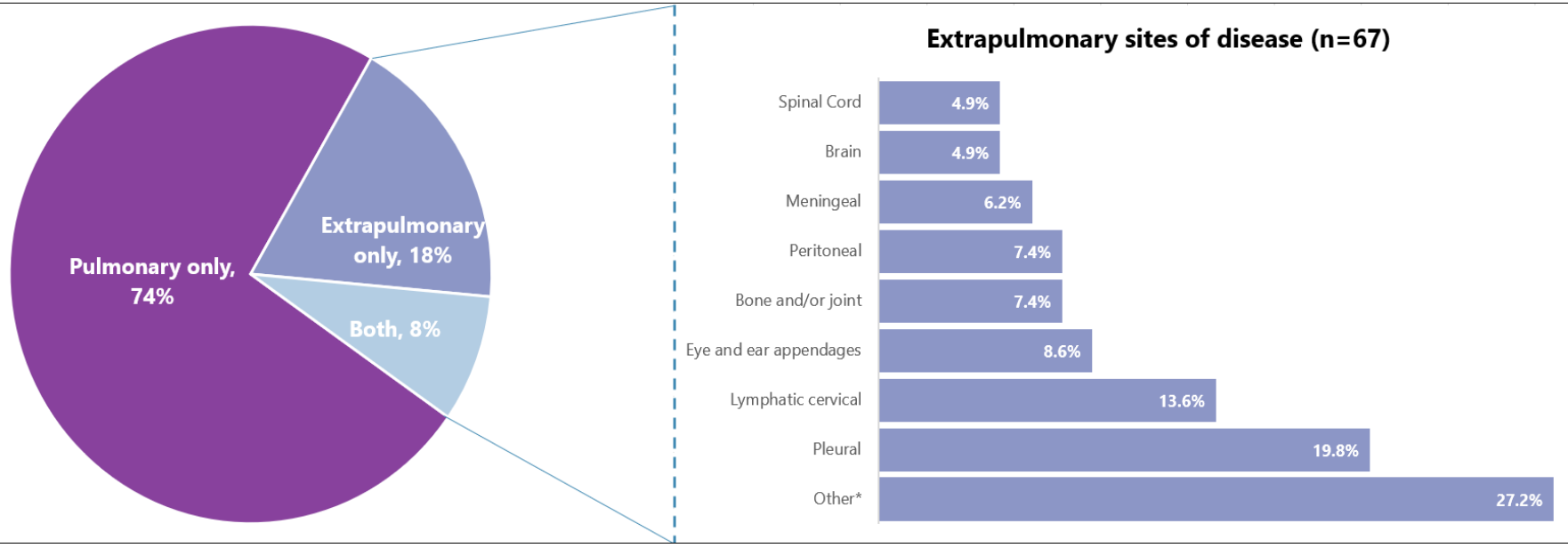
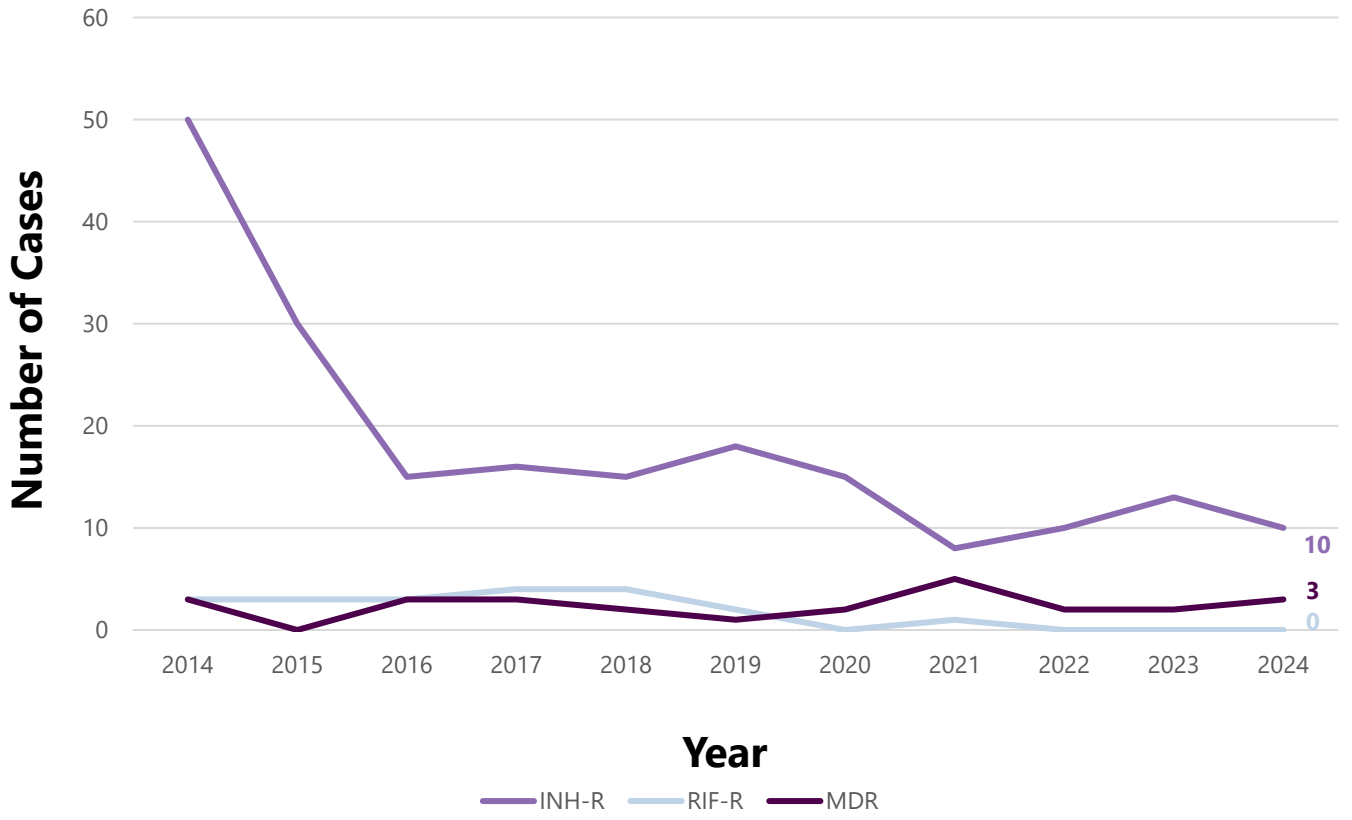


FIGURE 14: PERCENTAGE OF TB CASES BY SITE OF DISEASE, GEORGIA, 2024



*Other extrapulmonary sites of disease include: cranial, spinal, peripheral nerve; colon; esophagus; genitourinary; heart; laryngeal; liver; lymphatic axillary; lymphatic intrathoracic; lymphatic other; lymphatic unknown; other; pericardium; spleen; stomach; and subcutaneous tissue. Persons might have more than one extrapulmonary site of disease.

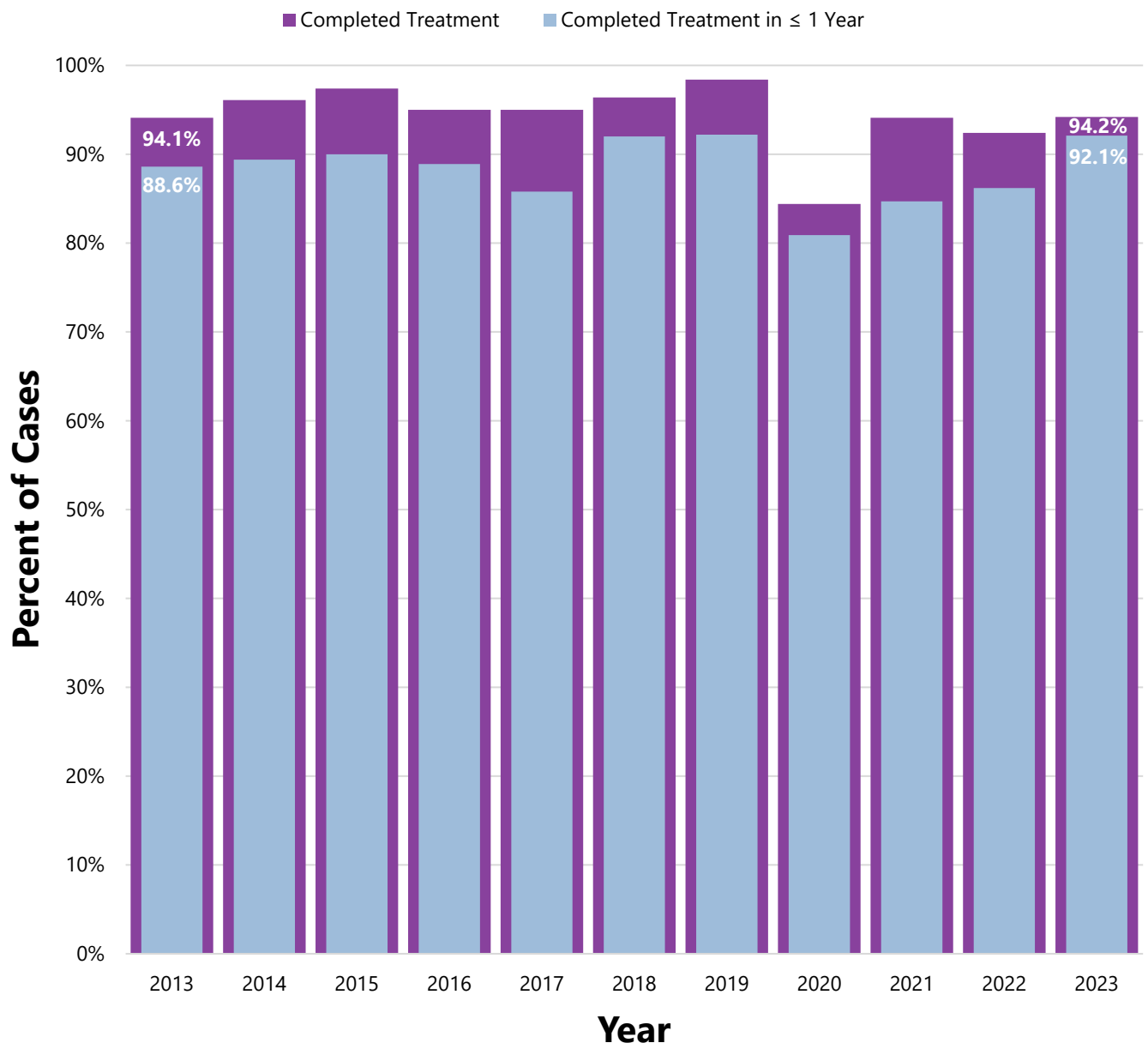
FIGURE 15: PRIMARY DRUG RESISTANCE (INH-R OR RIF-R)* AND MULTIDRUG-RESISTANT TB (MDR-TB)†, GEORGIA, 2014-2024



*Defined as having no previous diagnosis of TB and having resistance of INH or RIF at first occurrence of disease, irrespective of other drug resistance

†Defined as having resistance to at least INH and RIF

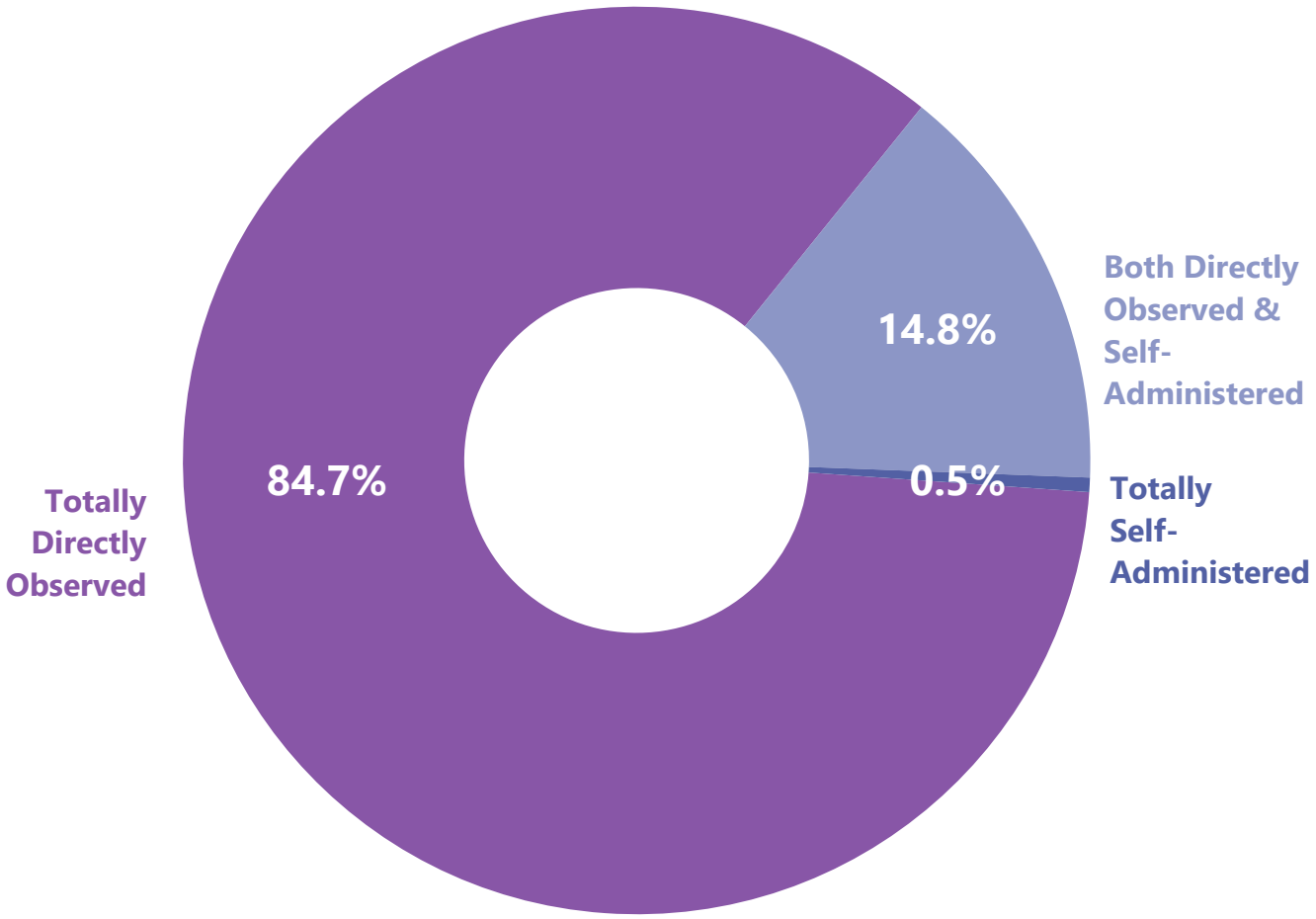
FIGURE 16: COMPLETION OF TB THERAPY, GEORGIA, 2013-2023*(N=191†)



*Data available through 2023

†Includes persons alive at diagnosis, with initial drug regimen of one or more drugs prescribed, who did not die within one year of initiating treatment; excludes persons with initial rifampin-resistant isolate, patients with bone and joint disease, meningeal disease, or disease of the central nervous system, or pediatric patients (ages 0–14 years) with miliary disease or positive blood culture or a positive nucleic acid amplification test on a blood specimen, and those who moved out of the country within one year of initiating treatment

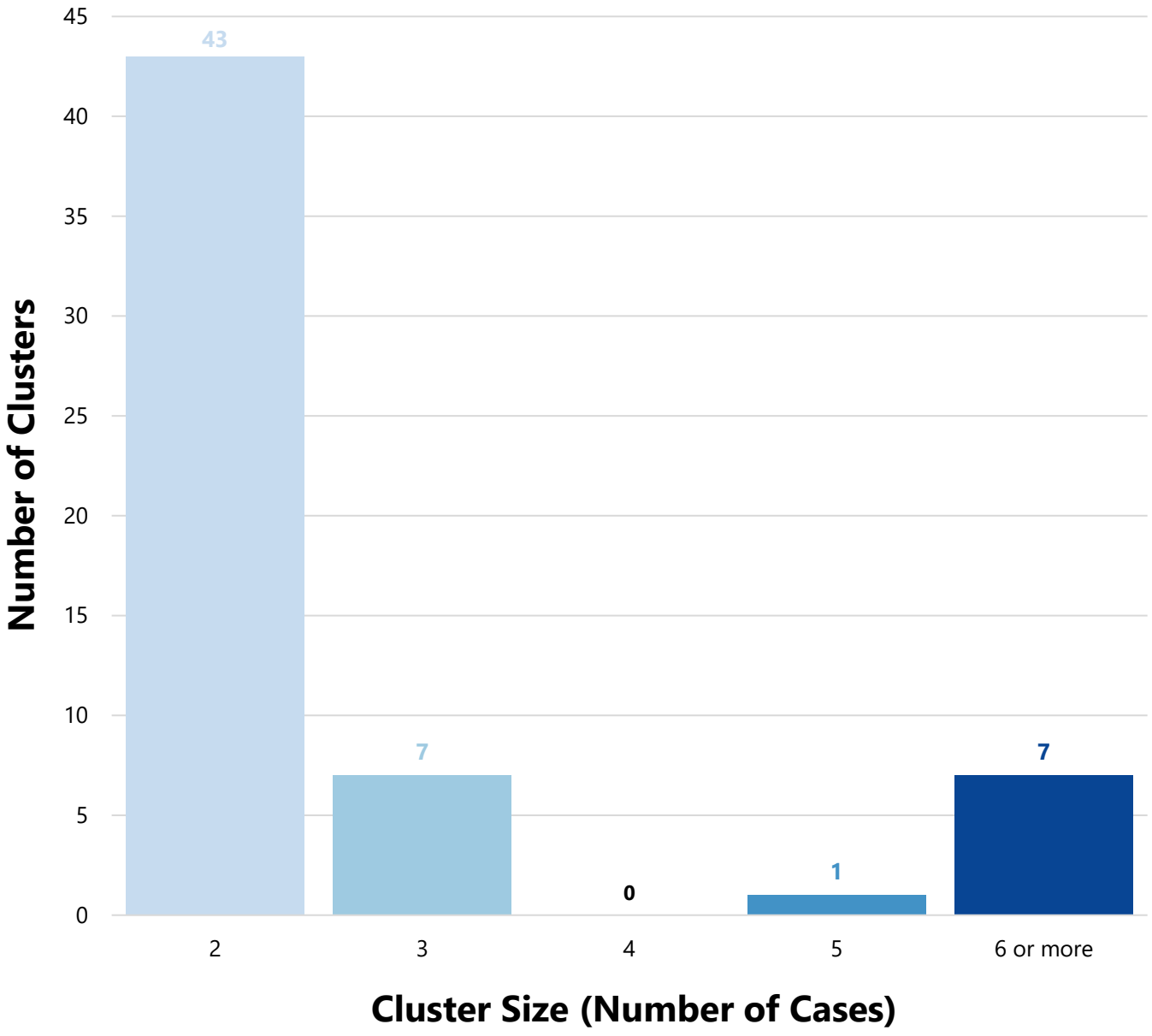
FIGURE 17: MODE OF TREATMENT ADMINISTRATION AMONG PERSONS REPORTED WITH TB, GEORGIA, 2023* (N=196†)



*Data available through 2023

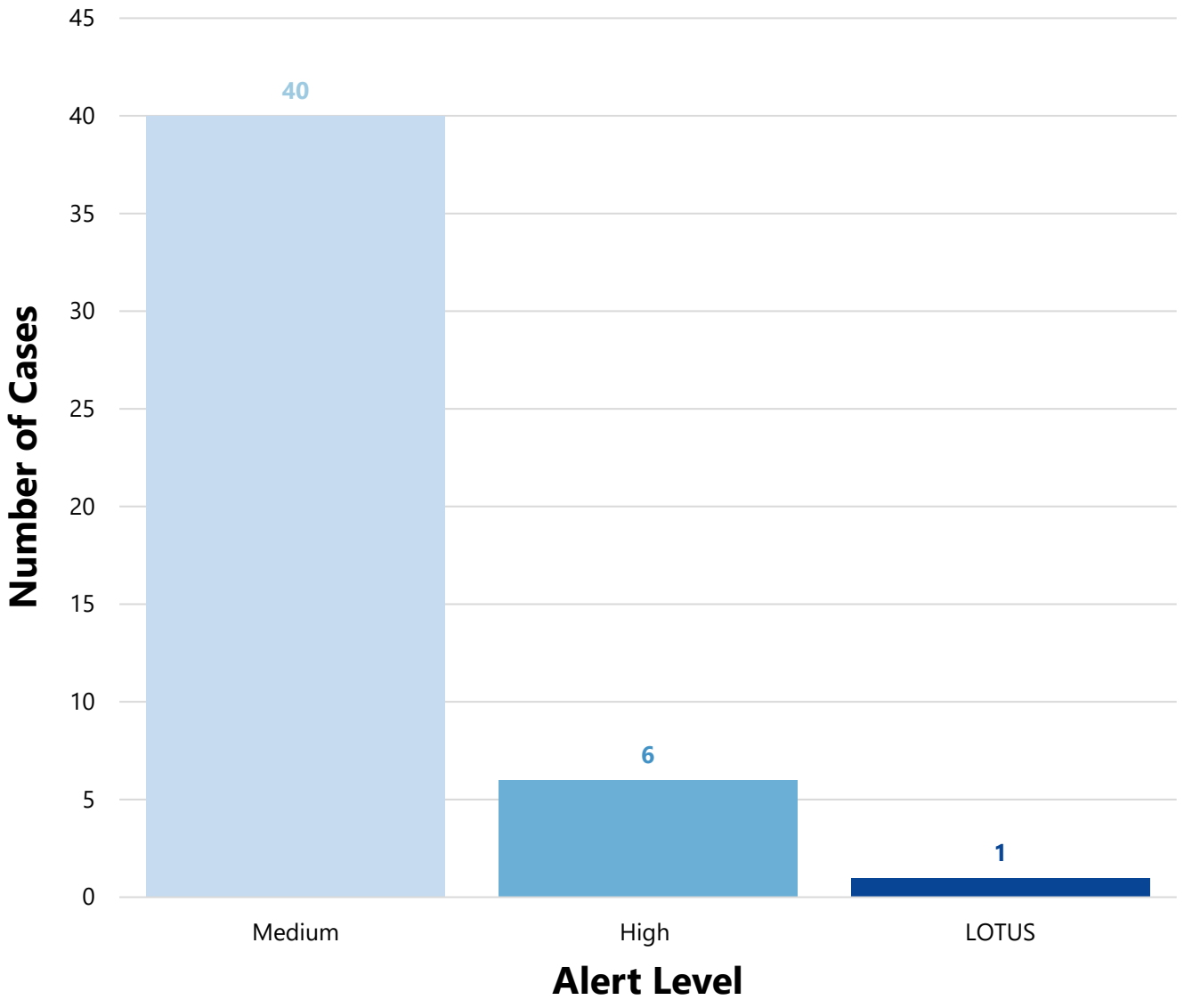
†Excludes cases with unknown or missing treatment administration data

FIGURE 18: NUMBER OF TB GENOTYPE CLUSTERS* BY CLUSTER SIZE, GEORGIA, 2022-2024



*Genotype clusters are defined as two or more cases with matching whole genome multilocus sequence typing (wgMLSType) within the specified 3-year time-period

FIGURE 19: TB GENOTYPE CLUSTER ALERTS BY TB GIMS* ALERT LEVEL†, GEORGIA, 2022-2024



*Tuberculosis Genotyping Information Management System

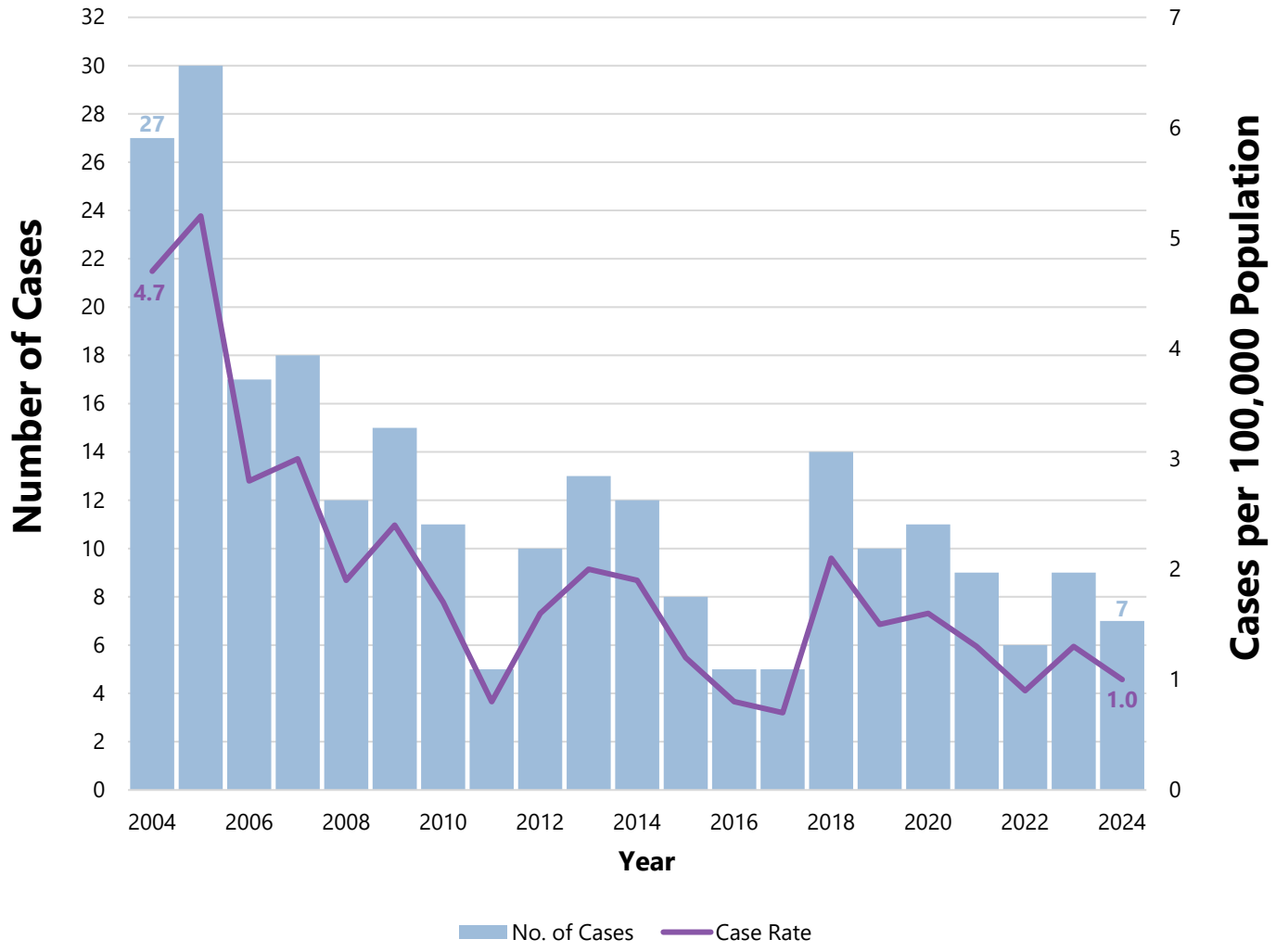
†According to the CDC, alert level is determined by the log likelihood ratio statistic (LLR) for a given cluster, identifying higher than expected geospatial concentrations for a TB genotype cluster in a specific county, compared to the national distribution of that genotype. The Tuberculosis Genotyping Information Management System (TB GIMS) generates alert level notifications based on the LLR: "No alert" is indicated if the LLR is between 0≤5, "medium" is for clusters with LLRs between 5≤10, and "high" alert is for clusters with LLRs ≥10. LOTUS (Large Outbreak of Tuberculosis in the United States) alerts are generated when clusters of ≥10 genotype-matched cases within a 3-year period that related by recent transmission are identified.

2004-2024

TUBERCULOSIS MORBIDITY TRENDS

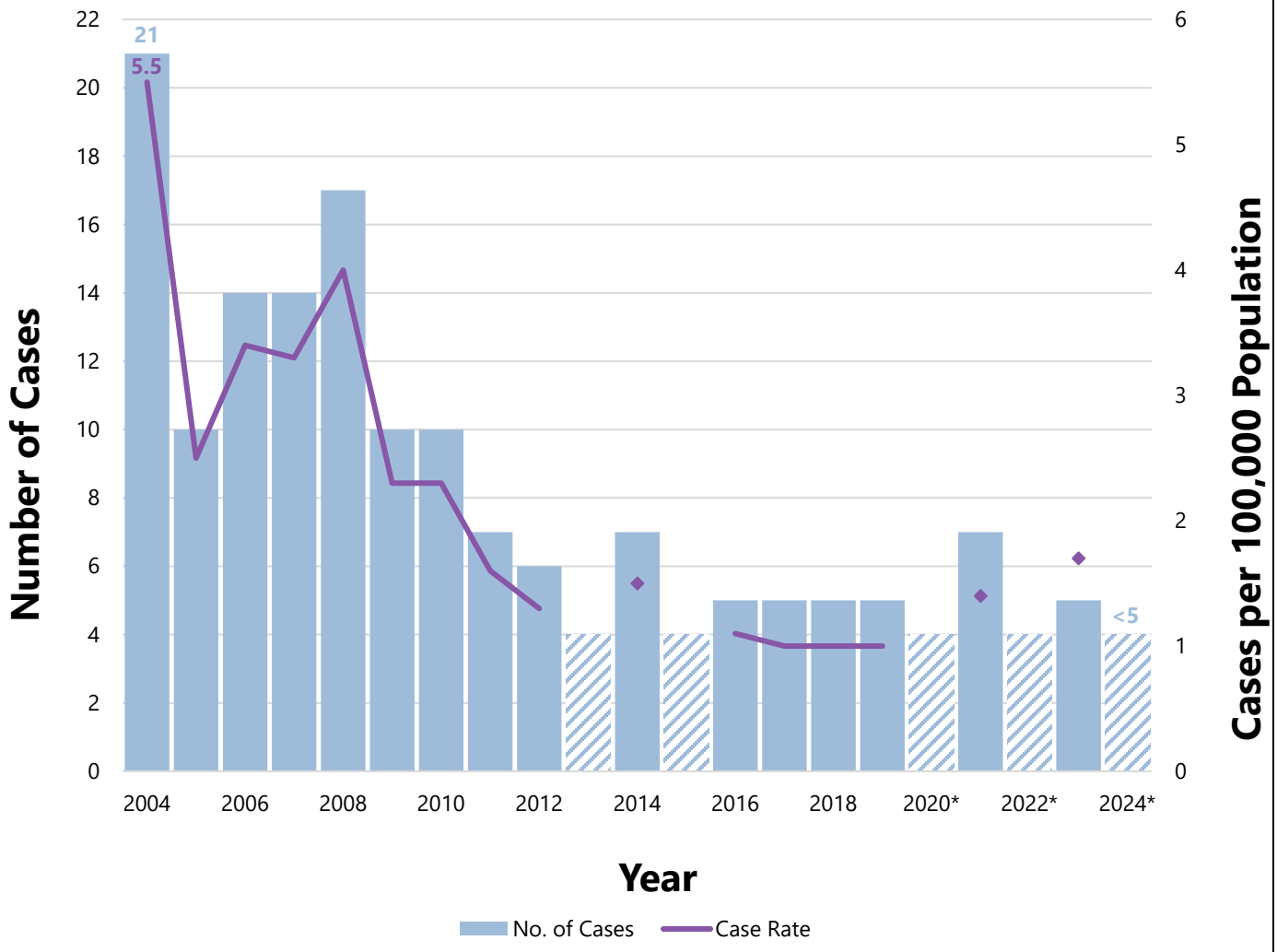
BY HEALTH DISTRICT

DISTRICT 1-1 ROME: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

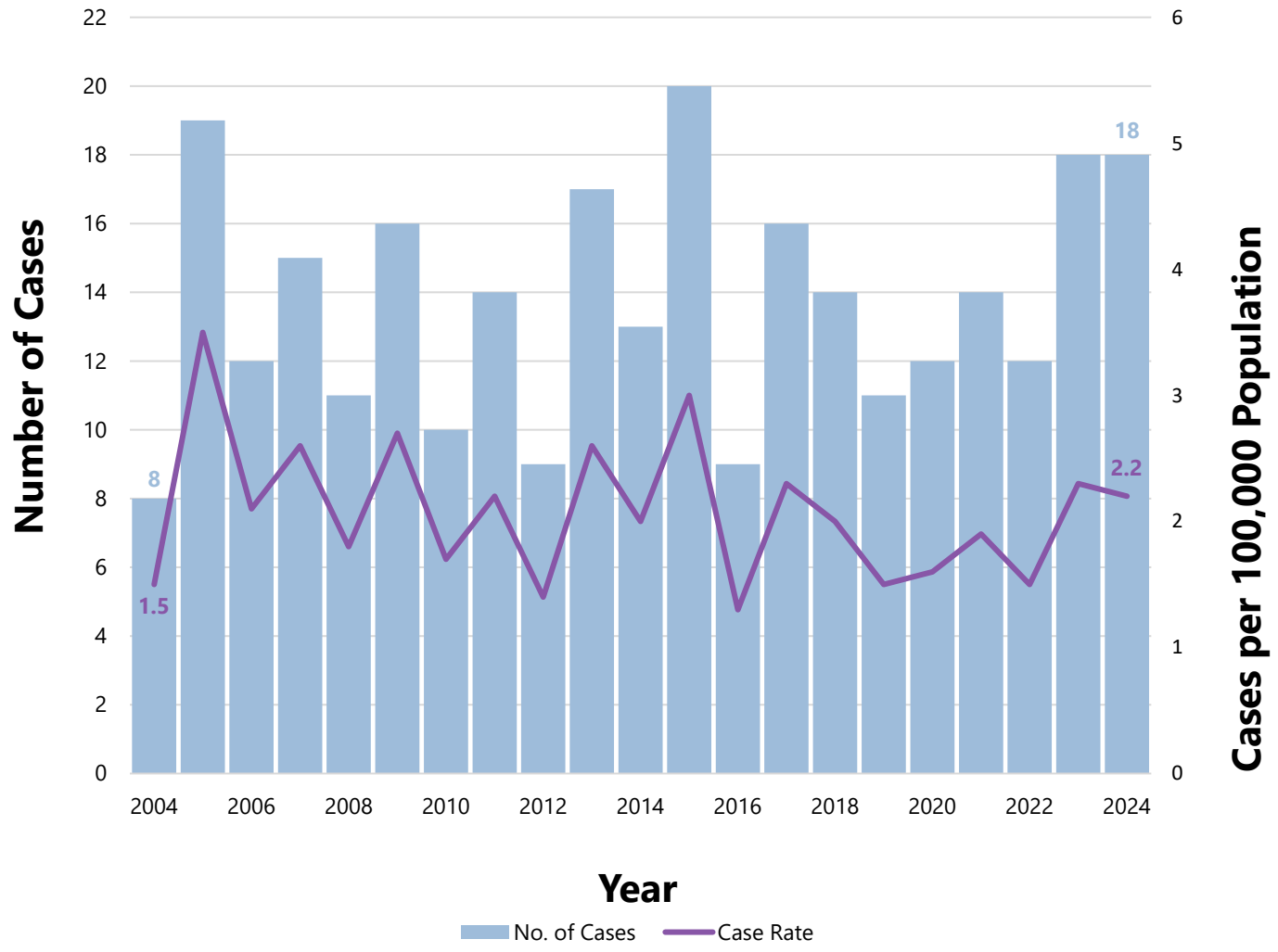
DISTRICT 1-2 DALTON: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

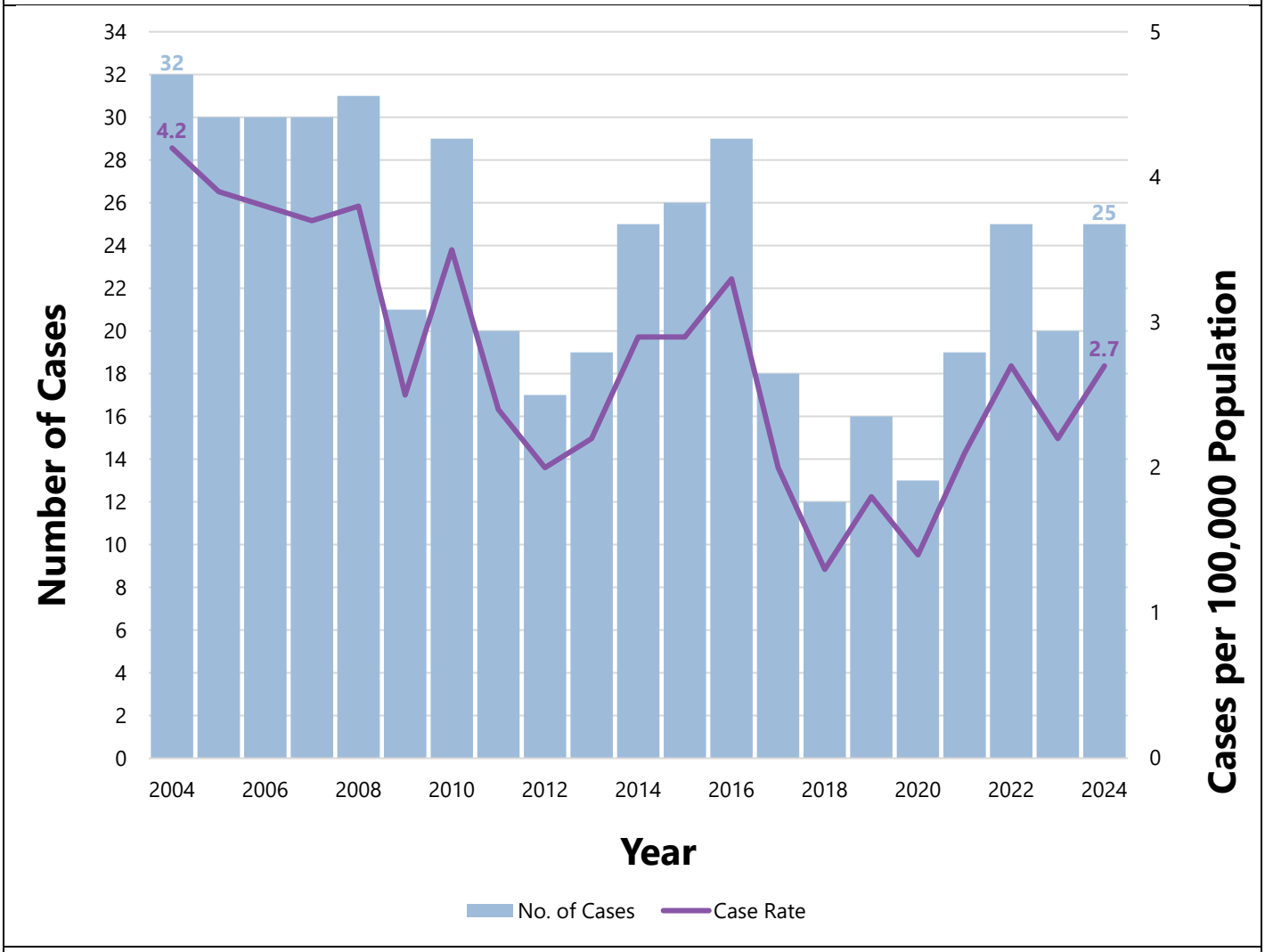
†Case counts between one and four are suppressed and the case rate is not calculated

DISTRICT 2-0 GAINESVILLE: TB CASES AND RATES*, 2004-2024



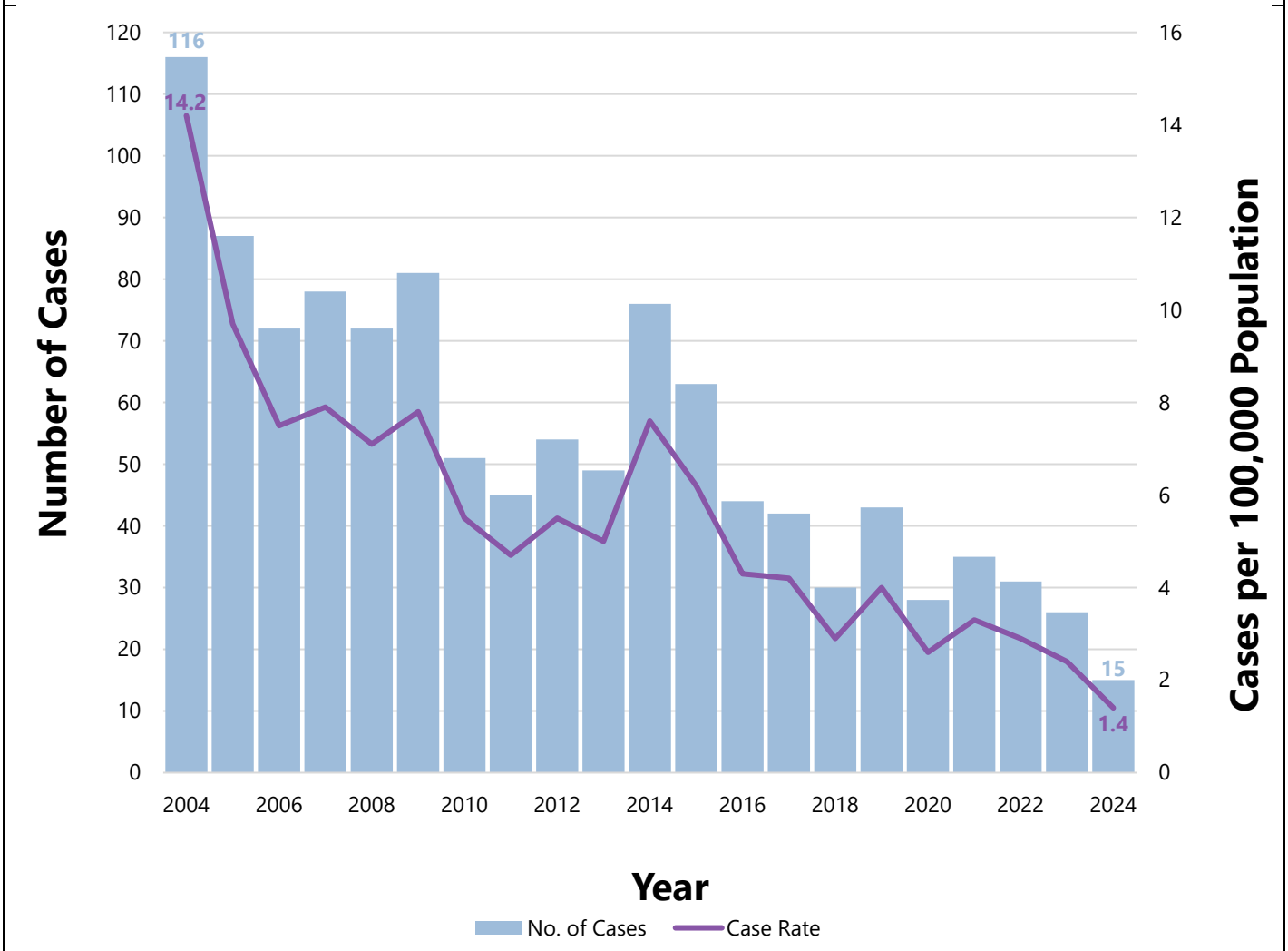
*Rate per 100,000 population

DISTRICT 3-1 COBB: TB CASES AND RATES*, 2004-2024



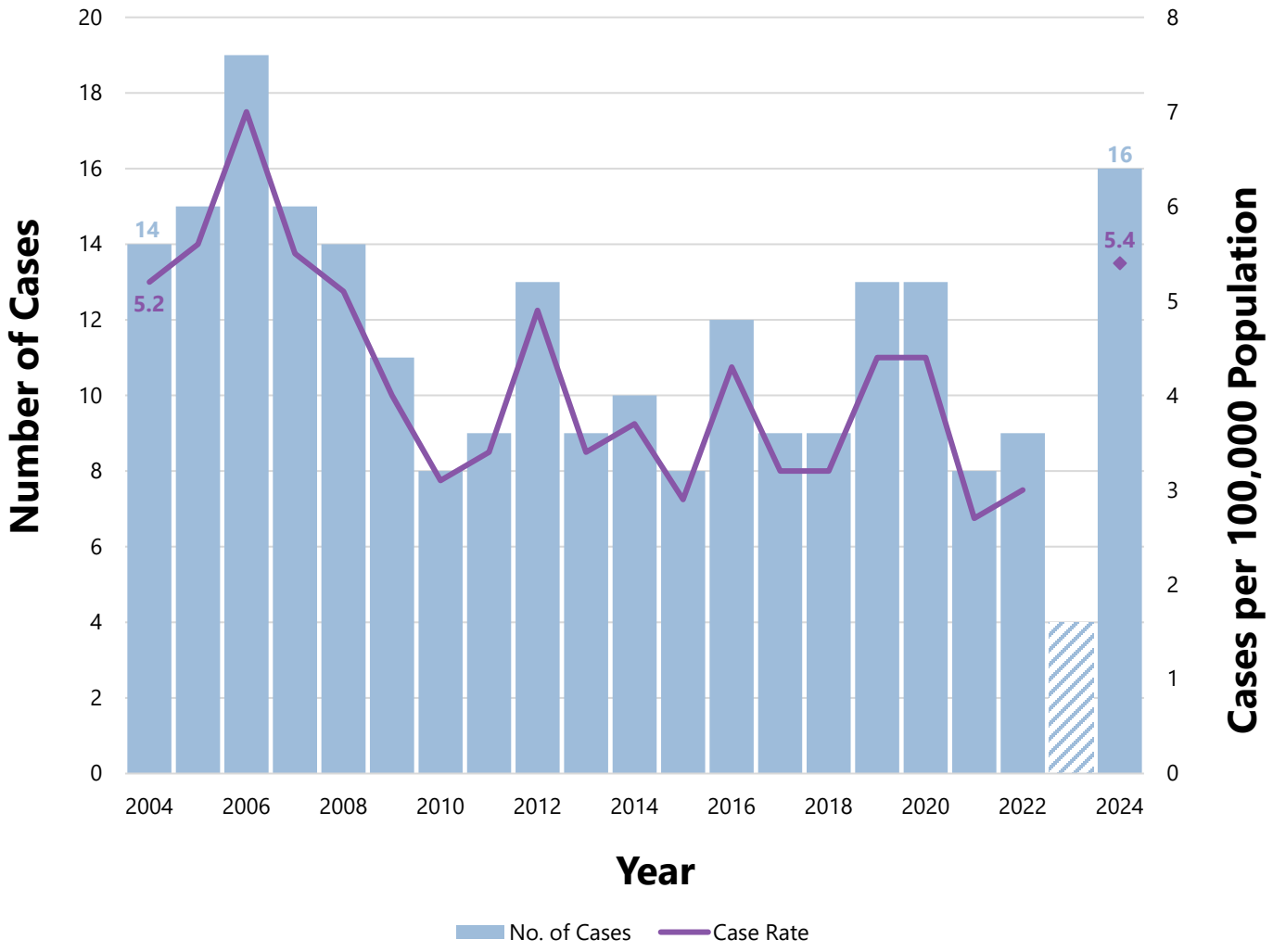
*Rate per 100,000 population

DISTRICT 3-2 FULTON: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

DISTRICT 3-3 CLAYTON*: TB CASES AND RATES†, 2004-2024

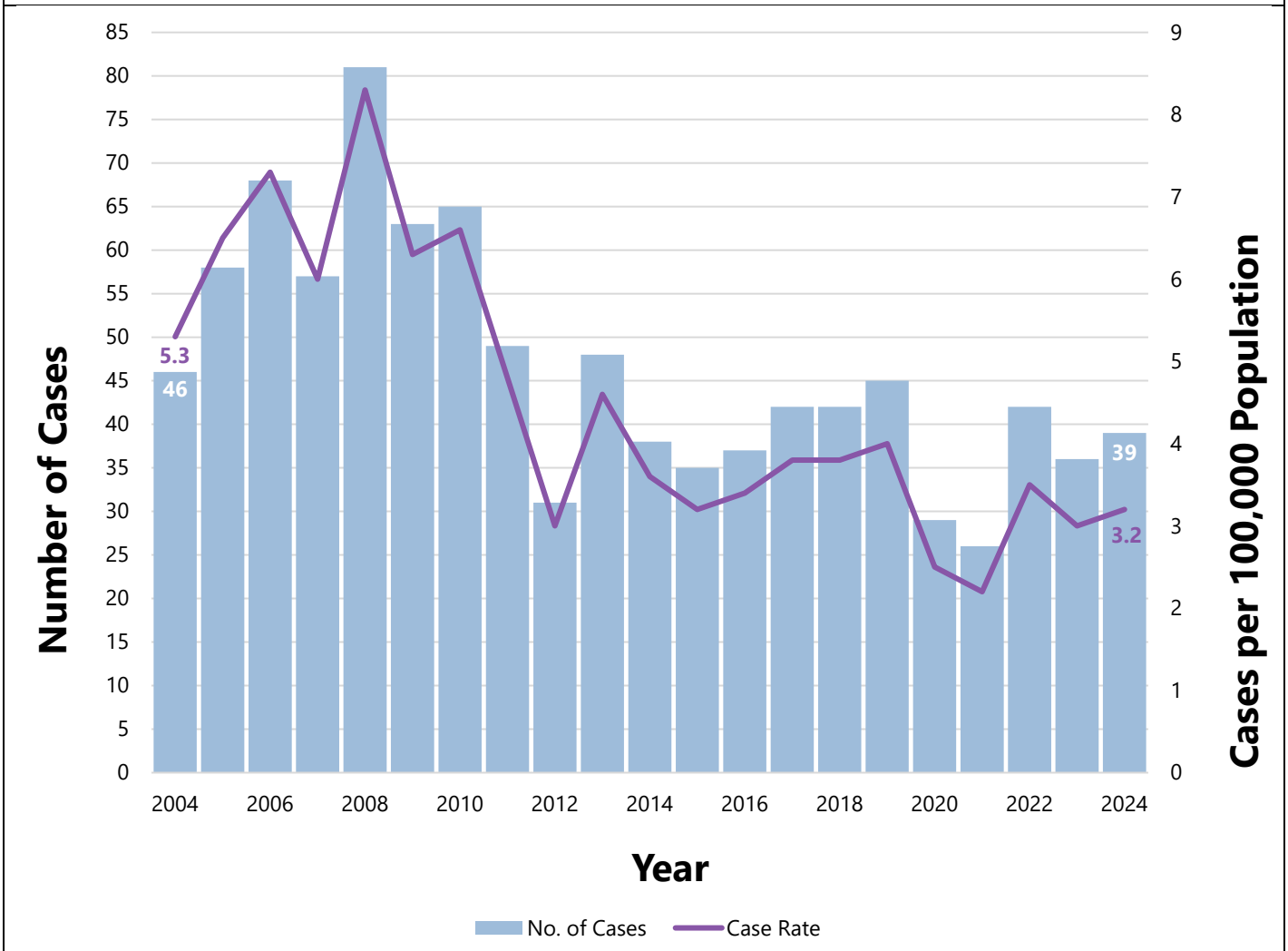


*Robert A. Deyton Detention Facility cases not included

†Rate per 100,000 population

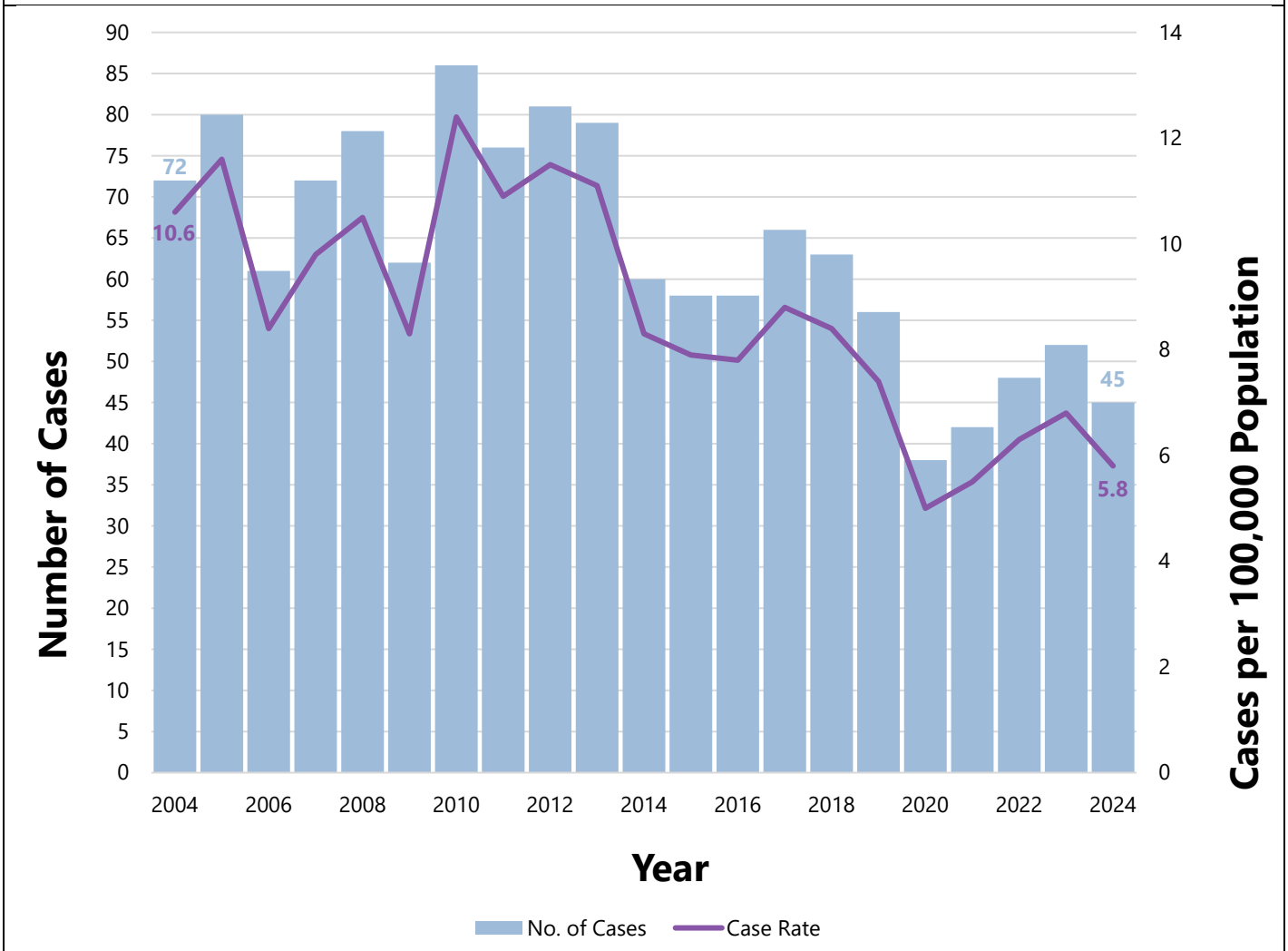
‡Case counts between one and four are suppressed and the case rate is not calculated

DISTRICT 3-4 LAWRENCEVILLE: TB CASES AND RATES*, 2004-2024



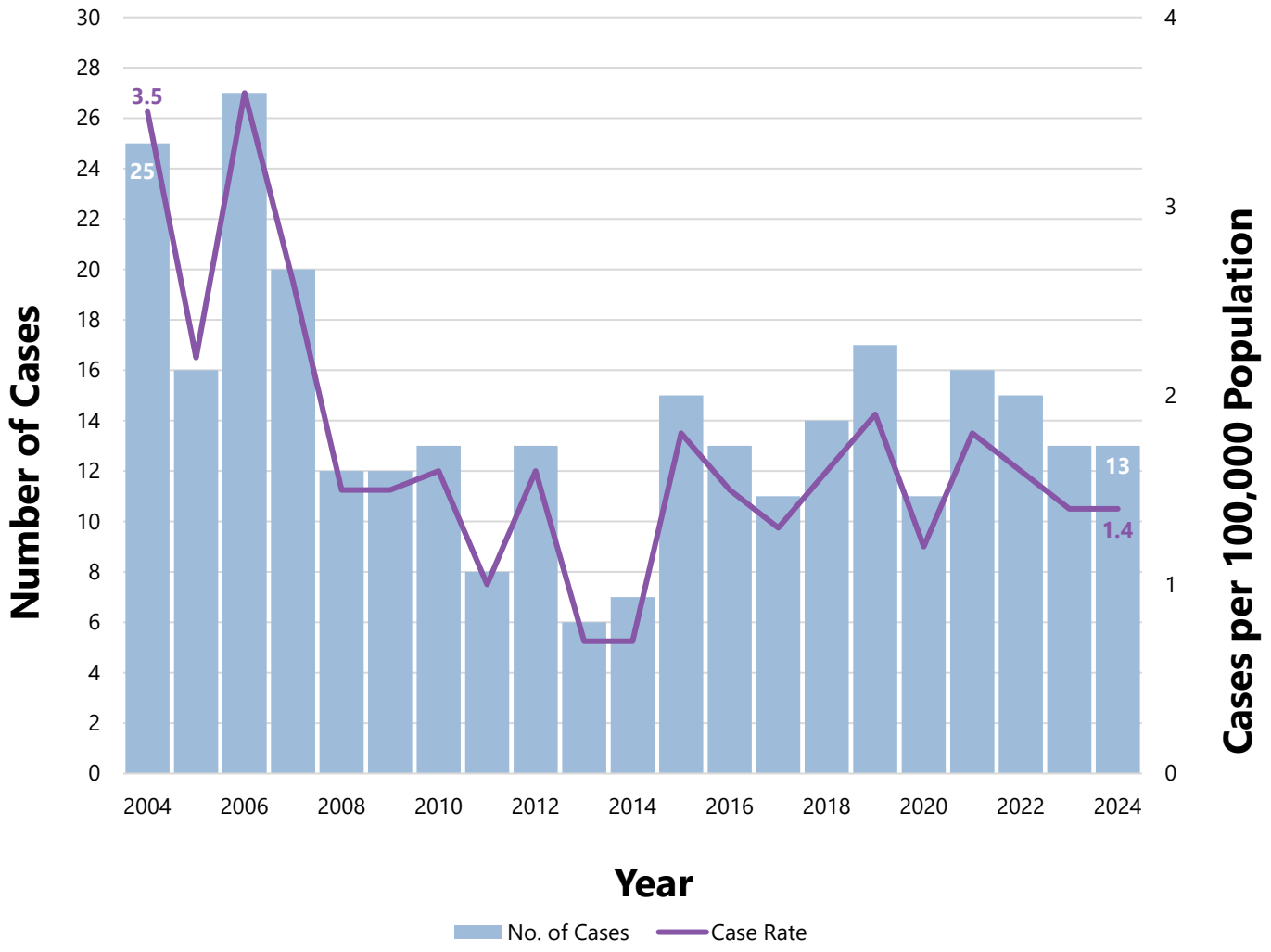
*Rate per 100,000 population

DISTRICT 3-5 DEKALB: TB CASES AND RATES*, 2004-2024



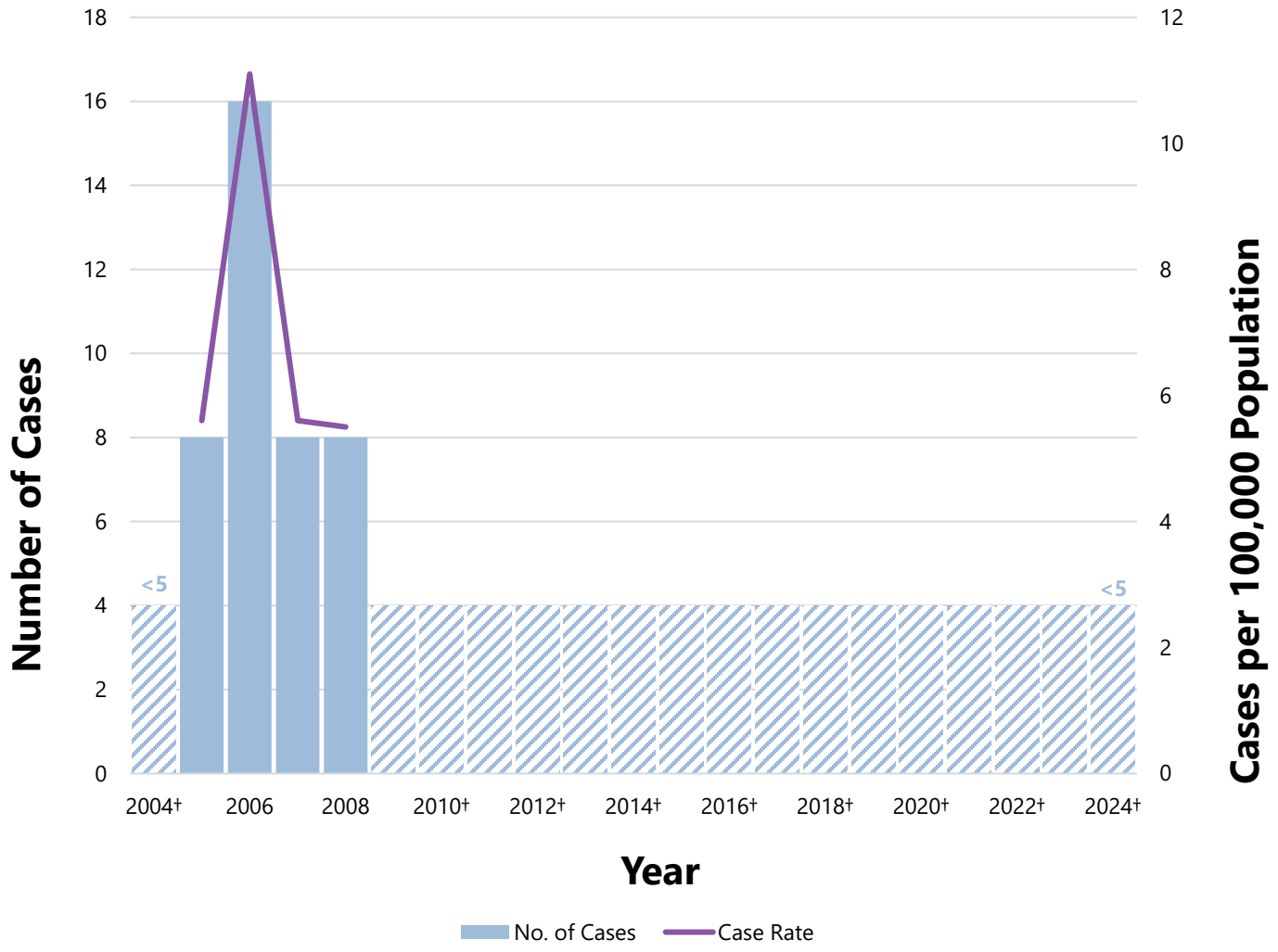
*Rate per 100,000 population

DISTRICT 4-0 LAGRANGE: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

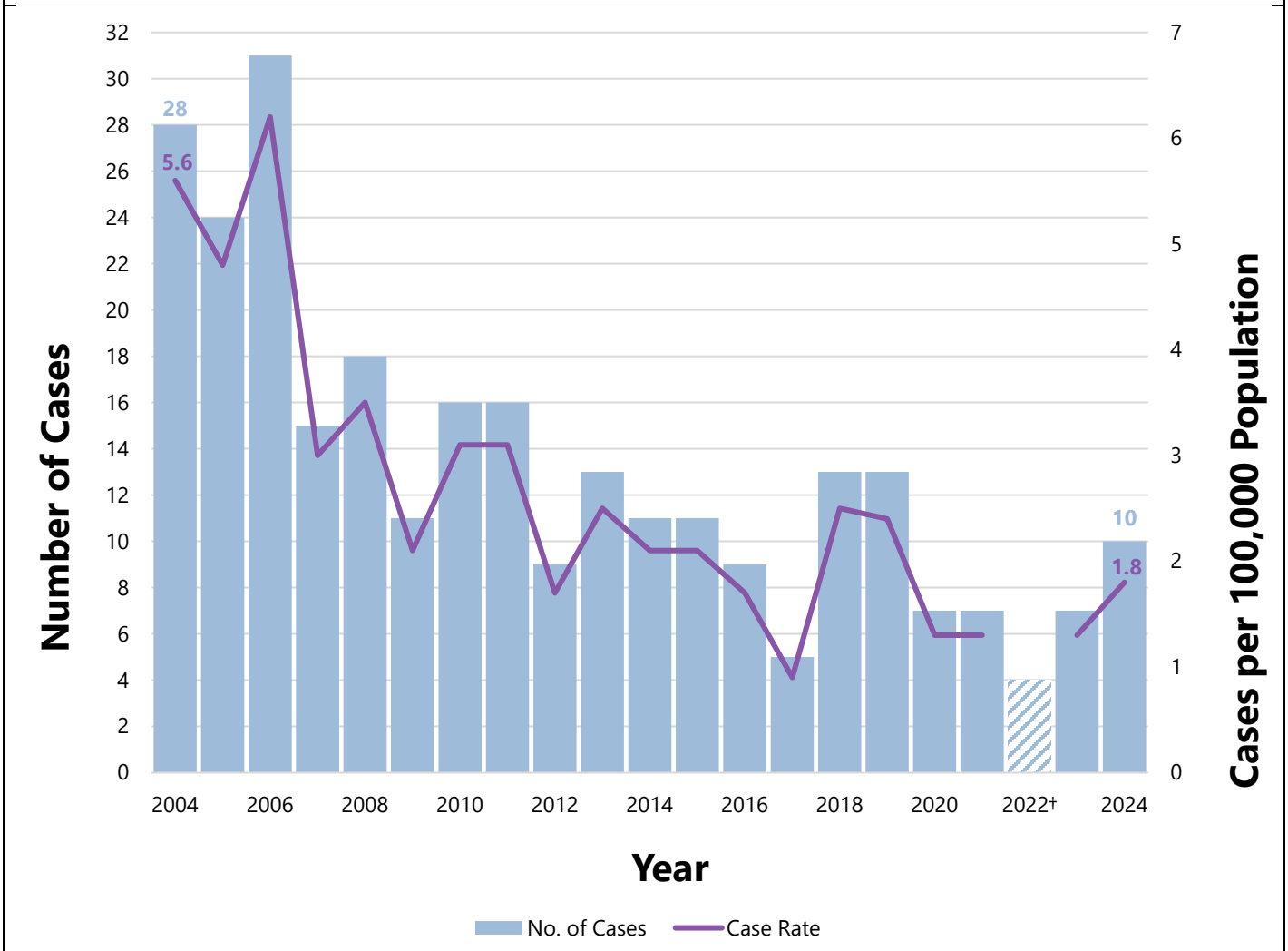
DISTRICT 5-1 DUBLIN: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

†Case counts between one and four are suppressed and the case rate is not calculated

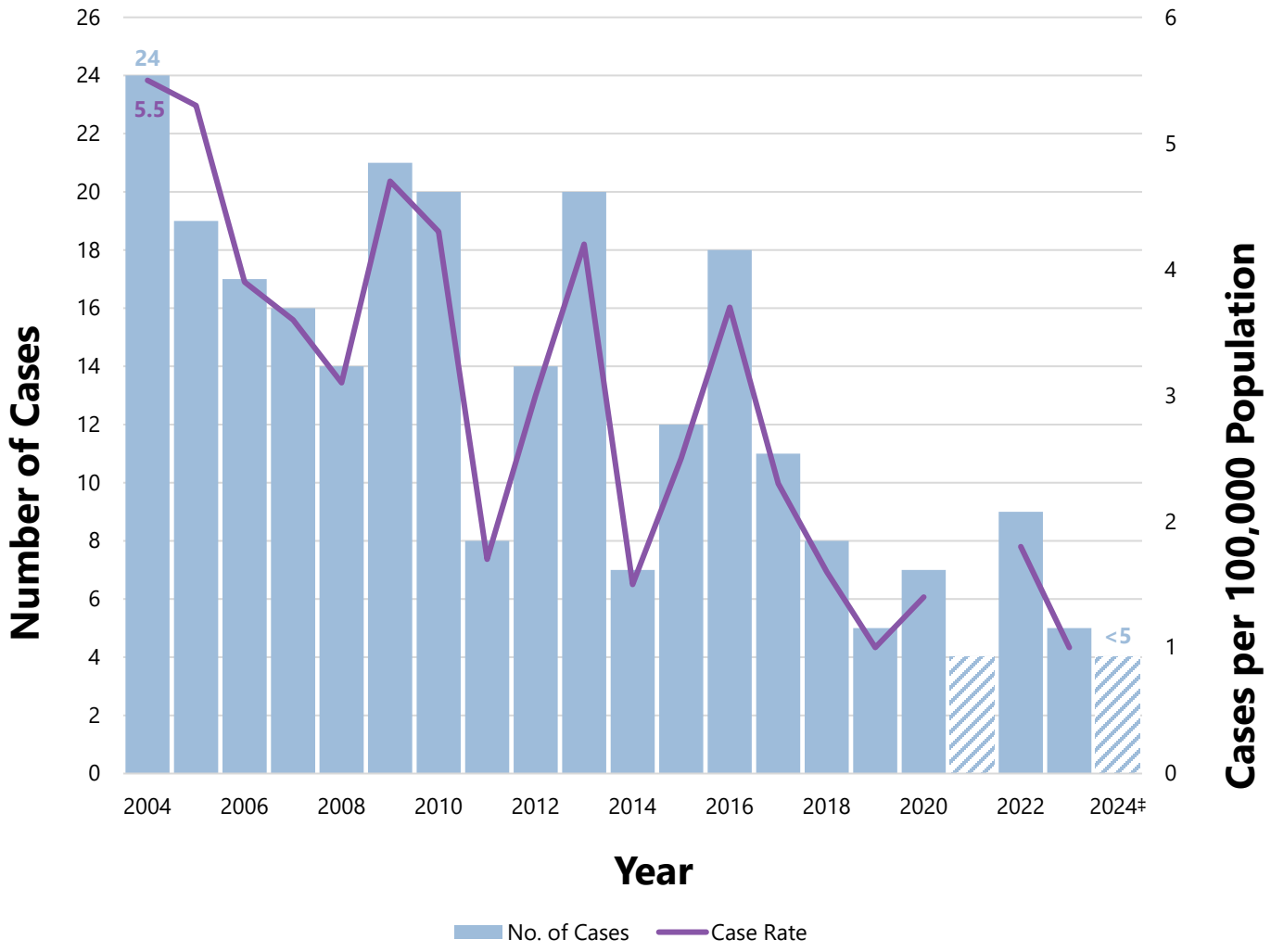
DISTRICT 5-2 MACON: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

†Case counts between one and four are suppressed and the case rate is not calculated

DISTRICT 6-0 AUGUSTA*: TB CASES AND RATES†, 2004-2024

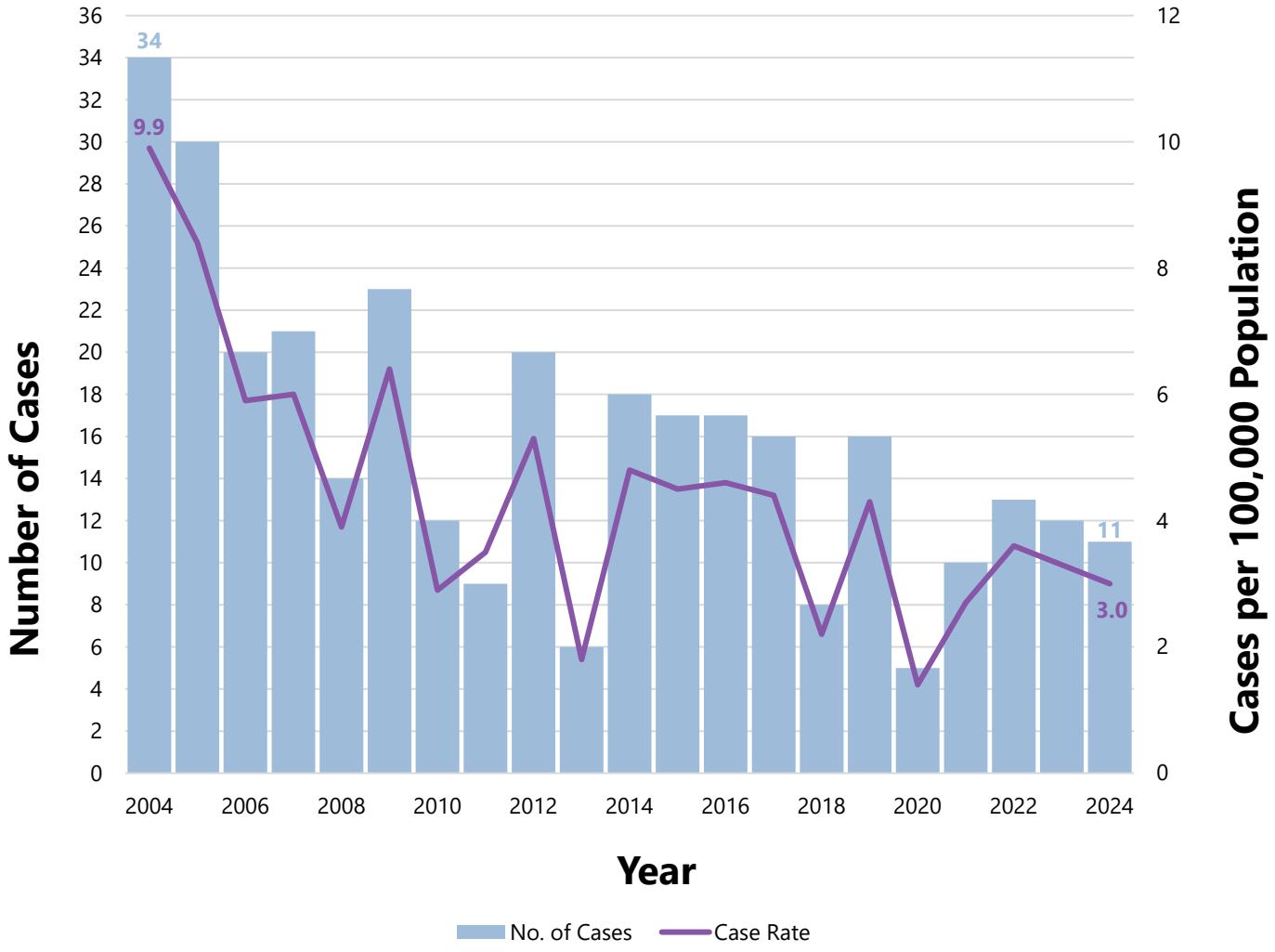


*Augusta State Medical Prison cases are not included

†Rate per 100,000 population

‡Case counts between one and four are suppressed and the case rate is not calculated

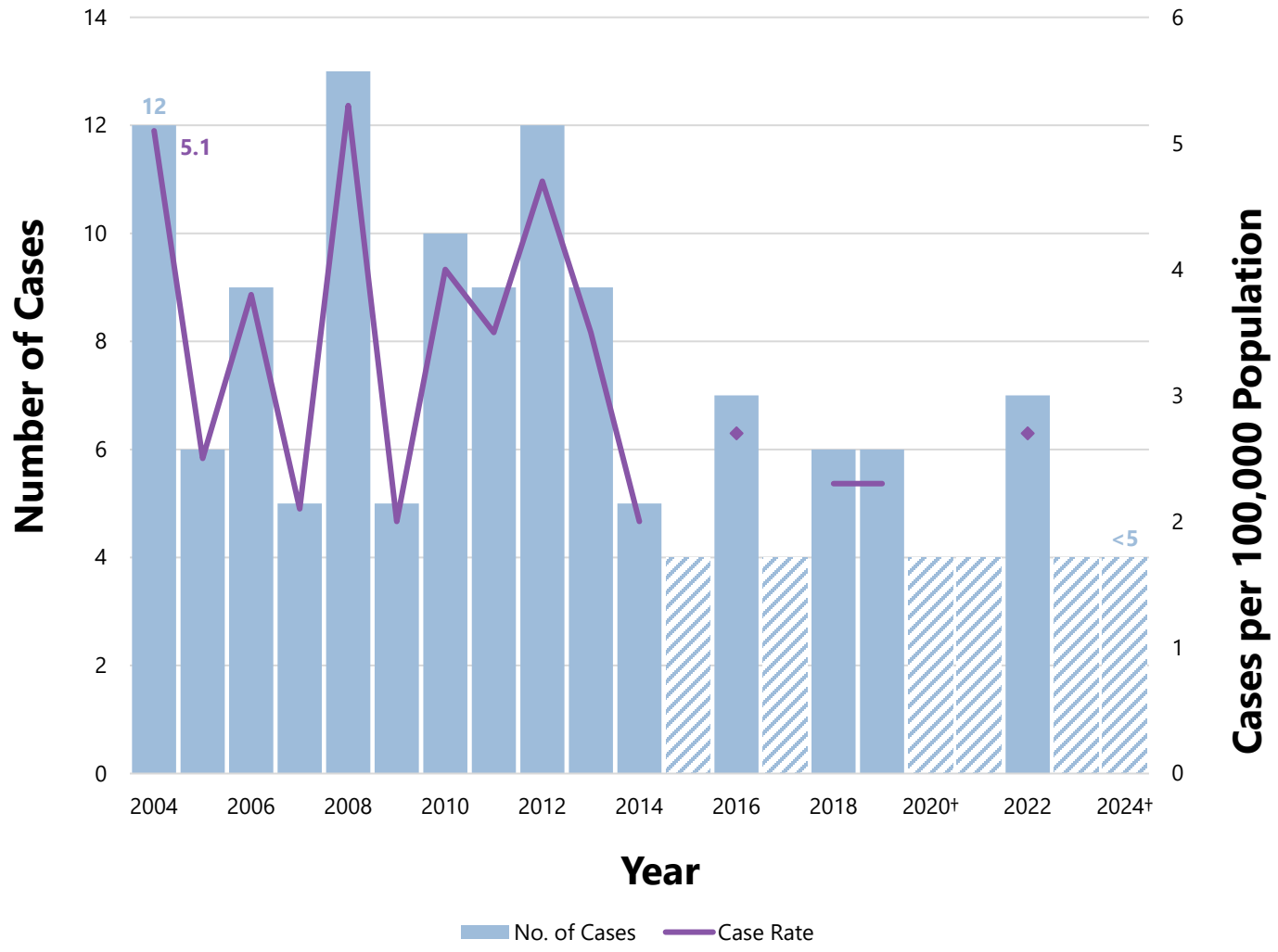
DISTRICT 7-0 COLUMBUS*: TB CASES AND RATES†, 2004-2024



*Stewart Detention Center cases not included

†Rate per 100,000 population

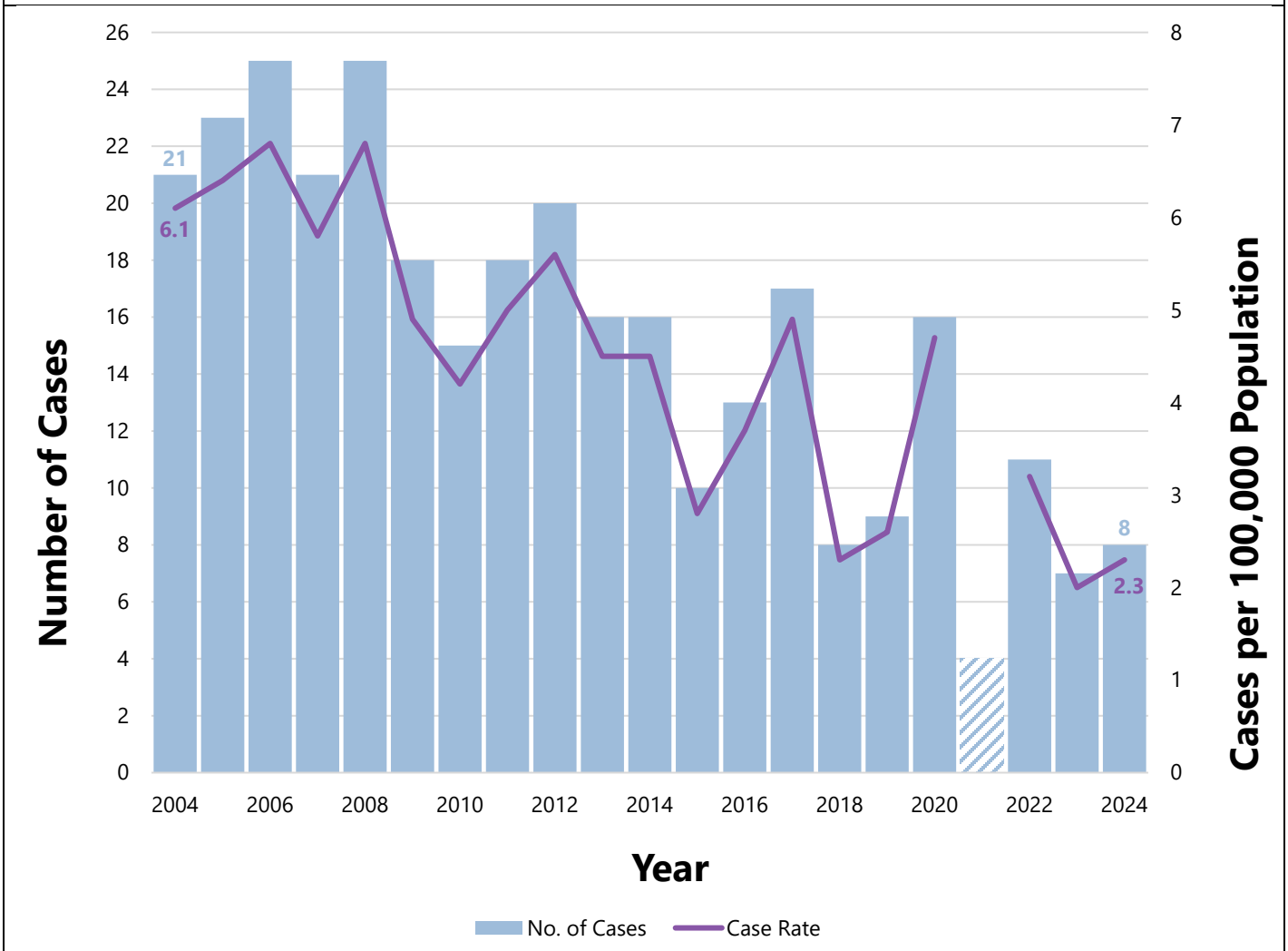
DISTRICT 8-1 VALDOSTA: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

†Case counts between one and four are suppressed and the case rate is not calculated

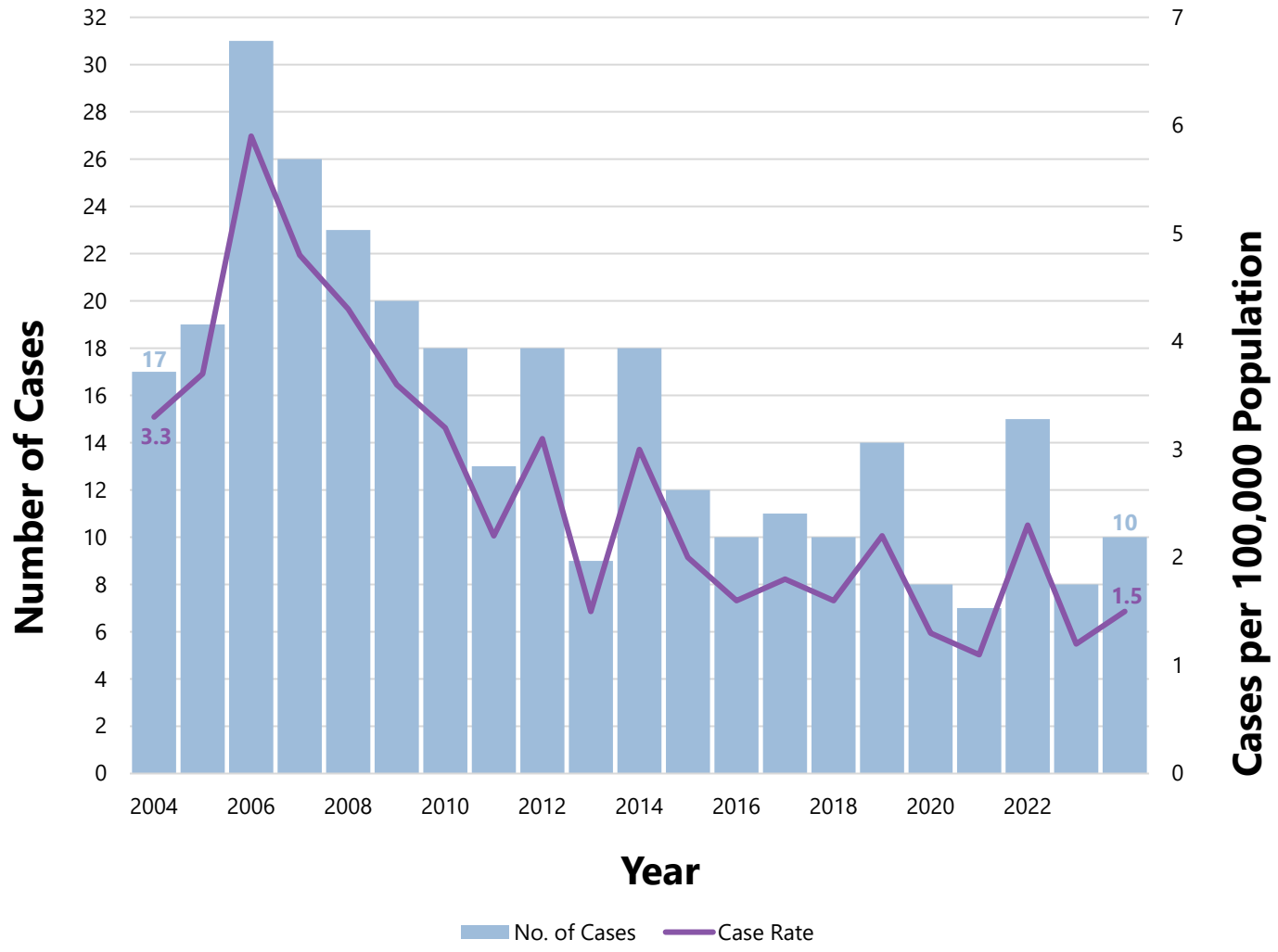
DISTRICT 8-2 ALBANY: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

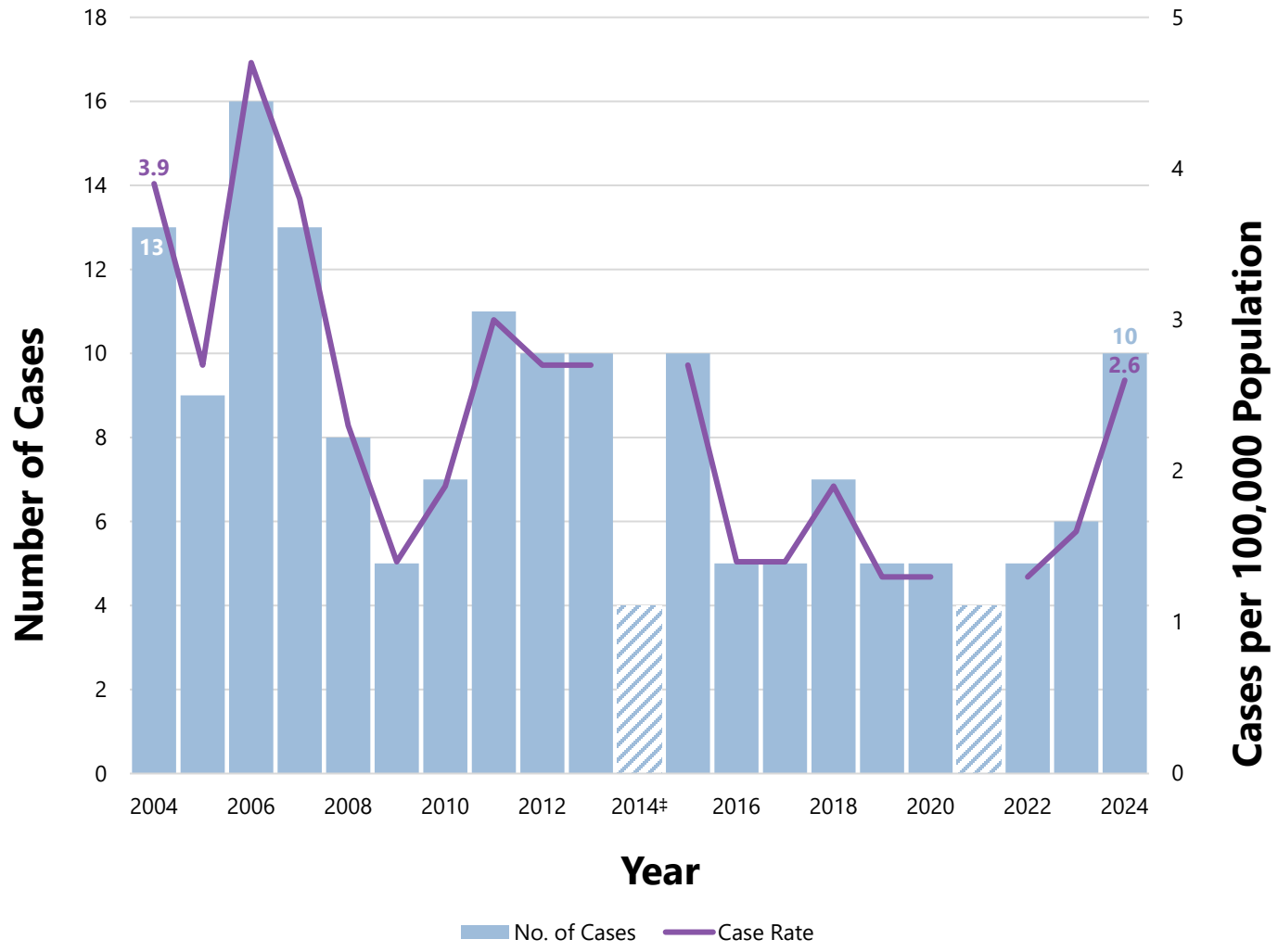
†Case counts between one and four are suppressed and the case rate is not calculated

DISTRICT 9-1 COASTAL: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

DISTRICT 9-2 WAYCROSS*: TB CASES AND RATES†, 2004-2024

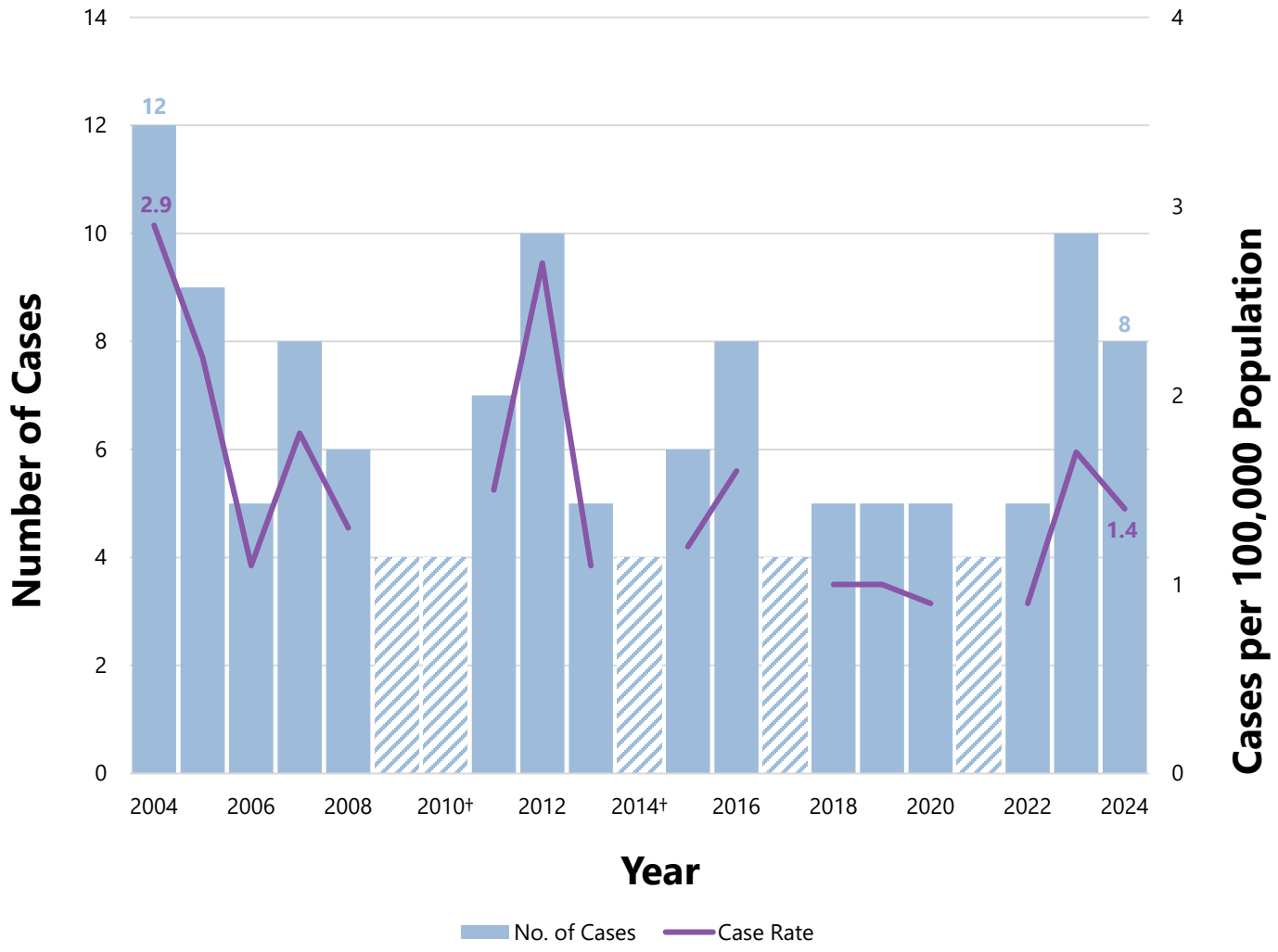


*Folkston Detention Center and Federal Correctional Institution Jesup cases not included

†Rate per 100,000 population

‡Case counts between one and four are suppressed and the case rate is not calculated

DISTRICT 10-0 ATHENS: TB CASES AND RATES*, 2004-2024



*Rate per 100,000 population

†Case counts between one and four are suppressed and the case rate is not calculated