



Cook County Health and Hospitals System

Annual Tuberculosis Surveillance Report 2007

Cook County Department of Public Health
Protecting the Health and Environment of Suburban Cook County
Affiliate, Cook County Health and Hospitals System
Todd H. Stroger, Jr., President, Cook County Board of Commissioners

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Stephen A. Martin, Jr., Ph.D., M.P.H.

Chief Operating Officer, Cook County Department of Public Health

Demian Christiansen, D.Sc., M.P.H.

Tuberculosis Program Manager, Communicable Disease Control Unit

Catherine A. Counard, M.D., M.P.H.

Assistant Medical Director, Communicable Disease Control Unit

Michael O. Vernon, Dr.P.H., M.P.H.

Director, Communicable Disease Control Unit

Copyright Information

All materials contained in this report are in the public domain and may be used and reprinted without special permission; citation as to source, however, is appreciated.

Suggested Citation

Cook County Department of Public Health. *Annual Tuberculosis Surveillance Report, 2007*. Oak Park, Illinois 2008.

Communicable Disease Control Unit
Cook County Department of Public Health
Affiliate, Cook County Health and Hospitals System
1010 Lake Street, Suite 300
Oak Park, IL 60301

CONTENTS

OVERVIEW	4
IMPORTANT TRENDS	6

LIST OF TABLES

Table 1. Tuberculosis Cases and Percentages by Selected Characteristics, Suburban Cook County, 1998-2007	8
Table 2. Foreign-born Tuberculosis Cases by Top Countries of Birth, Suburban Cook County, 1998-2007	10
Table 3. Number and Proportion of TB Cases Tested for HIV and Number and Proportion Coinfected with TB and HIV, Suburban Cook County, 2000-2007	11
Table 4. Tuberculosis Cases and Rates (per 100,000 population) by Municipality for North and West Districts, Suburban Cook County, 2005-2007	13
Table 5. Tuberculosis Cases and Rates (per 100,000 population) by Municipality for the South and Southwest Districts, Suburban Cook County, 2005-2007	14

LIST OF FIGURES

Figure 1. Tuberculosis Cases by Selected Public Health Jurisdictions, 1998-2007	7
Figure 2. Trends in Tuberculosis Cases by Place of Birth, Suburban Cook County, 1998-2007	9
Figure 3. Percentage of Tuberculosis Cases by Place of Birth and Race/Ethnicity, Suburban Cook County, 2007	10
Figure 4. Tuberculosis Cases, Rates per 100,000 Population by Municipality, Suburban Cook County, 2007	12

OVERVIEW

Suburban Cook County Tuberculosis Case Numbers are Increasing

The most striking trend in Cook County tuberculosis (TB) surveillance data is that the number of new TB cases, or persons with active TB disease, a potentially fatal illness, has increased steadily over the past three years, with a 20% increase in just one year—from 2006 to 2007. This recent increase followed 6 years of declining numbers of TB cases and is unique to suburban Cook County; both the City of Chicago and the state of Illinois have noted decreasing numbers of TB cases over the same period.

Cook County Department of Public Health (CCDPH) TB Control Activities, 2007

If untreated, a person with TB may infect as many as 10-15 others each year. In order to prevent transmission of TB, the CCDPH TB Control and Prevention Program maintains constant vigilance to rapidly identify TB cases, to ensure that cases receive appropriate therapy, and to screen contacts of TB cases to determine if they have been infected. To prevent and control TB in 2007, CCDPH staff conducted the following activities:

- Created an electronic database to monitor the treatment of every active TB case, and track all close contacts to ensure that they were screened for infection.
- Administered 22,844 skin tests (PPD) to screen high risk individuals at the three CCDPH TB clinics located in Des Plaines, Forest Park and Harvey. As a result, 947 persons were identified as having latent TB infection (LTBI—see below) requiring treatment.
- Conducted 13 worksite and/or school skin testing programs to screen 1,319 close contacts of active TB cases for infection.
- Provided direct care for 120 new, active TB cases through the CCDPH clinics, including Directly Observed Therapy (DOT—see below).
- Distributed an informational newsletter to all suburban acute care hospitals.
- Gave 17 presentations and educational programs to diverse audiences:
 - ◊ Nursing Home in-services (6)
 - ◊ CEDA Head Start Health Advisory Committee (1)
 - ◊ Family Health Center (1)
 - ◊ Cook County Public Defenders (1)
 - ◊ South Suburban Nurses Coalition (2)
 - ◊ Northwest Municipal Nurses Coalition (1)
 - ◊ Latino Health Conference (1)
 - ◊ Regional Municipal Police and Fire Chief Meetings (3)
 - ◊ Chicago Bar Association (1)

Tuberculosis Facts

Tuberculosis is an infection caused by the organism *Mycobacterium tuberculosis*, which spreads from person to person when a contagious individual sneezes, coughs, or speaks. Persons with pulmonary or laryngeal TB can infect others. TB bacilli form tiny particles (droplet nuclei) that can become suspended in air, sometimes for long periods, and cause infection when they are inhaled by others. Close contacts of TB cases, such as household members or others who spend considerable time together, can become infected.

Most infected persons have latent TB infection (LTBI) with no symptoms and are not infectious to others; the condition is found through a positive screening test (skin test or blood test). It is crucial, however, that persons with LTBI receive treatment, because without treatment about 10% will eventually develop active TB. Persons with LTBI and immunocompromising conditions progress to active TB much more rapidly, and are more likely to have serious outcomes. For example, HIV-infected persons develop active TB 50 times faster than individuals without HIV. Without proper treatment, up to 90% of HIV-positive persons with TB will die within months of TB infection. Consequently, identifying persons with HIV and TB coinfection is critical.

Active TB can be difficult to diagnose and treatment requires months of therapy. Although TB most commonly involves the lungs, it can infect any organ of the body. Active TB generally causes significant symptoms including

night sweats, unexplained weight loss, fever, and chills. Without treatment, an estimated 60—70% of persons with active TB would die of this curable disease within a few years¹.

Persons diagnosed with active TB are required to limit contact with others until they are no longer infectious, and to follow an intensive, four-drug antibiotic regimen lasting at least 6 months. It is necessary for patients with active TB to adhere strictly to the prescribed treatment regimen to prevent the development of drug-resistant strains of TB. If a person develops drug-resistant TB, therapy can take 18 months or longer, and drug regimens often require the use of more toxic antibiotics to treat TB effectively.

To ensure successful completion of the treatment regimen, and to minimize the prospect of drug-resistant TB, field staff from the CCDPH TB Control and Prevention Program watch persons with active TB take *every dose* of medication. This process is called directly observed therapy (DOT) and is a cornerstone of modern TB control and prevention. DOT is labor and resource intensive—and a highly effective approach to curing TB. Largely as a result of using DOT, 99% of suburban Cook County TB cases successfully completed treatment over the past 10 years and were cured.

Tuberculosis, a Global Challenge With Local Consequences

Through aggressive TB case identification, effective treatment, and contact tracing efforts, transmission of TB within suburban Cook County has been largely controlled, mirroring national trends. But the control of TB requires a sustained commitment to screening and treatment of LTBI. The majority of TB cases (77%) in 2007 were in persons born outside of the United States in the many areas of the world where TB is common. These individuals, like most persons infected with TB, likely had LTBI which became active after they immigrated to the United States.

The World Health Organization estimates that one-third of the world's population, some 2 billion persons, currently have LTBI. Among this group, more than 9 million will develop active TB disease each year, and nearly 2 million, or 4,500 people per day, will die. The speed with which individuals can traverse the globe, together with dynamic immigration patterns to suburban Cook County, means that persons at risk of having LTBI are likely to reside within CCDPH jurisdiction. *Screening programs targeting these high risk populations identify persons with LTBI, a condition which can be treated before it progresses to active TB disease.*

During 2008, in addition to responding to identified cases of active TB, the CCDPH TB Control and Prevention Program is utilizing surveillance data to assist healthcare providers, schools, and other key partners, with ensuring that those most at risk of LTBI are screened. This critical step, as part of a strong, sustained private and public effort, will prevent the development of active TB disease and greatly reduce the risk of potential transmission within the community.

¹Borgdorff Martien W., Floyd Katherine, Broekmans Jaap F.. Interventions to reduce tuberculosis mortality and transmission in low- and middle-income countries. Bull World Health Organ [serial on the Internet]. 2002 [cited 2008 July 11]; 80(3): 217-227. Available from: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0042-96862002000300008&lng=en&nrm=iso

IMPORTANT TRENDS, 2007

TB Case Rates

In 2007, 139 newly active cases of tuberculosis (TB) were identified in suburban Cook County. This represents an increase of 20% over the number of cases reported in 2006 (n=116). The rate of active TB disease in suburban Cook County in 2007 was 5.7 per 100,000 population, compared to 8.9 per 100,000 population in the City of Chicago and 4.1 per 100,000 in the State of Illinois.

Place of Birth

Since 2000, the majority of TB cases in suburban Cook County occurred in persons born outside of the United States, in areas where TB is common. In 2007, 107 (77%) of all TB cases were foreign-born. Countries ranking highest on the list of persons with TB in 2007 include India (n=30), the Philippines (n=21) and Mexico (n=18).

Race/Ethnicity

Since 1998, the proportion of TB cases who were Asian/Pacific Islanders has increased by 79%. These individuals now represent almost half of all TB cases, and 94% of these cases were foreign-born. Approximately 21% of TB cases were Hispanic, a trend that has been stable since 2003. Similar to the observation for Asians/Pacific Islanders, 93% of TB cases in Hispanics occurred in those who were foreign-born.

Age

Eighty-seven (63%) of TB cases in 2007 were 45 years and older; 30 (22%) were 65 years and older.

TB and HIV/AIDS Coinfection

The proportion of TB cases tested for HIV increased from 25% to 78% between 2000 and 2007. Seven (6%) of the TB cases tested in 2007 were HIV positive.

Multidrug-Resistant (MDR-TB) and Extensively Drug-Resistant (XDR-TB) Tuberculosis*

Since 1998, suburban Cook County has averaged 1-2 MDR-TB cases per year. No case of XDR-TB has ever been reported in suburban Cook County.

Treatment

From 1998—2007, 99% of TB cases in suburban Cook County completed an appropriate course of therapy.

Site of Disease

Eighty-six (62%) of all TB cases reported were pulmonary cases, and 53 (38%) had extrapulmonary involvement, a trend that has remained stable since 1998.

Number of TB Cases and Case Rates by Municipality, 2005-2007

A total of 75 TB cases (54%) lived in the North District during 2007. The North District represents approximately 44% of the general population of suburban Cook County, indicating a slightly larger than expected number of TB cases. From the North District, Skokie and Des Plaines each reported 11 cases of TB. These were the two municipalities with the largest number of cases reported in 2007.

*Multidrug-resistant TB (MDR-TB) is defined as TB resistant at least to isoniazid (INH) and rifampin (RIF). MDR TB treatment requires the use of second-line drugs that are less effective, more toxic, and costlier than first-line regimens. Extensively drug resistant TB (XDR-TB) is defined as resistance to INH, RIF, at least one fluoroquinolone and at least one of the injectable drugs (i.e., amakacin, kanamycin, or capreomycin).

Figure 1. Tuberculosis Cases by Selected Public Health Jurisdictions, 1998-2007

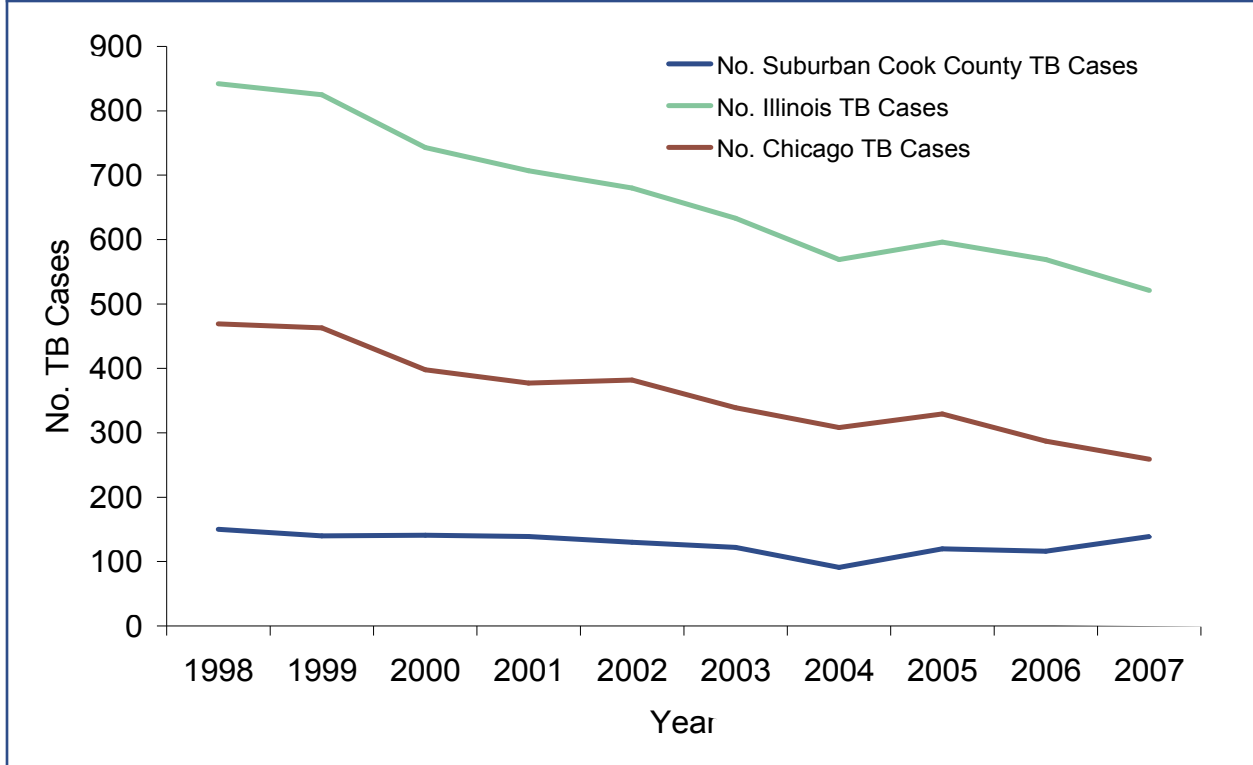


Figure 1. In suburban Cook County, tuberculosis (TB) cases declined steadily from a high of 150 cases in 1998 to 122 cases in 2003. There was a 25% decrease in reported cases in 2004 (n=91) from 2003, followed by increasing numbers of TB cases reported from 2004-2007.

Reported TB cases have increased 53% from 2004 (n=91) to 2007 (n=139). Between 2006 and 2007, TB cases increased 20%, from 116 cases in 2006 to 139 cases in 2007.

In the City of Chicago, and in Illinois overall, the trend in reported TB cases has been downward over the past 10 years. In Illinois, reported TB cases have declined 38%, from 842 in 1998 to 521 in 2007. In Chicago, reported TB cases declined 45%, from 469 in 1998 to 269 in 2007. In suburban Cook County, however, there has only been a 7% decrease over the same period, from 150 in 1998 to 139 in 2007.

**Table 1. Tuberculosis Cases and Percentages by Selected Characteristics,
Suburban Cook County, 1998-2007**

Characteristic	1998		1999		2000		2001		2002		2003		2004		2005		2006		2007		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Sex																					
Male	85	57	77	55	75	53	74	53	72	55	70	57	53	58	57	48	64	55	73	53	
Female	65	43	63	45	66	47	65	47	58	45	52	43	38	42	63	53	52	45	66	47	
Race/Ethnicity																					
White, not Hispanic	40	27	51	36	31	22	34	24	28	22	28	23	23	25	21	18	19	16	26	19	
Black, not Hispanic	35	23	22	16	43	30	32	23	22	17	30	25	19	21	30	25	19	16	16	12	
Hispanic	20	13	20	14	20	14	26	19	25	19	19	16	21	23	24	20	25	22	29	21	
Asian/Hawaiian/PI	45	30	38	27	45	32	46	33	55	42	45	37	28	31	45	38	53	46	68	49	
Unknown Race/ Ethnicity	10	7	9	6	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	
Age at Report																					
Under 5	4	3	3	2	6	4	7	5	2	2	1	1	1	1	3	3	4	3	3	2	
5-14	2	1	0	0	2	1	0	0	0	0	1	1	0	0	3	3	4	3	2	1	
15-24	13	9	9	6	16	11	16	12	12	9	17	14	5	5	15	13	7	6	14	10	
25-44	42	28	57	41	50	35	43	31	54	42	38	31	31	34	43	36	37	32	33	24	
45-64	45	30	34	24	35	25	42	30	31	24	44	36	33	36	31	26	34	29	57	41	
65+	44	29	37	26	32	23	31	22	31	24	21	17	21	23	25	21	30	26	30	22	
Total	150	100	140	100	141	100	139	100	130	100	122	100	91	100	120	100	116	100	139	100	

Table1. Sex: In 2007 males accounted for 73 (53%) of all TB cases, a proportion that has been consistent over the past decade. **Age:** In 2007, 120 (87%) of all TB cases were 25 years or older. Persons aged 45-64 years accounted for the largest proportion of active TB cases, 57 (41%). **Race/Ethnicity:** Since 1998, the proportion of TB cases in Asian/Pacific Islanders increased 79%. These individuals now represent almost half of all TB cases. Approximately 21% of TB cases were Hispanic, a proportion that has been stable since 2003.

Figure 2. Trends in Tuberculosis Cases by Place of Birth, Suburban Cook County, 1998-2007

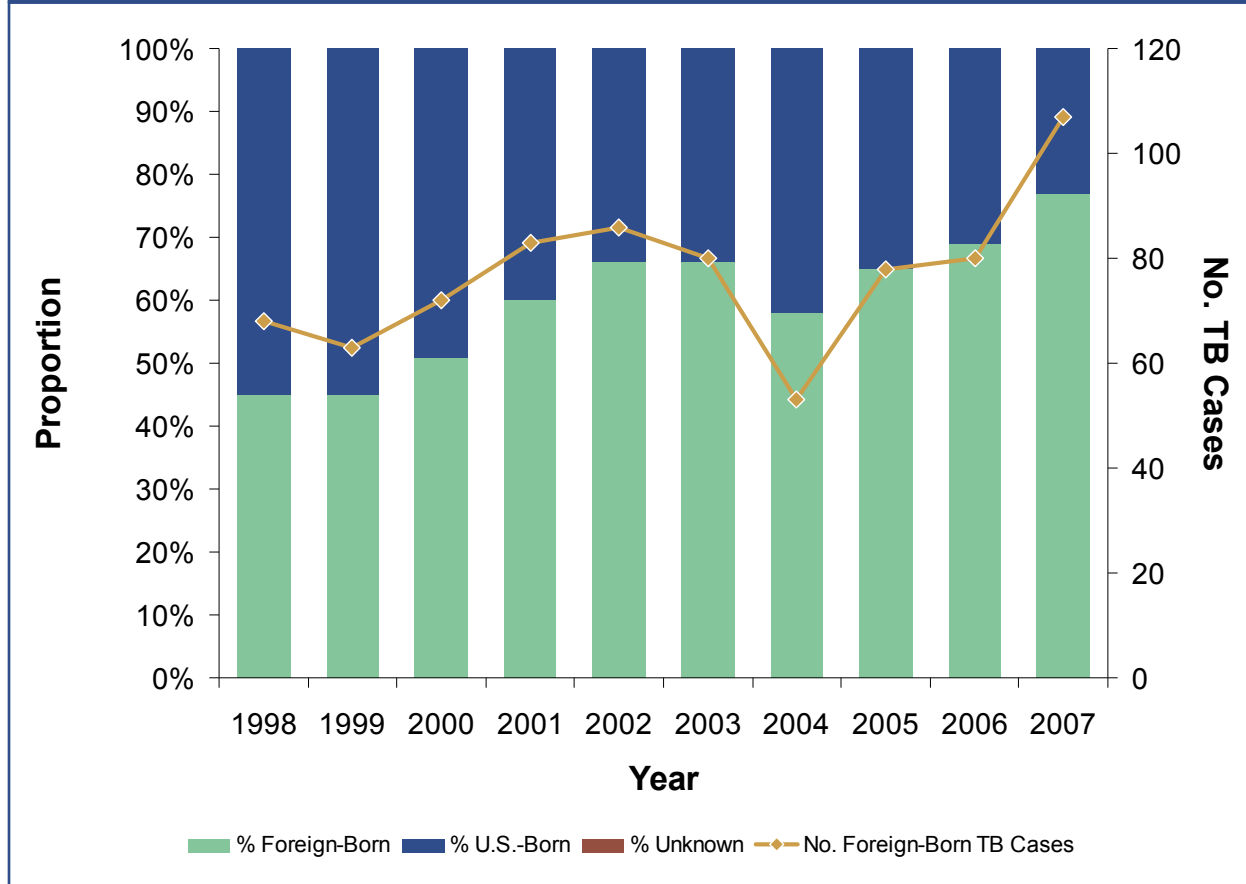


Figure 2. Since 2000, the number of foreign-born TB cases increased 49%, from 72 in 2000 to 107 in 2007. Conversely, U.S.-born cases decreased 54%, from 69 in 2000 to 32 in 2007. Currently, 107 (77%) of all cases reported in suburban Cook County are foreign-born. Similar increases have been reported in Chicago (51% foreign-born, 2007)¹, Illinois (69% foreign-born, 2006)², and the U.S. (57% foreign born, 2006)³.

¹ Eaglin M. World TB Day Presentation, Malcolm X College, Chicago IL: March 26, 2008

² Illinois Department of Public Health. Annual Tuberculosis Report – Illinois, 2006. Springfield, IL: 2007

³ Centers for Disease Control and Prevention. Reported Tuberculosis in the United States, 2006. Atlanta, GA; U.S. Department of Health and Human Services, CDC: September, 2007.

Figure 3. Percentage of Tuberculosis Cases by Place of Birth and Race/Ethnicity, Suburban Cook County, 2007

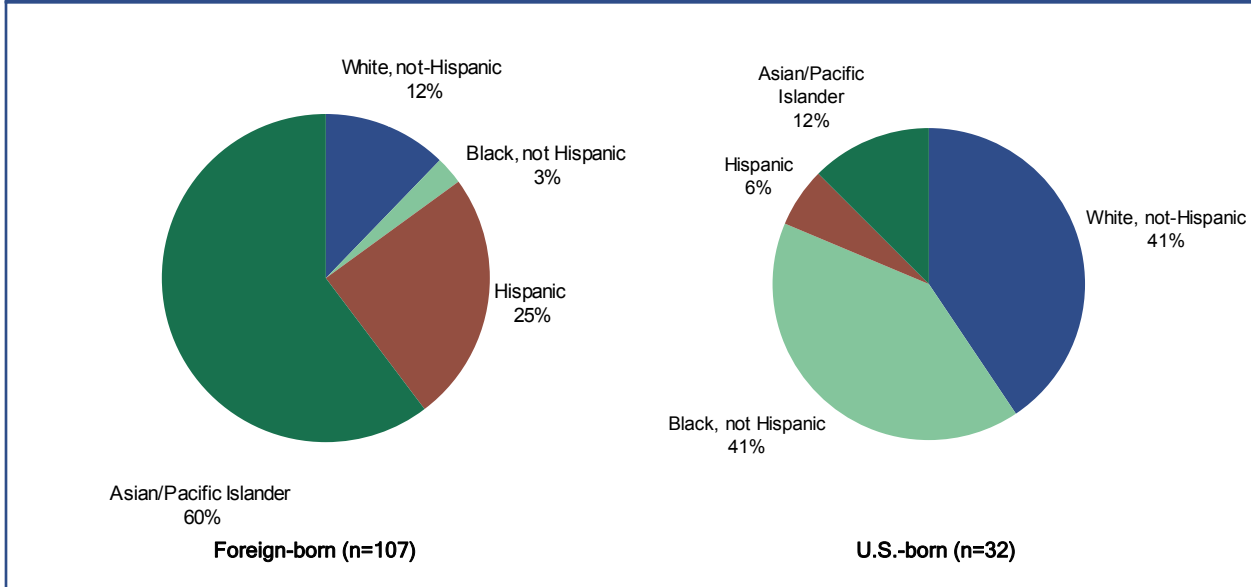


Figure 3. Of the 139 cases of TB reported to Cook County Department of Public Health, 107 (77%) were foreign-born and 32 (23%) were U.S.-born. **Foreign-born:** Among the foreign-born, 64 (60%) were Asian/Pacific Islanders and 27 (25%) were Hispanic. Overall, 94% of Asian/Pacific Islanders with active TB were foreign-born, as were 93% of Hispanic TB cases. Among all non-Hispanic blacks with active TB, 3 (19%) were foreign-born; among all non-Hispanic white TB cases, 13 (50%) were foreign-born. **U.S.-born:** Among the U.S.-born TB cases, 13 (41%) were non-Hispanic black, 13 (41%) were non-Hispanic white, four (12%) were Asian/Pacific Islanders and two (6%) were Hispanic.

Table 2. Foreign-born Tuberculosis Cases by Top Countries of Birth*, Suburban Cook County, 1998-2007

Nationality	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
India	22	27	21	24	31	16	13	24	23	30
Philippines	8	5	9	6	7	13	10	12	16	21
Mexico	13	11	14	21	18	14	13	19	18	18
Korea, Republic Of	2	4	4	1	6	2	2	4	2	5
Poland	4	1	6	6	4	3	3	2	1	4
Pakistan	1	0	2	5	3	2	1	1	1	5
China	5	0	3	0	1	3	1	0	3	1
Vietnam	2	2	0	3	1	3	0	1	2	1
Russia	1	2	1	0	0	1	0	1	0	1
Yugoslavia	1	2	0	1	1	0	0	1	0	0
Italy	2	1	0	0	1	1	0	1	0	2
Romania	0	2	0	0	1	0	1	1	2	0
Nigeria	0	0	2	0	0	4	0	1	0	0
Thailand	0	1	1	2	0	1	0	0	1	1
Bosnia and Herzegovina	1	0	0	0	1	1	2	1	0	0
Guatemala	0	0	0	1	1	1	1	0	0	2
Haiti	0	0	0	0	0	3	0	1	0	1
Burma	0	0	1	0	2	1	0	0	0	1

* Countries from which at least 5 TB cases were reported between 1998-2007

Table 2. Table 2 shows foreign-born TB cases by country of origin for countries in which at least 5 cases were reported over the past 10 years. Other than an increase the number of TB cases from the Philippines, there has been little change over the past decade.

Although in 2007, foreign-born cases came from more than two dozen countries, 69 (64%) came from just three: India (n=30), the Philippines (n=21) and Mexico (n=18).

Table 3. Number and Proportion of TB Cases Tested for HIV and Number and Proportion Coinfected with TB and HIV, Suburban Cook County, 2000-2007

Year	Total Tuberculosis Cases	Tested for HIV		Coinfected with HIV	
	No.	No.	%	No.	%
2000	141	35	25	5	14
2001	139	32	23	7	22
2002	130	72	55	5	7
2003	122	89	73	7	8
2004	91	75	82	4	5
2005	120	94	78	6	6
2006	116	85	73	2	2
2007	139	108	78	7	6

Table 3. Between 2000 and 2007, the proportion of cases tested for HIV increased from 25% in 2000 to 78% in 2007. Of those with TB and HIV test results, 6% were coinfecting in 2007.

Figure 4. Tuberculosis Cases Rates per 100,000 Population by Municipality, Suburban Cook County, 2007

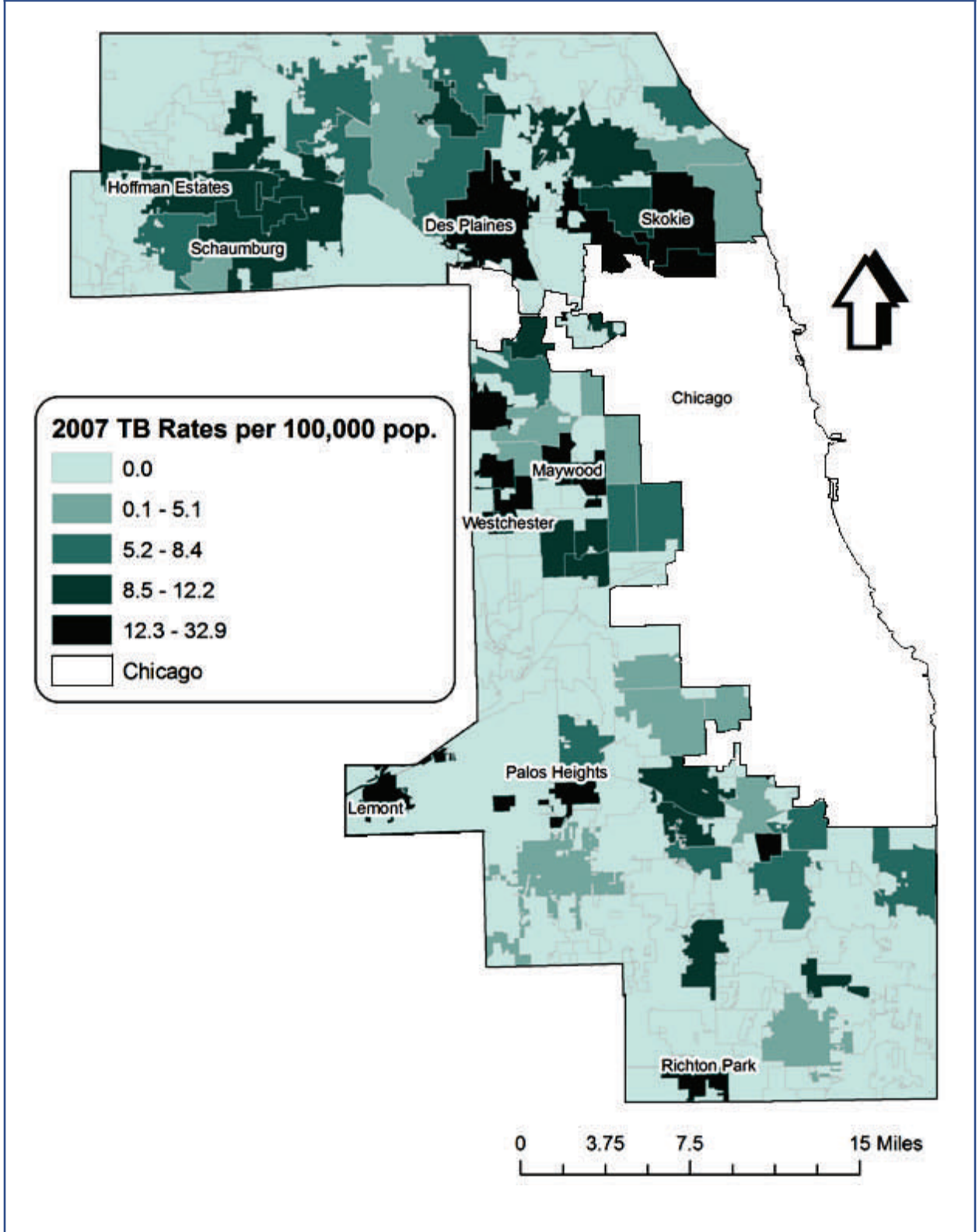


Table 4. Tuberculosis Cases and Rates (per 100,000 population) by Municipality for the North and West Districts, Suburban Cook County, 2005-2007

CITY	NORTH						WEST						
	2005		2006		2007		2005		2006		2007		
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	
Arlington Heights	5	6.7	2	2.7	3	4	Bellwood	1	5.1	0	0	1	5.1
Barrington	0	0	0	0	0	0	Berkeley	0	0	0	0	0	0
Barrington Hills	0	0	0	0	0	0	Berwyn	2	3.9	4	7.8	4	7.8
Bartlett	0	0	0	0	0	0	Broadview	2	25.5	1	12.7	0	0
Buffalo Grove	1	2.3	0	0	0	0	Brookfield	0	0	0	0	2	10.8
Des Plaines	10	17.7	2	3.5	11	19.5	Burr Ridge	0	0	0	0	0	0
Elgin	1	1	0	0	0	0	Cicero	8	9.7	7	8.5	6	7.2
Elk Grove Village	2	5.9	2	5.9	4	11.8	Countryside	0	0	0	0	0	0
Evanston	1	1.3	3	4	2	2.7	Elmwood Park	1	4.1	2	8.2	1	4.1
Glencoe	1	11.1	1	11.1	0	0	Forest Park	1	6.6	0	0	5	32.9
Glenview	1	2.2	3	6.5	4	8.7	Franklin Park	1	5.4	3	16.2	1	5.4
Golf	0	0	0	0	0	0	Harwood Heights	0	0	0	0	1	12.2
Hanover Park	0	0	0	0	1	2.7	Hillside	0	0	0	0	1	12.9
Hoffman Estates	2	3.8	2	3.8	6	11.5	Hinsdale	0	0	0	0	0	0
Inverness	1	13.6	0	0	0	0	Hodgkins	0	0	0	0	0	0
Kenilworth	0	0	0	0	0	0	Indian Head Park	0	0	0	0	0	0
Lincolnwood	1	8.3	0	0	2	16.6	La Grange	0	0	2	12.9	0	0
Morton Grove	1	4.5	4	18	2	9	La Grange Park	0	0	0	0	0	0
Mount Prospect	8	14.7	3	5.5	3	5.5	Lyons	1	9.6	0	0	1	9.6
Niles	0	0	2	6.8	5	17	Maywood	2	7.8	3	11.6	5	19.4
Nomidge	1	7.1	0	0	0	0	Mccook	0	0	1	411.5	0	0
Northbrook	1	18.1	2	36.3	0	0	Melrose Park	2	8.9	5	22.2	1	4.4
Northfield	1	8.8	0	0	0	0	North Riverside	0	0	0	0	0	0
Palatine	3	4.5	3	4.5	4	5.9	Northlake	2	31.3	1	15.7	3	47
Park Ridge	1	2.7	0	0	0	0	Oak Park	2	3.9	0	0	1	2
Prospect Heights	1	6.1	4	24.4	2	12.2	River Forest	0	0	0	0	0	0
Rolling Meadows	0	0	1	4.2	2	8.4	River Grove	1	8.9	0	0	0	0
Roselle	0	0	0	0	0	0	Riverside	0	0	0	0	1	11.8
Schaumburg	7	9.6	2	2.7	7	9.6	Rosemont	0	0	0	0	0	0
Skokie	5	7.7	10	15.5	11	17	Schiller Park	2	17.2	1	8.6	1	8.6
South Barrington	0	0	0	0	0	0	Stone Park	0	0	2	40.8	0	0
Streamwood	3	8	2	5.4	2	5.4	Westchester	1	6.2	0	0	3	18.5
Wheeling	1	7.9	4	31.8	2	15.9	Western Springs	0	0	0	0	0	0
Wilmette	1	3.7	1	3.7	1	3.7							
Winnetka	0	0	0	0	1	8							
Total†	60 (50%)		53 (46%)		75 (54%)		Total	29 (24%)		32 (28%)		38 (27%)	

*Rates per 100,000 population per year.
†Total number of cases in the specified district. Percentage is the proportion of all TB cases in suburban Cook County in the specified year.

Table 4. North District: A total of 75 cases (54%) were living in the North District in 2007. The North District represents approximately 44% of the general population of suburban Cook County, indicating a slightly larger than expected number of TB cases. From the North District, eleven cases each were reported from both Skokie and Des Plaines. These were the two municipalities with the largest number of cases reported in 2007.

West District: Thirty-eight cases (27%) were reported from the West District, which represents 26% of the general population of suburban Cook County. Cicero (n=6), Forest Park (n=5) and Maywood (n=5) had the largest number of reported TB cases in the West District.

Table 5 . Tuberculosis Cases and Rates (per 100,000 population) by Municipality for the South and Southwest Districts, Suburban Cook County, 2005-2007

CITY	SOUTH						CITY	SOUTHWEST					
	2005		2006		2007			2005		2006		2007	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	
Burnham	0	0	0	0	0	0	Alsip	0	0	2	10.5	2	10.5
Calumet City	2	5.3	2	5.3	2	5.3	Bedford Park	0	0	0	0	0	0
Chicago Heights	1	3.2	1	3.2	1	3.2	Blue Island	1	4.4	0	0	1	4.4
Country Club Hills	1	6	0	0	2	12.1	Bridgeview	1	6.7	0	0	0	0
Dixmoor	0	0	0	0	1	26.2	Burbank	0	0	2	7.2	1	3.6
Dolton	3	12.2	4	16.3	0	0	Calumet Park	0	0	0	0	0	0
East Hazel Crest	0	0	0	0	0	0	Chicago Ridge	0	0	0	0	0	0
Flossmoor	1	10.6	0	0	0	0	Crestwood	0	0	0	0	1	8.9
Ford Heights	0	0	0	0	0	0	Evergreen Park	1	5	0	0	1	5
Glenwood	2	23.1	1	11.5	1	11.5	Forest View	0	0	0	0	0	0
Harvey	3	10.4	3	10.4	2	7	Hickory Hills	0	0	0	0	0	0
Hazel Crest	0	0	0	0	0	0	Hometown	0	0	0	0	0	0
Homewood	1	5.3	1	5.3	0	0	Justice	0	0	0	0	0	0
Lansing	4	14.6	1	3.7	0	0	Lemont	0	0	0	0	2	13.2
Lynwood	0	0	0	0	0	0	Merionette Park	0	0	0	0	0	0
Markham	1	8.1	0	0	0	0	Oak Lawn	0	0	2	3.7	2	3.7
Matteson	1	6.4	2	12.8	0	0	Orland Hills	0	0	0	0	0	0
Midlothian	0	0	1	7.2	1	7.2	Orland Park	2	3.6	3	5.4	1	1.8
Oak Forest	1	3.6	2	7.1	0	0	Palos Heights	0	0	0	0	0	0
Olympia Fields	0	0	0	0	0	0	Palos Hills	0	0	0	0	1	5.8
Park Forest	0	0	0	0	0	0	Palos Park	0	0	0	0	1	21
Phoenix	0	0	0	0	0	0	Stickney	0	0	0	0	0	0
Posen	0	0	0	0	0	0	Summit	0	0	0	0	0	0
Richton Park	0	0	0	0	2	15.4	Willow Springs	1	16.6	0	0	0	0
Riverdale	3	29.4	3	29.4	1	9.8	Worth	0	0	0	0	0	0
Robbins	0	0	0	0	0	0							
Sauk Village	0	0	0	0	0	0							
South Chicago Heights	0	0	0	0	0	0							
South Holland	1	4.6	0	0	0	0							
Steger	0	0	0	0	0	0							
Thornton	0	0	0	0	0	0							
Tinley Park	0	0	1	1.7	0	0							
Total†	25 (21%)		22 (19%)		13 (9%)			6 (5%)		9 (8%)		13 (9%)	

*Rates per 100,000 population per year.
†Total number of cases in the specified district. Percentage is the proportion of all TB cases in suburban Cook County in the specified year.

Table 5. South and Southwest Districts: Thirteen cases each (9% of all TB cases) were reported from both the South and Southwest Districts, which represent 19% and 14%, respectively, of the general population of suburban Cook County. Calumet City, Country Club Hills, Harvey, and Richton Park in the South each had 2 TB cases. Alsip, Lemont, and Oak Lawn had two TB cases in the Southwest District. No municipality in these districts had more than 2 reported TB cases.