



**NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE**
Mary T. Bassett, MD, MPH
Commissioner

2015 Alert # 5

Outbreak of Tuberculosis in Sunset Park, Brooklyn

Please Distribute to All Clinical Staff in Pediatrics, Primary Care, Internal Medicine, Infectious Diseases, Emergency Medicine, Family Medicine, Laboratory Medicine and Infection Control Staff

- **An outbreak of tuberculosis (TB) is occurring among young adults born in China and living in or linked to Sunset Park, Brooklyn**
- **Healthcare providers should consider TB when patients present with symptoms that include fever and cough of several weeks duration, hemoptysis, night sweats, or weight loss.**
- **If TB disease is suspected, obtain radiographic imaging, collect sputum specimens for acid-fast bacilli (AFB) smear and culture, and report suspect and confirmed cases to the Health Department within 24 hours.**
- **Refer eligible patients to one of four Health Department Chest Centers located throughout New York City (NYC) for TB testing, radiography, sputum induction and treatment as needed. All services are provided regardless of immigration status and at no cost to the patient.**

February 27, 2015

Dear Colleagues,

While overall tuberculosis (TB) rates in NYC have declined steadily over the past two decades, the proportion of cases among persons born outside of the United States has increased to 84%, and local TB transmission continues to occur.

The Health Department has identified an outbreak of TB among young adults, born in China and residing in or with links to the Sunset Park neighborhood of Brooklyn. Fifteen outbreak-associated cases have been identified since June 2013; seven of these have been identified since September 2014. All patients have drug-susceptible, pulmonary tuberculosis. Other common patient characteristics include male gender, frequent use of internet cafes, and work in out-of-state restaurants. Median time from TB symptom onset to TB treatment initiation has been 28 days (range 11-281 days).

The Health Department is working collaboratively with local healthcare providers, community organizations and others to identify and interrupt ongoing transmission and facilitate prompt healthcare-seeking among persons with TB symptoms and potentially exposed individuals.

The Health Department encourages healthcare providers to stay vigilant for TB, and asks that you consider TB when patients present with fever and cough of several weeks duration, hemoptysis, night sweats, or weight loss. Patients with TB symptoms should be evaluated for active TB disease and reported to the Health Department. Patients at high risk for TB infection or progression to TB disease should be screened for TB. Additional information about diagnostic testing for suspected TB cases, TB reporting requirements, TB screening recommendations, and referrals to Health Department Chest Centers is below.

Diagnostic testing for persons with suspected TB

- Medical evaluation (patient history, including TB symptom screen and physical examination)
- Chest radiograph or other imaging studies per site of disease
- Specimens for acid-fast bacilli (AFB) smear and culture relevant to the suspected site(s) of disease

Reporting suspected and confirmed TB cases to DOHMH

Per the NYC Health Code §11.21(a)(1), providers are required to report persons with a diagnosis or clinical suspicion for tuberculosis, to the Health Department through one of the following mechanisms within 24 hours:

- Report electronically through [NYCMED](#). For new users, refer to the instructions listed [here](#).
- Call the TB Provider Hotline: (347) 396-7400
- Fax a completed Universal Reporting Form ([URF](#)) to (347) 396-7579

For additional specifications on reporting suspected or confirmed TB cases, please refer to DOHMH [reporting requirements](#).

TB screening recommendations

Patients should be screened for TB infection if they are at high risk for TB infection or for progressing from TB infection to TB disease. Either a tuberculin skin test (TST) or a blood-based interferon gamma release assay (IGRAs), such as QuantiFERON®-TB Gold In-Tube or T-Spot®.TB should be used. An IGRA is the preferred TB screening test for patients with a history of Bacille Calmette-Guerin (BCG) vaccination or for patients not likely to return for TST reading.

Patients at higher risk for TB infection:

- People who have spent time around a person with active TB disease
- People from areas with high TB rates, including mainland China, Hong Kong and Taiwan
- People with a recent prolonged (>1 month) stay in countries with high TB rates

Patients at higher risk for progression from TB infection to active TB disease:

- People with HIV infection
- People who are immunosuppressed or receiving immunosuppressive therapy (e.g., prolonged corticosteroid therapy [the equivalent of >15 mg/d of prednisone for one month or more], and tumor necrosis factor alpha [TNF- α] inhibitors, Janus kinase [JAK] inhibitors, IL-1 receptor antagonists, or organ transplant medications)
- People with evidence of old, healed TB lesions on a chest x-ray
- Underweight people (10% under ideal body weight, or a body mass index <18.5)
- People with certain medical conditions (e.g., diabetes, chronic renal failure, some cancers, silicosis, gastrectomy/jejunoileal bypass)
- Injection drug users

Patients with a positive TB infection test result should be evaluated for active TB disease with a medical examination and a chest radiograph or other imaging studies per site of disease. Once active TB disease has been ruled out, patients diagnosed with TB infection should be treated. Treatment options for TB infection include:

- Self-administered regimens may be four months (daily rifampin) or nine months (daily isoniazid) duration
- Directly observed regimens (weekly rifapentine and isoniazid) of three months duration can be provided at Health Department Chest Centers

Referral to Health Department Chest Centers

Patients who need further TB evaluation can be referred to a Health Department Chest Center.

All Chest Center services, including TB medications, are provided at no cost to the patient and regardless of immigration status. To refer a patient, call the individual chest center and indicate which services are needed. A list of chest center locations and services is available here:

<http://www.nyc.gov/html/doh/html/diseases/tbcc.shtml>

For more information on diagnosis and treatment for active TB disease and TB infection, please see the Health Department [TB Clinical Policies and Practices Manual](#). If you have further questions about this outbreak, please contact Jeanne Sullivan Meissner at (347) 396-7513. If you require clinical consultation, please contact Dr. Douglas Proops at (347) 396-7557.

Sincerely,



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