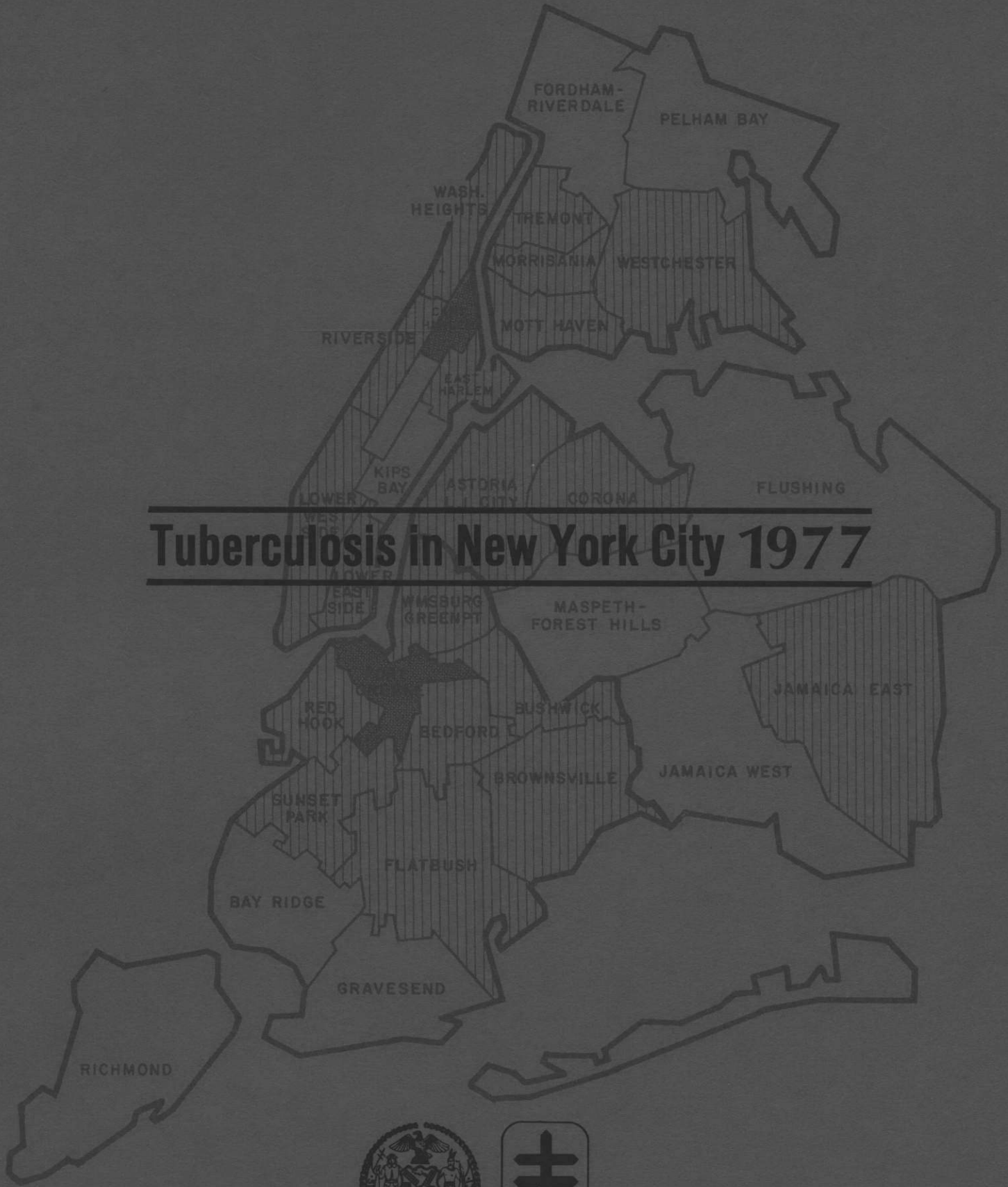


A Report to the Mayor and the Citizens of the City of New York



Tuberculosis in New York City 1977



Acknowledgments are extended to:

Bureau of Health Statistics and Analysis

Mr. V. Di Fava, Senior Statistician for statistical compilation, Mr. Jon Jensen, illustrative work, the late Mr. J. Kirschenbaum, Principal Statistician whose continuous assistance and advice the Division of Tuberculosis will greatly miss.

Division of Tuberculosis Control

Special reference made to Mr. Dan Ruggiero, for the many hours he spent compiling the contents and organizing the material with staff members of the Division of Tuberculosis.

New York Lung Association

The New York Lung Association which made the printing of this report possible.

Notes:

1. Tuberculosis case rates and death rates for the years 1960 and 1970 are based on actual census figures. The rates for the other years are based on population estimates for those years.

2. Department of Health definition of ethnic groups:

Puerto Rican - A person who was either born in Puerto Rico or whose mother was born in Puerto Rico - irrespective of racial characteristics.

Nonwhite - A person who is not white and not Puerto Rican as defined above. Well over 90 percent of this group is black.

White - A person who is white and not Puerto Rican as defined above.

*Classification of Tuberculosis

- 0. No tuberculosis exposure, not infected.
 - I. Tuberculosis exposure, no evidence of infection.
 - II. Tuberculosis: infected, without disease.
 - III. Tuberculosis: infected, with disease.
- Tuberculosis Suspect: may be used until diagnostic procedures are complete but not for more than three months.

*Summarized from DIAGNOSTIC STANDARDS AND CLASSIFICATION OF TUBERCULOSIS AND OTHER MYCOBACTERIAL DISEASES, AMERICAN LUNG ASSOCIATION, NEW YORK 1974.



DEPARTMENT OF HEALTH

125 WORTH ST., NEW YORK, N. Y. 10013

Telephone:

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TO THE MAYOR AND THE CITIZENS OF THE CITY OF NEW YORK

We are pleased to present this annual review of tuberculosis in New York City for the year 1977.

Estimates suggest that one million New York City residents are currently infected with tuberculosis. As the racial and ethnic balance of the City continues to change this figure will no doubt get larger. The influx of people from areas of the world that still have a very high incidence will contribute heavily to the problem.

Although there has been a decline in cases over the past years, 1,605 newly diagnosed cases were reported in 1977. It is anticipated that a similar number will be reported for 1978.

It is important to note that tuberculosis is nearly always a durable disease. Of the top 20 causes of death in the United States, it is the only one that is almost completely understood. We know its pathogenesis, we know how it is transmitted, and we know how to prevent the infected individual from breaking down with disease. No new discoveries are needed to prevent most of New York's cases of tuberculosis.

It is also worthy to remember that the prevention and cure of tuberculosis in New York City continues to be a major task, requiring the expenditure of millions of dollars of taxpayer's money each year.

It is hoped that by maintaining a sustained control effort we will make further inroads into this disease and that we will bring about its practical eradication.

Reinaldo A. Ferrer, M.D., M.P.H.

John S. Marr, M.D., M.P.H.

Alje Venema, M.D., M.P.H.