

TUBERCULOSIS IN NEW YORK CITY-1986

A REPORT

BY

**THE NEW YORK CITY
DEPARTMENT OF HEALTH**

PUBLISHED BY



NEW YORK LUNG ASSOCIATION



NEW YORK LUNG ASSOCIATION

A Constituent of the American Lung Association

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Message to the Community March 1988

The data in Tuberculosis in New York City 1986 were prepared by the New York City Department of Health. The New York Lung Association, the Christmas Seal People, is pleased to publish the report as a community service.

Tuberculosis is an ancient disease, and a persistent one, having effectively resisted all efforts to date to eradicate it. The incidence of TB in New York City has in fact risen during the past several years so that today it represents a serious public health threat. Some of the earlier gains in tuberculosis control are being eroded because of the increase in HIV infection and other socioeconomic conditions currently prevalent in our city. It will take renewed commitment and the application of the most up to date methods available to reverse this trend.

The New York Lung Association remains dedicated to the elimination of this disease. Our efforts in education, in advocacy, and in other appropriate programs, will continue until this goal is achieved.

Edith Ewenstein, CAE
General Director

THE CITY OF NEW YORK
COMMISSIONER OF HEALTH
Stephen C. Joseph, M.D., M.P.H.



125 WORTH STREET
NEW YORK, N.Y. 10013

February 8, 1988

To the Mayor and the Citizens of New York City:

The largest increase in reported cases of tuberculosis since 1983 occurred in 1986. This is a continuation of the trend which began in 1979, after almost two decades of decline in the disease.

Tuberculosis increased by more than 30% among males over 20 years of age. The highest case rates were among black men 25-44 years old. As in the previous two years, Central Harlem and the Lower East Side were the health districts with the highest rates of tuberculosis.

The role of HIV infection and AIDS in tuberculosis is still not fully understood, but the age, sex and geographic distribution in both diseases indicate a strong correlation between them. In order to prevent breakdown from tuberculosis disease among dually infected individuals, the Department of Health is strongly recommending testing for HIV infection among positive tuberculin reactors. In addition, all persons diagnosed with tuberculosis should be counseled and tested for HIV infection. A prolonged drug regimen should be prescribed for persons with tuberculosis who are HIV infected. The Department of Health also recommends that HIV seropositive individuals be tested for tuberculosis.

A new program to identify and treat homeless persons with tuberculosis has increased our ability to manage this difficult-to-reach population. Field workers are assigned to the shelters. They locate patients, medicate them and follow their therapeutic progress. In order to more efficiently detect disease among the homeless, x-ray screening is being implemented.

New initiatives include providing skin testing to the city's school children. Such screening will permit us to assess the prevalence of infection among this population and to design future control activities for the Department of Health.

This report for 1986 details the epidemiology of tuberculosis in New York City and describes the activities of the Department of Health in identifying, treating and following tuberculosis cases and their contacts. In 1988, the Department is undertaking a major reorganization in tuberculosis to support a series of public health initiatives to reverse the resurgence of this disease during the past several years.

Sincerely,

A handwritten signature in cursive script that reads "Stephen C. Joseph".

Stephen C. Joseph, M.D., M.P.H.
Commissioner of Health

SCJ/SS/DR:mb

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