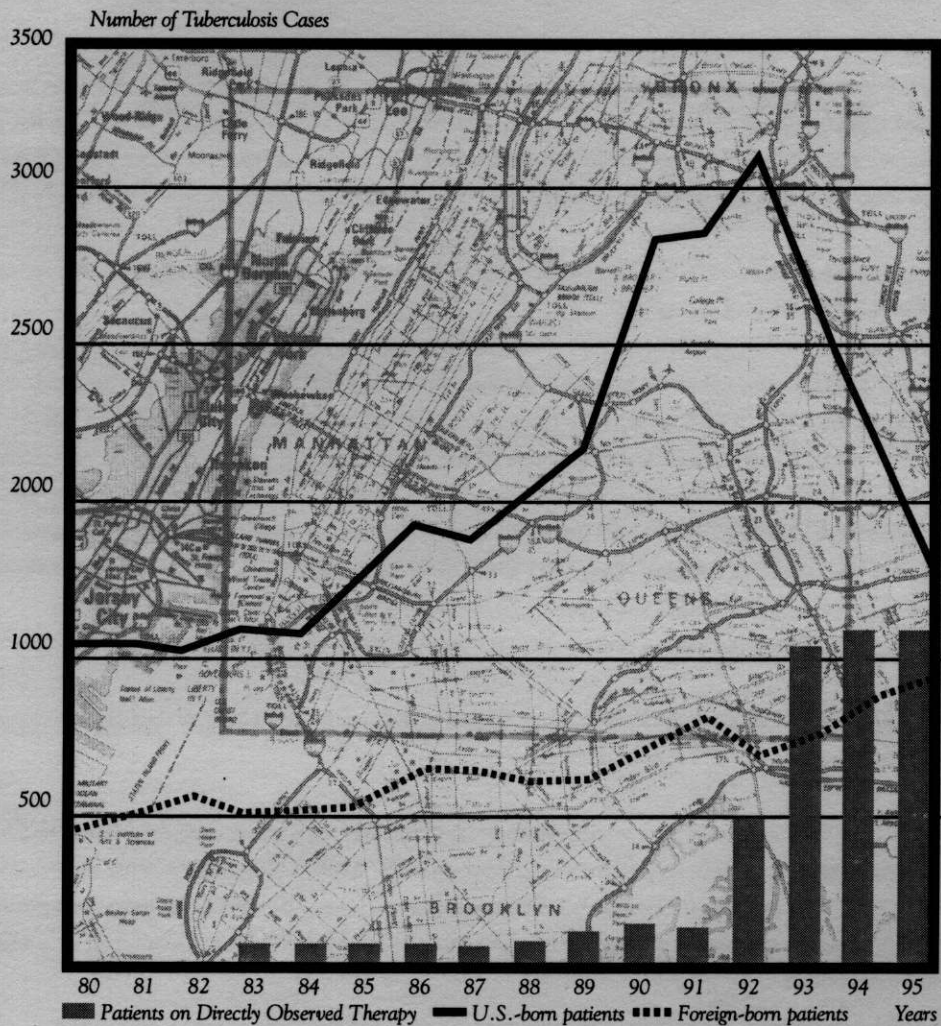


BUREAU OF TUBERCULOSIS CONTROL NEW YORK CITY DEPARTMENT OF HEALTH



INFORMATION SUMMARY 1995

HIGHLIGHTS

- 1 In 1995, 2,445 new cases of tuberculosis were reported in New York City, an 18.4% decrease from the 2,995 cases reported in 1994 and a 35.8% decrease from the 3,811 cases reported in 1992 at the peak of the current epidemic. New York City's tuberculosis rate in 1995 was 33.4 cases per 100,000 persons, compared with 40.9 in 1994 and 52.0 in 1992.
- 2 Despite recent progress, New York City's 1995 tuberculosis rate is still nearly four times the national rate, and is the highest in the country.
- 3 In 1995, 109 of New York City's tuberculosis patients had strains of *Mycobacterium tuberculosis* which were multidrug-resistant, a 38.1% decrease from the 176 cases reported in 1994 and a 75.3% decrease from the 441 cases reported in 1992, at the peak of the epidemic.
- 4 Directly Observed Therapy (DOT) and intensive case management result in high rates of completion of therapy: of the cohort of patients diagnosed while alive in 1994(2,847), 91.7% have completed treatment. This completion index increases to 93.5% after patients with multidrug-resistant tuberculosis, who require prolonged treatment, are removed from the cohort.
- 5 Continued control of tuberculosis in New York City depends on a well-planned and timely response to emerging challenges:
 - * Between 1994 and 1995, the proportion of foreign-born tuberculosis patients increased from 32.5% to 41.8%. The number of foreign-born patients increased by 5.6% while U.S.-born patients decreased by 29.3%. Since 1992, the number of foreign-born patients has increased by 49.4%. Tuberculosis control in New York City depends on effective case finding and treatment of tuberculosis disease and infection among the foreign-born.
 - * Although the number of patients with multidrug-resistant strains of *Mycobacterium tuberculosis* continued to decline sharply in 1995, the proportion of such patients who have highly resistant strains has increased slightly. Continued surveillance of drug susceptibility of *Mycobacterium tuberculosis* strains, prompt diagnosis and adequate treatment of patients with MDRTB, and adherence to an initial four-drug treatment regimen remain essential.
 - * The proportion of tuberculosis patients with known HIV status increased between 1994 and 1995, but 36.5% of 1995 patients still had an unreported and/or unknown status. All medical providers should ensure that patients with tuberculosis are offered voluntary HIV counseling and testing.

Note: Figure on cover illustrates trends in U.S. and foreign-born cases between 1980 and 1995 as well as number of patients on Directly Observed Therapy (DOT) as of December 31, since 1983. Starting in 1991, patients born in Puerto Rico and the U.S. Virgin Islands were included as U.S.-born.

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BUREAU OF TUBERCULOSIS CONTROL**

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MISSION STATEMENT

The mission of the Bureau of Tuberculosis Control is to prevent the spread of tuberculosis and eliminate it as a public health problem in New York City. The goals of the tuberculosis control program are:

- 1 To assure identification and appropriate treatment of all individuals with suspected or confirmed tuberculosis disease, ideally on a regimen of directly observed therapy.
- 2 To ensure that individuals who are at high risk for progression from infection to active disease (e.g., contacts to active cases, immunocompromised persons, recent immigrants from areas where tuberculosis remains common) receive preventive treatment and do not develop disease.

The Bureau achieves its goals through direct patient care, education, surveillance and outreach. Mandated activities include:

- 1 Ensuring that suspected and confirmed cases of tuberculosis identified in all facilities in New York City are reported to the Bureau and documented on the computerized, confidential tuberculosis disease registry;
- 2 Conducting intensive case interviews and maintaining an effective outreach program so that tuberculosis cases remain under medical supervision until completion of a full course of treatment;
- 3 Monitoring and documenting the treatment status of all individuals with active tuberculosis;
- 4 Setting standards and guidelines, and providing consultation, on the prevention, diagnosis and treatment of tuberculosis infection and disease in New York City;
- 5 Ensuring that all identified contacts to active cases receive appropriate follow up;
- 6 Operating chest clinics throughout New York City to provide free state-of-the-art care to persons with suspected or confirmed tuberculosis disease and their close contacts in accordance with New York State Public Health Law 2202, Article 22, Title 1.