BUREAU OF TUBERCULOSIS CONTROL
NEW YORK CITY DEPARTMENT OF HEALTH

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INFORMATION SUMMARY

HIGHLIGHTS

1. In 1998, 1,558 new cases of tuberculosis were reported in New York City, a 9.9% decrease from the 1,730 cases reported in 1997 and a 59.1% decrease from the 3,811 cases reported in 1992, the peak of the current epidemic. New York City's tuberculosis rate in 1998 was 21.3 cases per 100,000 persons, compared with 23.6 in 1997 and 52.0 in 1992.
2. Despite recent progress, New York City's 1998 tuberculosis rate is still more than three times the national rate of 6.8 per 100,000, and is higher than any other jurisdiction reporting more than 1,000 cases. The city's rate remains far above the national goal established for tuberculosis control by the year 2000, of 3.5 cases per 100,000 persons.
3. In 1998, 38 of New York City's tuberculosis patients had strains of *Mycobacterium tuberculosis* that were resistant to at least isoniazid and rifampin (the two most important medications available to treat tuberculosis), a 32.1% decrease from the 56 cases reported in 1997 and a 91.4% decrease from the 441 cases reported in 1992.
4. Directly observed therapy (DOT) and intensive case management continue to result in high rates of completion of therapy: of the cohort of patients diagnosed in 1997, who remained alive to complete treatment and did not move out of New York City, 1,327 (94.0%) have completed treatment. The index of completion increases to 95.4% if patients with multidrug-resistant tuberculosis, who require extended therapy, are excluded from the calculation.
5. Improved case management and infection control procedures have reduced transmission of infectious tuberculosis and led to decreases in the diagnosis of active tuberculosis in settings where it was flourishing in 1992: homeless shelters, prisons and hospitals. As the epidemic has been brought under better control among persons born in the United States, an increase has been observed in the proportion of total cases which are foreign-born. The trend toward a predominance of foreign-born cases has continued in 1998: 846 of 1998 cases were foreign-born (54.7%) and 700 U.S.-born (45.3%). In contrast, in 1992, only 17.7% of tuberculosis cases diagnosed in New York City were foreign-born. The increasing proportion of foreign-born cases may be at least in part responsible for the slight increase in the number of cases reported in the borough of Queens, and an increase in the number of cases aged 20 through 24 years.
6. The proportion of total cases that are infected with the human immunodeficiency virus (HIV) continued to decrease in 1998: 346 (22.2%) of 1998 cases were known to be HIV positive, compared with 448 (25.9%) of 1997 cases.
7. To reduce the burden of tuberculosis on future generations of New Yorkers, the Department of Health and the medical community must place greater emphasis on ensuring that persons infected with *Mycobacterium tuberculosis* complete a course of treatment for latent infection, especially if they are recently infected contacts to active cases or otherwise at high risk of progression to active disease. In 1997, 12,615 individuals started taking treatment for latent tuberculosis infection; 9,169 (72.7%) individuals received some or all of their care from Department of Health chest clinics.

Public health law mandates that health care providers report two groups of patients to the New York City Department of Health within 24 hours of detection:

1. All suspected and confirmed tuberculosis cases:
   - A smear (from any anatomic site) is positive for acid-fast bacilli
   - A nucleic acid amplification test (e.g., Amplicor®, Genprobe®)* result suggests *Mycobacterium tuberculosis*
   - A culture is positive for *Mycobacterium tuberculosis*
   - The individual has been started on two or more anti-tuberculosis medications for treatment of suspected or confirmed active tuberculosis
2. All children younger than 5 years with positive tuberculin skin tests

Mycobacteriology and pathology laboratories are required to report to the New York City Department of Health any bacteriologic findings which suggest or confirm tuberculosis:

- Acid-fast bacilli positive smears
- Cultures positive for Mycobacterium tuberculosis
- A nucleic acid amplification test (e.g., Amplicor®, Genprobe®)* result suggests *Mycobacterium tuberculosis*
- Results of susceptibility tests performed on *Mycobacterium tuberculosis* cultures
- Pathology findings consistent with tuberculosis, including the presence of AFB and granulomata

Information on ordering reporting forms is on the inside back cover.

*Product names are provided for identification purposes only, their use does not imply endorsement by the New York City Department of Health