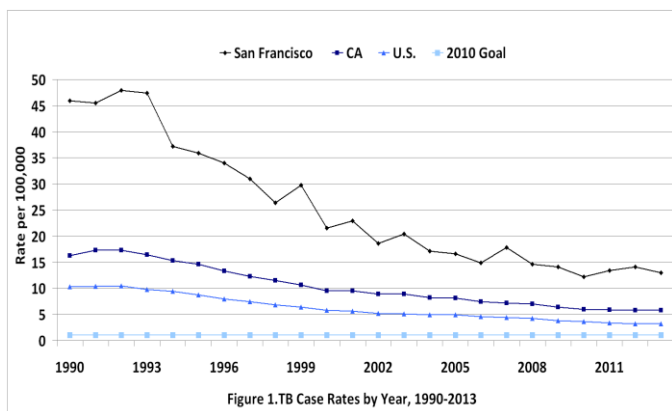


Tuberculosis in San Francisco, 2013

The mission of San Francisco TB Control is to control, prevent and finally eliminate tuberculosis in San Francisco by providing compassionate, equitable, and supportive care of the highest quality to all persons affected by this disease.



In 2013, 107 new TB cases were reported in San Francisco, for an incidence rate of 13.0 cases per 100,000 population. This represents a decline of 7.8% from 2012; however, since 2010 when TB cases were at an all time low, the number of new cases each year has remained relatively stable. The rate of TB in San Francisco is more than four times the national average of 3.2 cases per 100,000 and more than twice the California average of 5.8 cases per 100,000.



Case Finding and Case Management

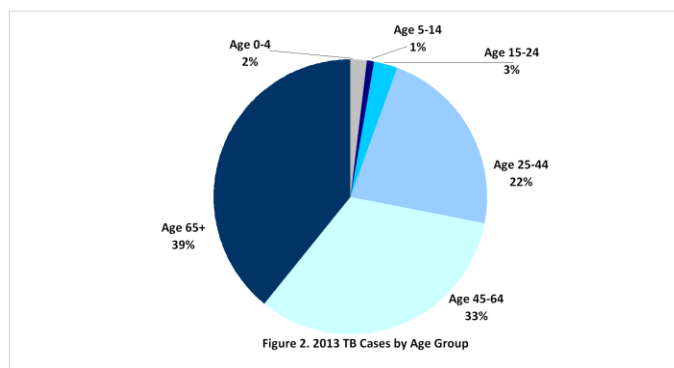
This year, 1% of TB cases were found through contact investigation, 3% through immigration screening, 29% through community-based targeted testing, and 67% through hospital and private provider referrals. A greater percentage of cases referred to TB clinic by hospitals and private providers have infectious TB than cases found through other targeted screening efforts (49% vs. 31%, respectively), suggesting cases found through

passive case finding have more advanced disease than cases found through active TB screening methods.

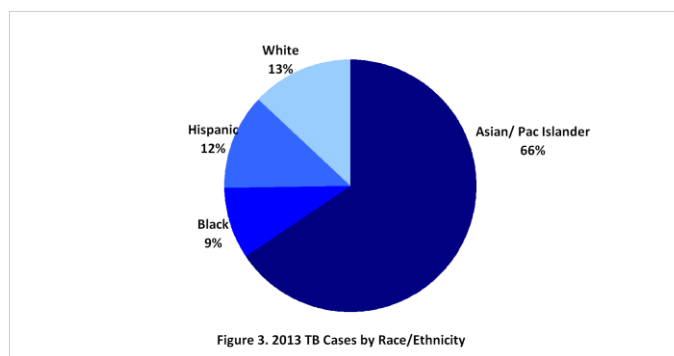
While hospitals and private providers diagnose the majority of TB cases, only 8% are solely treated and managed by this group. The TB clinic co-manages 35% of all cases and solely manages 57% of cases.

Age, Race/Ethnicity, and Place of Birth

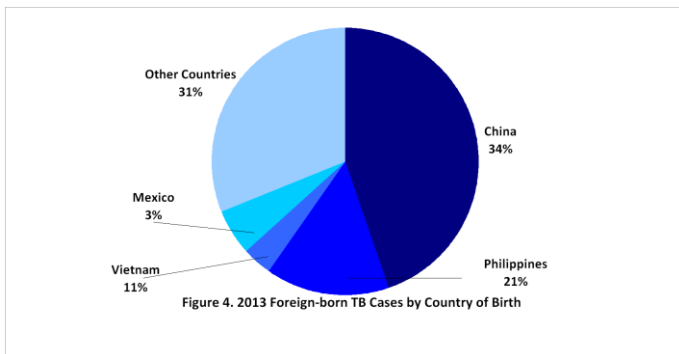
The average age of persons with TB in 2013 was 57 years, with 72% of cases occurring in persons over the age of 45. See Figure 2. Asian cases are older, with over half of cases in this group >66 years of age, while Hispanic cases tend to be younger with over half <36 years of age. Only 3 pediatric cases (0–14 years old) were diagnosed this year.



The largest proportion of cases reported annually are Asian (65%). See Figure 3. As in prior years, the majority of Asian (97%) and Hispanic cases (87%) were foreign-born.

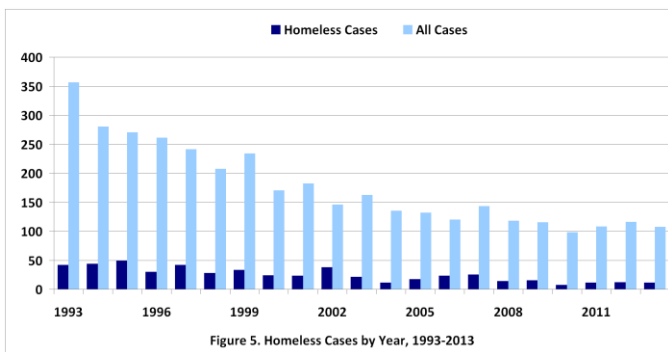


In 2013, 81% of cases were reported among foreign-born individuals – 45% from China, 15% from the Philippines, 3% from Vietnam, and 6% from Mexico. See Figure 4. The median length of residence in the U.S. prior to TB diagnosis was 17 years; however this varies by country of origin. For example, Filipino cases reside in the U.S. a median of 20 years prior to diagnosis, while Mexican cases are in the U.S. for a median of only 10 years.



Homelessness

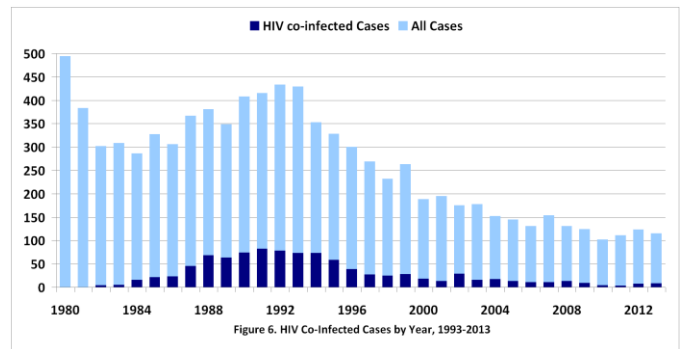
TB in the homeless/marginally housed remained stable in 2013, with 11 cases reported; 18% of which were HIV-positive, a significant decline from 41% in 2012. See Figure 5. This year, 2 cases were diagnosed while staying in shelters and 4 cases occurred in residents of SRO hotels.



Co-morbidities and Deaths

Comorbid conditions such as diabetes and tobacco use are becoming increasingly important risk factors for active TB, much more so than HIV infection. In 2013, 8% of TB cases were co-infected with HIV, See Figure 6, while 28% of active TB cases reported current or past use of tobacco and 23% had diabetes.

There were 7 deaths among TB cases in 2013 and 6 died due to complications of their TB disease. There were two deaths among HIV-positive cases.



Drug Resistance

Over the past three years, the percent of culture-positive cases with any form of drug resistance has ranged from 15-23%. In 2013, 11 cases (15% of culture-positive cases) were resistant to at least one anti-TB drug. The majority of cases were resistant to Isoniazid (INH) alone (7%) or in combination with another non-Rifampin, first-line drug (3%). There were 3 MDR-TB cases reported this year (4%).

For additional information regarding the data presented in this report, please contact:

Laura Romo, MPH
Epidemiologist
San Francisco Dept. of Public Health
Disease Prevention and Control
Laura.Romo@sfdph.org

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