

Tuberculosis in San Francisco, 2015

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 2015, 96 new TB cases were reported in San Francisco, for an incidence rate of 11.3 cases per 100,000 population. This represents a decrease of 15.8% from 2014 and is the lowest recorded TB incidence in San Francisco's history. However, the rate of TB in San Francisco is more than three and a half times the national average of 3.0 cases per 100,000 and twice the California average of 5.7 cases per 100,000.

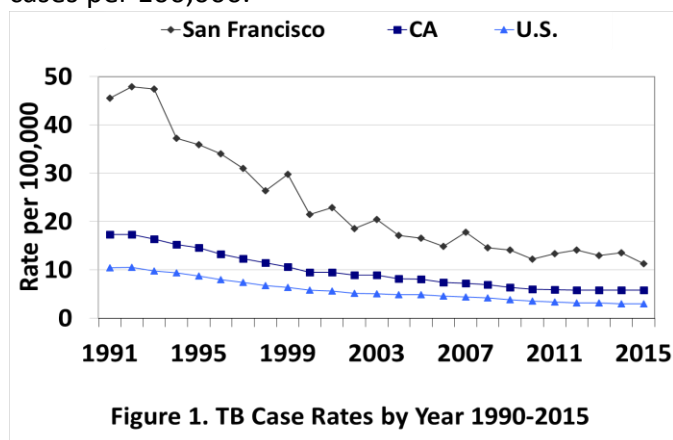


Figure 1. TB Case Rates by Year 1990-2015

Case Finding and Case Management

This year, 5% of TB cases were found through contact investigation, 3% through immigration screening, 31% through community-based targeted testing, and 61% 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 (65% vs. 35%, 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 2% are solely treated by this group. The TB clinic co-treats 1% of all cases and solely treats 97% of cases. All TB cases are case-managed by the TB program at Ward 94.

Age, Race/Ethnicity, and Place of Birth

The average age of persons with TB in 2014 was 57 years, with 73% 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 >61 years of age, while Black cases tend to be younger with over half <50 years of age. Two pediatric cases (0–14 years old) were diagnosed this year.

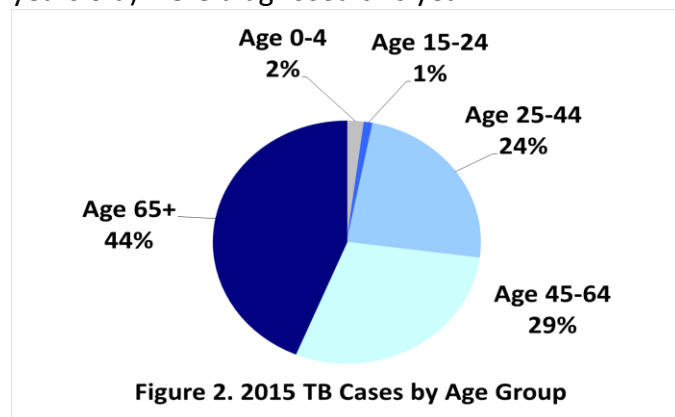


Figure 2. 2015 TB Cases by Age Group

The largest proportion of cases reported annually are Asian (74%). See Figure 3. As in prior years, the majority of Asian (94%) and Hispanic cases (92%) were foreign-born.

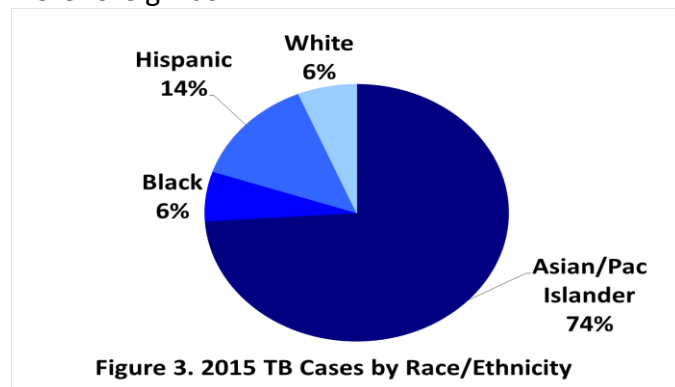
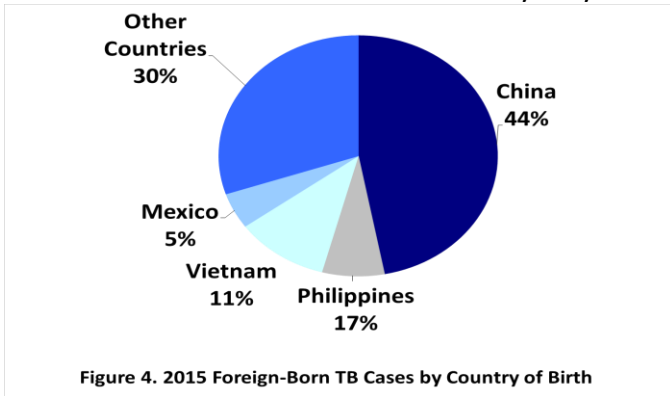


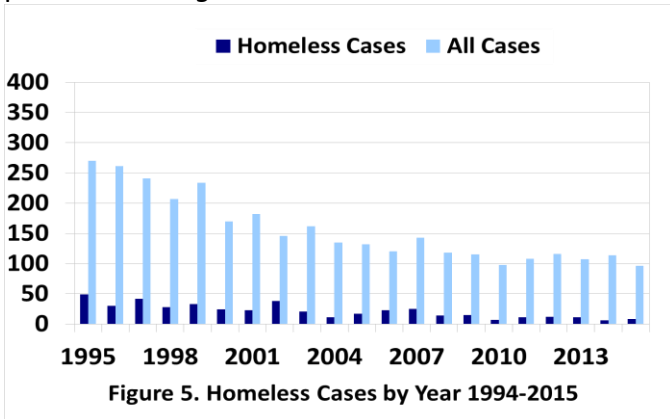
Figure 3. 2015 TB Cases by Race/Ethnicity

In 2015, 84% of cases were reported among foreign-born individuals – 44% from China, 18% from the Philippines, 6% from Vietnam, and 3% from Mexico. See Figure 4. The median length of residence in the U.S. prior to TB diagnosis was 16 years; however this varies by country of origin. For example, Filipino cases reside in the U.S. a median of 21 years prior to diagnosis, while Vietnamese cases are in the U.S. for a median of only 10 years.



Homelessness

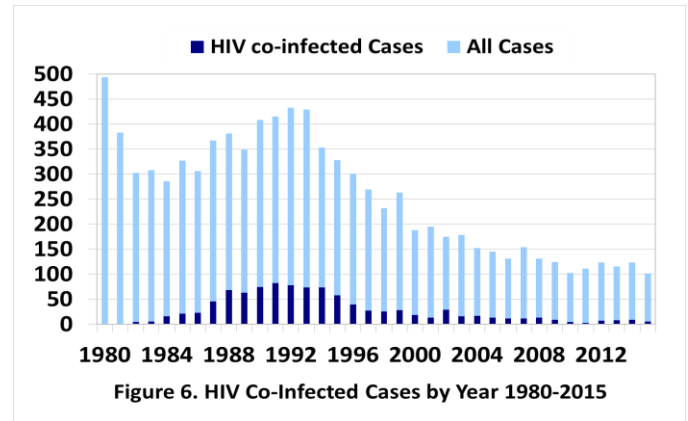
TB in the homeless/marginally housed increased in 2015, with 8 cases reported; 1 of which was HIV positive. See Figure 5.



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 2014, 5% of TB cases were co-infected with HIV, See Figure 6, while 27% of active TB cases reported current or past use of tobacco and 22% had diabetes.

There were 7 deaths among TB cases in 2015.



Drug Resistance

Over the past three years, the percent of culture-positive cases with any form of drug resistance has ranged from 14-23%. In 2015, 13 cases (20% of culture-positive cases) were resistant to at least one anti-TB drug. The majority of cases were resistant to Isoniazid (INH) alone (4%). There was 1 MDR-TB cases reported this year (1%).

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