

Tuberculosis in San Francisco, 2016

The mission of San Francisco Tuberculosis 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 2016, 100 new TB cases were reported in San Francisco, for an incidence rate of 11.7 cases per 100,000 population. This represents an increase of 3.8% from 2015 (96 cases), which had previously been the lowest rate in San Francisco history. The rate of TB in San Francisco is nearly four times the national average of 3.0 cases per 100,000 and more than twice the California average of 5.7 cases per 100,000.

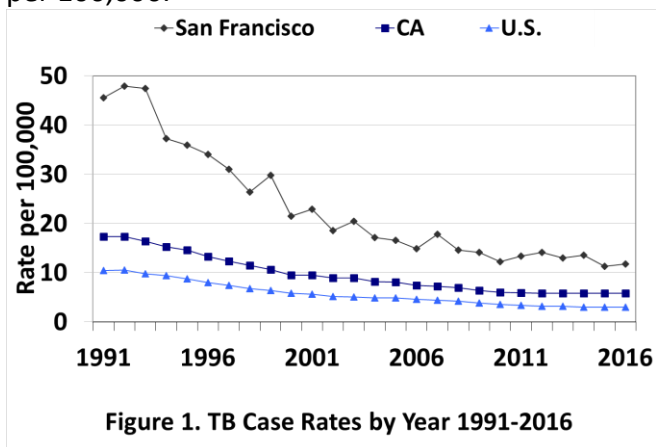


Figure 1. TB Case Rates by Year 1991-2016

Case Finding and Case Management

This year, 4% of TB cases were found through contact investigation, 3% through immigration screening, 48% through community-based targeted testing, and 45% through hospital and private provider referrals.

One TB case in 2016 was treated by a private provider and the remaining 99 cases were treated by Directly Observed Therapy (DOT) from the TB

Program. 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 2016 was 56 years, with 68% 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 <40 years of age. One pediatric case (0–14 years old) was diagnosed this year.

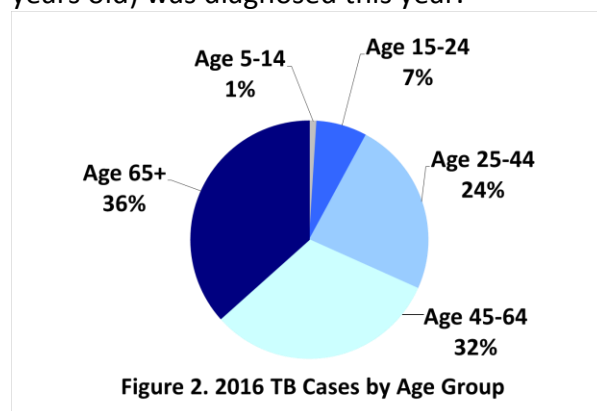


Figure 2. 2016 TB Cases by Age Group

The largest proportion of cases reported annually is Asian/PI (77%). See Figure 3. As in prior years, the majority of Asian (98%) and Hispanic cases (88%) were foreign-born.

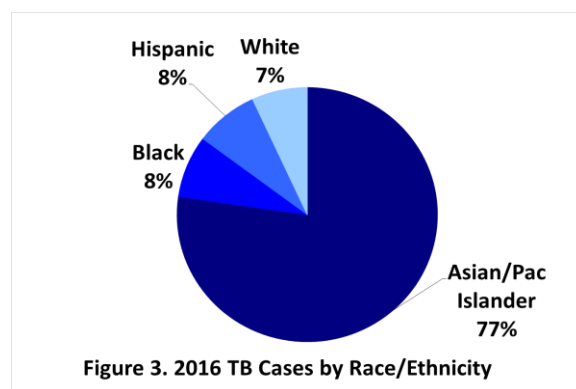


Figure 3. 2016 TB Cases by Race/Ethnicity

In 2016, 88% of cases were reported among foreign-born individuals – 47% from China, 21% from the Philippines, 5% from Vietnam, and 3% 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 24 years prior to diagnosis, while Vietnamese cases are in the U.S. for a median of only 12 years.

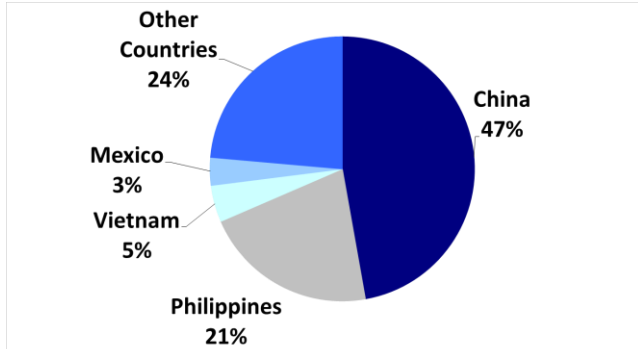


Figure 4. 2016 Foreign-Born TB Cases by Country of Birth

Homelessness

The number of TB cases who are also homeless or marginally housed increased again in 2016, with 10 cases reported; 1 of which was HIV positive. See Figure 5.

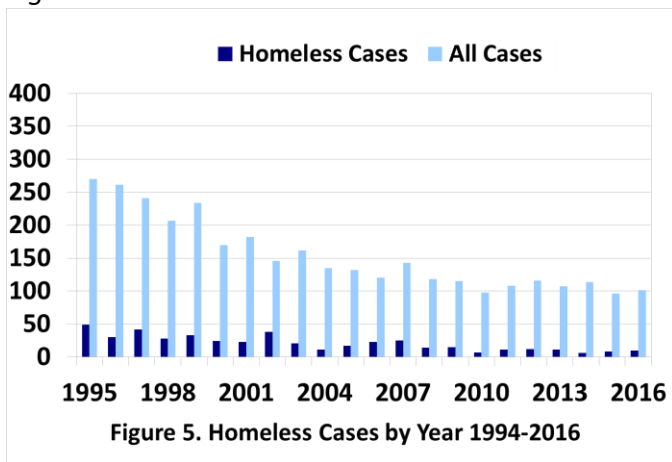


Figure 5. Homeless Cases by Year 1994-2016

Co-morbidities and Deaths

Co-morbid conditions, such as diabetes and tobacco use, are becoming increasingly important risk factors for active TB, much more so than HIV infection. In 2016, 6% of TB cases were co-infected with HIV, See Figure 6, while 35% of active TB cases reported current or past use of tobacco and 19% had diabetes.

There were 6 deaths among TB cases in 2016.

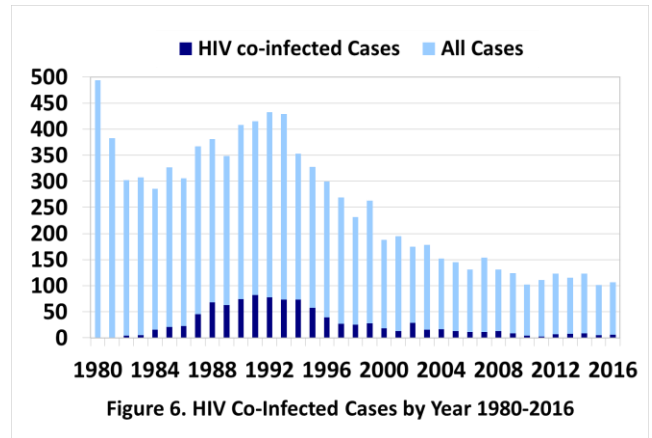


Figure 6. HIV Co-Infected Cases by Year 1980-2016

Drug Resistance

2016 saw the lowest number of drug resistant cases in the last 5 years. Just seven cases (9% 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%).

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

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