

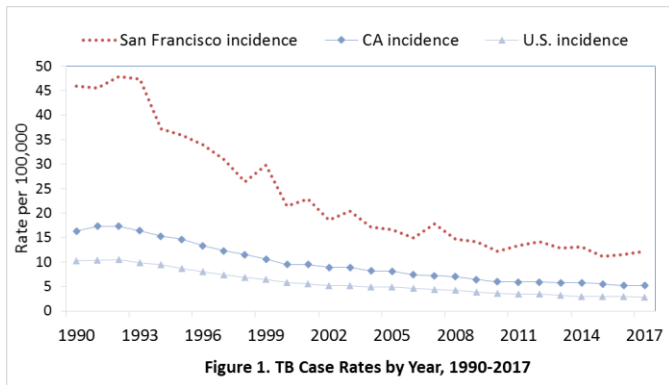
Tuberculosis Statistics in San Francisco - 2017

updated 3/21/18

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.

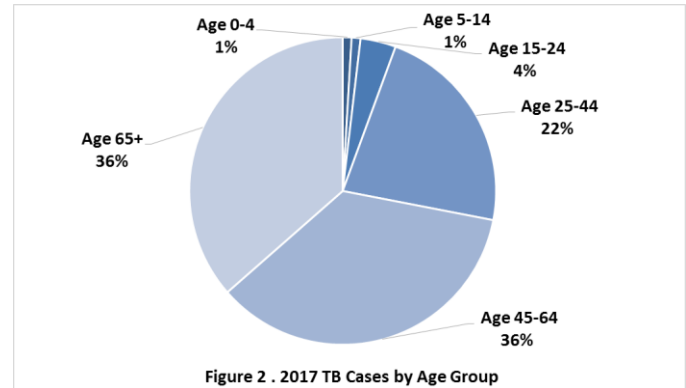


In 2017, 107 new TB cases were reported in San Francisco for an incidence rate of 12.2 cases per 100,000 population. This represents a 7% increase from 2016 (100 cases). The rate of TB in San Francisco is more than four times the national rate of 2.8 cases per 100,000 and nearly twice the California rate of 5.2 cases per 100,000. See Figure 1.

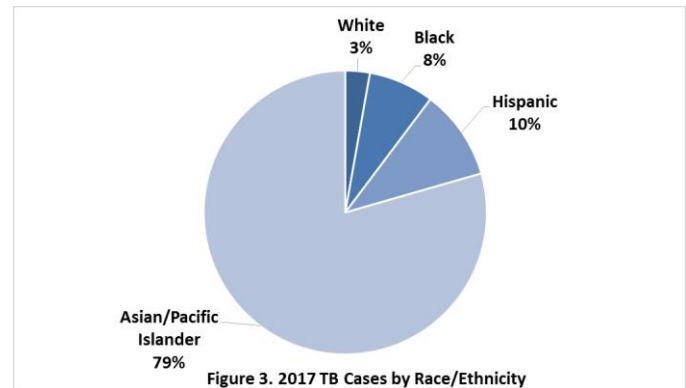


Sex, Age, Race/Ethnicity, and Country of Birth

Forty (37%) cases were assigned female sex at birth. The age range of persons with TB disease in 2017 was 2-99 years, and the median age was 60 years, which is an increase from 2016, in which the median age was 58 years and the age range was 14-92 years. In 2017, 36% of the cases were age 65 or over. See Figure 2. Two pediatric cases (0-14 years old) were diagnosed this year.

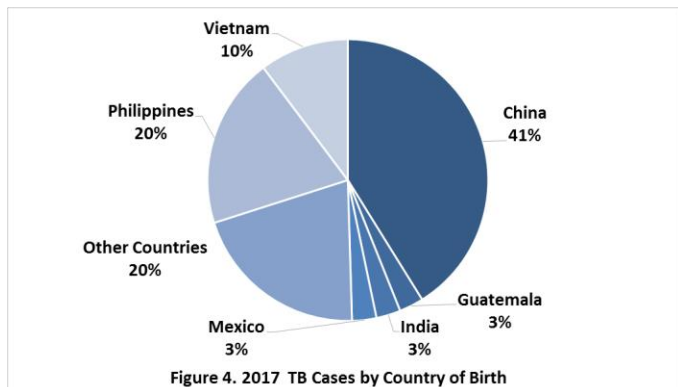


The largest proportion of cases reported annually is of Asian/Pacific Islander (API) descent. See Figure 3. This group was also older than the other ethnic groups, with 45% being age 65 or older.



Incidence rates for each racial/ethnic group are as follows: 0.77 cases per 100,000 for White, 8.19 cases per 100,000 for Hispanic, 14.9 cases per 100,000 for Black, and 28.25 cases per 100,000 for API.

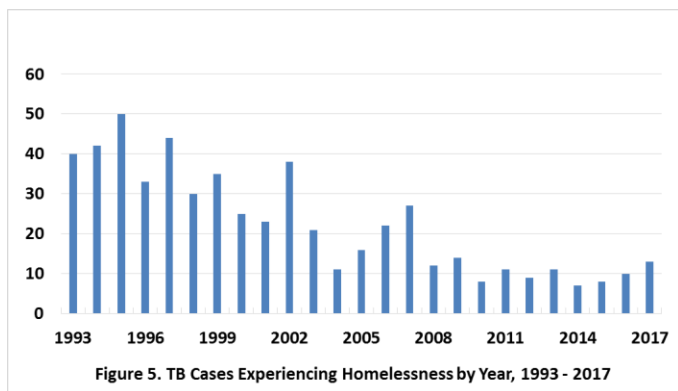
A majority (92%) of all persons with TB disease were born in another country. Similar to prior years, the majority of API (99%) and Hispanic cases (91%) were born in another country. See Figure 4.



Other countries of birth include: United States, Honduras, Nepal, Burma, Cameroon, Congo, Ecuador, Ethiopia, Hong Kong, Indonesia, Nigeria, Oman, and Thailand.

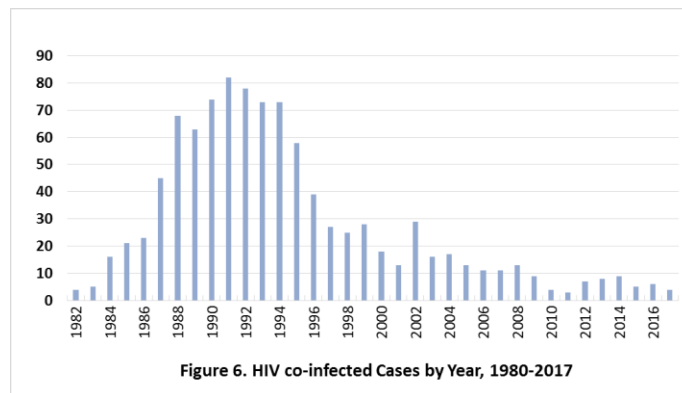
Homelessness

The number of persons with TB disease who were experiencing homelessness increased from 10 in 2016 to 13 in 2017. See Figure 5.



Comorbidities and Deaths

While HIV-TB co-infection declined in San Francisco (see Figure 6), comorbid conditions remained prevalent among persons with TB disease: Twenty-five (23%) with diabetes, seven (6%) with immunosuppression, four (3.7%) with HIV-infection, and three (2.8%) with end stage renal disease.



At the time of this publication, there were 10 deaths among persons diagnosed with TB disease in 2017 (9% mortality). One patient died before being able to receive TB treatment and seven deaths were directly related to TB disease.

TB Drug Resistance

There was an increase in the diagnoses of multi-drug resistant TB (MDR-TB) in 2017 with 5 patients diagnosed with MDR-TB, 2 of which had extensively drug resistant TB (XDR-TB). In 2016, only 1 case of MDR-TB was reported. Mono-resistance to first-line anti-TB medications was observed: Isoniazid (3.7%), Streptomycin (2.8%), and Pyrazinamide (1.9%). Resistance to two or more anti-TB medications (excluding MDR-TB) was observed in 4.7% of cases.

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

Billy Luong, MPH
 Epidemiologist
 San Francisco Dept. of Public Health
 Disease Prevention and Control
 William.Luong@sfdph.org

This report and others can be found on our website at:
<https://www.sfdcp.org/tb-control/>