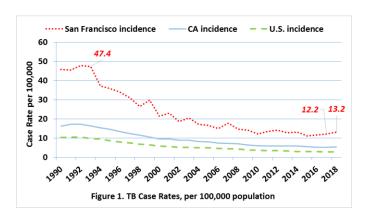
Tuberculosis in San Francisco, 2018

Updated 06/06/2019

The mission of San Francisco Tuberculosis Control (SFTBC) 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.

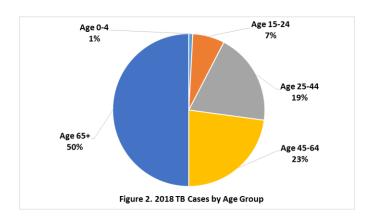


In 2018, the San Francisco Tuberculosis Prevention and Control Program (SFTBPC) identified 118 new persons with active tuberculosis (TB) in San Francisco for a rate of 13.2 TB cases per 100,000 population. This represents a 10.2% increase from 2017 (107 TB cases, at 12.2 cases per 100,000). The rate of TB in San Francisco is more than four times the national rate of 2.7 cases per 100,000 and more than twice the California rate of 5.3 cases per 100,000. See Figure 1.

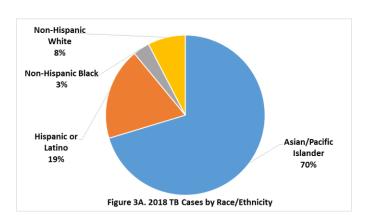


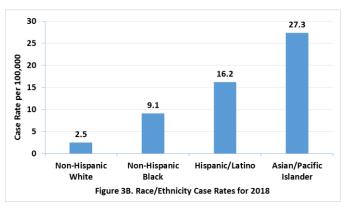
Demographics

Forty-two (35.9%) cases were assigned female sex at birth. The median age of persons with TB disease in San Francisco has increased over the past few years: 58 in 2016, 60 in 2017, and most recently 64 in 2018. One pediatric case (0-14 years old) was diagnosed in 2018. Of all cases, 50% were age 65 or older. See Figure 2.

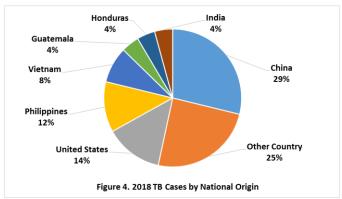


The largest proportion of cases reported in 2018 is of Asian/Pacific Islander (API) descent. *See Figure 3A.* The TB case rates for API, Hispanic/Latino, and non-Hispanic Black groups were higher than that of the non-Hispanic White group. *See Figure 3B.*





The national origin of persons with TB disease was diversely represented. See Figure 4.



Other countries of birth include: El Salvador, Hong Kong, Mexico, Burma, Malaysia, Ethiopia, Georgia, Indonesia, Nepal, Peru, Singapore, Spain, Taiwan, Thailand, Tunisia, Ukraine, and Yemen.

Homelessness

The number of persons with TB who were experiencing homelessness decreased from 13 in 2017 to 10 in 2018.

Comorbidities and Deaths

Ten cases (8.4%) were HIV positive. While there was a decline in HIV among persons with TB, other important comorbid conditions remained prevalent among 2018 TB cases. Twenty-nine (24.5%) patients had diabetes, fourteen (11.9%) patients had chronic renal disease, eight (6.7%) patients had end stage renal disease, and six (5%) patients had immunosuppression.

At the time of this publication, there were 20 deaths among persons diagnosed with TB in 2018 (16.9% mortality). One patient died before being able to receive TB treatment and ten deaths were directly related to TB disease.

TB Drug Resistance

Two cases were mono-resistant to anti-TB drug Isoniazid and another three cases were mono-resistant to Pyrazinamide. Two cases were polyresistant to two anti-TB drugs. In 2018, no cases of multi-drug resistant TB (MDR-TB) were reported.

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

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This report and others can be found on our website at:

https://www.sfcdcp.org/tb-control/