FOREIGN-BORN TUBERCULOSIS CASES EXCEED US-BORN TUBERCULOSIS CASES: NEW YORK CITY, 1997

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The figure above illustrates the trends in numbers of foreign-born versus US-born tuberculosis cases in New York City since 1980. While US-born cases decreased substantially after the peak of the recent tuberculosis epidemic in 1992, foreign-born cases continued to rise until 1995, and total foreign-born cases more than doubled since 1980. In 1997, information about country of origin was available for 1,704 (98.5%) of New York City's 1,730 tuberculosis cases. Between 1996 and 1997, the number of foreign-born cases dropped 4.6%, from 927 to 884, far less than the decrease of 23.2% (1,068 to 820) among US-born cases. The total number of US-born cases includes 100 cases from Puerto Rico, which comprised 5.9% of

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total cases with known place of origin; between 1996 and 1997, the number of cases from Puerto Rico decreased by 26.5%, from 136 recorded in 1996. Among cases with a known place of origin, the proportion of foreign-born cases increased from 46.5% recorded in 1996 to 51.9% in 1997, exceeding for the first time the proportion of US-born cases.

In 1997, based on 1990 census data, the rate among foreign-born persons in New York City was 42.4 cases per 100,000, compared with a rate of 15.6 among US-born persons. However, inasmuch as the number of foreign-born persons in New York City has increased substantially since the 1990 census,¹ the tuberculosis rate among foreign-born persons may be lower than 42.4 per 100,000.

A total of 91 countries other than the US or US territories were reported as places of origin for 1997 tuberculosis patients. The Caribbean area, which accounted for the largest foreign-born group, contributed 241 (14.1%) of total cases with known place of origin; Central America contributed 200 (11.7%), the second largest foreign-born group; Asia contributed the third largest group, with 158 cases (9.3%). More tuberculosis patients were from the Dominican Republic (94), China (91), Haiti (88), and Ecuador (57) than any other foreign countries. These and many other countries of origin have high rates of tuberculosis; accordingly, immigrants from these nations are likely to come to New York City already infected with tuberculosis. This provides a reservoir of previously infected individuals who may develop tuberculosis at some time during life in New York City. In 1997, 291 (32.9%) of foreign-born tuberculosis cases had arrived in the US less than 5 years previously; 107 (12.1%) arrived in the US in the last year.

As immigration to New York City from countries where tuberculosis is endemic continues and tuberculosis control efforts in New York City continue to reduce the spread of tuberculosis among individuals already living in there, the proportion of foreign-born tuberculosis cases probably will continue to increase. This change in the face of tuberculosis has brought new challenges to tuberculosis control efforts in New York City, including the increased need for outreach efforts in immigrant communities and the recruitment of clinic and outreach workers with appropriate cultural and language skills.

REFERENCE

1. New York City Department of City Planning. *The Newest New Yorkers, 1990–1994: An Analysis of Immigration into New York City in the Early 1990s*. New York: Department of City Planning, New York City; 1996.