



Dear Health Care Professional,

The COVID-19 pandemic has reversed years of progress in reducing the burden of active tuberculosis (TB) disease worldwide.<sup>1</sup> TB remains a significant public health challenge because of global inequities in access to resources for diagnosis and treatment. It disproportionately affects people in low- and middle-income countries and people living in poverty but can affect people living anywhere. In New York City (NYC), the rate is more than twice as high as the U.S. national rate.<sup>2</sup>

Certain groups of New Yorkers remain disproportionately impacted, including people born outside the U.S., non-Hispanic Black individuals and Hispanic individuals.<sup>3</sup> Additionally, while every NYC neighborhood saw at least one case of active TB, significant differences exist geographically. Residents of Flushing, West Queens and Sunset Park experience a disproportionate share of the TB burden.<sup>2</sup>

A previous study of people diagnosed with active TB disease in NYC found that the majority had preventable or potentially preventable cases.<sup>4</sup> It also found that progression to active TB disease was frequently the result of missed screening opportunities and/or failure to initiate treatment for latent tuberculosis infection (LTBI).<sup>4</sup> People with LTBI are not infectious, but they are at risk of progressing to active TB disease, which is infectious and potentially deadly if left untreated.

Identifying and treating LTBI can greatly reduce the risk of progression to active TB disease. To help reduce the TB incidence in NYC, the NYC Department of Health and Mental Hygiene (Health Department) urges you to:

1. Screen for risk of LTBI in all patients annually using a standardized tool such as the NYC TB Risk Assessment.
2. Test patients that meet any of the criteria on the NYC TB Risk Assessment tool using blood-based interferon gamma release assays (IGRAs).
3. Rule out active TB disease with clinical evaluation, chest X-ray and other diagnostics as needed.
4. Treat LTBI using a short-course regimen and counsel patients on treatment adherence.
5. Report diagnoses of LTBI among children younger than age 5 and potential or confirmed active TB disease in people of any age within 24 hours to the NYC Health Department.

This Action Kit contains clinical tools and resources to help you identify and test patients who may have LTBI and provide appropriate treatment. Your Health Department representative is visiting to discuss ways to implement these recommendations in your clinical practice. For consultation on evaluation and treatment for LTBI or active TB disease, call the TB Provider Hotline at 844-713-0559. In addition, care is available at no cost at the NYC Health Department Chest Centers. For more information, visit [nyc.gov/health/tb](https://nyc.gov/health/tb) or call **311**.

Working together, we can improve the health of all New Yorkers.

Sincerely,



Ashwin Vasani, MD, PhD  
Commissioner  
New York City Department  
of Health and Mental Hygiene



Michelle E. Morse, MD, MPH  
Chief Medical Officer  
New York City Department  
of Health and Mental Hygiene

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<sup>1</sup>World Health Organization. *Global Tuberculosis Report 2021*. Geneva: World Health Organization; 2021. Available at: <https://www.who.int/publications/i/item/9789240037021>. Accessed October 20, 2022.

<sup>2</sup>New York City Department of Health and Mental Hygiene. Bureau of Tuberculosis Control Annual Summary, 2019. Available at: <https://www1.nyc.gov/assets/doh/downloads/pdf/tb/tb2019.pdf>. Accessed October 20, 2022.

<sup>3</sup>New York City Department of Health and Mental Hygiene. Bureau of Tuberculosis Control Infographic, 2020. Available at <https://www1.nyc.gov/assets/doh/downloads/pdf/tb/tuberculosis-in-new-york-city-2020.pdf>. Accessed October 20, 2022.

<sup>4</sup>Slopen ME, Laraque F, Piatek AS, Ahuja SD. Missed opportunities for tuberculosis prevention in New York City, 2003. *J Public Health Manag Pract*. 2011;17(5):421-426. doi:10.1097/PHH.0b013e31820759b8