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TUBERCULOSIS IN NEW YORK CITY 1957

SEARCH FOR TUBERCULOSIS IN A TRANSITION PERIOD

✧

A review by

ANTHONY M. LOWELL

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NEW YORK TUBERCULOSIS
AND HEALTH ASSOCIATION

Alex Lyftum

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IN NEW YORK CITY
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AD ASTRA PER ASPERA -- This motto might well serve as a guide for the anti-tuberculosis movement at the present juncture in its long road toward the eradication of tuberculosis. That it is a long road and beset with difficulties few will deny. Yet it is one which gives hope in that we have a goal, that some of us may see attained, when the White Plague will be more or less of a medical curiosity rather than the relative scourge it is today. The last decade has been a period of transition in tuberculosis control. There is real need of revitalization of viewpoint and aims. The routine everyday tasks in controlling tuberculosis may dull our sense of achievement and vision so that there can be a lessening of the enthusiasm that is so sorely needed in fighting a disease of chronic character. We must retain a sense of dedication to the cause which is as urgent today as it was in the time of Trudeau. The ultimate objective should be constantly in the mind's eye in the midst of our daily work.

* * *

Special acknowledgments are due the Bureau of Tuberculosis, the Bureau of Records and Statistics of the Department of Health and also the Department of Hospitals, City of New York, who have generously made available important detailed statistics of their community-wide activities. Thanks are also due the cooperating tuberculosis hospitals throughout the New York Metropolitan Area, and other Authorities who have continued to furnish reports and have assisted in providing basic information on tuberculosis. -- A.M.L.

TUBERCULOSIS HIGHLIGHTS
NEW YORK CITY
YEAR 1957

TUBERCULOSIS, among eight million New York City residents, was responsible for:-

982 ..... deaths in New York City,

6,117 ..... newly reported with active disease,

20,716 ..... known active "cases" on record during the year, and

11,364 ..... persons still under medical care or supervision on December 31.

* * *

Thousands of other New Yorkers were going about the city, with unknown active tuberculosis, unaware of serious illness. These unwitting potential spreaders of disease remain a constant health threat to their families and friends.

* * *

Routine chest x-ray examinations of 246,503 on admission to General Hospitals disclosed 1,643 with active pulmonary tuberculosis.

The Department of Health and the Tuberculosis Associations took 769,628 x-rays in case-finding programs.

Specific antibacterial drug treatment for tuberculosis by the Department of Health alone was being provided to 5,709 individuals by the end of the year.

At year-end 11,364 residents with active tuberculosis were under medical care and supervision. Of these 5,756 were in hospitals and sanatoria, 3,481 attending clinics, 778 under private physicians' care, and 1,349 under other types of supervision.

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TUBERCULOSIS MORBIDITY AND MORTALITY, CITY OF NEW YORK, 1957 AND 1956

A - New Cases of Tuberculosis Reported in Each Borough

Boroughs	Number of New Cases			Case Rate per 100,000		
	1957	1956	Change 1957/56	1957	1956	Change 1957/56
Manhattan	3,002	2,895	+ 107 = 4%	167.9	159.8	+ 8.1 = 5%
Bronx	821	850	- 29 = 3%	57.7	59.6	- 1.9 = 3%
Brooklyn	1,598	1,700	- 102 = 6%	61.5	65.0	- 3.5 = 5%
Queens	634	626	+ 8 = 1%	35.8	36.0	- 0.2 = 0.6%
Richmond	62	66	- 4 = 6%	29.1	31.4	- 2.3 = 7%
New York City	6,117	6,137	- 20 = 0.3%	78.5	78.6	- 0.1 = 0.1%

B - Total Register of Tuberculosis Cases* By Boroughs During 1957

Boroughs	Population July 1 1957[x]	Cases in Register on Jan.1 1957	New Cases Reported during year	Old Cases Re-sumed (**)	Total Known Cases during 1957	Removed¶ from Register during year	Remaining in Register on Dec.31 1957
Manhattan	1,788,140	6,119	3,002	954	10,075	4,506	5,569
Bronx	1,423,406	1,741	821	237	2,799	1,327	1,472
Brooklyn	2,597,585	3,122	1,598	490	5,210	2,406	2,804
Queens	1,770,144	1,623	634	161	2,418	1,011	1,407
Richmond	212,751	127	62	25	214	102	112
New York City.	7,792,026	12,732	6,117	1,867	20,716	9,352	11,364

C - Mortality From All Forms of Tuberculosis, By Boroughs

Boroughs	Deaths within City			Death Rate per 100,000		
	1957	1956	Change 1957/56	1957	1956	Change 1957/56
Manhattan	421	365	+ 56 = 15%	23.5	20.1	+ 3.4 = 17%
Bronx	128	137	- 9 = 7%	9.0	9.6	- 0.6 = 6%
Brooklyn	242	254	- 12 = 5%	9.3	9.7	- 0.4 = 4%
Queens	115	125	- 10 = 8%	6.4	7.2	- 0.8 = 11%
Richmond	12	11	+ 1 = 9%	5.6	5.2	+ 0.4 = 8%
New York City Residents ...	918	892	+ 26 = 3%	11.8	11.4	+ 0.4 = 4%
Total recorded #	982	974	+ 8 = 1%	12.6	12.4	+ 0.2 = 2%

#Including non-residents and persons with unknown address.

D - Classification, Tuberculosis Cases* In Register (end of year)

Classification	On Dec.31,1957, by Boroughs and for entire City						
	Man.	Bronx	Bklyn.	Queens	Rich.	Total	Change 1957/56
In institutions in city...	2,551	547	1,166	569	47	4,880	- 300 = 6%
Out of town in sanatoria..	469	84	199	110	14	876	- 191 = 18%
Total hospitalized	3,020	631	1,365	679	61	5,756	- 496 = 8%
Health Department clinics.	915	337	827	253	18	2,350	- 291 = 11%
Other clinics	573	189	243	123	3	1,131	- 276 = 20%
Attending clinics	1,488	526	1,070	376	21	3,481	- 567 = 14%
Private physicians	164	101	228	260	25	778	- 201 = 21%
"Home care"†	7	4	12	36	0	59	- 38 = 39%
"Pending"‡	766	151	96	25	4	1,042	- 30 = 3%
Out of town, not in hosp..	24	8	3	3	0	38	- 38 = ..
Other	100	51	30	28	1	210	+ 2 = ..
Total in register	5,569	1,472	2,804	1,407	112	11,364	- 1,368 = 11%

*All forms: pulmonary and non-pulmonary. (**)Including 400 cases estimated to have been "old cases resumed - prev. other". †Under medical supervision and treatment by Department of Hospitals. ‡Type of care not confirmed. ¶Because of death, leaving city, recovery. Note: "Register" refers to residents of borough. [x]Population estimates based on 1957 enumeration by U.S. Bureau of the Census.

Compiled from reports, courtesy of the Department of Health, City of New York, by Statistical Division, New York Tuberculosis and Health Association, March 1958.

TUBERCULOSIS CONTROL -- TUBERCULOSIS ERADICATION

Perhaps the time has arrived when it ought to be restated that there are very real differences in the concepts of "control of TB" as opposed to "suppression of TB".

Historically the anti-tuberculosis movement has placed emphasis on eradication of tuberculosis as the ultimate objective, a goal which is by no means easy of attainment. It now appears that in selected enclaves of the population, where the disease is still strongly entrenched, the aim of eradication must temporarily give way to practical control.

However, we can say with some assurance that tuberculosis is now under a measurable degree of control. This statement takes into account the gradual reduction of both deaths and new cases of active disease, more definitive medical treatment of those who are presently ill, careful public health supervision of those who are now infected and therefore potentially victims of disease, and the attempts made to eliminate active infectors.

Both morbidity and mortality have shown a remarkable decline in recent years. In New York City during 1957 there has been some delay in the decline of new cases and deaths, which circumstances raises questions as to the rate of decline rather than its eventual continuation.

As a first step in overall control there is the <u>prevention of infection</u> of those who are not now infected with the tubercle bacillus. What scheme of action can best prevent the spread of infection? In a crowded urban community this poses a real challenge as to what the health authorities can do. It is in effect dependent upon what the man in the street is willing to do for himself in order to avoid unnecessary exposure to disease. A well informed

citizenry must accept more responsibility for personal action to protect its own health. Public health workers should implement their day to day routine search for infectors with a more aggressive campaign designed to make the public aware of the hazards of the disease. It is important to bear in mind that support of the community cannot be demanded -- it must be earned. To be truly effective there must be intelligent public demand in order to fulfill a social or medical need.

The organized activities of public and private anti-tuberculosis agencies in fact point their community educational efforts in this direction. The official tuberculosis agencies depend upon the detection, early diagnosis and effective treatment of the known active case so that at least this group is neutralized to some extent as a source of infection. Under special circumstances and among those segments of the population where exposure to infection is unusual B.C.G. vaccination can be resorted to for those not already infected. In highly selected other groups chemoprophylaxis may be used. The maintenance of a high standard of living will in itself add its weight to help bolster resistance to disease. It appears, therefore, that the means available to prevent infection are comparatively limited where control of the population and environment are dependent upon social persuasion. Only in part can the medical and public health armamentaria be fashioned to prevent infection.

Another aspect in control is the <u>prevention of the ultimate consequences of disease</u> among those who are already infected. It is estimated that in New York City several million residents have at one time or another been infected with the tubercle bacillus. It is believed that from this large reservoir will come a high proportion of the future tuberculosis

patients(*). What can be done to prevent a breakdown with active disease? Once again the non-specific preventive measures play an important if not too well defined role in prevention.

It has been suggested by Clayson(†) that "If it is correct to prevent tuberculous infection in order to prevent tuberculous disease, surely it is also correct to treat tuberculous infection in order to prevent tuberculous disease." Some preliminary steps are now being taken to study this matter among children.(‡)

Detection of the undiscovered tuberculosis cases in the community is another means of controlling and eradicating the disease. The tuberculin test if applied widely and in a systematic way can assist in locating the unknown case. Of late mass tuberculin testing surveys have been little used in New York City and where used they surveyed selected groups of the population, mainly school children. As the infection rate is lowered the tuberculin testing survey with the follow-up of contacts will gradually become a more important method for general use.

The mass x-raying of the general population has become a well established method of discovering and controlling tuberculosis. In New York City over one million x-ray examinations were made for the detection of tuberculosis last year. In effect, more than one in every ten adult residents was so examined. The variety of applications to special groups, industry, selected communities, general hospital admissions, etc., have

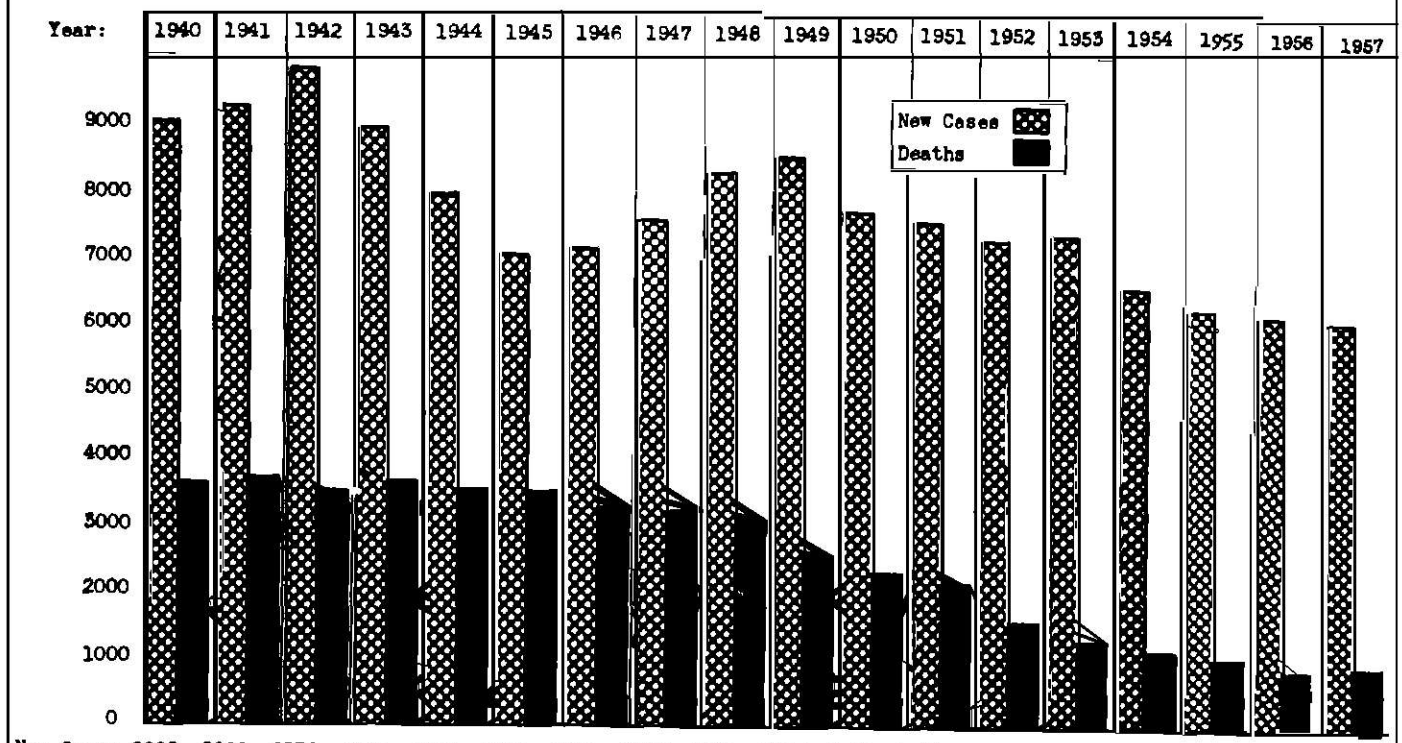
(*)Palmer, C. E., Shaw, L. W., Comstock, G. W.: Community Trials of BCG Vaccination, American Review of Tuberculosis and Pulmonary Diseases, Vol. 77, No. 6, June 1958.
(†)Clayson, Christopher: Sir Robert Philip and the Conquest of Tuberculosis, British Medical Journal, Dec. 28, 1957.
(‡)Prophylactic Effects of Isoniazid on Primary Tuberculosis in Children, American Review of Tuberculosis and Pulmonary Diseases, Vol. 76, No. 6, Dec. 1957.

over the years been well established as a routine procedure. The method, although productive of new active cases, does not guarantee that all people in a given area are surveyed so that voluntary attendance may have its practical drawbacks. Too, by the time a lesion appears on an x-ray film the disease may have progressed to a serious point since two out of three newly reported active cases are already in the moderately advanced or far advanced stage.

The effective care and treatment of the tuberculous with chemotherapy producing a more rapid conversion of the sputum reduced further another source of possible infection. Reduction of the relapse rates also adds to overall prevention.

In the matter of total eradication of tuberculosis it is quite evident that at least in New York City, under present conditions and with the inherent problems still facing us, attainment of this goal is academic for perhaps several generations.

NEW CASES AND DEATHS, TUBERCULOSIS, NEW YORK CITY, SINCE 1940

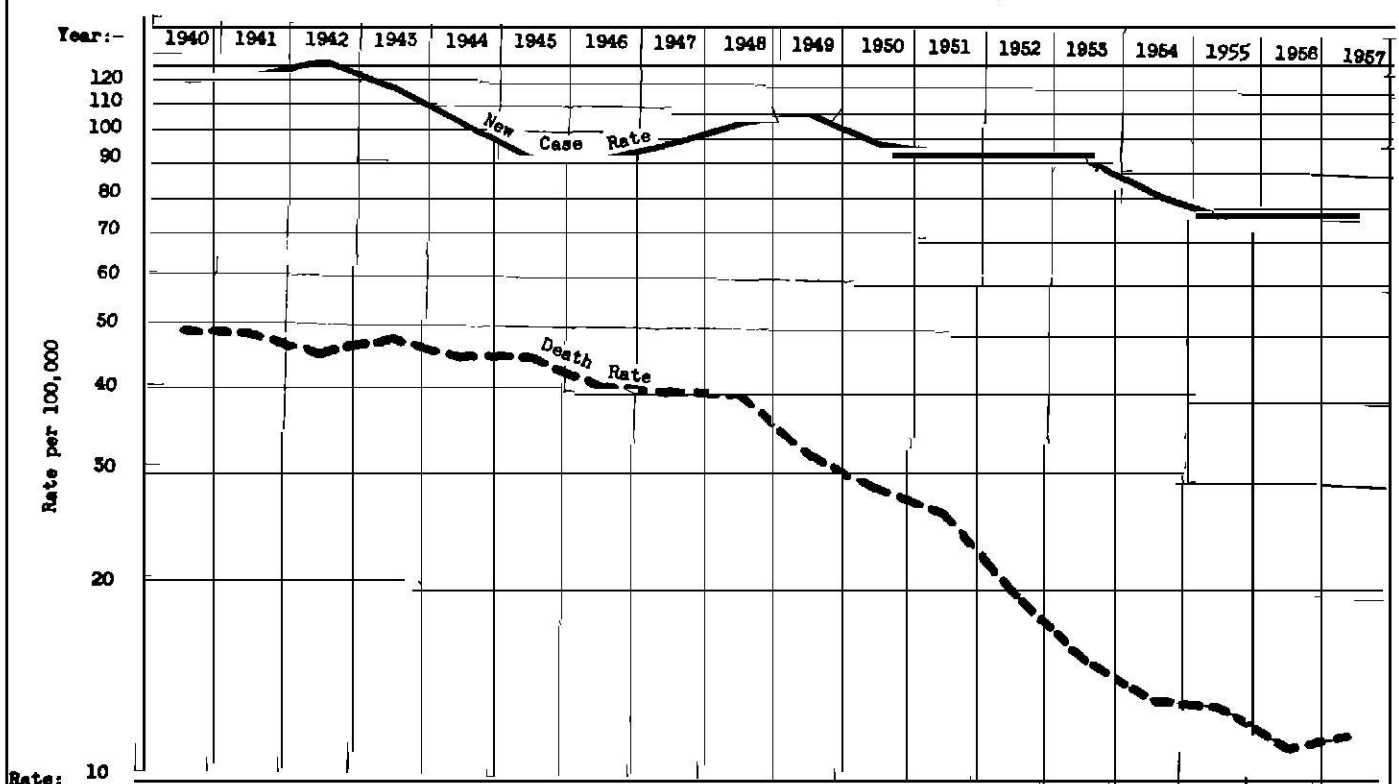


New Cases	9005	9222	9834	8950	7973	7062	7123	7599	8306	8567	7717	7583	7282	7349	6582	6214	6137	6117
Deaths	3627	3715	3502	3660	3534	3513	3245	3128	3112	2577	2321	2139	1598	1294	1127	1084	974	982

Based on reports by courtesy of the Bureau of Records and Statistics, Department of Health, City of New York.

Statistical Division
New York Tuberculosis and Health Assn.

NEW CASE RATE AND DEATH RATE, TUBERCULOSIS, NEW YORK CITY, SINCE 1940



Rate: New Case	121	123	130	118	104	92	92	98	106	109	98	96	93	94	84	79	79	79
Death	49	49	46	48	46	46	42	40	40	33	29	27	20	18	14	14	12	13

Based on reports by courtesy of the Bureau of Records and Statistics, Department of Health, City of New York.

Statistical Division
New York Tuberculosis and Health Assn.

NEW CASES OF TUBERCULOSIS REPORTED DURING THE YEAR

The daily search to discover all New Yorkers who harbor active tuberculosis was continued during 1957 as one of the prime objectives of the city-wide tuberculosis program. The finding of 6,117 new cases of active tuberculosis last year compared to 6,137 cases in 1956 emphasizes the unremitting intensity with which the search for previously undiscovered disease is being carried on. It is anticipated that in time, with fewer infectors in the community, the annual toll of new cases will be decreased. This may come about at a slower rate of decline than has been the experience in the past. Immigration into New York has no doubt played a part in delaying the anticipated decline in newly reported cases. For example, although in recent years there had been a steady drop in new cases among the resident white population, it has been less marked among the Negro, Puerto Rican(*) and other groups. For that matter, among the whites and Puerto Ricans there had been an increase in the number of new cases last year. Community chest x-ray surveys in those parts of town where tuberculosis is more concentrated have been instrumental in discovering many new cases of active tuberculosis. By the end of 1957 there were thirty-nine hospitals in the program to x-ray all persons admitted to in-patient and out-patient services. All of these several factors have contributed last year to maintain a high level of reporting of newly found active cases of tuberculosis.

As noted above, the number of new cases of tuberculosis reported in 1957 came down to 6,117, or a rate of 79 per 100,000 population, compared to 6,137 in 1956 with an identical case rate. Almost half of the new cases

(*)In the text the term Puerto Rican covers both white and nonwhite persons.

In 1957 (3,002) were registered as residents of Manhattan, producing a case rate of 168 for this borough or several times the rates in the other four boroughs (Brooklyn=62, Bronx=58, Queens=36, Richmond=29). Although there was a decrease of new cases for the city as a whole, sixteen of the health center districts had more new cases reported in 1957 than in 1956.

Of all the new cases reported, 53 percent were white, 29 percent Negro and 13 percent Puerto Rican, the remainder being of other races including those whose race was not recorded.

NEW CASES OF TUBERCULOSIS BY BOROUGHS, NEW YORK CITY, 1950-1957

Year	Manhattan	Bronx	Brooklyn	Queens	Richmond	New York City
NEW CASES REPORTED						
1950	3,847	944	1,948	859	119	7,717
1951	3,736	990	1,866	883	108	7,583
1952	3,567	910	1,875	825	105	7,282
1953	3,690	904	1,845	812	98	7,349
1954	3,404	804	1,619	672	83	6,582
1955(*)	2,994	872	1,644	605	99	6,214
1956	2,895	850	1,700	626	66	6,137
1957	3,002	821	1,598	634	62	6,117
CASE RATE PER 100,000(†)						
1950	197	65	71	55	62	98
1951	194	68	69	56	55	96
1952	187	63	70	51	53	93
1953	196	63	69	49	49	94
1954	183	56	61	40	41	84
1955	163	61	62	35	48	79
1956	160	60	65	36	31	79
1957	168	58	62	36	29	79

(*)Includes 51 infants, recently tuberculin positive, given prophylactic antimicrobials. (†)Case rates based on revised population estimates taking into account the 1957 enumeration by U.S. Bureau of the Census.

NEW CASES OF TUBERCULOSIS REPORTED IN NEW YORK CITY
By Health Center Districts, 1952-1957

Health Center DISTRICT	New Cases						Case Rate per 100,000(†)					
	1952	1953	1954	1955	1956	1957	1952	1953	1954	1955	1956	1957
Central Harlem	777	917	803	697	692	658	307	367	325	285	287	276
East Harlem	441	428	375	310	247	277	213	212	190	161	132	152
Kips Bay-Yorkville.	151	154	159	121	100	116	61	63	67	52	43	51
Lower East Side ...	688	774	817	694	800	911	226	256	272	233	270	309
Lower West Side ...	714	702	621	591	494	568	226	224	200	192	162	188
Riverside	467	423	382	354	309	293	163	150	138	130	115	111
Washington Hgts. ..	329	292	247	227	253	179	113	101	86	80	89	64
MANHATTAN:	3567	3690	3404	2994	2895	3002	187	196	183	163	160	168
Ford'm-Riverdale ..	88	85	58	80	47	87	38	37	25	34	20	37
Morrisania	253	266	184	223	232	244	88	93	65	80	84	90
Mott Haven	292	256	287	307	325	245	130	114	129	139	148	112
Pelham Bay	50	69	61	50	41	44	33	44	38	30	24	25
Tremont	131	129	133	145	132	114	45	45	47	52	48	42
Westchester	96	99	81	67	73	87	38	39	32	26	29	34
BRONX:	910	904	804	872	850	821	63	63	56	61	60	58
Bay Ridge	99	99	95	73	76	76	32	32	31	24	25	26
Bedford	400	386	331	371	420	309	132	129	112	127	146	108
Brownsville	143	144	142	150	156	170	51	52	51	54	57	62
Bushwick	141	134	140	148	131	133	62	60	63	68	61	62
Flatbush	138	141	115	112	84	110	29	30	24	24	18	23
Fort Greene	307	310	283	267	279	251	139	140	128	121	127	114
Gravesend	111	78	56	64	73	66	39	28	20	23	26	23
Red Hook-Gowanus ..	196	200	188	190	185	173	115	118	111	113	111	104
Sunset Park	147	147	102	130	112	124	69	70	49	64	56	64
Wmsbrg.-Greenp't ..	193	206	167	139	184	186	93	100	83	70	94	97
BROOKLYN:	1875	1845	1619	1644	1700	1598	70	69	61	62	65	62
Astoria-L.I.City ..	154	126	103	118	131	119	59	48	39	45	50	46
Corona	116	119	83	86	75	90	56	57	40	41	36	43
Flushing	132	137	122	102	76	86	39	38	32	26	18	20
Jamaica East	167	178	139	145	152	173	62	66	51	52	54	61
Jamaica West	146	153	142	80	107	97	52	54	49	28	36	33
Maspeth-For.Hills .	110	99	83	74	85	69	42	37	31	27	30	24
QUEENS:	825	812	672	605	626	634	51	49	40	35	36	36
RICHMOND:	105	98	83	99	66	62	53	49	41	48	31	29
NEW YORK CITY	7282	7349	6582	6214	6137	6117	93	94	84	79	79	79

(†)Case rates based on revised population estimates taking into account the 1957 enumeration by U.S. Bureau of the Census.

Based on reports, Bureau of Records and Statistics, Department of Health, City of New York. Compiled by Statistical Division, New York Tuberculosis and Health Association.

SOURCE OF REPORT

More than half of all new cases of active tuberculosis were reported by hospitals (52%) and sanatoria (2%) last year as has been the experience for a number of years. The Department of Health clinics now account for almost one-third of all new cases registered. Private physicians reported only four percent of all new cases, but this low percentage may be due to the practice of physicians referring patients to clinics when tuberculosis is suspected so that the clinics are credited with making the final diagnosis.

SOURCE OF REPORT, NEW CASES OF TUBERCULOSIS*
New York City, 1950-1957

Source of Report	1950	1951	1952	1953	1954	1955	1956	1957
NUMBER OF NEW CASES REPORTED								
Hospitals in city	3910	3907	3841	3894	3537	3335	3100	3209
Health Dept. clinics	1755	1882	1747	1903	1696	1686	2035	1894
Other clinics	730	735	658	615	569	495	497	465
Private physicians	779	607	633	526	419	392	276	239
Sanatoria, out of town	362	335	307	305	266	214	125	151
Other sources	181	117	96	106	95	92	104	159
All sources	7717	7583	7282	7349	6582	6214	6137	6117
PERCENT DISTRIBUTION BY SOURCE								
Hospitals in city	51%	51%	53%	53%	54%	54%	51%	52%
Health Dept. clinics	23%	25%	24%	26%	26%	27%	33%	31%
Other clinics	9%	10%	9%	8%	9%	8%	8%	8%
Private physicians	10%	8%	9%	7%	6%	6%	4%	4%
Sanatoria, out of town	5%	4%	4%	4%	4%	3%	2%	2%
Other sources	2%	2%	1%	1%	1%	2%	2%	3%
All sources	100%	100%	100%	100%	100%	100%	100%	100%

*Tuberculosis all forms. Note: Included are newly reported cases identified through death certificates.

STAGE OF DISEASE

The stage of disease of new cases of pulmonary tuberculosis, i.e., the ratio of early to advanced stages, has fluctuated very little during the last decade. Whereas in 1950, 79 percent of the new cases reported were in the moderately or far advanced stages, in 1957 the proportion was 82 percent. In 1957, 18 percent of the new cases were in the minimal stage, 54 percent moderately advanced, and 28 percent far advanced. It has been suggested that -- the normal evolution of tuberculous disease has established a pattern in which, at least under present conditions of case finding, the proportion of new cases by stage remains more or less the same, although in different places at different "levels" of incidence.

STAGE OF DISEASE, NEW CASES OF PULMONARY TUBERCULOSIS
New York City, 1950-1957

Year	Stage of Disease						Unknown †	Dead ‡	Total New Cases ¶
	Minimal		Mod. Adv.		Far Adv.				
	Number	Percent	Number	Percent	Number	Percent			
1950	1075	21%	2242	43%	1867	36%	776	558	6518
1951	1037	19%	2505	46%	1914	35%	452	423	6331
1952	970	18%	2535	49%	1703	33%	453	360	6021
1953	1020	19%	2709	50%	1681	31%	385	315	6110
1954	935	19%	2411	50%	1489	31%	332	272	5439
1955	834	19%	2166	49%	1421	32%	418	225	5064
1956	902	20%	2187	49%	1356	31%	454	190	5089
1957	827	18%	2429	54%	1232	28%	460	214	5162

†Stage of disease unknown. ‡Cases identified through death certificate or reported at time of death only. ¶Pulmonary cases only.

Prior to 1955, cases of pulmonary tuberculosis were divided into two categories -- "pulmonary (adult)" and "primary (childhood pulmonary)." The distinction between pulmonary and primary tuberculosis was unsatisfactory as it did not fully reflect a difference in type of pulmonary disease. On January 1, 1955, the Bureau of Tuberculosis started classifying all cases of pulmonary tuberculosis into those cases 10 years of age and over, and those under 10 years of age. For statistical purposes, these two groups should be considered equivalent to the groups formerly labeled "pulmonary" and "primary" tuberculosis. (Abstract from 1955 SERVICE STATISTICS BOOK, Bureau of Records and Statistics, Department of Health, City of New York.)

Stage of Disease by Age, Sex and Ethnic Group
NEWLY REPORTED CASES, ACTIVE PULMONARY TUBERCULOSIS, 10 YEARS OF AGE AND OVER
New York City, Year 1957

Age, Ethnic Group	Males: Stage at First Report: Minimal	Mod. Adv.	Far Adv.	Not Rep.	New Dead	Total	%† Min. Stage	Females: Stage at First Report: Minimal	Mod. Adv.	Far Adv.	Not Rep.	New Dead	Total	%† Min. Stage
WHITE														
10-24	31	49	15	6	0	101	33%	42	50	15	11	0	118	39%
25-34	41	98	42	15	0	196	23%	35	80	22	14	1	152	26%
35-44	42	149	53	20	3	267	17%	33	43	28	13	6	123	32%
45+	171	758	438	149	103	1619	12%	61	146	59	24	13	303	23%
Total*	287	1068	556	198	106	2215	15%	174	331	125	68	20	718	28%
NEGRO														
10-24	16	36	11	10	1	74	25%	28	57	31	10	0	126	24%
25-34	23	82	53	13	6	177	15%	35	87	42	6	3	173	21%
35-44	20	99	70	19	8	216	11%	16	72	49	11	12	160	12%
45+	26	158	89	36	30	339	10%	11	53	22	8	9	103	13%
Total*	86	378	226	78	46	814	12%	91	270	144	36	24	565	18%
PUERTO RICAN														
10-24	22	46	19	4	0	91	25%	24	36	21	10	0	91	30%
25-34	16	30	21	6	1	74	24%	24	32	10	7	3	76	36%
35-44	10	30	14	4	0	58	19%	12	16	7	3	0	38	34%
45+	17	36	21	2	0	76	23%	7	31	15	5	2	60	13%
Total*	65	145	75	17	1	303	23%	67	119	53	25	5	269	28%
OTHER RACES														
10-24	7	7	0	1	0	15	50%	4	4	2	1	0	11	40%
25-34	10	12	7	3	0	32	34%	9	8	1	5	0	23	50%
35-44	5	20	9	2	0	36	15%	2	2	0	0	0	4	50%
45+	13	43	33	10	10	109	15%	3	10	1	5	2	21	21%
Total*	38	90	49	23	10	210	21%	19	28	4	15	2	68	37%
GRAND TOTAL	476	1681	906	316	163	3542	16%	351	748	326	144	51	1620	25%

*Totals include persons of unknown age. †Percentages based on total cases for which stage was reported. Compiled from reports, Department of Health, City of New York.