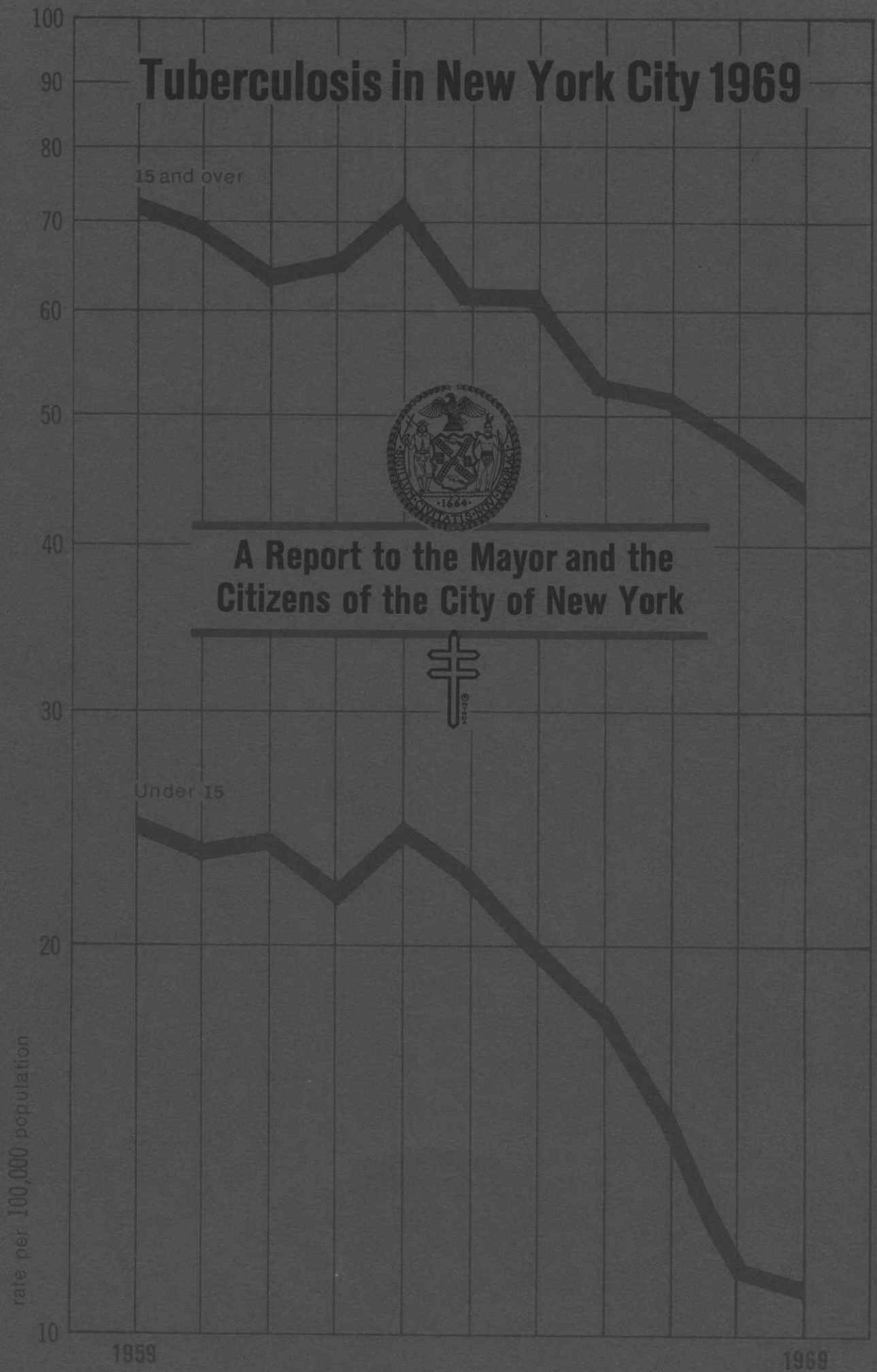


# Tuberculosis in New York City 1969



A Report to the Mayor and the  
Citizens of the City of New York

# **Tuberculosis in New York City**

**1969**

**A Report to the Mayor  
and the Citizens of the City of New York**

Acknowledgements are extended to:

The Bureau of Records and Statistics, Department of Health, the City of New York, for compilation and statistical organization of data.

The Tuberculosis and Respiratory Disease Association of New York for editorial and production services involved in publication of this report.

Notes:

1. Tuberculosis case rates and death rates given for years after 1960 are based on estimated population.

2. Definition of ethnic groups:

Puerto Rican - a person who was either born in Puerto Rico or whose mother was born in Puerto Rico -- irrespective of racial characteristics.

Nonwhite - a person who is not white and not Puerto Rican as defined above. Well over 90% of this group is black.

White - a person who is white and not Puerto Rican as defined above.



DEPARTMENT OF HEALTH  
125 WORTH ST., NEW YORK, N. Y. 10013

December, 1970

TO THE MAYOR AND THE CITIZENS OF THE CITY OF NEW YORK:

We are happy to present our second annual review of Tuberculosis in New York City.

As you will see in these pages, tuberculosis is gradually declining in New York City. However, the disease is still a threat to all New Yorkers and a drain on the city's resources. The tuberculosis control program costs taxpayers \$40,000,000 each year.

During 1969, progress was made in putting into action the recommendations of the Mayor's Task Force on Tuberculosis in New York City. The Advisory Committee on Implementation of Task Force Recommendations has identified the first year's accomplishments and has set a number of specific goals for 1970.

We have all the scientific knowledge and technology necessary for the treatment and control of this contagious disease. Now, the ever-present task is to find the people who have tuberculosis as early as possible, to persuade them to take their medications regularly, and to test their contacts and associates for possible tuberculous infection or disease. We gratefully acknowledge the cooperation and help of the Tuberculosis and Respiratory Disease Associations of New York City in fulfilling this important task.

Let us hope that the coming year will show an even greater decrease in tuberculosis in New York City.

*Mary C. McLaughlin*

Mary C. McLaughlin, M.D.  
Commissioner of Health

*Aaron D. Chaves*

Aaron D. Chaves, M.D.  
Assistant Commissioner for Chronic  
and Communicable Disease Services,  
Department of Health

### SUMMARY OF THE REPORT

Tuberculosis rates in New York City in 1969 continued their downward trend. During the year, 2,951 new active cases of tuberculosis were reported in the city, and 418 New Yorkers died of tuberculosis. The new case rate was 36.4 per 100,000 population. The death rate was 5.2 per 100,000. The decline in the death rate from the previous year was the greatest since 1964.

Tuberculosis rates decreased among all ethnic groups, but the smallest decrease was among nonwhite people.

The age group with the highest tuberculosis new case rate is that from 35 to 44. Sixty-two per cent of all new patients were over 35. The median age of new patients was highest among whites and lowest among Puerto Ricans. The most rapid decline in tuberculosis rates in recent years has been among children under 15.

Two-thirds of all new patients were male.

New case rates for the whole city and for each borough have decreased. Eight of the city's thirty health districts accounted for more than half the cases, and in some of these the rate increased during 1969. The rates are highest in areas of high population density and low income. The 1969 rates ranged from 121.2 per 100,000 population in Central Harlem to 8.6 per 100,000 in Flushing.

The majority of the new cases in 1969 were reported by hospitals. A substantial number was also reported by municipal chest clinics.

An analysis of the service statistics shows an increasing trend toward outpatient care, and a decrease in hospitalization. Chest clinic tuberculosis records show that 62,698 individuals were served during 1969, with a total of 373,917 visits. This group included patients with active disease, their contacts and associates, and other people with tuberculous infection.

Over 650 former patients whose disease had become inactive showed reactivation during 1969.

Some other large cities surpass New York in tuberculosis rates based on population, but New York has the largest tuberculosis problem of any American city.

MAJOR TRENDS IN NEW ACTIVE CASES AND DEATHS

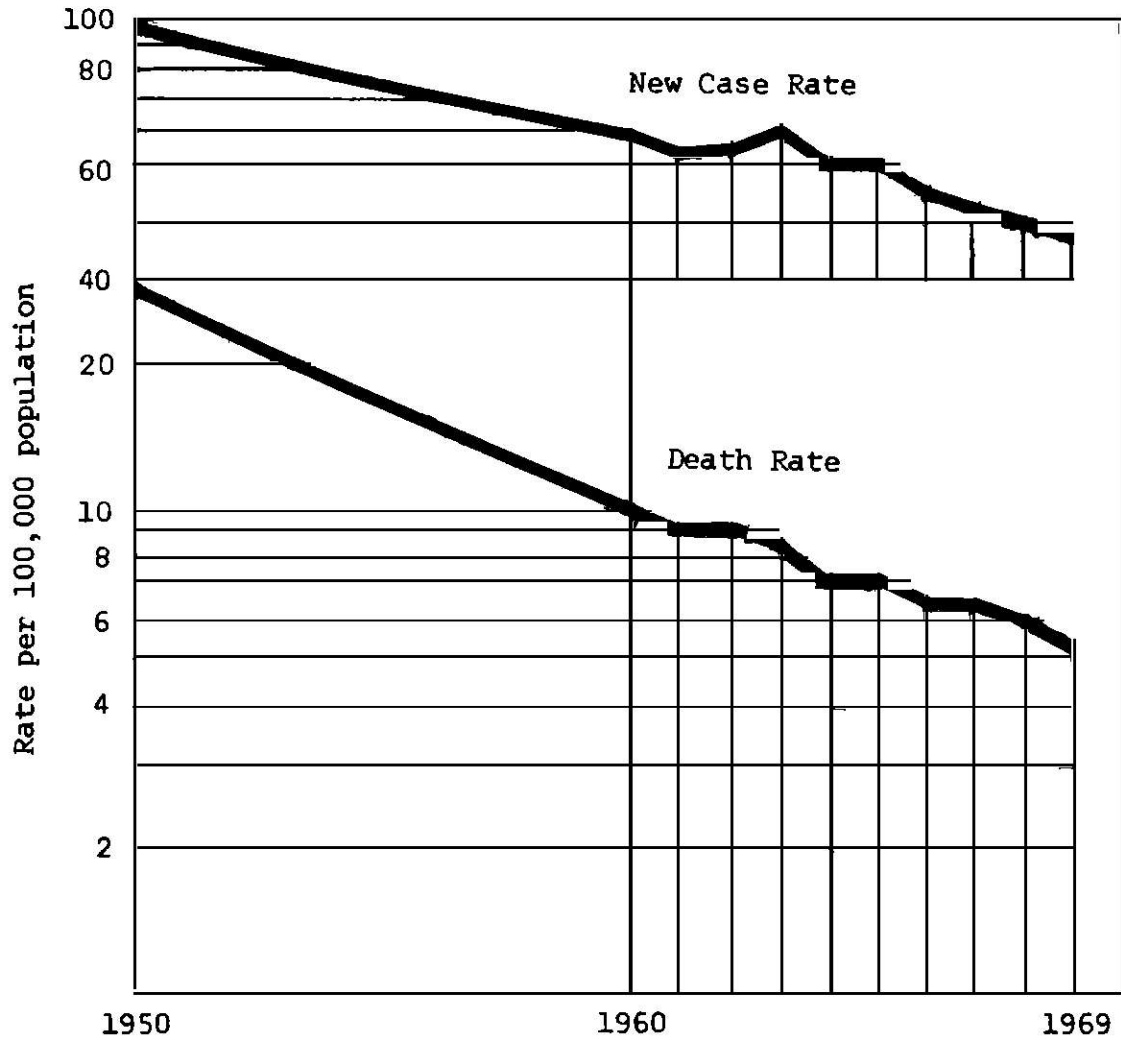
The numbers and rates of new active cases of tuberculosis and deaths from tuberculosis have declined steadily since 1960, despite minor reversals. Deaths have decreased at a more rapid rate than have new cases (Table 1, Figure 1).

Table 1.

NEW ACTIVE TUBERCULOSIS CASES AND DEATHS  
DUE TO TUBERCULOSIS, NUMBERS AND RATES  
New York City, 1950, and 1960 to 1969

Year	New Active Cases	Deaths	Population (in 1000's)	Rate per 100,000	
				New Cases	Deaths
1950	7,717	2,321	7,903	97.6	29.4
1960	4,699	810	7,782	60.4	10.4
1961	4,360	738	7,782	56.0	9.5
1962	4,437	740	7,780	57.0	9.5
1963	4,891	683	7,780	62.9	8.8
1964	4,207	581	7,840	53.7	7.4
1965	4,242	592	7,960	53.3	7.4
1966	3,663	537	8,040	45.6	6.7
1967	3,542	525	8,125	43.6	6.5
1968	3,224	485	8,110	39.7	6.0
1969	2,951	418	8,110	36.4	5.2

Figure 1.  
RATE OF NEW ACTIVE TUBERCULOSIS CASES AND DEATHS  
New York City, 1950 to 1969



## WHO ARE THE NEW PATIENTS?

### ETHNIC GROUPS

Tuberculosis occurs among people of all ethnic backgrounds. However, ethnic group data, in combination with other epidemiologic information, are of major importance in defining the population segments most in need of tuberculosis services.

Since 1945, marked changes have occurred in the ethnic makeup of New York City. An ethnic analysis of tuberculous patients over the past 25 years reflects these changes (Table 2, Figure 2). In 1945, whites represented 90% of the population and accounted for 70% of the new active tuberculosis cases reported. Nonwhites and Puerto Ricans represented 10% of the total population and accounted for 30% of the new active cases of tuberculosis. In 1969, whites made up 71% of the population and accounted for 31% of the new active cases of tuberculosis. Nonwhites and Puerto Ricans represented 29% of the population and accounted for 69% of the new cases.

However, the new active case rates from 1945 to 1969 are a more important reflection of tuberculosis incidence within ethnic groups (Figure 3). The rates have declined for all ethnic groups since 1953. The reduction has been greatest among the nonwhites and Puerto Ricans.



Figure 2.

ANNUAL TOTALS OF NEW ACTIVE TUBERCULOSIS CASES  
BY ETHNIC GROUP AND YEAR  
New York City, 1945 to 1969

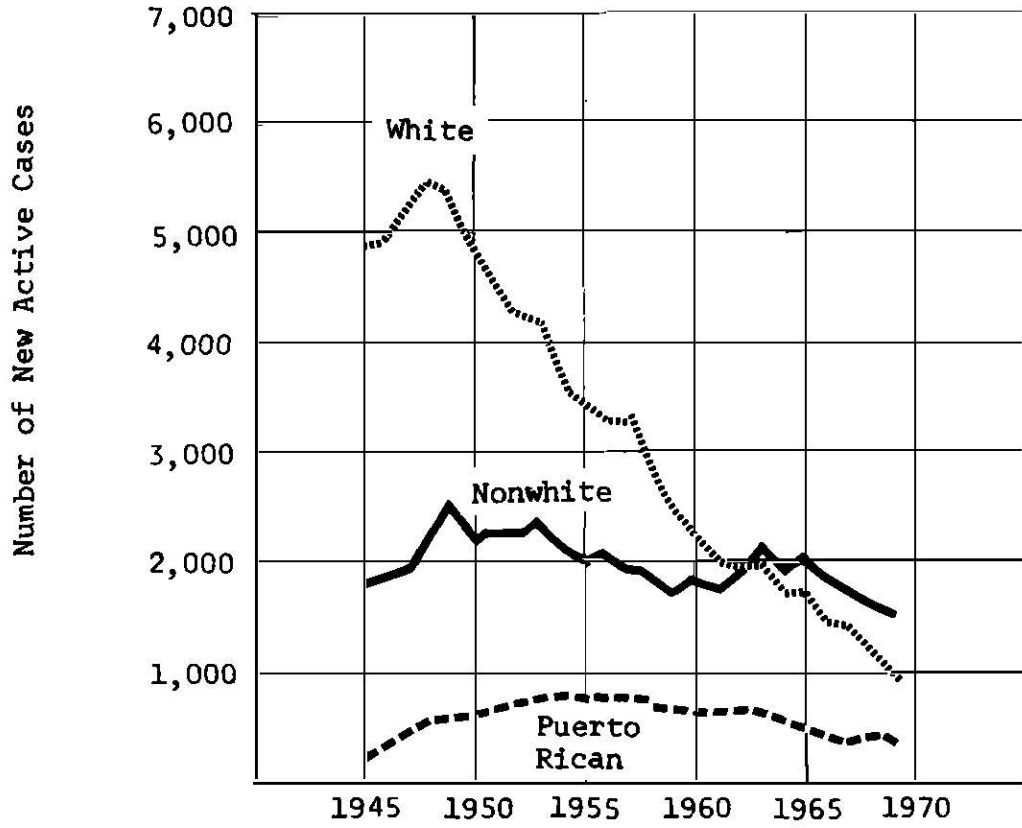


Figure 3.  
NEW ACTIVE TUBERCULOSIS CASE RATES  
BY ETHNIC GROUP AND YEAR  
New York City, 1945 to 1969

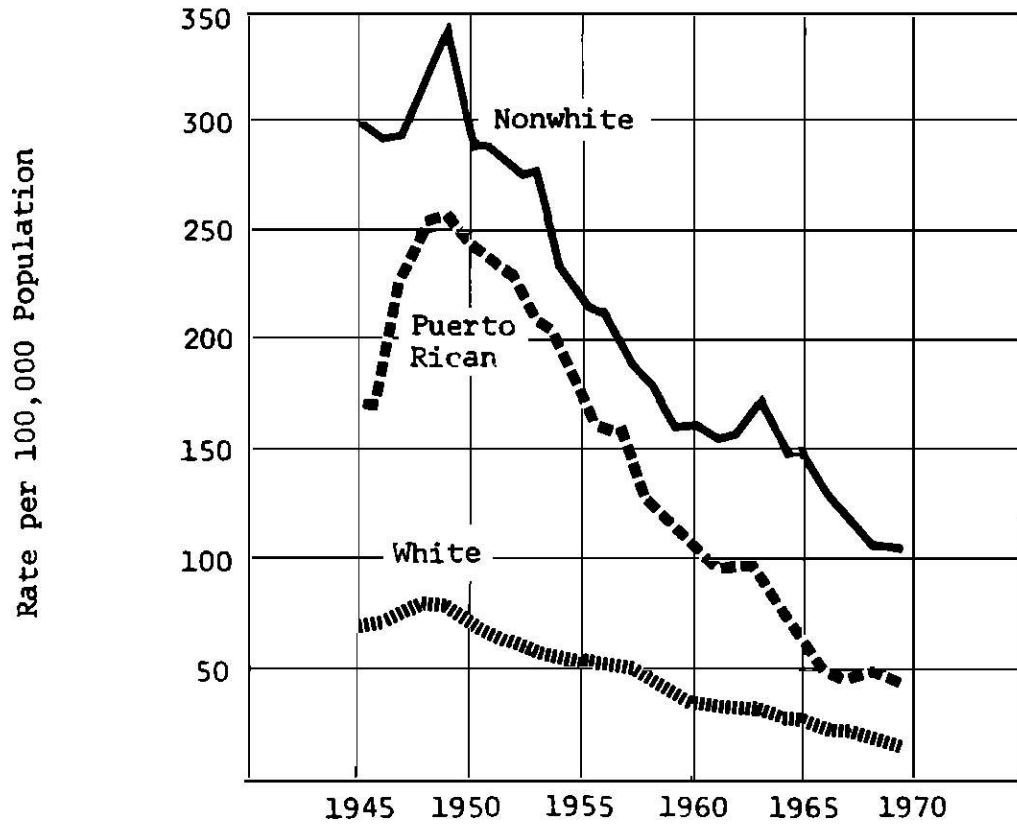


Table 2.

NEWLY REPORTED CASES OF ACTIVE TUBERCULOSIS, NUMBERS AND RATES BY ETHNIC GROUP  
New York City, 1945 to 1969

Year	New Active Cases*				Total
	Total	White	Non-white	Puerto Rican	
1945	7,062	4,930	1,850	282	7,684
1946	7,123	4,930	1,880	313	7,728
1947	7,599	5,174	1,961	464	7,772
1948	8,306	5,482	2,276	548	7,815
1949	8,567	5,431	2,536	600	7,859
1950	7,717	4,915	2,192	610	7,903
1951	7,583	4,633	2,290	660	7,891
1952	7,282	4,253	2,279	750	7,879
1953	7,349	4,209	2,395	745	7,867
1954	6,582	3,672	2,105	805	7,854
1955	6,214	3,430	2,025	759	7,843
1956	6,137	3,305	2,077	755	7,831
1957	6,117	3,377	1,940	800	7,818
1958	5,482	2,901	1,901	680	7,806
1959	4,924	2,526	1,721	677	7,794
1960	4,699	2,263	1,803	633	7,782
1961	4,360	1,983	1,772	605	7,782
1962	4,437	1,936	1,859	642	7,780
1963	4,891	2,029	2,186	676	7,780
1964	4,207	1,705	1,924	578	7,840
1965	4,242	1,712	2,031	499	7,960
1966	3,663	1,448	1,810	405	8,040
1967	3,542	1,427	1,740	375	8,125
1968	3,224	1,178	1,610	436	8,110
1969	2,951	971	1,587	393	8,110

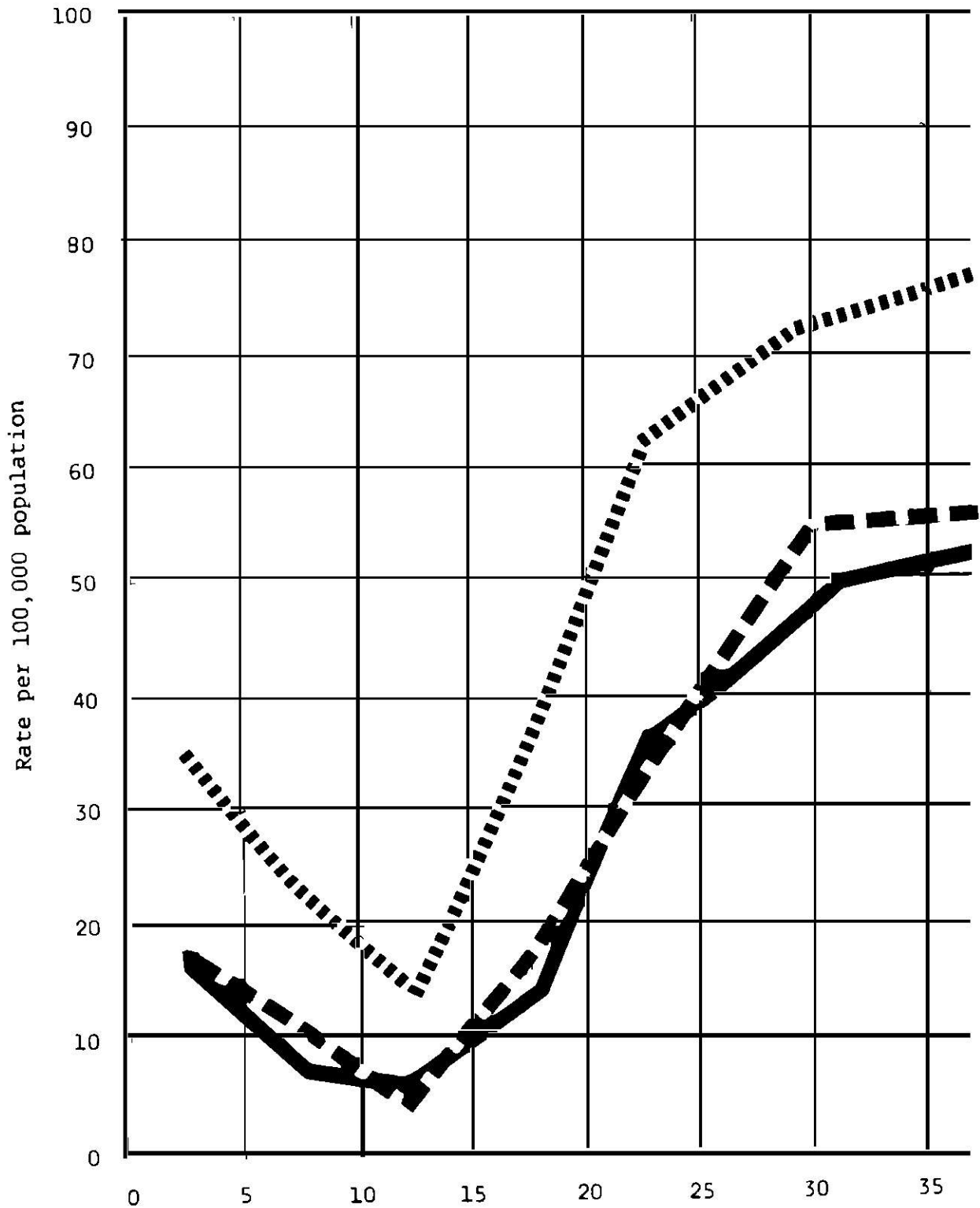
\*New active cases of unknown ethnic group have

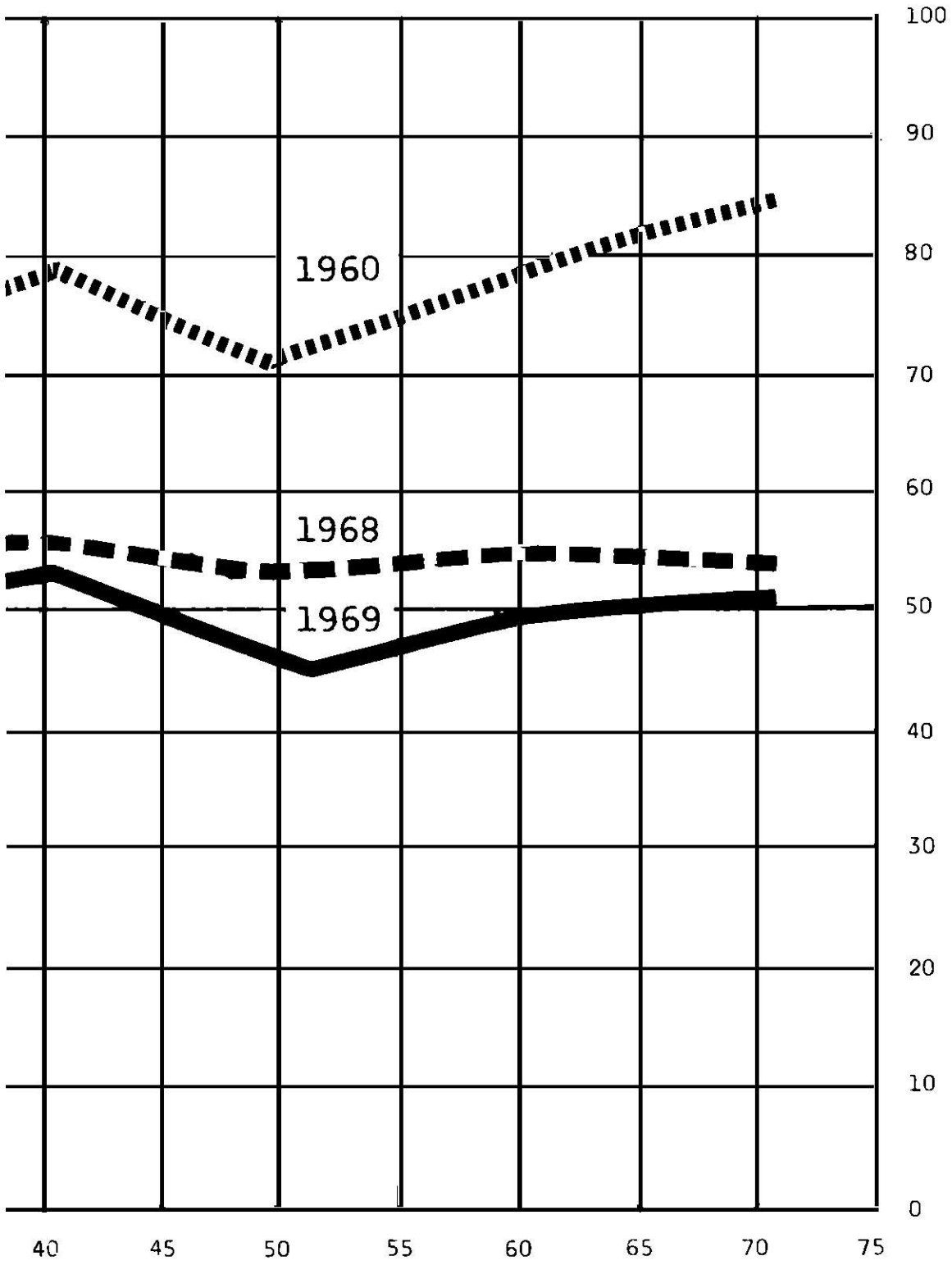
Population (in 1000's)			Rates per 100,000				Year
White	Non-white	Puerto Rican	Total	White	Non-white	Puerto Rican	
6,902	619	163	91.9	71.4	298.9	173.0	1945
6,901	646	181	92.2	71.4	291.0	172.9	1946
6,900	674	198	97.8	75.0	290.9	234.3	1947
6,897	702	216	106.3	79.5	324.2	253.7	1948
6,895	731	233	109.0	78.8	346.9	257.5	1949
6,894	759	250	97.6	71.3	288.8	244.0	1950
6,810	795	286	96.1	68.0	288.0	230.8	1951
6,726	830	323	92.4	63.2	274.6	232.2	1952
6,642	866	359	93.4	63.4	276.6	207.5	1953
6,558	901	395	83.8	56.0	233.6	203.8	1954
6,473	938	432	79.2	53.0	215.9	175.7	1955
6,390	973	468	78.4	51.7	213.5	161.3	1956
6,305	1,009	504	78.2	53.6	192.3	158.7	1957
6,221	1,045	540	70.2	46.6	181.9	125.9	1958
6,137	1,080	577	63.2	41.2	159.4	117.3	1959
6,053	1,116	613	60.4	37.4	161.6	103.3	1960
5,984	1,152	646	56.0	33.1	153.8	93.6	1961
5,913	1,198	669	57.0	32.7	155.2	96.0	1962
5,843	1,237	700	62.9	34.7	176.7	96.6	1963
5,817	1,286	737	53.7	29.3	149.6	78.4	1964
5,843	1,345	772	53.3	29.3	151.0	64.6	1965
5,829	1,399	812	45.6	24.8	129.4	49.9	1966
5,817	1,463	845	43.6	24.5	118.9	44.4	1967
5,734	1,500	876	39.7	20.5	107.3	49.8	1968
5,734	1,500	876	36.4	16.9	105.8	44.9	1969

been prorated according to the known ethnic distribution.

Figure 4.

NEW ACTIVE TUBERCULOSIS CASE RATES BY AGE GROUP  
New York City, 1960, 1968 and 1969





## WHO ARE THE NEW PATIENTS?

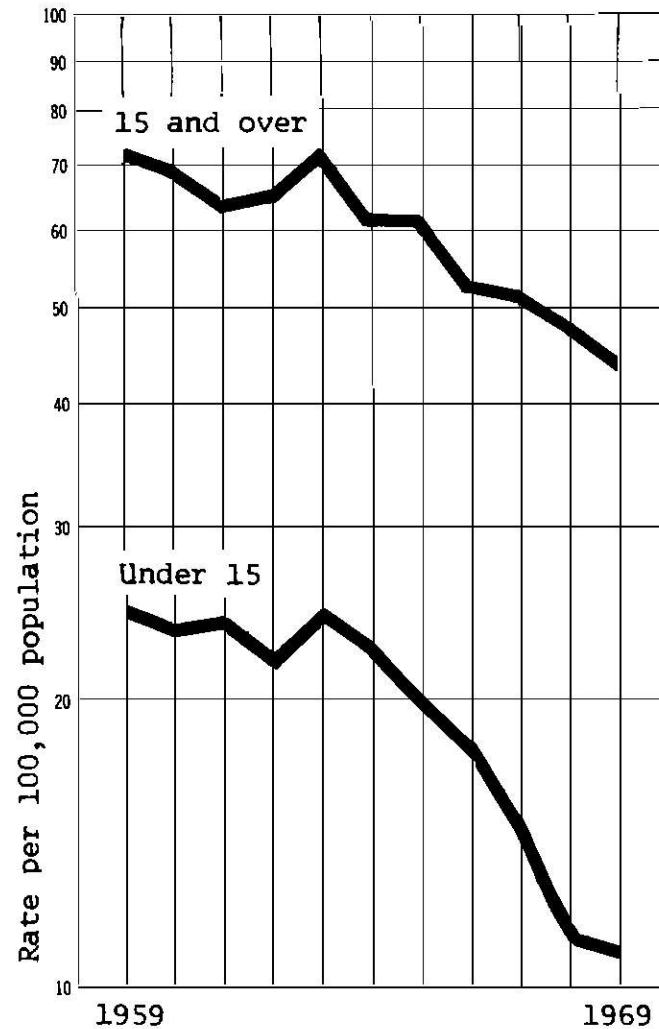
### AGE AND SEX GROUPS

The distribution of new tuberculous patients according to age and sex has remained nearly stable in recent years.

In 1969, the majority (62%) of new active cases was reported among people over 35 years of age. The largest number of cases was found in the 35-44 age group (Table 3). Nonwhite and Puerto Rican tuberculous patients were generally younger than whites. The median age of white male new tuberculous patients was 56, while for nonwhite and Puerto Rican males it was 39 and 33 respectively. Among women, the median age was 48 for whites and 36 for both nonwhites and Puerto Ricans. Two-thirds of the new patients were male.

The numbers and rates of new active cases of tuberculosis declined for all age groups between 1960 and 1969, despite minor reversals (Table 4).

Figure 5.  
 NEW ACTIVE TUBERCULOSIS CASE RATES BY AGE:  
 UNDER 15 AND 15 AND OVER  
 New York City, 1958 to 1969



A major focus of the New York City tuberculosis program is on children under 15 years of age. The incidence of tuberculous disease among children under 15 is a good indicator of the current impact of a control program. The rapid decline of tuberculosis among children under 15 is a major accomplishment of New York City's tuberculosis program.

It is estimated that nearly 2,000,000 New Yorkers are infected with the tubercle bacillus, and each is at variable risk of developing active tuberculosis. Many of these persons were infected years ago. The fact that fewer and fewer children are becoming infected is a further sign of progress in tuberculosis control.

Table 3.

NEW ACTIVE TUBERCULOSIS CASES, BY AGE, SEX AND ETHNIC GROUP  
New York City, 1969

Sex and Ethnic Group	Total	5-Year Intervals					
		0-4	5-9	10-14	15-19	20-24	25-29
<b>Total</b>	<b>2,951</b>	<b>121</b>	<b>60</b>	<b>42</b>	<b>85</b>	<b>225</b>	<b>270</b>
<b>Male</b>	<b>1,951</b>	<b>72</b>	<b>31</b>	<b>18</b>	<b>44</b>	<b>132</b>	<b>168</b>
White	583	10	3	4	13	31	24
Nonwhite	891	39	10	8	20	56	106
Puerto Rican	187	18	8	3	8	25	18
Not reported	290	5	10	3	3	20	20
<b>Female</b>	<b>1,000</b>	<b>49</b>	<b>29</b>	<b>24</b>	<b>41</b>	<b>93</b>	<b>102</b>
White	232	7	3	2	5	21	19
Nonwhite	484	27	18	13	23	47	53
Puerto Rican	149	10	3	4	5	16	17
Not reported	135	5	5	5	8	9	13



## AGE GROUPS

30-34	10-Year Intervals			65 & over	Not reported	Sex and Ethnic Group
	35-44	45-54	55-64			
249	564	476	406	433	20	Total
165	377	328	295	312	9	Male
22	74	97	121	181	3	White
102	217	153	105	73	2	Nonwhite
18	33	26	19	9	2	Puerto Rican
23	53	52	50	49	2	Not reported
84	187	148	111	121	11	Female
13	30	42	25	62	3	White
47	101	73	54	25	3	Nonwhite
15	30	19	17	10	3	Puerto Rican
9	26	14	15	24	2	Not reported

Table 4.

NEW ACTIVE TUBERCULOSIS CASES AND CASE RATES BY AGE GROUP  
New York City, 1960, 1968 and 1969

Age Group	1960		New Cases
	New Cases	Rates per 100,000 Estimated Population	
0-4	234	34.1	121
5-9	133	22.3	71
10-14	77	13.4	33
15-19	172	35.3	110
20-24	294	60.9	213
25-34	756	71.6	579
35-44	840	78.4	601
45-54	766	70.6	549
55-64	688	74.1	452
65 and over	671	82.4	464
Not reported	68	--	31
Total	4,699	60.4	3,224

1968		1969		Age Group
Rates per 100,000 Estimated Population	New Cases	Rates per 100,000 Estimated Population		
18.6	121	18.6		0-4
10.3	60	8.7		5-9
4.9	42	6.2		10-14
17.0	85	13.2		15-19
34.4	225	36.3		20-24
55.1	519	49.4		25-34
56.8	564	53.4		35-44
53.2	476	46.2		45-54
54.4	406	48.9		55-64
53.9	433	50.3		65 and over
--	20	--		Not reported
39.7	2,951	36.4		Total

Table 5.

NEW ACTIVE TUBERCULOSIS CASES BY AGE: UNDER 15, AND 15 AND OVER  
NUMBERS AND RATES

New York City, 1958 to 1969

Year	Number of new active cases				Population in thousands			Rate per 100,000 population		
	Total	Under 15 yrs. of age	15 yrs. of age & over	Age not available	Total	Under 15 yrs. of age	15 yrs. of age & over	Total	Under 15 yrs. of age	15 yrs. of age & over
1958	5,482	600	4,763	119	7,806	1,816	5,990	70.2	33.0	79.5
1959	4,924	461	4,360	103	7,794	1,838	5,956	63.2	25.1	73.2
1960	4,699	444	4,187	68	7,782	1,859	5,923	60.4	23.9	70.7
1961	4,360	457	3,833	70	7,782	1,878	5,904	56.0	24.3	64.9
1962	4,437	421	3,926	90	7,780	1,898	5,882	57.0	22.2	66.7
1963	4,891	474	4,319	98	7,780	1,917	5,863	62.9	24.7	73.7
1964	4,207	439	3,680	88	7,840	1,936	5,904	53.7	22.7	62.3
1965	4,242	389	3,773	80	7,960	1,956	6,004	53.3	19.9	62.8
1966	3,663	355	3,246	62	8,040	1,975	6,065	45.6	18.0	53.5
1967	3,542	296	3,215	31	8,125	1,995	6,130	43.6	14.8	52.4
1968	3,224	225	2,968	31	8,110	2,014	6,096	39.8	11.2	48.7
1969	2,951	223	2,708	20	8,110	2,014	6,096	36.4	11.1	44.4

### WHERE ARE THE NEW PATIENTS?

The new active tuberculosis case rate for New York City, 36.4 per 100,000 population, is a weighted average of the rates for the city's 30 health districts. The district rates range from 121.1 in Central Harlem to 8.6 in Flushing. The eight districts of Central Harlem, Lower East Side, Lower West Side, Riverside, Morrisania, Bedford, Brownsville, and Fort Greene accounted for more than half the new active cases of tuberculosis reported in 1969 (Tables 6 and 7).

Although the citywide rate is almost twice the national rate of 19.1, and three times the upstate New York rate of 13.6, the rate in Central Harlem is six times the national rate and nine times the rate of upstate New York.

Knowledge of the relative rates among New York City's boroughs and health districts assists the city's tuberculosis control program to deploy its resources in the areas of greatest need.

Throughout the city, only about 5% of the new active cases of tuberculosis were reported by private physicians. For many years, the vast majority of tuberculous patients have been found and treated through public facilities. In Queens and Richmond, however, the percentage of new cases reported by private physicians has been much higher -- double the citywide proportion in Queens, and five times the citywide proportion in Richmond. This reflects the general pattern of health care in these two boroughs (Table 8).

Table 6.

NEW ACTIVE TUBERCULOSIS CASES  
BY BOROUGH AND HEALTH DISTRICT OF RESIDENCE,  
NUMBERS AND RATES  
New York City, 1960, 1968 and 1969

Health District	Number			Rate per 100,000		
	1960	1968	1969	1960	1968	1969
<b>NEW YORK CITY</b>	4,699	3,224	2,951	60.4	39.7	36.4
<b>Manhattan</b>	2,141	1,173	1,045	126.1	67.2	59.9
Central Harlem	581	282	280	249.6	122.1	121.2
East Harlem	168	123	107	94.5	68.0	59.1
Kips Bay-Yorkville	74	40	42	34.4	16.3	17.1
Lower East Side	562*	300*	232**	206.7	105.3	81.4
Lower West Side	325	186	151	123.7	68.4	55.5
Riverside	275	152	132	102.4	56.3	48.9
Washington Heights	156	90	101	57.9	34.5	38.7
<b>Bronx</b>	690	524	519	48.4	35.5	35.2
Fordham-Riverdale	48	33	32	20.7	14.2	13.7
Morrisania	198	156	171	75.4	58.6	64.3
Mott Haven	234	134	136	104.6	59.0	59.9
Pelham Bay	43	29	39	23.3	14.4	19.3
Tremont	114	91	84	43.3	34.5	31.8
Westchester	53	81	57	20.5	28.6	20.1
<b>Brooklyn</b>	1,359	1,080	998	51.7	41.2	38.1
Bay Ridge	58	46	38	20.0	16.4	13.6
Bedford	291	234	213	101.5	83.2	75.8
Brownsville	163	150	154	54.6	49.0	50.3
Bushwick	130	94	123	60.0	47.0	61.5
Flatbush	85	85	84	17.9	17.0	16.9
Fort Greene	213	176	152	98.9	85.8	74.1
Gravesend	66	72	61	22.3	22.0	18.7
Red Hook-Gowanus	136	70	63	83.9	45.4	40.9
Sunset Park	81	66	53	42.0	36.3	29.1
Williamsburg-Greenpoint	136	87	57	70.6	46.5	30.5
<b>Queens</b>	466	409	348	25.8	20.5	17.5
Astoria-Long Island City	70	53	44	27.4	21.2	17.6
Corona	70	69	66	32.1	27.4	26.2
Flushing	84	51	45	18.6	9.7	8.6
Jamaica East	121	128	99	41.2	40.0	30.9
Jamaica West	75	65	57	24.2	18.5	16.2
Maspeth-Forest Hills	46	43	37	16.3	14.7	12.6
<b>Richmond</b>	43	38	41	19.4	13.6	14.6

\* 1960 and 1968 includes an indeterminate number of homeless men.

\*\*1969 includes 98 homeless men.

Table 7.

NEW ACTIVE TUBERCULOSIS CASE RATES  
 BY HEALTH DISTRICT RANK, 1969  
 New York City, 1960, 1968, and 1969

Health District Ranked According to 1969 Rates	1969		1968		1960	
	Rank No.	Rate per 100,000 population	Rank No.	Rate per 100,000 population	Rank No.	Rate per 100,000 population
NEW YORK CITY		36.4		39.7		60.4
Central Harlem	1	121.1	1	122.1	1	249.6
Lower East Side	2	81.4**	2	105.3*	2	206.7*
Bedford	3	75.8	4	83.2	6	101.5
Fort Greene	4	74.1	3	85.9	7	98.9
Morrisania	5	64.3	8	58.6	10	75.4
Bushwick	6	61.5	11	47.0	12	60.0
Mott Haven	7	59.9	7	59.0	4	104.6
East Harlem	8	59.1	6	68.0	8	94.5
Lower West Side	9	55.5	5	68.4	3	123.7
Brownsville	10	50.3	10	49.0	14	54.6
Riverside	11	48.9	9	56.3	5	102.4
Red Hook-Gowanus	12	40.9	13	45.4	9	83.9
Washington Heights	13	38.7	16	34.5	13	57.9
Tremont	14	31.8	17	34.5	15	43.3
Jamaica East	15	30.9	14	40.0	17	41.2
Williamsburg-Greenpoint	16	30.5	12	46.5	11	70.6
Sunset Park	17	29.1	15	36.3	16	42.0
Corona	18	26.2	19	27.4	19	32.1
Westchester	19	20.1	18	28.6	25	20.5
Pelham Bay	20	19.3	27	14.4	22	23.3
Gravesend	21	18.7	20	22.0	23	22.3
Astoria-Long Island City	22	17.6	21	21.2	20	27.4
Kips Bay-Yorkville	23	17.1	25	16.3	18	34.4
Flatbush	24	16.9	23	17.0	29	17.9
Jamaica West	25	16.2	22	18.5	21	24.2
Richmond	26	14.6	29	13.6	27	19.4
Fordham-Riverdale	27	13.7	28	14.2	24	20.7
Bay Ridge	28	13.6	24	16.4	26	20.0
Maspeth-Forest Hills	29	12.6	26	14.7	30	16.3
Flushing	30	8.6	30	9.7	28	18.6

\* 1960 and 1968 includes an indeterminate number of homeless men.

\*\*1969 includes 98 homeless men.

Table 8.

NEWLY REPORTED CASES OF ACTIVE TUBERCULOSIS  
 BY SOURCE OF REPORT, NUMBERS AND PERCENTAGES OF TOTAL  
 NEWLY REPORTED CASES BY BOROUGH  
 New York City, 1969

Source of Report	New York City		Manhattan		Bronx	
	Number	Percent	Number	Percent	Number	Percent
Private Physicians	145	4.9	42	4.0	17	3.3
Municipal Chest Clinics	799	27.1	243	23.3	166	32.0
Hospitals and other- than-Municipal Chest Clinics	1,973	66.8	748	71.6	329	63.4
Other	34	1.2	12	1.1	7	1.3
<b>Total</b>	<b>2,951</b>	<b>100.0</b>	<b>1,045</b>	<b>100.0</b>	<b>519</b>	<b>100.0</b>



Brooklyn		Queens		Richmond		Source of Report
Number	Percent	Number	Percent	Number	Percent	
42	4.2	34	9.8	10	24.4	Private Physicians
283	28.4	97	27.9	10	24.4	Municipal Chest Clinics
667	66.8	209	60.1	20	48.8	Hospitals and other-than-Municipal Chest Clinics
6	0.6	8	2.2	1	2.4	Other
998	100.0	348	100.0	41	100.0	Total

WHAT ABOUT SOCIAL FACTORS?

Tuberculosis occurs in and is a threat to all population groups and areas of New York City. But poor socio-economic conditions facilitate the spread of tuberculous infection and breakdown with disease. The relationship between environment and disease becomes evident when tuberculosis rates are compared with population density and median income.

Each of the city's 30 health districts was rated as high, medium or low for population density and income respectively. The average new active tuberculosis case rate was then computed for groups of health districts with like population and income characteristics (Table 9). The districts with high population density and low median income had the highest tuberculosis case rates.

The Task Force on Tuberculosis in New York City recommended an aggressive attack on tuberculosis, especially in clearly identified poverty areas where the problem is concentrated. "This action," the Task Force report stated, "could go a long way toward stamping out tuberculosis in New York City before the many anti-poverty programs are able to reach their maximum effectiveness. The Task Force...believes that substantial gains can be made now, irrespective of the presence of adverse socio-economic factors."

Table 9.

NEW ACTIVE TUBERCULOSIS CASE RATES IN HEALTH DISTRICTS  
GROUPED BY INCOME AND POPULATION DENSITY  
New York City, 1969

Number of Health Districts	Group	Population	New Active Tuberculosis Cases	Rate per 100,000 Population
6	Low Income - High Density	1,449,000	1,155	79.7
4	Low Income - Medium Density	874,000	410	46.9
0	Low Income - Low Density	- -	- -	- -
3	Medium Income - High Density	795,000	317	39.9
4	Medium Income - Medium Density	981,000	388	39.6
3	Medium Income - Low Density	735,000	140	19.0
1	High Income - High Density	245,000	42	17.1
2	High Income - Medium Density	532,000	104	19.5
7	High Income - Low Density	2,499,000	395	15.8
30	New York City - Total	8,110,000	2,951	36.4