



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Dave A. Chokshi, MD, MSc  
*Commissioner*

June 2021

Dear Colleagues,

2020 was an unprecedented year for us all. New York City (NYC) confirmed its first case of COVID-19 on March 1, 2020, and by the end of that month, the City was at the epicenter of the outbreak in the U.S. A citywide shutdown, while necessary to prevent COVID-19 transmission, interrupted all aspects of life in NYC, including traditional tuberculosis (TB) care and services.

When the City shut down, we, the NYC Department of Health and Mental Hygiene, closed three of our four TB clinics. We continued to operate one clinic to provide essential TB services to our patients most in need of care. We quickly scaled up telehealth services to allow for remote medical consultations, placed almost all patients on video directly-observed therapy and conducted home visits for clinical evaluation only when necessary. In-home testing for TB was suspended for the safety of patients and staff. As COVID-19 cases declined in NYC over the summer of 2020, we reopened two clinics and safely resumed limited in-person activities.

Given staff's competing priorities during the COVID-19 pandemic, we are not able to publish a full annual report this year. However, we are able to share some preliminary data in the attached infographic. We look forward to preparing a 2020-2021 annual report next year. In 2020, preliminary data indicate there was a 20% decline in TB cases nationally. NYC also had a 20% decline in confirmed TB cases. COVID-19-related travel disruptions and increased focus on practicing key prevention measures may have prevented TB transmission. The observed decline in 2020 could also be due to underdiagnosis, patients not presenting to health care or delays in reporting. Strain on the health care system and challenges conducting contact investigations as a result of COVID-19 may have also impacted our ability to actively identify cases. We plan to analyze the reasons for the observed decline so we can address potential gaps in TB case identification and reporting going forward. Furthermore, we have observed TB and COVID-19 co-infection in NYC. We strongly recommend health care providers consider active TB disease if patients show TB symptoms (such as a cough that lasts longer than two weeks, unintentional weight loss or hemoptysis), regardless of SARS-CoV-2 diagnostic test results.

I am immeasurably proud of the work our staff and partners throughout NYC continue to do to address the COVID-19 pandemic while also maintaining TB services during these trying times. The dedication shown by TB clinicians, epidemiologists, case managers, administrators and programmatic staff over the past year reassures me that we can rise to any challenge. The NYC Health Department remains committed to providing the best possible care to our patients and communities as we work toward a TB-free NYC.

Sincerely,

A handwritten signature in black ink that reads "Joseph N. Burzynski".

Joseph N. Burzynski, MD, MPH  
Assistant Commissioner, Bureau of Tuberculosis Control  
New York City Department of Health and Mental Hygiene