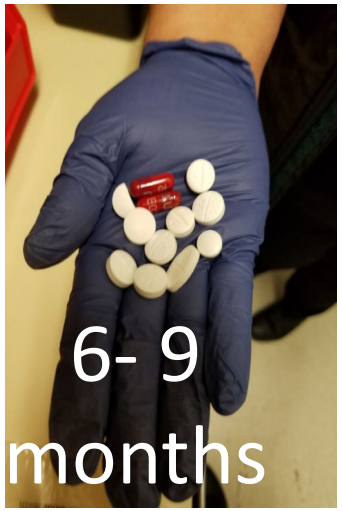
Why is TB so difficult to eliminate?

- There is no highly effective vaccine
- "The great pretender" is hard to diagnose
- TB spreads through air to others before you know you have it
- A single case in a crowded setting can cause an outbreak
- Treatment is arduous and usually takes 6-9 months
- Adherence is critical to prevent relapse and drug resistance
- Even preventive TB treatment takes months
- People do not want to take medicine when they don't feel sick
- Active TB can be asymptomatic, so outreach and screening of populations at risk surfaces cases, catching them earlier

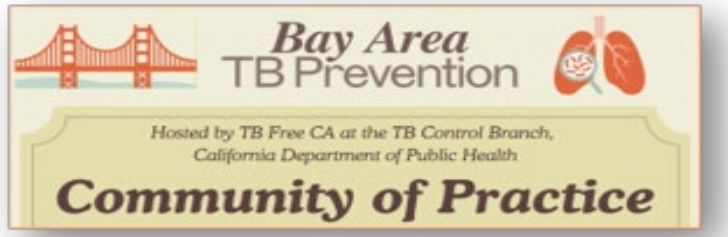
Active TB treatment



SFDPH TB Program conducts outreach and provides direct care for patients with TB or at risk for TB

- Direct care (25,000 patient encounters in FY 24-25) for patients with:
  - Active tuberculosis
  - Complicated LTBI
  - San Francisco residents at highest risk of TB
- All San Francisco residents with active TB are referred to TB Clinic
- Disease Investigators outreach to household members and others in contact with active TB cases
- Refugees and other classified immigrants newly arriving to San Francisco

Beyond Direct Care: Consultation, Training, Technical Assistance



- 295 eConsults in the past 12 months
- 20-40 clinical trainees (MD, NP) annually
- Health Advisories and Updates
  - new TB prevention law: AB 2132
  - TB Outbreak
- Technical assistance on patient, employee and client TB screening in shelters, residential drug treatment, jail
- Bay Area TB Prevention Community of Practice

TB prevention & care partners – health systems, FQHCs, community clinics

- Consultation, TB evaluation and referral
- Clinical and in-service training
- Outreach including CHW education, neighborhood SRO outreach
- Expanded TB blood testing
- Sputum test adoption, and optimization
- Bundled orders
- SUD/TB treatment
- Staff TB screening

Challenges to Moving towards Elimination in SF, and trends to monitor

- It can take months (or years) to develop active TB after infection, so active case numbers tend to lag a year or two behind any intervention
- Federal policies have limited access to care
- Drug use, homelessness, psychiatric and medical illnesses make it harder for patients to engage in care
  - Extremely resource-intensive to treat and prevent transmission in these cases
- Access to housing through programs initiated or expanded during COVID has decreased and the TB program has just two SRO beds at this time

Deaths among TB cases*	
2022	22%
2023	13%
2024	11%
2025	10%

Median number of days from symptom onset to treatment start	
2024	60 days
2025	52 days
2026 YTD	26 days

Asymptomatic at diagnosis	
2024	14.2
2025	16.6
2026 YTD	10.3**

*TB case mortality data are as of publication of March TB bulletin of the following year

**pending diagnosis data; it can take up to 2 months to confirm TB diagnosis