

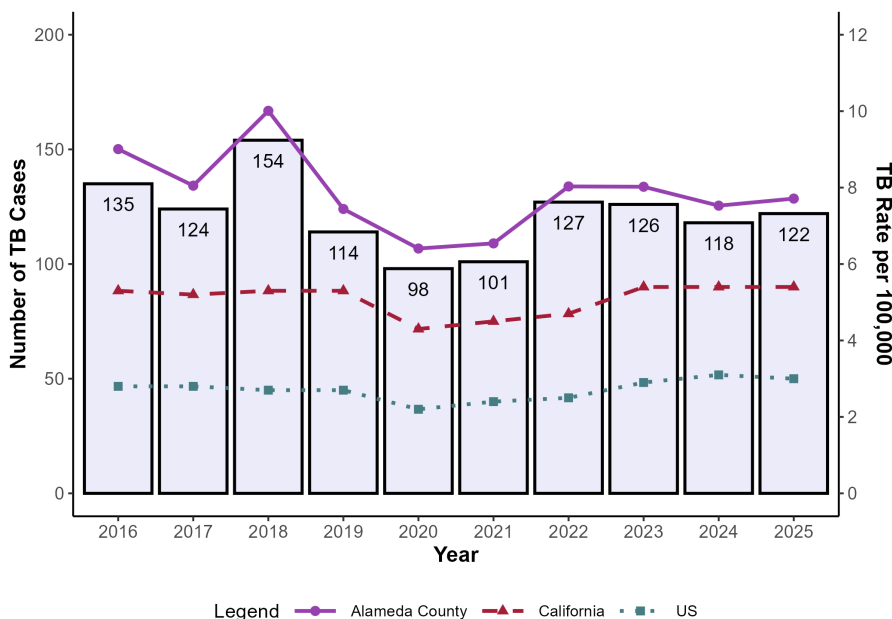
Tuberculosis in Alameda County, 2025

Background

During 2025, **122** tuberculosis (TB) cases were reported to Alameda County (excluding the City of Berkeley, which has its own local health department). The 2025 TB case rate in Alameda County was **7.9 cases per 100,000** residents. The 2025 rate ranks fourth among all jurisdictions in California and is 1.4x times higher than the California state rate (5.4 per 100,000) and 2.6 times higher than the national rate (3.0 per 100,000).

The 2025 rate for Alameda County is higher than some other Bay Area counties, including San Mateo (6.8 per 100,000) and Contra Costa (4.5 per 100,000) counties; however, the 2025 rate is lower than Santa Clara (8.4 per 100,000) and San Francisco (9.3 per 100,000) counties.

Figure 1. Number of TB Cases and Rate per 100,000, Alameda County, 2016-2025



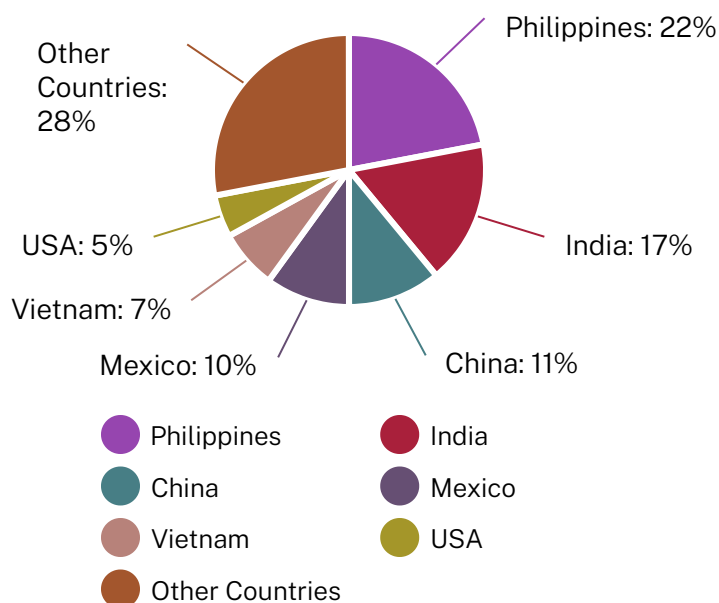
Demographics of TB Cases, 2025

Similar to previous years, the majority of TB cases were male (**59%**). During 2025, the largest proportion of TB cases occurred among adults aged 65 years old and older (**44%**). The majority (**2/3**) of TB cases occurred among Asian residents, and **1/5** of TB cases occurred among Hispanic/Latino/a/x/e residents (Table 1).

Ninety-five percent of cases were born outside the U.S. (Figure 2). Of the 2025 cases born outside of the U.S., **59%** resided in the U.S. for ten or more years before being diagnosed with TB, and **73%** resided in the U.S. for five or more years before diagnosis.

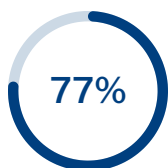
The largest proportions of 2025 TB cases occurred among residents of Oakland (**30%**), Fremont (**22%**), and Hayward (**11%**) (Figure 3). **Fifty five percent** of the TB patients lived in zip codes that were in the two lower quartiles of the Healthy Places Index in Alameda County — a measurement in which higher values indicate greater presence of health-promoting social, environmental, and economic factors.

Figure 2. Percent of TB Cases, by Place of Birth, Alameda County, 2025



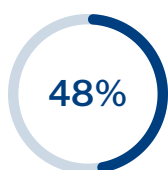
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Clinical Characteristics



Of all 2025 TB cases, **77%** had pulmonary involvement and **23%** were extrapulmonary only (Table 2). Of all pulmonary cases, **40%** were acid-fast bacilli (AFB) smear-positive and **64%** had evidence of cavitary disease on chest radiography.

Risk Factors



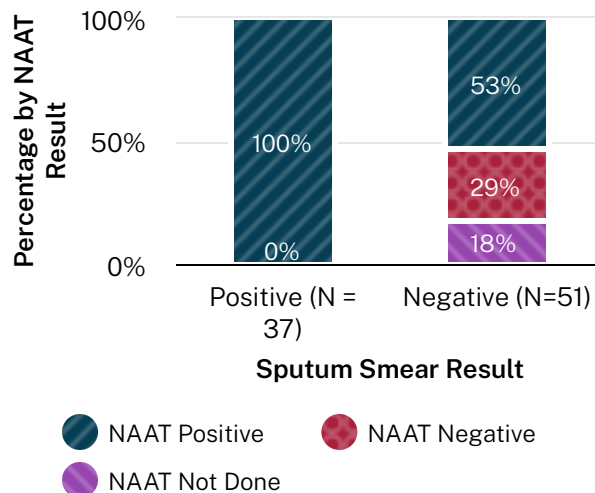
Almost half (**48%**) of TB patients had a comorbidity, as seen in Table 2. Eight (**7%**) were HIV positive. Ninety-five patients (**78%**) reported having a usual source of care in the past two years, which was defined as a place where the patient usually went when sick or needing health advice. **27%** of patients reported being current or former smokers.

Drug Resistance



A smaller proportion of drug-resistant isolates were identified among culture-positive cases in 2025 than 2024 (**9.6%** and 12%, respectively). During 2025, **two** cases were multidrug resistant TB (Table 2). **Six** cases were mono-resistant to Isoniazid, and **one** case was mono-resistant to Pyrazinamide.

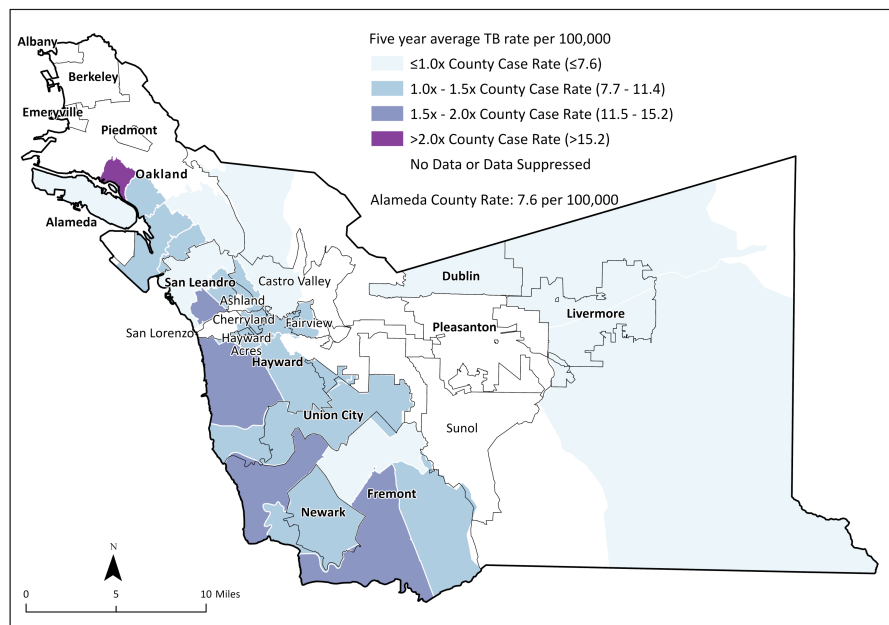
Figure 4. NAAT Results by Sputum Smear



Diagnostic Testing

Among 2025 TB cases with any pulmonary disease that had a sputum smear performed, **90%** received a nucleic acid amplification (NAA) test at diagnosis, 5% less than in 2024. More cases with positive sputum AFB smears received NAA tests compared to patients with negative sputum AFB smears (Figure 4).

Figure 3. Average Annual TB Rates per 100,000, by Zip Code, Alameda County, 2021-2025



Summary

TB remains an important public health problem in Alameda County. While the case rate reported in 2025 was similar to the 2024 case rate, Alameda County remains a high-TB-burden county with a rate 2.5x higher than the national average. Reports have indicated that 80%-86% of all TB cases are due to LTBI reactivation, and 78% of Alameda County TB patients reported engaging with a usual source of care. Therefore, it is important for providers to screen for and treat LTBI to prevent the reactivation and spread of TB. Alameda County TB Control continues to encourage early diagnosis through the use of NAA tests regardless of sputum smear results, as this practice may facilitate earlier TB treatment initiation and reduce disease transmission.

Tuberculosis in Alameda County, 2025

Table 1. Demographics of TB Cases, 2025

Demographic	Category	2025 Case Counts	Percent	Rate per 100,000
Sex at Birth	Male	72	59%	9.2
	Female	50	41%	6.4
Age	0-14 yrs	< 10	--	*
	15-24 yrs	12	9.8%	6.2
	25-44 yrs	30	24.6%	6.4
	45-64 yrs	22	18%	6.3
	65-74 yrs	22	18%	17.6
	75+ yrs	32	26.2%	28.2
Race/Ethnicity	American Indian/Alaska Native	0	0%	*
	Middle Eastern or North African	0	0%	*
	Pacific Islander	< 10	--	*
	Multiracial	< 10	--	*
	White	< 10	--	*
	African American/Black	< 10	--	*
	Hispanic/Latino/a/x/e	25	20.5%	6.8
	Asian	81	66.4%	14.7
Detailed Asian Race N = 81	Filipino	28	34.6%	--
	Asian Indian	22	27.2%	--
	Chinese	15	18.5%	--
	Other Asian**	16	19.80%	--
Place of Birth	United States	< 10	4.9%	*
	Outside United States	116	95.1%	20.5

* Categories with <10 average annual cases have unstable rates and are not presented

**Includes Vietnamese, Burmese, Korean, Cambodian, Nepalese, Pakistani, and Multiracial

Tuberculosis in Alameda County, 2025

Table 2. Clinical Characteristics of TB Cases, 2025

Clinical Characteristic	Category	2025 Case Counts	Percent
Site of Disease	Non-Pulmonary Only	28	23%
	Pulmonary + Other	9	7.4%
	Pulmonary Only	85	69.7%
Pulmonary Disease Characteristics (n = 95)	Sputum Smear Positive	37	39.4%
	Sputum Smear Negative	51	54.3%
	Sputum Smear Not Done	6	6.4%
	Cavitary Disease Absent*	60	63.8%
	Cavitary Disease Present*	34	36.2%
Comorbidities	HIV/AIDS	8	6.6%
	Diabetes	32	26.0%
	End-stage renal disease	9	7.4%
	Other immunosuppression**	4	3.3%
	Hepatitis B	6	4.9%
	No TB-related Comorbidities***	64	52.5%
Other Risk Factors	Usual Source of Care	95	77.9%
	Current or former smoker	33	27.0%
Drug resistance among culture positive cases (N= 94)	Resistance to any TB medications	9	9.6%
	Resistance to INH only	6	6.4%
	Resistance to PZA only	1	1.1%
	Resistance to RIF Only	0	0%
	Multidrug Resistance	2	2.1%

* Per X-ray, CT, or other chest imaging;

** Due to a medical condition, such as hematologic or reticuloendothelial malignancies or immunosuppressive therapy, such as prolonged use of high-dose adrenocorticosteroids;

***TB-related comorbidities include those listed in the table in addition to Hepatitis C, organ transplant, and being a TNF antagonist recipient;

****pncA mutation testing was conducted on 40 cases, one case had a mutation detected