A Global Perspective on Tuberculosis



TB is one of the world's deadliest diseases:

One-third of the world's population is infected with TB.

Each year, 8 million people around the world become sick with TB.

Each year, there are over 2 million TB-related deaths worldwide.

TB is the leading killer of people who are **HIV** infected.

TB causes more deaths among women worldwide than all causes of maternal mortality combined.

What Is TB?

TB is caused by bacteria called Mycobacterium tuberculosis. When a person with active TB disease coughs or sneezes, tiny particles containing *M. tuberculosis* may be expelled into the air. If another person inhales air that contains these particles, transmission from one person to another may occur.

However, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions can exist: latent TB infection or active TB disease — both of which are treatable and curable.

A Person with Latent TB Infection

- ► has TB bacteria in his/her body that are alive but inactive
- does not feel sick and is not contagious
- ► may become sick if the bacteria become active in his/her body
- should consider treatment for latent TB infection to prevent active TB disease

A Person with **Active TB Disease**

- ► has active TB bacteria in his/her body
- ► feels sick and experiences symptoms such as coughing, fever, and weight loss
- may spread TB bacteria to others
- ► needs treatment to cure active TB disease

What You Can Do to Help

- > Find out more about TB services in your area.
- Educate your community about TB.
- ► Ensure that efforts to eliminate TB continue.

TB Continues to Lurk Beneath the Surface

There are an estimated 9 to 14 million persons in the United States with infection from M. tuberculosis.*

About 10% of these infected individuals will develop active TB disease at some point in their lives.

Some underlying conditions increase the risk that latent TB infection will progress to active TB disease — the risk may be 3 times higher (as with diabetes) to more than 100 times higher (as with HIV infection).

* 1999 - 2000 CDC National Heath and Nutrition Examination Survey (NHANES)

The Threat of Multidrug-Resistant TB

Multidrug-resistant TB (MDR TB) is active TB disease caused by bacteria that are resistant to drugs commonly used for treatment.

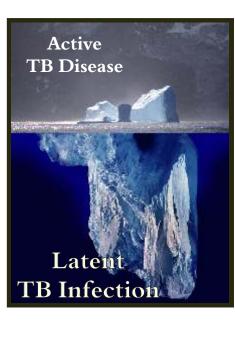
persons with MDR TB.

MDR TB is extremely difficult and costly to treat; it has been estimated that one case can cost up to \$1.3 million.

The Global Challenge

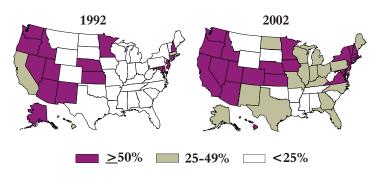
In 2002, foreign-born individuals accounted for more than 50% of all TB cases diagnosed in the United States, as compared to 27% in 1992.

The number of states with at least 50% of active TB disease reported among the foreign born has increased from 4 in 1992 to 22 in 2002.



- Forty-five states and the District of Columbia have reported diagnosing and caring for





HIV and TB Coinfection

Because HIV weakens the immune system, persons with both latent TB infection and HIV infection have a very high risk of progressing to active TB disease.

It is crucial that persons with both latent TB infection and HIV infection receive treatment, coordinated in consultation with experts, for both of these conditions.

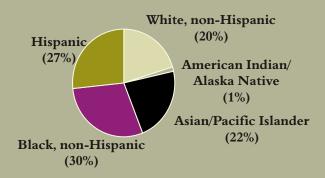
The Burden of TB in Minorities

In 2002, 80% of all reported TB cases in the United States occurred in racial and ethnic minorities.

Several factors likely contribute to the burden of **TB** in minorities:

- ► Among people from countries where TB is common, TB disease may result from an infection acquired in their home country.
- ► Among racial and ethnic minorities, unequal distribution of TB risk factors, particularly HIV infection, can also increase the chance of developing the disease.

Reported TB Cases by Race/Ethnicity United States, 2002







TB Elimination: Now Is the Time!

Many people think that tuberculosis (TB) is a disease of the past — an illness that no longer threatens us today. One reason for this belief is that, in the United States, we are currently experiencing a decline in TB and are at an all-time low in the number of new persons diagnosed with active TB disease.

However, that very success makes us vulnerable to the complacency and neglect that come with fewer persons suffering with TB. But it also gives us an opportunity to eliminate TB in this country. Now is the time to take decisive actions, beyond our current efforts, that will ensure that we reach this attainable goal.

The Price of Neglect

In the 1970s and early 1980s, the nation let its guard down and TB control efforts were neglected. The country became complacent about TB, and many states and cities redirected TB prevention and control funds to other programs.

Consequently, the trend toward elimination was reversed, and the nation experienced a resurgence of TB, with a 20% increase in TB cases reported between 1985 and 1992. Many of these were in persons with difficult-to-treat, drug-resistant TB.

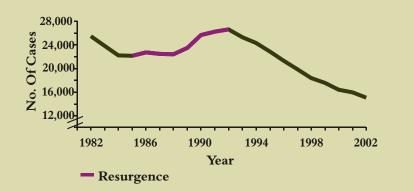


Back on Track Toward TB Elimination

The nation's mobilization of additional resources in the 1990s has paid off:

- ▶ We are now at an all-time low in reported TB cases, with 10 consecutive years of decline.
- ► In 2002, there were 15,075 new persons with TB disease reported in the United States, declining 6% from 15,989 cases in 2001.
- > This consistent decline is keeping us on track toward TB elimination.

Reported TB Cases United States, 1982 – 2002



Finishing the Job: What Is Needed to Eliminate TB in the United States

Maintaining Control: By strengthening current TB control, treatment, and prevention systems, we ensure the ability to diagnose and provide proper treatment to people with active TB disease and thus prevent spread to others; we also prevent the emergence of MDR TB.

Accelerating the Decline: By finding better methods of identifying and treating latent TB infection and improving strategies for reaching at-risk populations, we will speed our progress toward elimination.

Developing New Tools for Diagnosis, Treatment, and Prevention: Through research to develop more effective methods of screening for latent TB infection, better drugs to treat latent TB infection, and an effective TB vaccine, we will find vital ways to stop the progression from latent infection to contagious disease.

Engaging in Global TB Prevention and Control: In providing leadership, contributing technical support, and forming international partnerships, we improve global health; worldwide control of TB is in the nation's best interest.

Mobilizing Support for TB Elimination: By reaching leaders of high-risk groups, we can work together to eliminate a disease that burdens their communities.

Monitoring Progress: By assessing the impact of our elimination efforts, we can continually monitor our progress and identify and address any lapses in our efforts.

Centers for Disease Control and Prevention Division of TB Elimination Web Site: www.cdc.gov/tb CDC Voice Information System: 1-888-232-3228

TB Education and Training Resources Web Site: www.findtbresources.org

CDC National Prevention Information Network Web Site: www.cdcnpin.org Telephone: 1-800-458-5231

E-mail News Service

A free electronic subscription to summaries of HIV, STD, and TB news articles can be obtained by sending a blank message to: www.preventionnews-subscribe@cdcnpin.org. Allow 48 hours for subscription to become effective.

American Lung Association Web Site: www.lungusa.org/diseases/lungtb.html Telephone: 1-800-LUNG-USA

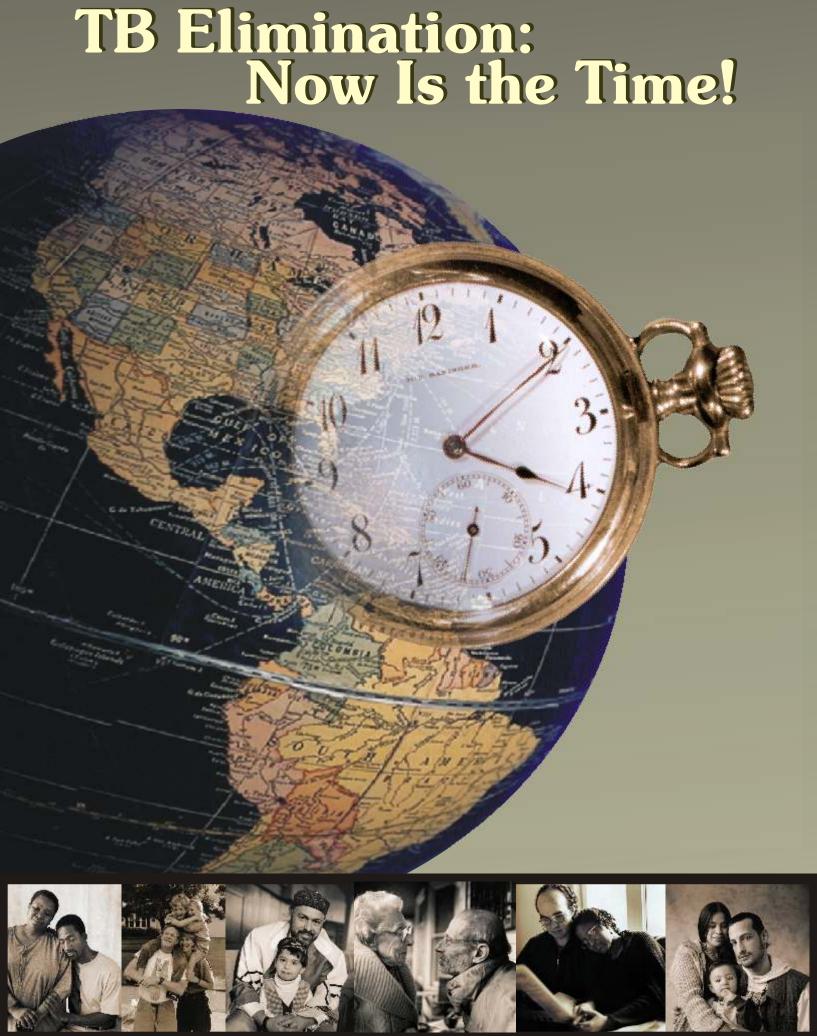
RESULTS

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Contact Information





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