

Key messages

1. California tuberculosis cases increased as nationwide cases fell in 2003.

- 3,230 new TB cases were reported in 48 of California's 61 health jurisdictions in 2003.
- The deadliest strains of TB are also rising; multidrug-resistant TB is a form of TB that defies the most powerful medicines; multidrug-resistant TB cases increased 40% in California in 2002. At any point in time, there are approximately 80 cases of multidrug-resistant TB in 19 counties.
- Up to one third of multidrug-resistant TB patients may die, and incurable survivors may have to suffer lifelong isolation, the same fate as TB patients in sanatoria 100 years ago.
- Ironically, multidrug-resistant TB is a manmade problem, developing when TB programs cannot ensure TB patients are cured.
- In 1904 the American Lung Association was created, then known as the National Association for the Study and Prevention of Tuberculosis. 100 years later, TB is still a serious public health threat in the nation, and especially California.

2. Because TB knows no borders, the global TB epidemic impacts California.

- More people die from TB each year than any other curable infectious disease in the world. TB causes more than 2 million deaths each year; that's 5000 deaths per day (1 every 15 seconds) from a curable disease.
- Worldwide, each year, 8 million people (20,000 per day) will become sick with TB.
- Three quarters of all California's TB cases are diagnosed in individuals born outside the US, in countries with high rates of TB. 80% of California's multidrug-resistant TB cases were born outside of the U.S.
- Much of the developing world lacks the needed medicines and staff to adequately treat TB. This leads to the development and spread of potentially incurable multidrug-resistant TB.
- Given global travel and the airborne spread of TB, every public health department must be prepared to detect, contain, and treat TB [to prevent outbreaks].

3. California needs to maintain its investment in TB control.

- Properly treating each and every patient keeps TB curable.
- Cuts to TB programs threaten the ability of patients to achieve cure, increasing the chances of developing multidrug-resistant TB. If this happens and they spread their resistant strains to others, more TB patients will die.
- In order to cure TB, public health workers deliver medications each day to as many as 3200 TB patients for the 6-12 months it takes to cure TB.
- In NYC, in the 1990s, cutting TB programs meant patients weren't cured, and led directly to an epidemic of multidrug-resistant TB that took one billion dollars to contain.
- TB prevention is a cost effective investment, much less costly than fighting a drug resistant outbreak.
- TB control not only protects Californians from one of the world's deadliest diseases, it also serves as one of our best defenses against other airborne diseases like SARS and potential agents of bioterrorism.

B. Frequently asked questions (FAQ)

The list below consists of questions reporters are likely to ask. *In italics* are points to consider as you prepare your responses.

1. What is difference between TB infection and TB disease? For additional basic facts and graphics on TB disease and infection, see the CDC website:
<http://www.cdc.gov/nchstp/tb/faqs/pdfs/qa.pdf>

TB INFECTION

The numbers: An estimated 3.6 million Californians are infected with TB.

The danger: If left untreated, as many as 145,000 of these may develop TB disease in their lifetime.

In most people who breathe in TB bacteria and become infected, the body is able to fight the germs to stop them from growing. Although infected with the TB, these individuals:

- have no symptoms
- don't feel sick
- can't spread TB to others
- usually have a positive TB skin test reaction
- can develop TB disease later in life if they do not receive treatment

TB DISEASE

The numbers: In 2003, 3,230 new TB cases were reported in 48 of California's 61 health jurisdictions.

The danger: TB can spread, and if left untreated, TB disease can be fatal.

TB bacteria become active if the immune system can't stop them from growing. The bacteria begin to multiply in the body and cause TB disease. Symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs. TB in the lungs may cause:

- a bad cough that lasts longer than 2 weeks
- pain in the chest
- coughing up blood

Other symptoms of TB disease are weakness or fatigue, weight loss, no appetite, chills, fever and sweating at night.

2. Why are cases rising in some counties?
- a. TB remains a significant public health threat in California
 - b. We are very concerned and investigating to better understand the causes.
 - c. Possible causes are:
 - Better case detection. If we looked harder, we could probably find even more cases.
 - (*If applicable*) Increased reporting of cases identified through targeted outreach and from education to local health care providers.
 - Increase in populations at highest risk (increase of homeless, immigrants, migrant workers), so outreach capabilities need expansion, tailored to specific communities.
3. Why are cases falling in some counties?
- a. Decreasing cases reflect major accomplishments in the fight against TB.
 - b. The number of TB cases is dropping because we have invested in TB control.

- c. There may be cases we are not finding.
- d. (*If applies to local efforts*) Success in preventing active TB cases by finding and treating individuals with TB infection.

4. Is current funding sufficient?

- a. In most areas, public health departments are stretching resources to maintain basic control of TB. However, significant gaps remain that put the public at risk. (*Discuss rising cases, multidrug-resistant TB, outbreaks, disparities, etc.*)
- b. Funding is insufficient for closing these gaps
 - *If cases are rising in your county*
 - \$ not sufficient to address essential activities
 - *If cases are declining in your county*
 - Critical gaps remain that require new resources to fill (*describe*)
 - Even within areas where TB is declining, TB transmission continues.
 - Funding shouldn't be cut in proportion to the decrease in cases. While TB case numbers have declined since the peak of the TB resurgence in 1992, the cost to cure each TB case rises, and we are left with some of the most difficult to treat patients. A minimum, solid infrastructure in every community is essential to maintain control of TB

5. What will happen if TB programs are cut?

- a. Cutting TB programs is dangerous because:
 - TB clinics provide a safety net for patients with no other source of TB treatment.
 - If clinics close, patients won't be treated, patients won't be cured, TB and multidrug-resistant TB will spread, lives will be lost, the costs will be high
 - History shows us that TB rebounds when controls are dismantled
 - TB will come back with a vengeance, with untreatable strains and a big price tag.
 - It cost NYC over a billion dollars in the mid 1990s to regain control of an epidemic of the deadliest TB strains.
- b. TB control infrastructure not only protects Californians from one of the world's deadliest diseases, it also serves as one of our best defenses against other airborne diseases like SARS and potential agents of bioterrorism.
 - Given their expertise in airborne infections, TB programs and staff contribute uniquely to a public health work force that is prepared to protect the public from new and emerging public health threats.
 - In every TB contact investigation, TB control staff assess airborne exposure in communities and institutions.
 - TB control staff are called upon when their expertise in field investigation, locating and interviewing patients, data collection, and medication delivery are needed.

6. What is happening with TB funding?

- a. Local level (*Describe local fiscal situation.*)
- b. State level
 - Funding from the state was reduced in FY 01-02. Since then, the total amount has remained level. Given inflation and cost of living increases, level funding represents a

- decline in real dollars. Most of the state assistance is used for personnel, so this means each year the state supports fewer public health workers to fight TB.
- The California Department of Health Services (CDHS) funds local health departments in proportion to the average number of cases reported during a 2 year period. This allocation formula is updated every 2 years.
- c. Federal level
- CDC annual funding to states and big cities for TB control has been cut in 2004.
 - Additionally, while California reports 21% of the nation's cases, California receives only 17% of the federal core TB funding. This translates into \$3.3 million dollar shortfall each year to California.

7. What do health departments do to control TB?

- a. The highest priority is to find people with TB disease, and treat them so they can no longer spread TB or develop and spread multidrug-resistant TB.
- b. Each year, health departments in California:
- Oversee or perform medical examinations for over 15,000 people suspected of having TB.
 - Ensure that over 3200 patients who are confirmed to have TB take the 6-12 months of the 2-4 medicines they need, until the disease is cured. Multidrug-resistant TB takes at least 2 years to treat with many more medications, and some cases of multidrug-resistant TB are not curable. Those without a cure may require isolation for the rest of their lives.
 - In many cases, directly observe the patient taking the medicine when and wherever works best for the patient. Directly observed therapy (DOT) is the worldwide standard of care for TB.
 - Find and test the more than 25,000 Californians who breathe in the TB bacteria from coughing TB patients. Those found with TB infection must be treated for up to nine months to prevent TB disease.
 - Rapidly respond to outbreaks and cases in settings like workplaces, hospitals, jails, and homeless shelters.
 - Follow up with private doctors to make sure they are aware of, and follow, the best treatments.
 - Ensure accessible and available clinic services to prevent and cure TB, whether or not patients can pay.
 - Ensure staff are culturally competent and fluent in the languages of their patients.
 - Assist clients with housing and transportation needs, increasing the likelihood they will adhere to their medication regimen.
 - Provide adequate laboratory services to identify the TB bacteria and determine its resistance to any medicines.

C. Tips: how to speak with the media

- Be prepared: Know what you want to say. Ask what the reporter wants to discuss ahead of time. Prepare and review key message points in advance.
- State your most important facts first. Summarize your main point. News is reported in short "sound bites."
- Use statistics to emphasize your main points.
- Be concise. Short answers work best. (But don't just say "yes" or "no" either.)

- Avoid technical or medical jargon. Make sure your descriptions are easy to understand. Use simple language and analogies. Speak as if people are learning about the topic for the first time.
- Use anecdotes, analogies and examples whenever possible. Illustrate the story with real perspectives.
- If you do not know the answer to a question, say so. Then offer to find the answer. Never guess.
- Never go "off the record." Don't say anything to a reporter that you don't want reported.
- Be in control: State your message. Be firm. Be honest.
- Know when to bridge: Bring the subject back to your **Key Messages**. Avoid getting led on a tangent.

D. Patients as spokespeople

A powerful way to illustrate the impact of TB is to have a TB patient speak about his/her experience. An example of an international patient spokesperson can be found on the following webpage: http://www.iuatld.org/pdf/zulu_uk.pdf

There are several options and considerations.

Option 1. A patient is willing to be identified and speak to a news agent.

- Health departments ask patients if they are interested in talking to the media about their TB experiences. If so, health department staff talk to the selected patients to see if they are suitable for the task, and assess what venue is most appropriate. Health department staff help the patient think through the possible impact on his or her family.
- Health departments then compile a list of patients (not to be released outside the health department).
- Health departments and ALAC affiliates include in news advisories the fact that patients are available. Can be listed as an editor's note.
- If a reporter calls and asks to speak to a patient, the health department contacts a patient from its list, and gives the patient the option to call the reporter. (By this mechanism, the patient's call to the reporter is the patient's informed consent.)
- Another option, if this is a more suitable venue, is for the health department nurse or case manager to participate in a teleconference interview with the reporter, as a means to advocate for the patient.

Option 2. A patient is willing to speak anonymously to a news agent over the telephone.

- *Issues similar to those listed above.*

Option 3. A patient is willing to be quoted without being identified or speaking directly to a news agent.

- Health departments should then be prepared when reporters ask for a followup interview.

E. Sample letter to the editor

Suggestions:

Sample 1 (promptly respond to recent article on TB):

To the Editor:

Your [*insert date*] article on TB makes an important contribution to our knowledge about this important public health issue.

[*Call attention to missing perspective*]

Sample 2 (to recognize World TB Day, if not covered in paper yet)

To the Editor

World Tuberculosis Day was March 24, 2004. Many think that TB is history, or only a problem in the developing world. But right here in our county, ___ persons were diagnosed with TB in 2003. TB continues to threaten the health of our county:

Compare to prior year, and ranking compared to rest of counties.

of drug resistant cases

of deaths, or pediatric cases

TB has been around a long time, but it is not a disease of the past. The good news is, unlike 100 years ago, today most cases of TB are curable and preventable. But our health department needs resources to find and treat those with TB in our community. Given global travel and the airborne spread of TB, every public health department must stay prepared to detect, contain, and treat TB to prevent outbreaks.

In this difficult budget year, many local programs are being threatened. Cuts to TB programs are especially dangerous because they mean TB patients won't be cured. This increases their chances of developing the deadliest, drug resistant strains of TB. An epidemic of these strains is much more costly and difficult to contain. ___county can't afford this.

Investing in TB control has also proven to be one of our best defenses against other airborne diseases like SARS and potential agents of bioterrorism. Because of their expertise in airborne hazards, TB control staff have been called upon to address SARS and Anthrax. Preventing TB saves lives and money, and supporting TB programs prepares us for new and emerging health threats.

F. Sample Op Ed piece (Opposite the Editorial Page- Letters from everyday readers and opinion holders.)

Op Ed pieces on TB from prior years are available. Look for these online at www.ctca.org or contact Judith Thigpen jthigpen@dhs.ca.gov.

G. Other resources on the Web

- ALAC: Originally founded to combat TB: www.lungusa.org/history/history.html
- CTCA: www.ctca.org
- California Department of Health Services (includes data up through 2002): <http://www.dhs.ca.gov/ps/dcdc/TBCB/tubindex.htm>>

- CDC The CDC's World TB Day Website is:
<http://www.cdc.gov/nchstp/tb/worldtb2004/default.htm>
For basic facts and graphics on TB disease and infection, see:
<http://www.cdc.gov/nchstp/tb/faqs/pdfs/qa.pdf>
- World Health Organization website: <http://www.who.int/gtb/index.htm>
TB Advocacy - A Practical Guide, <http://www.who.int/gtb/publications/TBAdvocacy>
- American Public Health Association public health week planning guide:
<http://www.apha.org/NPHW/toolkit/PlannerGuide-PHW04.pdf>

H. Why TB matters: the Data

1. California

2002 data tables are on CDHS website:

<http://www.dhs.ca.gov/ps/dcdc/TBCB/tubindex.htm>

2003 provisional data tables are attached. Use these tables to put your local epidemiology in the context of statewide trends, and/or replace the statewide statistics below with your jurisdiction's own local data.

In addition, TB indicator reports are available on the Web for the 19 counties participating in the TB Indicators Project (TIP) and for California statewide. If you need help accessing the Web-based reports, if you don't have access to a local epidemiologist, and/or need assistance from the California Department of Health Services (CDHS) TB Branch, contact Dr. Jennifer Flood, Chief, Surveillance and Epidemiology Section at (510) 540-3688 or jflood@dhs.ca.gov

- a. California continues to report the highest number of TB cases of any state.
 - While TB cases continue to fall nationwide, in California they rose 2% in 2003.
 - **Local data**
- b. TB cases are on the rise again in California
 - 3,230 new TB cases were reported in California in 2003, a 2% increase from 2002.
 - Compared to the peak of California's TB cases in 1992, 40% fewer TB cases were reported in 2003. However, the steady decline from 1992-2000 seems to be leveling off. In order to maintain control of TB, commitment must be sustained throughout the state.
 - **Local data**
- c. California's TB incidence is far from reaching the national goal
 - 8.9 new TB cases per 100,000 Californians were reported in 2003, which is unchanged from the year before. The state's population grew, so the rate stayed the same though the number of cases increased.
 - This TB incidence is far above the national year 2000 goal of 3.5 cases per 100,000.
 - California's TB incidence is well above the US average of 5.1/100,000.
 - 13 local health jurisdictions reported TB case rates above the state average. The highest was San Francisco, followed by Imperial, Long Beach, Fresno, Monterey, Alameda, Santa Clara, Sacramento, San Joaquin, Los Angeles, San Diego, Madera and Ventura.
 - **Local data**

- d. TB impacts nearly every county in California
- Top five jurisdictions in terms of cases: In 2003, Los Angeles continued to report the most cases (953 cases), followed by San Diego (316), Orange (248), Santa Clara (226), Alameda (175)
 - 18 local health jurisdictions reported an increase in cases in 2003 compared to 2002.
 - Only 14 local health jurisdictions reported a decrease in cases in 2003 compared to 2002.
 - 48 local health departments (79%) reported at least 1 case of TB disease in 2003. Even the smallest local health departments have to be prepared to find and treat TB to prevent outbreaks.
 - **Local data**
- e. California is affected by the global TB epidemic since TB knows no borders.
- Three quarters of all CA's TB cases are diagnosed in individuals who were born outside the US.
 - Given global travel, the airborne spread of TB, every community must be prepared to detect and treat TB to prevent outbreaks.
 - The most common countries of origin are Mexico (822 cases), Philippines (474), Vietnam (285), China (148) and India (113).
 - 25% of all of California's TB cases are diagnosed in immigrants from Mexico.
 - 80% of all multidrug-resistant TB cases are in persons born outside the US.
 - **Local data**
- e. Deadliest strains are on the rise in California
- The number of tuberculosis patients with the deadliest strains of tuberculosis increased by 40% from 2001 (30 new cases) to 2002 (42 new cases).
 - It takes at least 2 years to completely treat a patient with multidrug-resistant TB. There are approximately 80 patients being treated for multidrug-resistant TB in California today.
 - 200 additional cases reported in 2002 were resistant to the key TB medicine (isoniazid). These individuals are just one step away from developing multidrug-resistant TB if they are not properly treated.
 - Many areas of the developing world lack the medicines and staff to adequately treat TB; TB infection, TB disease, and multidrug-resistant TB are high among immigrants.
 - Multidrug-resistant TB cases are costly and complex, impacting the smallest most rural health departments and the large health departments. Between 1999 and 2003, multidrug-resistant TB cases comprised up to 13% of all TB cases in the smallest most rural health departments in California.
 - **Local data**
- f. People still die from TB
- Of the tuberculosis patients reported in California in 2000, 280 have died.
 - These deaths include nearly 60 individuals who died before receiving any TB treatment. These 60 individuals never had a chance at cure.
 - **Local data**

- g. TB in children is an ominous sign
- Nearly every day in California, a child under age 18 falls ill with TB. In 2003, those stricken included 134 children under the age of 5.
 - TB cases in these youngest children (under age 5) rose 6% since 2002, to 134 in 2003.
 - Young children with TB are more likely to develop meningitis, which, if not promptly treated, can be fatal or result in lifelong nervous system damages.
 - Since we know they became infected less than 5 years ago, these 134 sick children show us that there are adults (or adolescents) with infectious TB who can potentially spread infection to the entire community.
 - **Local data**
- h. Cases of TB disease don't tell the whole story (just the tip of the iceberg)
- An estimated 3.6 million Californians today are infected with tuberculosis bacteria that can lead to the disease.
 - Although these individuals are infected with TB, they do not feel sick and cannot spread TB. However, if they are not treated, they may develop TB disease later.
 - If untreated, as many as 145,000 may develop active tuberculosis in their lifetimes, and spread TB to others.
 - This means 2400 cases per year over the next 60 years may arise from this large reservoir of persons in California who are infected with TB but may not know it.
 - **Local data**
- i. Health departments can halt TB outbreaks
- TB travels through the air when a person with TB coughs, speaks or sneezes.
 - Each year in California, approximately 25,000 people inhale air contaminated by TB bacteria.
 - Approximately 1/3 of these 25,000 people have become infected with TB. Usually the body is able to stop the bacteria from growing. When this occurs, there is no sickness, the TB is not contagious, and TB is not spread to others.
 - TB transmission continues in California's communities, schools, workplaces, health care and correctional facilities, homeless shelters.
 - Unless these infected (but not contagious) people are treated, 5-10% will develop TB disease, become infectious, and spread TB to others.
 - To halt the spread of TB, health departments find and treat those who share the air with those who can spread TB. This is how health departments limit the size, severity and number of outbreaks.
 - Each of the state's 3200 cases of contagious TB disease each year is prevented from being a potential outbreak of more cases, but for the work of public health.
 - With adequate resources, health departments can fix the problems that allow TB to spread, and prevent outbreaks.
 - **Local data**
- j. Curing TB patients is how health departments stop TB spread, and prevent development and spread of drug resistant strains of TB
- Each year, health departments find and evaluate more than 15,000 people suspected of having TB. These include 3,000 legal immigrants diagnosed with suspected TB during the immigration process abroad.

- Of these 15,000 with suspected TB, over 3,200 patients are confirmed to have active TB disease.
- Public health workers have to ensure that every one of these 3200 TB patients is cured. If individuals with active TB are not cured, they can continue to spread TB or worse yet, develop and spread multidrug-resistant TB.
- To cure patients, public health workers directly observe over 2200 patients per year taking their medicines. Directly Observed Therapy (DOT) is the worldwide standard of care for TB. Health workers arrange to meet each patient 2-5 times a week for the 6-12 months it takes to cure TB. These encounters are in the clinic, at the patient's workplace or home, under a bridge or by the river... whatever works to ensure cure.
- Public health workers also help patients obtain housing, food, bus tokens, mental health or substance abuse treatment, and address other barriers to treatment.
- For the 1600 patients who receive their TB treatment from private providers each year, public health workers coordinate with private doctors to ensure they are aware of, and follow, the best treatments.
- As a last resort, health departments obtain court orders to detain at least 20 TB patients each year who are unwilling or unable to adhere to treatment. [This estimate is based on requests for state reimbursement.]
- Despite all these efforts, at least 60 TB patients a year have slipped through the cracks of the public health system, lost before they were cured. Public health workers are working to locate them so they don't continue to spread TB in California's communities or institutions such as hospitals, shelters, or jails.
- **Local data**

k. Disparities across Race/Ethnic groups persist

- In 2003, the TB incidence in Asians/Pacific Islanders, Hispanics, and Blacks, non-Hispanics was 6 to 16 times higher than for Whites, non-Hispanics.
- The gap in TB incidence between Blacks, non-Hispanics and Whites, non-Hispanics has narrowed since the epidemic peak in 1992. However, the rate of TB among in Blacks, non-Hispanics remains 6 times higher than Whites, non-Hispanics.
- The gap in TB incidence between Whites, non-Hispanics and Asians/Pacific Islanders has widened since the epidemic peak in 1992. In 2003, the rate of TB among Asians/Pacific Islanders was 16 times higher than for Whites, non-Hispanics.
- The gap in TB incidence between Hispanics and Whites, non-Hispanics has widened slightly. In 2003, the rate of TB among Hispanics was 6 times higher than for Whites, non-Hispanics.
- **Local data**

Asians/Pacific Islanders

- The TB incidence in Asians/Pacific Islanders (30.4 cases per 100,000 population) is the highest TB incidence of any race/ethnic group in California, and 16 times higher than the incidence in Whites, non-Hispanics.
- In 2003, the number of cases in Asians/Pacific Islanders rose 5% to 1,348.
- While 1 in 8 Californians is Asian/Pacific Islander, 1 in every 2 TB cases is Asian/Pacific Islander.
- 96% of Asians/Pacific Islanders with TB were born in countries with high rates of TB such as the Philippines, Vietnam, and China.
- **Local data**

Hispanics

- Hispanics have the 2nd highest incidence of any race/ethnic group, and 6 times the incidence Whites, non-Hispanics.
- In 2003, the number of cases in Hispanics rose 1% to 1,281.
- In 2003, three quarters of the reported TB cases among children under the age of five were Hispanic. TB in young children can lead to TB meningitis which if not treated quickly, can be fatal or result in lifelong nervous system damage.
- Over three quarters of Hispanic children with TB in 2003 were born in the US; unless they traveled, they caught their TB right here.
- While 1 in 3.1 Californians is Hispanic, 1 in every 2.4 TB cases is Hispanic.
- 78% of Hispanics with TB were born outside the US in countries with higher rates of TB such as Mexico, Guatemala, and El Salvador.
- 25 % of all of California's TB cases are diagnosed in immigrants from Mexico.
- **Local data**

Blacks, non-Hispanics

- 1 in 13 TB cases is Black, non-Hispanic, while only 1 in every 15 Californians is Black, non-Hispanic.
- Blacks, non-Hispanics have the 3rd highest case rate of the 4 main race/ethnic groups in California. In 2003, their incidence of 10.4 cases per 100,000 is 6 times higher than the incidence in Whites, non-Hispanics.
- In 2003, the number of cases in Blacks, non-Hispanics fell by 11% to 248.
- Only 23% of TB cases in Blacks, non-Hispanics were born outside the US. This indicates that TB in Blacks, non-Hispanics cannot be attributed to the global TB epidemic.
- **Local data**

American Indians/Alaska Natives

- The TB incidence in American Indians/Alaska Natives was 3.2 per 100,000, and 2 times higher than the incidence in Whites, non-Hispanics.
- 7 cases were reported from American Indians/Alaska Natives in 2003, which is unchanged from the previous year.
- **Local data**

Whites, non-Hispanics

- Whites, non-Hispanics have the lowest case rate of any race/ethnic group in California.
- This is the only group whose case rate has met the national objective
- However, in 2003, the number of cases in Whites, non-Hispanics rose slightly, to 332 cases.
- **Local data**

1. HIV and TB is a dangerous combination

- In 2002, 1 in 20 TB patients in California had AIDS

- Because HIV weakens the immune system, a person with both HIV and TB infections has a very high risk of developing TB disease
- Without treatment, these two infections can work together to shorten the life of the person infected with both.
- Globally, TB is the leading killer of people who are HIV-infected
- TB is one of the few diseases related to HIV infection that is easily prevented and cured with medication.
- **Local data**

2. US.

See CDC website: <http://www.cdc.gov/nchstp/tb/worldtb2004/default.htm>

3. Global.

See World Health Organization website: <http://www.who.int/gtb/index.htm>

- a. 1/3 of the world's population is infected with the TB bacteria. 5-10% of people carrying this latent infection will become sick with TB at some time during their lives.
- b. Each year, 8 million people (20,000 per day) will become sick with active TB disease. When they cough, they spread TB through the air to infect more people. If left untreated, one person with active TB will infect on average between 10 and 15 other people each year.
- c. More people die from TB each year than any other curable infectious disease in the world. There are more than 2 million TB-related deaths each year. That's 5000 deaths per day (1 every 15 seconds) from a curable disease
- d. The global TB epidemic continues to increase by 3% every year, and 10% in sub Saharan Africa, fueled by the HIV/AIDS epidemic.
- e. TB is a leading killer of people with AIDS worldwide. TB accounts for 1/3 of AIDS deaths worldwide.
- f. TB causes more deaths among women worldwide than all causes of maternal mortality combined.
- g. Multidrug-resistant TB is rising in many areas of the world.
- h. TB is more than a public health problem. It traps the world's poorest in a vicious cycle of disease and poverty.