

FAST FACTS on tuberculosis (TB)

Update as per the WHO Global TB Report 2019

Tuberculosis is a preventable and curable disease caused by bacteria that spread from person to person through droplets in the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, the spine, the uterus, etc.

TB IN NUMBERS

- About one-third of the world's population has latent TB infection, which means they have been infected by TB bacteria but are not ill with the disease and cannot transmit TB onto others. However, 10% of these people will become sick with TB during their lifetime and can spread the disease to others.
- Approximately 3 million people with TB still do not receive quality treatment and care. Efforts to find and treat people with tuberculosis are showing progress in 2018, with 7 million people with TB found globally in 2018, including 600,000 more people than in 2017.
- The percentage of people "missed" by health systems after failing to be diagnosed, treated, or reported has dropped to around 30% from 40% in the past three years.
- An estimated 10 million people fall ill with TB every year, out of which 1 million are children;
- 1.5 million people die from TB each year – over 4,100 deaths every day;
- TB is now the leading infectious cause of death worldwide;
- 850,000 people living with HIV developed TB in 2018;
- An estimated 480,000 people develop DR-TB annually, and more than 60% of people with DR-TB do not receive treatment.

Risk factors

- All age groups are at risk of developing TB.
- People with HIV are 26-31 times more likely to develop TB than persons without HIV.
- Infants and young children are more susceptible to contracting more severe forms of TB, such as meningitis.
- People with diabetes are 3 times more likely to develop TB than a person without diabetes.
- Tobacco use greatly increases the risk of TB disease and death. More than 20% of TB cases worldwide are attributable to smoking.
- People in a dusty environment, especially those exposed to silica dust, such as in the mining industry, are at increased risk of developing TB.
- People who are malnourished or live in overcrowded settings such as in urban slums and prisons are at increased risk of TB.

Symptoms and diagnosis

Common symptoms of active lung TB are cough with phlegm/sputum and blood at times, chest pains, weakness, weight loss, fever, and night sweats.

- Laboratory confirmation of diagnosis is done by testing for TB bacteria in the sputum.
- Modern way of testing is using rapid molecular tests, such as GeneXpert
- However, many countries still rely on a long-used method called smear microscopy for diagnose TB. This method is not sensitive and could miss a diagnosis of TB in as high as 50% of people undergoing the test.
- Xray is often used as a screening tool for TB

- Diagnosing drug-resistant TB requires access to drug susceptibility testing for TB drugs
- Diagnosing HIV-associated TB can be more complicated.
- Tuberculosis is particularly difficult to diagnose in children.

Treatment

- TB is treatable and curable in just 6 months. Drug resistant TB may require 9 to 18 months of treatment.
- People need support for adherence and completion of treatment

TB and HIV co-infection

- TB is the leading cause of death among people living with HIV.
- ART and TB Preventive therapy reduces the risk of TB in PLHIV.

Drug-resistant TB (DR-TB)

- Drug-resistant TB accounts for nearly 1 in 3 deaths due to antimicrobial resistance (AMR).
- It is more complex to diagnose and treat. Diagnosis requires drug susceptibility testing and treatment requires multiple drugs and long duration of treatment.

Latent TB Infection

- Nearly 2 billion people worldwide are infected with the TB bacteria. 90% of them may never have active TB disease during their lifetime.
- Certain risk factors increase this lifetime risk of developing active TB disease.
- TB preventive therapy reduces the risk of developing active TB disease and is recommended for PLHIV, contacts of people with TB and other risk groups.
- Several regimens are recommended for TB Preventive Therapy and their treatment duration ranges from 1 month to 9 months.