Stop TB USA: World TB Day Statement 2016
March 21, 2016

World TB Day is observed each year around the globe on March 24th. This day commemorates the discovery, in 1882, by Dr. Robert Koch, of Mycobacterium tuberculosis, the bacteria that causes Tuberculosis (TB).

We have come a long way in those intervening 134 years---from a time when one in seven of all deaths in the Americas and Europe was caused by TB to reaching a major milestone in 2014 when we, here in the United States, achieved an all-time low of 9,421 reported cases. This was the lowest number of cases since we began collecting data in the 1950’s. While this might appear to be a victory it represents a Pyrrhic victory, reflecting the ongoing failure of the U.S. TB Elimination Plan. With the average annual rate of decline in TB of 2.2% in recent years the US cannot expect to reach TB elimination for over 150 years. Even that timeline is suspect since the number of cases reported to the CDC in 2015 is expected to increase for the first time since the early 1990’s.

Globally the picture is quite different and just this last year the World Health Organization (WHO) declared TB as the leading infectious disease killer on earth, surpassing even HIV. How can a disease that has been with us for thousands of years and in which we have made real progress against remain the leading infectious disease killer in the world?

The world has committed to eliminating TB as a public health threat but the tools and resources needed to achieve elimination are not yet realized. WHO estimates there is a $1.32 billion short-fall in funding for research for improved diagnostics and treatments and a $1.4 billion short-fall in funding for implementation of TB control activities around the globe. Now is the time to begin building strong domestic and global public health networks to control and prevent the spread of TB and other epidemics. TB elimination efforts need new tools to support patients, ensure the identification and effective treatment of TB, and to enhance the capacity for local public health to adopt creative approaches to TB elimination efforts.
In the United States, our focus has been on treating infectious cases, which we need to continue, but we must now focus as well on the huge reservoir of people who are infected, but have not yet progressed on to active, reportable, transmissible disease. We have all heard that there are 1 million Americans living with HIV, but too few of us have heard that there are an estimated 10-13 million Americans currently living with TB infection. 1 million-1.3 million of whom, if not treated, will progress from infection on to active, transmissible disease! TB elimination in the United States will require a national effort to identify and treat persons living with TB infection.

In the 30 years of the HIV epidemic, hundreds of billions of dollars have been allocated and spent developing diagnostics and new drugs to fight HIV. As a result, HIV has become a chronic disease which has become not only treatable, but also preventable. In large part this achievement was driven by concerted social and civic action and the current fight to eliminate TB is in need of a similar coming together of civil society to bring broad social awareness of the threat and pressure to ensure political action is taken.

With the global emergence of multiple drug resistant, and extensively drug resistant TB, we are on the verge of a disaster of global proportion. Of the estimated 450,000 persons developing MDR-TB globally each year, only 10 percent are being cured – most of the remainder will die after several years of spreading MDR-TB in their families and communities.

The President has acknowledged the emergence of antibiotic resistance and has called for a National Plan to Combat Drug Resistance, but the plan is woefully underfunded and is insufficient to address the needs of research and development of new diagnostic tools, of new antibiotic drug development, and to support the Public Health infrastructure needed to identify and treat those already infected. If not adequately funded, the plan will not achieve its goals. Without sufficient funding, we will not be able to prevent progression of infection on to active disease, transmissible through the air, through coughing, to anyone close enough to breathe in the bacteria that Robert Koch discovered 134 years ago.

There are currently cases of TB and outbreaks in virtually every state in the union...in our schools, homes, workplaces, industry and churches...yet we persist in believing that we have TB under control...We do NOT, and we will not, unless and until we are willing to adequately fund the infrastructure needed to address not only the identification and treatment of active cases, but also to identify and treat the reservoir of already infected Americans.

While we cannot ignore newly emergent diseases such as Ebola which killed some 20,000 people, failure to adequately address Tuberculosis, which now globally, kills 4,000 people each and every day, we will be doomed to return to rates of disease of a pre-antibiotic era at a cost of untold billions of dollars to treat and control.

The lesson learned from smallpox and being reiterated with polio (both vaccine preventable diseases) is that the last few cases, the last few miles in disease
control and eradication are often the hardest...and are not the time to relent.... Not the time to decrease or inadequately fund our efforts.... Failure to address the reservoir is the reason for the failure of the US government's plan to eliminate TB.

TB is an airborne disease, it is curable and can be prevented. There is a need to adequately fund research, development of new tools and new drugs, and the rebuilding of the public health infrastructure. Closing, these funding gaps for research and provision of TB services is a wise and necessary investment. Failure to do so will result in ongoing transmission and further propagation of this globally preventable disease.

We must "Unite to End TB"

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StopTBUSA was formerly known as the U.S. National Coalition for Elimination of Tuberculosis (NCET). Please pass this information on to your colleagues who are interested in TB elimination.

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