

The Union

International Union Against  
Tuberculosis and Lung Disease  
*Health solutions for the poor*



## CDC Data Show TB Increasing In U.S. For First Time in 23 Years

FOR IMMEDIATE RELEASE

**March 24, 2016** — Today the U.S. Centers for Disease Control and Prevention (CDC) released new data showing that tuberculosis is on the rise throughout the U.S. for the first time in over two decades. Twenty-nine states and the District of Columbia registered an increase in TB cases from 2014 to 2015. This is the first reported increase in the number of people who contracted TB disease in the U.S. since 1992.

“These numbers are worrisome because we’re looking at a potential resurgence of TB in the United States. We’ve seen slow but steady progress against TB over the last twenty years, and unfortunately that has bred complacency when it comes to making sure health departments have adequate resources to help TB patients and to stop transmission,” said Dr. Paula I. Fujiwara, Scientific Director of the International Union Against Tuberculosis and Lung Disease, and a former CDC medical officer.

In 2015, 9,564 people in the U.S. developed TB disease, an increase of 154 cases from 2014, according to new CDC data published today.

In order to restore the progress towards global and domestic TB elimination, it is essential to focus on prevention. A renewed prevention campaign will help to identify latent infections and, in turn, treat them before these cases become active and contagious. But first, there needs to be adequate funding for prevention efforts. Elimination is not possible without preventing active cases.

“We can’t safeguard the public health from TB without adequate staff and capacity to perform essential activities,” said Donna Wegner, Executive Director of the National TB Controllers Association. “What the increased numbers may indicate is that we have reached the limit of what can be accomplished with the current resources. More robust funding to support a comprehensive prevention initiative is critical to put the U.S. back on track to end TB. With greater funding, TB programs can shift from a reactive stance to proactively protecting the public health. Using local epidemiology to screen those at highest risk for TB and treating those infected successfully prevents future cases and transmission and saves money. ”

In the 1980s and 1990s, the U.S. experienced a TB epidemic that arose as a consequence of Congress eliminating federal funding for TB activities. As a CDC

medical officer assigned to New York City, Fujiwara led the response to the worst outbreak of multidrug-resistant TB in U.S. history.

“That epidemic cost about a billion dollars to stop, which was far more expensive than it would have cost to prevent in the first place. It was avoidable,” said Fujiwara.

“MDR-TB emerges when we don't ensure that standard TB is adequately treated and prevented. MDR-TB is a human-made problem,” says Fujiwara, “and failures in funding, leading to failures in systems, are central to its emergence.”

A new study published [this month](#) in the U.S. showed that extensively drug-resistant TB has by far the highest hospital costs of all health conditions.

Despite recently rolling out a [National Action For Combatting MDR-TB](#), The White House's 2017 Federal Budget proposal includes a proposed 19% cut for TB funding—amounting to \$45 million.

## **About TB**

TB is an airborne, communicable disease caused by a bacterial infection. TB is responsible for more deaths worldwide annually than any other infectious disease. In 2014, 9.6 million people contracted tuberculosis and 1.5 million died from it, according to the World Health Organization. While it typically affects the lungs, it can affect virtually any part of the body. TB spreads from person to person through the air when someone sick with the disease coughs, sneezes or spits. Another person needs only to inhale a few of these germs in order to become infected. About a third of the world's population carries a latent TB infection, including up to 13 million people in the U.S.<sup>2</sup> Typically, each person infected with TB has a 10 percent chance of progressing to TB disease within his or her lifetime. People with compromised immune systems—often caused by HIV, malnutrition, age or diabetes—or who use tobacco regularly have a much higher risk of developing TB disease.

Key symptoms of active TB disease include cough, fever, night sweats, and weight loss, which can occur over many months. While TB is treatable and curable in most cases, without proper treatment up to two-thirds of people with TB will die. TB is treated with a combination of antibiotics taken over the course of at least six months, though multidrug-resistant cases require treatment for up to two years.

## **About MDR-TB**

In 2014 there were an estimated 480,000 new cases of MDR-TB, a particularly complicated form of TB characterized by resistance to at least two of the standard four-drug, anti-TB drug regimen.<sup>3</sup> MDR-TB is estimated to have killed 190,000 people worldwide in 2014, but one economic analysis projects that it could claim a further 2.6 million lives per year by 2050 if left unchecked.<sup>4</sup>

## About The Union

For nearly 100 years, The Union has drawn from the best scientific evidence and the skills, expertise and reach of its staff, consultants and membership in order to advance solutions to the most pressing public health challenges affecting people living in poverty around the world. With some 20,000 members and subscribers from 146 countries, The Union has its headquarters in Paris and regional offices in Africa, the Asia Pacific, Europe, Latin America, North America and South-East Asia. The Union's scientific departments focus on tuberculosis and HIV, diseases, tobacco control and operational research.

For more information, visit [www.theunion.org](http://www.theunion.org)

## About NTCA

NTCA's mission is to protect the public's health by advancing the elimination of tuberculosis in the U.S. through the concerted action of state, local, and territorial programs. NTCA's objectives are to 1. Develop and provide a collective voice for TB Controllers to advance and advocate TB control and elimination activities in the United States. 2. Counsel agencies, organizations, committees, and task forces on issues and actions affecting TB control and elimination at state, local, and territorial levels. 3. Work with organizations to advance TB control and elimination at state, local, and territorial levels. 4. Support agencies and organizations in efforts beneficial to the advancement of TB control and elimination at state, local, and territorial levels. 5. Advocate for positions, policies, laws, and means to advance TB control and elimination at state, local, and territorial levels.

For more information, visit [www.tbcontrollers.org](http://www.tbcontrollers.org)

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## References

1. WHO. Global Tuberculosis Report 2015. 20th Edition. Available at: [http://www.who.int/tb/publications/global\\_report/en/](http://www.who.int/tb/publications/global_report/en/). Accessed November 2015.
2. Miramontes R, Hill AN, Yelk Woodruff RS, Lambert LA, Navin TR, Castro KG, et al. (2015) Tuberculosis Infection in the United States: Prevalence Estimates from the National Health and Nutrition Examination Survey, 2011-2012. PLoS ONE 10(11): e0140881. doi:10.1371/journal.pone.0140881

3. Pub Med. Provisional CDC guidelines for the use and safety monitoring of bedaquiline fumarate (Sirturo) for the treatment of multidrug resistant tuberculosis. 2013;62(RR-09):1-12. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/24157696>. Accessed November 2015.

4. ACTION.org. Why We Can No Longer Afford Inaction on TB. 2015. Available at: <http://www.action.org/newsroom/press-releases/why-we-can-no-longer-afford-inaction-on-tb>. Accessed November 2015.