



Forging Partnerships to Eliminate Tuberculosis:

A Guide and Toolkit
2007

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division for Tuberculosis Elimination



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Ordering Information

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Dear Colleague:

Tuberculosis (TB) is one of the leading causes of death from infectious disease worldwide. An estimated 2 billion persons — one third of the world's population — are infected with the bacteria that cause TB. Each year, approximately 9 million persons become ill from TB; of these, almost 2 million die.

Yet, many people in the United States think that 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 at an all-time low in the number of new persons diagnosed with active TB disease. However, the rate of decline has slowed in the past two years, and inequities persist in racial, ethnic, and foreign-born groups. Will this success make us vulnerable to the neglect that has historically come with declining numbers of persons suffering with TB, or will it provide us with the opportunity to accomplish our goal, the elimination of 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. Building and strengthening partnerships is one of those decisive actions. This country's unprecedented progress in controlling TB in recent years will not be sustainable without strengthened collaborations with local, state, national, and international partners from all sectors of our society. This kind of partnership action must be taken in order to reach those at highest risk for TB, and to identify innovative strategies to collaborate with them to improve testing and treatment among high-risk populations.

There is a great deal of work that remains to be done:

- Despite the decreased case rate among foreign-born persons, more than half of the TB cases in the United States in 2005 occurred in this population, and the case rate was almost nine times greater in this population than among U.S.-born persons.
- For substance abusers, the homeless, and others at risk who are often hard to reach, community-based organizations, neighborhood health centers, and private providers need to be enlisted to help identify undetected TB cases and latent TB infection as well as encourage treatment.
- TB rates among people born in the United States differ remarkably by race. In 2005, rates among non-Hispanic blacks remained more than eight times higher than rates

among non-Hispanic whites. Non-Hispanic blacks and foreign-born individuals accounted for three-fourths of TB cases in 2005. Narrowing this gap in TB rates is a critical factor in achieving TB elimination.

- Low-incidence areas in the United States need continued support to ensure that they maintain the capacity and expertise to respond to TB outbreaks when they occur.

The Centers for Disease Control and Prevention (CDC) and the Advisory Council for the Elimination of Tuberculosis (ACET), an external advisory group to the Secretary of Health and Human Services and the Director of the CDC, have long recognized the moral obligation as well as the public health benefit of eliminating TB in this country. Supported by the conclusions in the Institute of Medicine (IOM) report *Ending Neglect: The Elimination of Tuberculosis in the United States*, ACET and CDC believe eliminating TB in the United States is a realistic goal and have a plan by which to do so. Both groups are committed to this goal and recognize that success will require collaborating with others.

We hope this document, *Forging Partnerships to Eliminate Tuberculosis: A Guide and Toolkit*, will foster the kinds of collaborations needed to make TB elimination a reality.

Sincerely,



Kenneth G. Castro, M.D.

Assistant Surgeon General

Director

Division of Tuberculosis Elimination

National Center for HIV/AIDS, Viral Hepatitis, STD,
and TB Prevention

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