

Renewing the fight to end tuberculosis

Despite being detectable, preventable, and often treatable, tuberculosis has remained the top killer infectious disease globally—infecting around 10 million people and causing 1.4 million deaths a year. Although tuberculosis is now rare in the general populations of high-income countries, for people in many lower-income countries and marginalised groups, it remains a serious threat.

March 24 marked World TB Day, which aims to draw attention to the devastating health, social, and economic impacts of tuberculosis. This year's World TB Day emphasised that “the clock is ticking” to meet the internationally agreed commitment to end the global tuberculosis epidemic by 2035. While global health efforts have prevented an estimated 63 million tuberculosis deaths since 2000, the annual rate of infection and mortality reduction so far looks insufficient. A compounding factor since 2020 has been the implementation of lockdowns and diversion of health-care resources towards the COVID-19 pandemic, which has disrupted screening and treatment. WHO estimates that, across 84 countries, 1.4 million fewer patients with tuberculosis received treatment and 500 000 excess deaths may have occurred in 2020 compared with 2019, setting mortality rates back to 2010 levels.

In 2019, there remained an estimated 3 million undiagnosed, active tuberculosis cases. Latest WHO recommendations include a renewed focus on systematic screening to close the diagnosis-to-care gap. Expanded community screening could help tackle the burden of latent tuberculosis infection in high-prevalence settings. Rachael Burke and colleagues' systematic review, published in *The Lancet Public Health*, found some evidence that community-based active case finding (ie, screening for asymptomatic infection in whole communities) increases case notification rates and might be effective in reducing tuberculosis prevalence in settings with high undetected prevalence, if delivered consistently and with sufficient intensity. However, in a linked Comment, Edgar Ortiz-Brizuela and Dick Menzies caution that such strategies can be overly complex and costly, and question whether broad active case-finding strategies truly impact community transmission of tuberculosis. Targeted active case finding within higher-risk groups could be more effective. Screening guidelines from WHO recommend prioritising groups at higher risk of becoming infected or

ill with tuberculosis, including household contacts, those living with HIV, and incarcerated people.

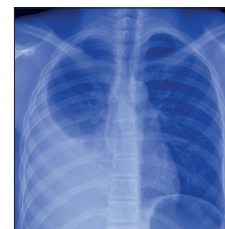
Tuberculosis is a disease of poverty and disadvantage, with inequalities evident both between and within countries. Often it is marginalised groups, such as indigenous people, migrants, and the homeless, who are impacted the most. The systematic review and meta-analysis by Olivia Cords and colleagues documents the substantially higher risk of tuberculosis infection in incarcerated populations compared with the general population in most world regions. For Kavindhran Velen and Salome Charalambous, these findings reinforce the need to promote continued engagement with health care during imprisonment and target preventive help towards higher-risk groups such as those living with HIV, as well as the need for better designed facilities that can handle infection control.

Addressing the social gradient in tuberculosis burden also means strengthening investment in universal health coverage. For the millions who are not linked to care, their local health facilities may lack the capacity to diagnose, prevent, or treat tuberculosis. In their trial, Olivia Oxalde and colleagues found that an intervention to strengthen local health system management of latent tuberculosis in household contacts resulted in a substantial increase in the number of contacts initiating preventive treatment.

The goal to end tuberculosis in the next decade is ambitious and the current pandemic has set progress back, but the experience with COVID-19 has also shown that political will and investment can prompt extraordinary public health actions and scientific advances against infectious disease. As Morten Ruhwald and colleagues comment in *The Lancet Microbe*, the innovations made in testing, digital public health, and vaccination in response to COVID-19 could be used to help eliminate tuberculosis. The financial case for ending the epidemic has been made—the *Lancet* Commission on tuberculosis estimated that averting a death from tuberculosis exceeds the value of its costs by more than a factor of 3 to 5. Leaders need to show the same energy towards tackling tuberculosis as they are showing against COVID-19 and seize this rare opportunity to reinvigorate the fight against tuberculosis.

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For WHO estimates see <https://www.who.int/news/item/22-03-2021-covid-19-highlights-urgent-need-to-reboot-global-effort-to-end-tuberculosis>

For WHO screening guidelines see <https://www.who.int/publications/m/item/systematic-screening-for-tb-disease>

See **Articles** pages e272, e283, and e300

See **Comment** pages e261 and e263

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