

## **Tuberculosis in the Americas**

Tuberculosis incidence has been declining in the Americas since the 1980s, and the decline accelerated following the widespread implementation of the directly observed treatment - short course (DOTS) strategy in the mid-1990s and the Stop TB Strategy in 2006. Progress has been uneven among countries, however, and the disease takes a disproportionate toll on disadvantaged individuals and communities. Several countries have concurrent epidemics of HIV and TB, and HIV-TB co-infections are a major challenge for TB control in the Americas. Other main challenges are the spread of multidrug-resistant (MDR) TB and weaknesses in the health systems (particularly in primary care) of low-income countries with high TB burdens.

## Key facts

- Tuberculosis remains the second-leading infectious disease killer in the Americas, after HIV/AIDS
- Since 1990, TB cases in the region have declined by 60 percent, and TB deaths have declined by two-thirds
- Currently, an estimated 23,000 people die each year from TB in the Americas, and 270,000 (including 44,000 children) become sick with TB
- Haiti, Suriname, Bolivia, Guyana and Peru have the highest TB incidence, ranging from 106 to 230 cases per 100,000 people in 2010
- Brazil has lower incidence but the highest number of cases: 85,000 in 2010
- Canada, Cuba and the United States have the lowest rates, with fewer than 10 per 100,000
- TB treatment usually takes six months and costs as little as \$50 in developing countries

## Key actions

To further reduce the burden of TB and advance toward elimination, PAHO is urging countries to mobilize political, financial, managerial and social support for TB programs and improve implementation in these key areas:

- 1. Strengthen the Stop TB Strategy and assure DOT for every patient
- 2. Expand community involvement and support
- 3. Increase collaboration between TB and HIV programs
- 4. Introduce new tools for rapid diagnosis in laboratory networks
- 5. Provide universal access to care for all MDR-TB cases
- 6. Develop strategies and interventions targeting vulnerable populations, including children and indigenous communities
- 7. Implement TB control strategies for large cities