



# TBWIRE

THE U.S. PARTNER IN THE GLOBAL  
STOP TB PARTNERSHIP

## April 2026

I love when people share good news to help lighten the load of bad news and help build resiliency among our TB communities. I am afraid, however, that the 1% “decrease” reported in the CDC’s preliminary 2025 data does not represent good news. As I shared with Congressional offices during TB Hill Day in March, the sudden dip during 2020 was not due to a reduction in TB cases (Feng et al, 2026), and we experienced some of the same conditions this past year. For example, people are missing appointments and staying away from healthcare because they are afraid. We see public health budgets stretched to breaking with massive drug price increases and public health workers burning out at record rates. We must keep testing, keep demanding more from our policymakers who control purse strings for public goods, and keep speaking out against the violence against our immigrant brothers and sisters if we are to **#EndTB**.

-Cynthia A. Tschampl, PhD, Immediate Past Chair



### DC UPDATE

**FY27 appropriations work continues:** Subcommittees in the House have started FY27 work, and letters requesting funding priorities are happening in the Senate. Our message is the same - ask your Representative in the House and two Senators to ask Leadership to pass \$225 million for CDC's TB programs for FY27. The Capitol Switchboard is **1-202-224-3121**.

**Sample script:** As your constituent and a public health advocate, I urge you to speak out in favor of strong funding for the CDC’s TB programmatic and research funding. Since TB anywhere is TB everywhere, we cannot afford the risk of further increased rates of transmission or drug resistance. Four years of increased cases,

drug prices increases, and staff burnout all require more resources. [Add a sentence about why you care.] Will your boss talk to the Chair and Ranking Member of the Appropriations Committee in support of \$225 million for FY27 for CDC's domestic TB programs? I look forward to hearing a response. [Leave phone number and email to receive a response.]

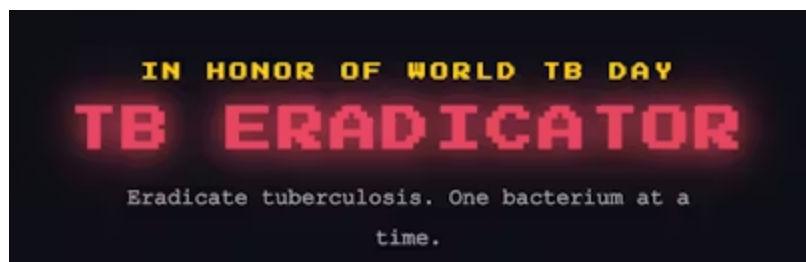
Bonus points if you write us at [leadership@stoptbusa.org](mailto:leadership@stoptbusa.org) and tell us how your calls/emails went!!

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## ANNOUNCEMENTS

### **TB Eradicator Game**

Need a mental break? Need to blow off some steam? Then we have the game for you! Member Jason M. developed TB Eradicator, where you blow up TB, one bacterium at a time. He also graciously added a donate button for folks to donate to Stop TB USA. Atari-style gaming for an amazing cause? What's not to love!?! Play now at: <https://tberadicator.com/>.



### **#FacesOfTB**

Led by our Media Work Group, #FacesOfTB is a new storytelling campaign designed to highlight the full breadth of people impacted by TB, and by recent USAID cuts. This includes advocates, survivors, care partners, pharmacists, clinicians, researchers, non-medical workers, journalists, and others whose work or lives intersect with TB.

We encourage you to submit your story (and any questions) using the [form](#)!

**FACES OF TB** STOP TB USA

I believe our path to ending TB depends on elevating community leadership in every step of our work. I'm committed to building trust, strengthening local partnerships, and ensuring strategies are shaped by those most affected.

<https://tbeliminationalliance.org>

**UNITED TO #ENDTB**

Scan here to see more faces, learn more about TB

My name is Mukta Dela — I support the TB Elimination Alliance and hope to see health communities free of TB!

**FACES OF TB** STOP TB USA

I want you to know that TB does not discriminate. I was 28 years old when TB caused my body to go into sepsis. My friends and family didn't even know TB still existed.

Everything Is Tuberculosis by John Green lifted me up through my recovery and helped educate the people around me.

**UNITED TO #ENDTB**

Scan here to see more faces, learn more about TB

My name is Erin. I'm a nurse and active TB survivor.

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## **TB RESOURCES & REPORTS**

### **The WHO global tuberculosis report 2025: Drug-resistant TB**

The WHO Global Tuberculosis Report highlights the ongoing burden of drug-resistant TB worldwide, emphasizing trends in incidence, gaps in diagnosis and treatment, and geographic distribution.

### **An Action Guide for Communicators at Public Health Agencies**

Visit the PHCC Action Guide, which provides practical, peer-informed strategies and tools to help public health teams strengthen communication, assess challenges, and improve messaging effectiveness.

### **2025 Provisional TB Data Report Release**

### **Global TB Report: “Progress is Possible: We Know What Works, Let’s Scale It”**

### **Compendium of data and evidence-related tools for use in tuberculosis planning and programming**

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## **TB IN THE NEWS**

### ***TB INCIDENCE REPORTS:***

### **New Tuberculosis Exposures Reported at Southwest High School - County News Center**

New tuberculosis exposures at Southwest High School prompted public health officials to initiate targeted contact tracing and offer free screening and follow-up

care for students and staff at the highest risk, reinforcing the need for early detection and prevention efforts.

*TB ARTICLES:*

**World Tuberculosis Day: Protecting Children From a Deadly Disease | UNICEF USA**

World Tuberculosis Day (March 24) helps raise awareness of TB. Learn how UNICEF works with partners to protect children from this deadly disease.

**Sustaining Tuberculosis Innovations to Counter Foreign Aid Cuts | Think Global Health**

A new World Health Organization policy allows for portable TB testing, which could help close massive gaps in disease surveillance.

**Tuberculosis Survivors Face Elevated Mortality Risk for 14 Years After Treatment**

Even after successful treatment completion, tuberculosis patients experience higher rates of death from respiratory & cardiovascular causes.

**WHO recommends near point-of-care tests, tongue swabs, and sputum pooling for TB diagnosis**

The World Health Organization announces new recommendations to improve TB diagnosis, including near point-of-care tests, tongue swabs, and sputum pooling—innovations aimed at making testing faster, more accessible, and more cost-effective, particularly in resource-limited settings.

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***JOURNAL ARTICLES***

**Tuberculosis before and during COVID-19 Pandemic, United States, 2010–2023**

**Diagnostic Accuracy of Molecular Testing on Saliva and Oral Swabs for Pulmonary Tuberculosis**

Molecular testing of saliva was more sensitive but less specific for pulmonary TB diagnosis than oral swabs.

**Effects of the COVID-19 Pandemic on Tuberculosis Outcomes in the United States: A Bayesian Analysis**

Although TB cases initially declined during the pandemic, projections indicate these disruptions could result in a rise in cases and deaths in the years ahead, highlighting the lasting effects of delayed care and strained health systems.

### **Long-term risk of death after tuberculosis diagnosis and treatment**

A single course of antibiotics can lead to long-lasting changes in the gut microbiome, with effects persisting for years.

### **Miliary Tuberculosis With Gastrointestinal Involvement in a Young Undocumented Immigrant: A Case Report**

This case report highlights a rare presentation of miliary TB with gastrointestinal involvement, emphasizing diagnostic challenges and the impact of limited healthcare access on delayed care and outcomes.

### **Understanding where people with tuberculosis seek care to serve them better**

This study highlights tuberculosis as a persistent global health threat, emphasizing that despite available treatments and prevention tools, progress remains uneven due to underlying factors like poverty, inequities, and health system gaps.

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## **EVENTS, CONFERENCES & COURSES**

*Events & Conferences:*

### **Better Communication for Better Health: A Conversation with the American Public Health Association**

April 07, 2026 | 12:30 p.m. ET | Online

### **The Future of Public Health in the United States**

April 29, 2026 | 5:30-6:30 p.m. ET | In-person & online

### **RESULTS National Conference 2026**

July 12-14, 2026 | In-person | Washington, D.C.

### **The Union: World Conference of Lung Health 2026**

November 17-20, 2026 | In-person | Rio de Janeiro, Brazil

*Courses:*

**Management of Child and Adolescent Tuberculosis and Resources for Trainers (The Union online)**

**TB 101 for Health Care Workers Training (CDC)**

**Multidisciplinary Update in Pulmonary & Critical Care Medicine 2026 (Mayo Clinic)**

**Advanced TB Diagnostics | June 15-19, 2026 (McGill University)**

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## **TB BOOKSHELF**

***A Plague on Your Houses : How New York Was Burned Down and National Public Health Crumbled* by Deborah and Roderick Wallace  
Verso, 1998**



The title is derived from *Romeo and Juliet*'s Mercutio's ("A plague o' both your houses! They have made worms' meat of me." III. i.) dying acknowledgment of his relative position compared to the richer Capulets and Montagues, and that if not useful, he is disposable, even a hindrance.<sup>1</sup>

Disposable: like inhabitants of the lower income, often predominantly non-white neighborhoods, targeted in the 1970's by "benign neglect" and "planned shrinkage" policies from the Rand corporation and President Nixon's urban advisor Daniel Patrick Moynihan. It began, as the subtitle of Deborah and Roderick Wallace's book suggests, with fire, shutting down stations in New York City's (NYC) poorest neighborhoods, resulting in longer response times, damaged and abandoned buildings, and displaced residents, all contributing to the dramatic uptick of tuberculosis. By 1990, with 3% of the nation's population, New

York City had 15% of the cases, up from 23/100,000 in 1984 to 50/100,000, with black men 35-44 having an incidence of 469/100,000.

Like famine in the 20th and 21st centuries, this uptick was an entirely human-facilitated crisis: in fact, immediately preceding the “benign neglect” the NYC Health Services Administration convened a Tuberculosis Task Force in 1968 to “provide on a neighborhood basis, a continuum of high-quality treatment to tuberculosis patients, emphasizing ambulatory care and utilizing hospitalization only as required.” The plan was to set up outpatient clinics and other community-based resources aiming to:

- Reduce hospital beds at a rate 100/year.
- Increase contact tracing and treatment resources.
- Develop and formalize community participation in the planning and delivery of TB control-services.
- Bring TB into the mainstream of community medicine by stimulating cooperation of medical schools, voluntary hospitals, and related agencies.

But with RAND/Moynihan initiative on its heels, the Wallaces note it was no surprise that the only task force goal successfully implemented was the reduction in hospital beds.<sup>2</sup>

Separating Wallace’s work from most books focused on or featuring TB is the scale of setting and its presentation. Rather than cling to the poles of individual cases, or large geographical –if not worldwide–statistics, we get borough-wide maps over a relatively short period of time showing how targeting specific neighborhoods led to clustering of poverty and sickness. The graphic effect is chilling, like looking out one’s window over the city as a shadow descends upon it.

Data on substance abuse, violent crime, AIDs, infant mortality and internal migration, complement the chapter dedicated to tuberculosis (appropriately the physical center of the book) reinforcing W.E.B. DuBois’ declaration of TB as a social disease and accordingly, many of the Wallace’s recommendations are community focused, based on New York Academy of Medicine’s 1989 conference “Housing, Community and Health”: everything from home visits focused on vaccination and nutrition to strong involvement of “quasi-official bodies such as the Police Precinct Councils and Community Planning boards”

Nevertheless, the Wallaces do not neglect the importance of each individual case, providing urban echoes of Paul Farmer in *Mountains Beyond Mountains*.<sup>4</sup>:

Often, the case worker must scout a large area to find his client. He may have to enter crack houses, gang headquarters, basements

shared by many families, and sweatshops, all illegal premises *but ones which he cannot report*. [Emphasis mine]

In the Wallace's contribution to *The Return of the White Plague* (Verso, 2003)<sup>5</sup> the authors cover much the same territory, but their recommendations also include a warning about the danger of sole reliance on widespread antibiotic treatment in fighting TB, given the drugs' liver toxicity and the rise in MDR-TB.

A final note: even though NYC was in a very different place when "benign neglect" was first instituted (just a few years later it teetered on the verge of bankruptcy), asking who might benefit in the long run from such policies is an especially a valid question when the US is now demanding African mineral wealth in exchange for TB and HIV drugs. As for NYC, the value of real estate in parts of the Bronx—a featured location among the data—has increased over 670%<sup>6</sup>, adjusted for inflation between 1975 and 2006, and has continued to rise in price since.

- David Moskowitz, Media Work Group Chair

1. Because Mercutio is wittier, more philosophical, and simply more engaging than the titular characters, there's a tradition that Samuel Johnson declared Shakespeare "was obliged to kill Mercutio in the third act, lest he should have been killed by him".
2. <https://www.nyc.gov/assets/doh/downloads/pdf/tb/tb1991.pdf>
3. At roughly the same time, California Governor Ronald Reagan signed the Lanterman-Petris-Short Act. The law had the ostensibly humanitarian goal of reducing involuntary commitment of those with mental health disorders, but without accompanying investment in community support, the results were often tragic with former patients often ending up semi-permanently on the streets or again involuntarily committed in the criminal justice system.
4. The book's author Tracy Kidder died of lung cancer on March 24, 2026. Partners In Health's co-founder Ophelia Dahl said, "Tracy was that rarest of beings—an artist and a man charged up about injustice."
5. "The Recent Tuberculosis Epidemic in New York City: Warning from the The De-Development World." *The Return of the White Plague: Global*

*Poverty and the “New” Tuberculosis*, edited by Matthew Gandy and Alimuddin Zumla is slotted for a future TB Bookshelf.

6. [https://www.furmancenter.org/wp-content/uploads/ee-legacy/SOC2008\\_Trends\\_in\\_NYC\\_Housing\\_Price\\_Appreciation.pdf](https://www.furmancenter.org/wp-content/uploads/ee-legacy/SOC2008_Trends_in_NYC_Housing_Price_Appreciation.pdf)

***Stop TB USA: Where we unite to #EndTB!***

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Stop TB USA

<https://www.stoptbusa.org/>

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