



TBWIRE

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

August 2025

GREETINGS FROM THE CHAIR!

There has been a flood of disheartening news, much of which has a direct impact on weakening the very public health structures upon which our quality of life has rested for decades. But I wanted to assure you that **your #EndTB emails, calls, and letters to your Members of Congress are working!** Global TB program funding for fiscal year 2026 (FY26) was not deeply cut in the House version, and the Senate passed level funding for domestic TB programs. While this is not the end of the story, it shows that Congress is willing to say “no” to the Administration’s most pro-killer-microbe budget cut requests. Know you are making a difference, and when you feel too beat down, [reach out](#) to those of us who are in solidarity with you. **Together** we will **#EndTB!**

- Cynthia A. Tschampl, PhD, Stop TB USA Immediate Past Chair

DC UPDATE

First, the bad news:

- 1.) The [reconciliation bill](#) was passed into law; it makes huge cuts to Medicaid, SNAP, and Medicare, increases funding for ICE, and adds more than \$3 trillion to the national debt to pay for [tax breaks](#) largely benefiting the President and his top donors.
- 2.) A [recissions package](#) was passed into law; it slashed USAID international development programs, NPR, and PBS. It lays the groundwork for further reversals in fiscal year 2025 funding.

Now the good news:

- 1.) The House is passing FY26 Appropriations bills that do not implement most of the President’s proposed cuts.
- 2.) The Senate is passing [FY26 Appropriations bills](#) that deny both funding and NIH/CDC structural cuts! Your voices are working! Therefore, keep contacting your Members of Congress to request robust FY26 funding for TB programs! Here's how:

Call the Capitol switchboard at **1-202-224-3121**

[Sample script:](#)

As your constituent and someone who cares about everyone's health, I urge you to speak out against health-related cuts and in favor of bolstering our TB programs and TB research funding. Since TB anywhere is TB everywhere, we cannot afford the risk of increased rates of transmission or a further rise in drug resistance. What's more, we can vastly accelerate the pace of TB elimination by supporting new technologies like a much needed TB vaccine. *[add a sentence about why you care*]*; therefore, will your boss speak to the Chair and Ranking Member of the LaborHHS Appropriations Subcommittee in support of \$225 million for CDC's TB programs for FY26? I look forward to hearing a response. *[leave a phone number and email if you wish to receive a response.]*

*Suggestions:

1. "I lost a close friend to TB, and I know how devastating this disease can be."
2. "The USAID cuts are expected to lead to **10.7 million** more TB cases and **2.2 million** unnecessary deaths."
3. "I work in healthcare and know how interconnected our world is — fighting TB here helps fight it everywhere."
4. "Early testing and treatment saves lives — and costs less. For governments, prevention today means fewer expenses tomorrow."

Bonus points if you write us at leadership@stoptb.usa.org and tell us how your calls went!!

ANNOUNCEMENTS

- [Time for GREAT NEWS: \\$15.3 Million Unitaid Investment to Strengthen Community-Led Action on Drug-Resistant TB in 16 Countries](#)
- [WHO Director-General's opening remarks at the Townhall of the WHO Civil Society Task Force on Tuberculosis](#)
- [More than 400 CDC staff may be called back to work after being laid off in April](#)
- [Exclusive: NIH suspends dozens of pathogen studies over 'gain-of-function' concerns](#)

Other Opportunities:

- [National Institute of Allergy and Infectious Disease \(NIAID\) needs volunteers for clinical studies](#)
- [WHO - Call for case studies and best practices: Implementing an integrated approach to tuberculosis and lung health | Deadline: August 31, 2025](#)

TB RESOURCES & REPORTS

We would like to shout out one of our Media Work Group members, Sailesh Bhujel, for putting together this *Tuberculosis at a Glance* infographic! This clear, concise resource highlights key TB facts and global data to support community awareness and advocacy. Feel free to share it in your networks to help spread TB knowledge.

What is TB?

Tuberculosis (TB) is caused by a bacteria called *Mycobacterium tuberculosis*. It usually affects the lungs but can also harm any part of the body except nails and hair.

TB spreads easily through the air when a person with active lung TB sneezes, talks, or spits, releasing the germs. Early diagnosis and treatment are important to prevent the spread and to get cured.

"TB can be cured. In addition to medication, family and social support are crucial to the fight against the disease. A strong supportive community and the support of loved ones can have a significant impact on treatment and recovery outcomes." - Sailesh Bhujel, Public Health Professional

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How common is TB?

TB remains the top infectious killer disease globally. In 2023, approximately 10 million people fell ill with TB, and 1.25 million died from the disease, making it the leading cause of death. While TB is more prevalent in low- and middle-income countries, it also affects high-income nations. In the United States, TB cases rose to over 10,300 in 2024, the highest since 2011.


Some conditions put people at greater risk of being exposed to the bacteria or of developing tuberculosis disease. These include:

- Compromised immune systems, such as those living with HIV/AIDS
- Children, especially those under 5 and adults aged 65 and older
- Living in places that are overcrowded or have inadequate ventilation, such as shelters or prisons
- Being malnourished or undernourished
- Being in contact with individuals with active TB
- Individuals who use drugs, alcohol, or tobacco
- Chronic health conditions such as diabetes

Early screening, diagnosis and treatment for these individuals is important for early detection and treatment and to stop the spread of tuberculosis.

Symptoms of active TB in the lungs may include:

- Persistent cough lasting more than 3 weeks
- Coughing up blood
- Chest pain
- Fever and night sweats
- Unexplained weight loss
- Feeling tired or weak
- Loss of appetite



How Is TB Treated?

TB is highly curable, if treated appropriately and in time. The typical treatment for active TB usually lasts at least six months. It is critical to fully complete the treatment in order to cure the disease and prevent it from developing resistance to the medications.

What is latent TB?

Latent TB infection (LTBI) means a person has TB bacteria in their body, but the bacteria are not active. People with LTBI don't feel sick, have no symptoms, and can't spread TB to others. However, the bacteria can become active, especially if their immune system gets weak. To keep LTBI from becoming active, people can be given treatment, which typically lasts three to four months.

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- [Global Tuberculosis Report 2024](#)
- [An Activist's Guide to Diagnostic Tools for Tuberculosis 2025 - Treatment Action Group](#)
- [Childhood immunization coverage has stalled globally, report reveals](#)
- [Combating Tuberculosis: Obstacles, Innovations, and the Road Ahead](#)
- [Tuberculosis Fast Facts](#)
- [Tuberculosis Therapeutics Market Opportunity, and Forecasts Report 2025-2030](#)
- [Tuberculosis deaths in the United States, 1953 to 2022 - Our World in Data](#)
- [CDC's 2024 Global Health Impact: By the Numbers](#)
- [Digital TB Surveillance System Assessment Report](#)
- [Provisional 2024 Tuberculosis Data, United States](#)

TB IN THE NEWS

TB Incidence Reports:

- [Health officials investigating tuberculosis case in Avery County; over 100 may have been exposed](#)
- [Tulsa public schools reports tuberculosis case at McClain high school](#)
- [Former Alaska ICE detainee hospitalized with tuberculosis in Washington state, attorney says](#)

TB Articles:

- [New credit card-sized TB test could close the diagnostic gap in HIV hotspots](#)
- [Invitation for public consultation on draft WHO Guidance on Evidence Generation for TB Preventive Treatment](#)
- [Impact of the COVID-19 pandemic on unfavorable tuberculosis outcomes - BMC Public Health](#)

- [Southern California Regional Community of Practice to End TB - LA County Public Health](#)
- [Sanitariums and Stigma: When TB Was Common in the U.S. - The New York Times](#)
- [Closing the Gap: Finding Untreated TB Cases | Global HIV and TB - CDC](#)
- [Low utilization of targeted tuberculosis \(TB\) infection testing in the United States](#)

JOURNAL ARTICLES

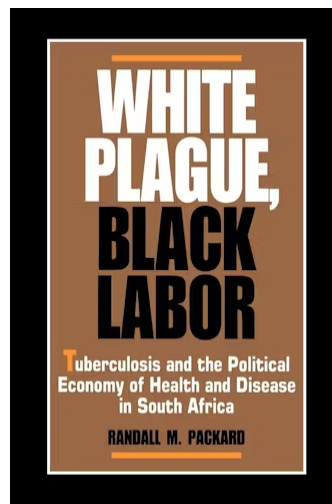
- [Vitamin C potentiates the killing of *Mycobacterium tuberculosis* by bedaquiline through metabolic disruption](#)
- [Mycobacterium tuberculosis biology, pathogenicity and interaction with the host - Nature](#)
- [Inequities in Excess Pandemic Mortality Among Documented and Undocumented Immigrants in California, 2020–2023](#)
- [The potential impact of reductions in international donor funding on tuberculosis in low-income and middle-income countries: a modelling study](#)
- [The patient's pursuit of safe treatment options for tuberculosis](#)
- [BCG and Beyond: Unlocking New frontiers in TB vaccine Development](#)
- [Immune Response in Tuberculosis with Comorbidities or Coinfections 2 - Frontiers](#)
- [BCG Revaccination to Prevent Tuberculosis - The New England Journal of Medicine](#)

EVENTS, CONFERENCES, & COURSES

- [It's not too late to register for NTCA's Virtual TB Conference! Sessions will be scheduled on Wednesdays and Thursdays from late August through September. Register now!](#)
- [Submissions for the 2026 END TB Conference are now open! The deadline for submission of abstracts, challenging cases, and travel grants is September 30, 2025.](#)
- [Monthly |SEATRAC Seminar Series](#)
- [Inaugural Annual WGNV Meeting](#)

TB BOOKSHELF

***White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa* by Randall M. Packard**



**White Plague, Black Labor: Tuberculosis and the Political Economy of
Health and Disease in South Africa**

By Randall M. Packard

University of California Press, 1989

ISBN: 9780520065758

What causes tuberculosis? is a question Robert Koch answered over 150 years ago. *What's causing tuberculosis in all of these people?* is a question that continues to be asked. Randall Packard's *White Plague, Black Labor* examines just over a century's data (1870-1980) to explore TB's appearance and impact throughout multiple economic transformations and internal migrations within South Africa. Rich enough with statistics to satisfy the academic, the book provides value for the lay reader in how it reveals a repeated pattern—black Africans transported to new locations where they are susceptible due to unhealthy *everything* in their work and home lives—and in examining the differences that preclude simple answers as it asks, *What are they eating—or not eating—and why? When does proper ventilation also mean “exposure to cold”? Where did they come from—and what was the burden at their point of origin (and had Europeans even introduced the disease there?) Who's infecting whom and how? And how do spotty testing, as well as procedures and behaviors following a negative test, an asymptomatic positive test, and those presenting symptoms but are not yet bedridden, affect everything?*

White Plague, Black Labor provides a sobering reminder of just how much can weaken an immune system, turning latent TB into active disease. For example, we think of the “bigger two” comorbidities, HIV and diabetes, but among the culprits listed here are influenza—especially in the post-WWI epidemic—hookworm, dysentery, malaria, pneumonia and silicosis, all driven by crowded and poorly ventilated living and work spaces, and a chronic lack of clean water and sanitary facilities. Malnourishment was also common, leading to pellagra and scurvy. Undernourishment factored in as well: women had high TB mortality and active disease rates, even though they weren't in the mines and factories, because they were giving food they needed to their children.

The lack of social support provided a strong disincentive to get tested or, when active TB struck, seek treatment until already dying. This helped spread the disease, especially as employers were not equally scrupulous about not hiring those clearly contagious, even though the disease prevented said workers from getting documentation allowing them to work.

Packard makes it clear how human decisions and attitudes exacerbated a bad situation: An attitude among the elite and reflected in policy was that “Bad feeding, bad housing, bad clothing, all come from their poverty; and yet they continue to loaf instead and going out and earning a living (p. 51)” Employed South African Blacks were regarded no better: consider how one manager, when presented with the problem of workers beaten down by the long cold-weather walk from the mines to the barracks, responded,

Have them run instead.

- David Moskowitz, Chair, Media Work Group

Stop TB USA: Where we unite to #EndTB!

Invite a friend to sign up to receive the TB Wire and be a part of Stop TB USA!

Donate today! <https://donatenow.networkforgood.org/stop-tb-usa>

Stop TB USA

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

leadership@stoptbusa.org

PO Box 260288, Atlanta, GA 31126



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