

More than 18,000 excess tuberculosis cases in the US attributable to structural racism: Study

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Credit: Francisco Farias Jr/public domain

A robust analysis of national tuberculosis (TB) surveillance data found continuing, persistent disparities in TB incidence among U.S.-born racial and ethnic minorities, despite an overall decrease in cases observed during the analysis period. The authors conclude that structural racism is largely to blame. The analysis is published in *Annals of Internal Medicine*.

While 72% of TB cases in the U.S. occur among foreign-born persons, social determinants of health affect TB incidence among those born in the country. Few studies have examined disparities in TB incidence rates specifically among the U.S.-born population.

Researchers from Harvard T.H. Chan School of Public Health and the Centers for Disease Control and Prevention (CDC) conducted a time-series analysis of U.S.-born persons diagnosed with TB stratified by race/ethnicity using national TB registry data for 2011 to 2021.

They found that TB incidence ratios were 4.4 to 14.2 times higher for persons who self-identified as American Indian/Alaska Native, Asian, Black, or Hispanic compared with non-Hispanic white U.S.-born persons. Relative disparities were greater for females, younger persons, and TB attributed to recent transmission, but absolute disparities were greater for males.

The index of [disparity](#) was estimated to be 82% for females and 71% for males, indicating greater relative racial/ethnic disparities in TB incidence among females than males. According to the authors, addressing these disparities in TB incidence is necessary for achieving health equity goals.

Reducing barriers to TB prevention activities and ensuring that all persons have access to affordable and effective TB services are essential for accelerating progress toward population-level TB elimination.

The authors of an accompanying editorial from Emory University suggest that data from this analysis may offer insight into possible deployment of targeted efforts by city and state TB prevention and control programs.

The data could also inform updated guidance on expanding early detection and care of groups with high risk for TB. The authors urge practitioners to promote culturally sensitive approaches to TB screening and early case detection and care to help overcome the prevailing racial/ethnic disparities.

More information: Disparities in Tuberculosis Incidence by Race and Ethnicity Among the U.S.-Born Population in the United States, 2011 to 2021, *Annals of Internal Medicine* (2024). [DOI: 10.7326/M23-2975](https://doi.org/10.7326/M23-2975)

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