

The Silent Threat: Uncovering the Hidden Realities of Tuberculosis

Danti Elizabet*

Hunter College, City University of California, USA

Abstract

Tuberculosis (TB), a disease once believed to be under control, remains a persistent global health threat, affecting millions of people each year. Despite advances in medical science, TB continues to cause significant morbidity and mortality, especially in low- and middle-income countries. This article explores the hidden realities of tuberculosis, shedding light on its prevalence, transmission, challenges in diagnosis and treatment, and the socio-economic factors that contribute to its persistence. By examining current trends, the global response to TB, and ongoing research efforts, the article emphasizes the urgent need for increased awareness, innovation, and global cooperation to combat this silent yet deadly disease.

Keywords: Tuberculosis, Global health, Diagnosis, Treatment, Public health, *Mycobacterium tuberculosis*, Disease transmission, Socio-economic factors, Antibiotic resistance, Tuberculosis control

Introduction

Tuberculosis (TB) is one of the oldest known diseases, dating back thousands of years. Caused by *Mycobacterium tuberculosis*, TB primarily affects the lungs but can also target other parts of the body, such as the kidneys, spine, and brain. Despite major progress in diagnosing and treating TB in the 20th century, it remains one of the leading causes of death worldwide, particularly in low- and middle-income countries. In 2020, an estimated 10 million people fell ill with TB, and 1.5 million people died from the disease, according to the World Health Organization (WHO). These numbers underscore the persistent and growing threat TB poses to global public health [1].

Despite being a preventable and treatable disease, TB continues to be a silent killer, often going undiagnosed until it has reached advanced stages. The disease's slow progression, complex treatment regimens, and the emergence of multidrug-resistant (MDR) strains have compounded efforts to eliminate TB. This article will explore the hidden realities of TB, focusing on its continued prevalence, the challenges in diagnosis and treatment, and the role of socio-economic factors in perpetuating its spread [2].

Discussion

The Global Prevalence of Tuberculosis

Although TB is preventable and treatable, it remains a global health crisis, particularly in resource-limited settings. According to WHO, in 2020, about 5.6 million cases went undiagnosed or were not reported, which highlights the difficulties in managing the disease. While TB incidence is decreasing globally, it is not happening at a fast enough rate to meet the targets set by global health organizations [3].

The burden of TB is disproportionately high in certain regions, especially in Asia and Sub-Saharan Africa. India, China, Indonesia, the Philippines, and Pakistan account for nearly two-thirds of the global TB incidence. In these regions, factors such as poverty, overcrowded living conditions, inadequate healthcare systems, and limited access to diagnostic tools contribute to the persistence of TB.

Additionally, populations living with HIV or those affected by malnutrition are particularly vulnerable to contracting TB due to their weakened immune systems. One of the main reasons for TB's continued prevalence is the delayed onset of symptoms. TB can remain dormant

in the body for years before showing symptoms, which means that individuals can unknowingly spread the bacteria to others long before they are diagnosed. This makes it more difficult to control the spread of the disease, particularly in high-density communities where TB is more likely to thrive [4].

Challenges in Diagnosis and Treatment

Diagnosing tuberculosis is one of the most significant challenges in controlling its spread. While traditional methods such as chest X-rays, sputum tests, and skin tests are still used, they often fall short in detecting TB in its early stages, especially in asymptomatic or latent cases. Additionally, rural or remote regions often lack access to these diagnostic tools, resulting in delayed diagnoses. Another significant obstacle is the rise of drug-resistant TB. The emergence of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) is a major threat to global health. These forms of TB are resistant to the first-line drugs typically used in TB treatment, requiring patients to undergo longer and more toxic regimens. The treatment of MDR-TB is more expensive and has a lower success rate, making it a difficult and costly disease to manage [5].

Drug resistance often arises due to incomplete or inadequate treatment. This occurs when patients stop treatment prematurely, fail to take the correct dosage, or have poor adherence to prescribed regimens. Inadequate treatment can lead to the selection of drug-resistant strains, which further complicates efforts to control the disease.

Moreover, TB treatment itself can be lengthy, requiring patients to follow strict regimens of antibiotics for six months or more. The long duration of treatment, combined with side effects such as nausea, fatigue, and liver toxicity, can result in poor adherence, which in turn fosters the development of resistance [6].

***Corresponding author:** Danti Elizabet, Hunter College, City University of California, USA, Email: danti_eli@yahoo.com

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Socio-economic Factors and the Stigma of Tuberculosis

Socio-economic factors play a significant role in the spread and persistence of TB. Poverty, malnutrition, and overcrowded living conditions increase the risk of contracting TB. Individuals living in poverty often lack access to healthcare, making early detection and treatment difficult. The poor state of healthcare systems in many low- and middle-income countries also contributes to high TB incidence rates. In addition to economic challenges, the stigma associated with TB further hampers efforts to control the disease [7]. TB is often linked to poverty, malnutrition, and social marginalization, leading to negative stereotypes about those affected by the disease. This stigma can prevent individuals from seeking treatment due to fear of discrimination, leading to delayed diagnosis and further transmission of the disease. As a result, individuals may avoid seeking help, and communities may fail to address outbreaks in a timely manner.

Stigma and discrimination can also negatively affect the mental health of those living with TB, further complicating the management of the disease. Reducing stigma through education, community engagement, and awareness campaigns is a crucial step in breaking down barriers to treatment and improving public health outcomes [8].

Global Efforts to Combat Tuberculosis

Global efforts to combat TB have made significant strides in recent decades. The WHO's End TB Strategy, launched in 2015, aims to reduce TB deaths by 90% and TB incidence by 80% by 2030. This ambitious target focuses on early detection, ensuring access to treatment, and reducing the impact of the disease on vulnerable populations [9].

Furthermore, advancements in diagnostics, such as the GeneXpert diagnostic test, have significantly reduced the time needed for diagnosing TB, improving early detection and reducing the spread of the disease. In addition, research into new drug formulations and vaccines continues to make progress, with new treatments and therapies offering hope for those struggling with drug-resistant strains. However, achieving these goals requires sustained investment, global cooperation, and a commitment to addressing the underlying socio-economic factors that perpetuate the spread of TB. Increased funding for TB research, improved healthcare infrastructure, and better access to healthcare services are essential to controlling the disease [10].

Conclusion

Tuberculosis remains a silent yet formidable global health threat. Despite the advances in medical treatment, diagnosis, and prevention, TB continues to claim millions of lives each year, largely due to late diagnosis, inadequate treatment, drug resistance, and socio-economic factors. To overcome the challenges posed by TB, a comprehensive approach that includes improved access to healthcare, better diagnostic tools, new treatment regimens, and addressing the social determinants of health is essential. As we work toward the elimination of tuberculosis, it is crucial to raise awareness, reduce stigma, and foster global collaboration to ensure that no one is left behind in the fight against this hidden killer.

References

1. Huhtanen CN (1991) Gamma Radiation Resistance of Clostridium botulinum 62A and Bacillus Subtilis Spores in Honey. *J Food Prot* 54: 894-896.
2. Postmes T, van den Bogaard AE, Hazen M (1995) The Sterilization of Honey with Cobalt 60 Gamma Radiation: A Study of Honey Spiked with Spores of Clostridium botulinum and Bacillus Subtilis. *Experientia* 51: 986-989.
3. Kempe LL, Graikoski JT (1962) Gamma-Ray Sterilization and Residual Toxicity Studies of Ground Beef Inoculated with Spores of Clostridium botulinum. *Appl Microbiol* 10: 31-36.
4. Durban E, Grecz N (1969) Resistance of Spores of Clostridium botulinum 33A to Combinations of Ultraviolet and Gamma Rays. *Appl Microbiol* 18: 44-50.
5. Rose SA, Modi NK, Tranter HS, Bailey NE, Stringer MF (1998) Studies on the Irradiation of Toxins of Clostridium botulinum and Staphylococcus Aureus. *J Appl Bacteriol* 65: 223-229.
6. Blomgran R, Desvignes L, Briken V (2021) Mycobacterium tuberculosis inhibits neutrophil apoptosis, leading to delayed activation of naive CD4 T cells. *Cell Host Microbe* 11: 81-90.
7. Bohre D, Castro E, Hu Z, Queiroz CE (2012) Eosinophils are part of the granulocyte response in tuberculosis and promote host resistance in mice. *J Exp Med* 218: 20210469.
8. Cadena KL, Flynn JL, Fortune BN (2016) The importance of first impressions: early events in Mycobacterium tuberculosis infection influence outcome. *MBio* 7: 00342-00416.
9. Cohen NB, Gern MN, Delahaye JN (2018) Alveolar macrophages provide an early Mycobacterium tuberculosis niche and initiate dissemination. *Cell Host Microbe* 24: 439-446.
10. Corleis B, Dorhoi A (2019) Early dynamics of innate immunity during pulmonary tuberculosis. *Immunol Lett* 221: 56-60.