A proposal to rethink how we track tuberculosis spread around the world

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We are pleased to publish in this issue an article that lays out a novel and promising global strategy for tuberculosis (TB).¹ Becerra and Swaminathan start with children, who within the global epidemic remain largely invisible. They explain why it is useful to think of children with TB as ‘sentinels’ – as well as a neglected population that urgently needs quality attention.

Every year about 1 million children get sick with TB. Children are exposed to TB, mostly in homes shared with others who cough the mycobacterium into the air. Each child is a sentinel, helping detect the infecting cases, and creating an opportunity for preventive treatment for some, treatment of active disease for many others. But it will not be easy.

Becerra and Swaminathan identify key difficulties:

- the very nature of pediatric TB;
- the inadequacy of diagnostic tools;
- lack of data for good disease burden estimates; and
- failure, in most of world, to field *contact investigations*.

The plight of children signals a continuing failure of two decades of global TB policy – focused on Directly Observed Therapy with a set regime of ‘first line drugs’ (effective in the absence of drug resistance) – for all but the most affluent countries. If the world were to adopt additional tools used commonly in wealthier nations, contact investigation followed by use of existing diagnostic tools, and drug sensitivity testing to learn about the infecting organisms, it should be possible to set quantitative treatment and prevention targets among children exposed at home to multidrug-resistant TB, country by country. The article describes the strategy in detail.

These authors are not satisfied with their ambitious proposal for case finding and preventive treatment. They have organized a science-advocacy network to take action – the *Sentinel Project on Pediatric Drug-Resistant Tuberculosis*. Their activities warrant following (sentinel-project.org).

Those in developing countries seem more aware of today's dilemma for improving response to TB than those in more affluent settings. An Indian colleague writes: 'It is disheartening to see that whenever the problem of TB is discussed among experts, it gets largely confined to multidrug resistant TB and HIV induced TB, as if the regular form is already under control'.² His comment may reflect the difference between richer countries, where TB spread has nearly been halted compared with countries with fewer resources, where prevalence is high in the general population and epidemic spread persists. For richer countries two exceptions require special attention: continuing vulnerability for people infected with drug-resistant strains and for those with compromised immune systems.

To mount more urgent and informed global support, this article provides a crucial link between 'business as usual' in TB action, and a future where attention to children can protect many in danger and lead to a more comprehensive and effective set of programs worldwide.

References

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