Tuberculosis (TB) is contagious and airborne.

In 2022, TB was the second leading infectious disease killer worldwide, after COVID-19. It was also the leading killer of people with HIV and a major cause of deaths related to antimicrobial resistance.

**TB Burden**

- In 2022, an estimated 10.6 million (95% uncertainty interval [UI]: 9.9-11.4 million) people fell ill with TB worldwide, of which 5.8 million were men, 3.5 million were women and 1.3 million were children. People living with HIV accounted for 6.3% of the total.
- The TB incidence rate (new cases per 100,000 population per year) rose by 3.9% between 2020 and 2022, reversing declines of about 2% per year for most of the past 2 decades.
- Globally in 2022, TB caused an estimated 130 million (95% UI: 118-143 million) deaths, including 167,000 people with HIV. This was down from best estimates of 1.4 million in both 2020 and 2021 and almost back to the level of 2010.
- Eight countries accounted for more than two-thirds of the global total: India, Indonesia, China, the Philippines, Pakistan, Nigeria, Bangladesh and the Democratic Republic of the Congo.

**TB Care and Treatment**

- Global efforts to combat TB have saved an estimated 75 million lives since the year 2000.
- Globally in 2022, the reported number of people newly diagnosed with TB was 7.5 million. This is the highest number since WHO began global TB monitoring in 1995, above the pre-COVID baseline (and previous historical peak) of 7.1 million in 2019, and up from 5.8 million in 2020 and 6.4 million in 2021.
- The cumulative number of people treated between 2018 and 2022 was 34 million, equivalent to 84% of the 5-year (2018–2022) UN high-level meeting TB target of 40 million. This included 2.5 million children, 71% of the 5-year target of 3.5 million.
- There is still a large global gap between the estimated number of people who fell ill with TB and the number of people newly diagnosed, with approximately 3.1 million people not diagnosed with the disease, or not officially reported to national authorities in 2022, down from around 4 million in both 2020 and 2021, and back to the pre-pandemic level of 2019.

**Drug-Resistant TB**

- Globally, an estimated 410,000 people (95% UI: 370,000–450,000) developed multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) in 2022.
- The number of people diagnosed and started on treatment was much lower: 175,650 people in 2022, equivalent to about two in five of those in need and still below the pre-pandemic level of 181,533 people in 2019.
- The treatment success rate for drug-resistant TB was 63% globally.

**Addressing the Co-Epidemics of TB and HIV**

- Among all incident cases of TB in 2022, 6.3% were people living with HIV; this proportion has been steadily declining for several years. In 2022, 671,000 people living with HIV fell ill with TB, with the highest burdens in countries in the WHO African Region.
- The global coverage of HIV testing among people diagnosed with TB remained high in 2022, at 80%. The global coverage of antiretroviral therapy for people living with HIV who were newly diagnosed and reported with TB was 85% in 2022.
WHO recommends TB preventive treatment for people living with HIV, household contacts of those with bacteriologically confirmed pulmonary TB, and clinical risk groups (e.g., those receiving dialysis).

- Globally in 2022, TB preventive treatment was provided to 3.8 million people.
- From 2018 – 2022, 15.5 million people were treated with TB preventive treatment. This is only 52% of the UN High Level Meeting TB target of 30 million for the 5-year period 2018 – 2022.
- Most of those provided with TB preventive treatment were people living with HIV. The global sub-target of providing TB preventive treatment to 6 million people living with HIV between 2018 and 2022 was achieved well ahead of schedule.
- The cumulative total for household contacts was 4.2 million, equivalent to 17% of the 5-year target of 24 million for the period 2018–2022; this number included 2.2 million children aged under 5 years (55% of the 6-year sub-target of 4 million) and 2.0 million people in older age groups (10% of the 6-year sub-target of 20 million).

The diagnostic pipeline has expanded considerably in terms of the number of tests, products or methods in development. These include molecular tests for the detection of TB disease and drug resistance, interferon-gamma release assays (IGRAs) for the detection of TB infection, biomarker-based assays for detection of TB disease, computer-aided detection (CAD) for TB screening using digital chest radiography, and a new class of aerosol-capture technologies for detection of TB disease.

- Three M.tb antigen-based skin tests for detection of TB infection that perform better than tuberculin skin tests (particularly in terms of specificity) were evaluated and recommended by WHO in 2022. In 2023, WHO convened a guideline development group to assess the use of targeted next-generation sequencing for detecting drug-resistant TB directly from sputum specimens. This newly-recommended class of tests is a major step towards comprehensive drug susceptibility testing.
- There were 16 vaccine candidates in clinical trials by August 2023: four in Phase I, eight in Phase II and four in Phase III. They included candidates to prevent TB infection and TB disease, and to help improve the outcomes of treatment for TB disease.
- In August 2023, there were 28 drugs for the treatment of TB disease in Phase I, Phase II or Phase III trials. These drugs comprise 18 new chemical entities, two phase I, phase II or phase III trials. These drugs comprise 18 new chemical entities, two approved by the United States (US) Food and Drug Administration under the limited pathway for antibacterial and antifungal drugs, and seven repurposed drugs.

The second UN high-level meeting on TB was held on 22 September 2023. The resulting political declaration reaffirms existing commitments and targets and includes new ones for the period 2023–2027.

More information: www.who.int/tb