

World Tuberculosis Day: a Persistent Debt in Argentina

Día Mundial de la Tuberculosis: una deuda persistente en Argentina

Tuberculosis continues to be, well into the 21st century, one of the most significant infectious diseases at both the global and national levels. Far from being a problem of the past, its persistence and constant increase directly reflect social inequalities, barriers and major gaps in access to the healthcare system, and difficulties in maintaining continuity of care.

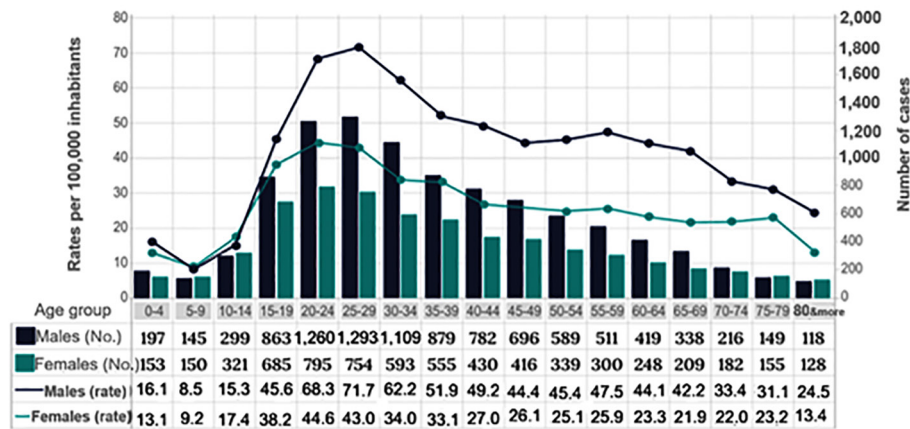
In Argentina, the most recent data reveal a concerning scenario. A sustained increase can be observed in the number of reported cases, which reached 17,283 in 2025, with a rate of 37.3 per 100,000 inhabitants. This increase had a particularly marked impact on young populations, especially those between 15 and 35 years of age, where significant proportions of new diagnoses are concentrated. In 2025, individuals aged <20 accounted for 17.0% of all reported TB cases in Argentina, with the heaviest burden concentrated among adolescents aged 15 to 19, exceeding that observed in the adult population, and positioning this group as central to current transmission dynamics.¹ Adding to this scenario is a particularly serious fact: the increase in severe forms of the disease, such as tuberculous meningitis in children aged <5 years. The analysis of data published by three-year periods shows an increase of 156.5%, which constitutes a critical indicator of failure in early detection and control strategies. Also, low BCG vaccination coverage at birth further contributes to this situation.

The increase in cases and severe disease forms signals an urgent epidemiological concern and must be interpreted as a warning signal reflecting not only ongoing community transmission but also deficiencies in active case finding, diagnostic delays, failures in identifying source cases, and adverse socioeconomic conditions that facilitate disease spread. The persistence of structural determinants such as overcrowding, poverty, and inequality continues to drive this vulnerability. The disease not only reflects these conditions, but also exacerbates them.

In Argentina, approximately 5% to 6% of bacteriologically confirmed cases show drug resistance (332 cases), which complicates treatment and increases the risk of unfavorable outcomes. However, beyond drug resistance, a primary challenge persists: maintaining treatment continuity amid social, economic, and institutional barriers. In this context, 933 deaths from tuberculosis were reported in 2024, a figure that also shows an upward trend.

Given this reality, it is essential to strengthen control strategies through a comprehensive approach. This implies not only optimizing epidemiological surveillance and active case finding, but also guaranteeing access to timely diagnosis and treatment, and reinforcing follow-up and treatment adherence. Likewise, prevention strategies must prioritize geographic equity, with targeted inclusion of children and adolescents as a cornerstone of comprehensive national TB control.

Notification of TB cases (new and relapses) and rates per 100,000 inhabitants, by age group and sex. Argentina, 2025.



SOURCE: Instituto Nacional de Enfermedades Respiratorias (INER) Dr. Emilio Coni – Administración Nacional de Laboratorios e Institutos de Salud Dr. Carlos Malbrán, based on data from the tuberculosis control programs of the 24 jurisdictions. Ministry of Health of the Nation. Argentina, 2026.

Similarly, it is necessary to consolidate person-centered models of care that take into account the social dimensions of the disease and promote treatment adherence, especially among vulnerable populations.

The role of healthcare teams is crucial, yet sustained institutional and political commitment is equally essential to sustain public policies that address tuberculosis as a multidimensional challenge driven by social determinants. Coordination across levels of care, community-based work, and health system integration are fundamental pillars for reversing the current trend.

On World Tuberculosis Day, it is necessary to renew our commitment to a disease that, although

preventable and treatable, continues to rise. The evidence is clear: tuberculosis does not rest. Accordingly, the health system’s response cannot either. This disease is not merely a health issue: it is an indicator of inequity. Its increase, especially among children and adolescents, and in its most severe forms, reveals failures extending beyond the healthcare system. As long as its determinants persist, transmission will continue. Halting it is not only a medical challenge, but a collective responsibility.

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