

Tuberculosis in low-resource settings

Tuberculosis (TB) is the world's leading infectious killer, with over 10 million people becoming infected every year. India accounts for 25% of deaths and cases worldwide, and 16 African countries together account for another 31%.

Successful control is being achieved through DOTS treatment campaigns and coordination with HIV.

Ending TB requires identifying and treating latent cases; stopping loss to follow-up of those diagnosed with active TB before they even start treatment (18% in Africa); addressing myths and stigma which prevent people seeking help or reporting exposure.

CABI's **Global Health** database provides access to global research, enabling the work of policymakers and practitioners, researchers & trainers at leading public health schools including Melbourne (Australia), Emory (USA), Makerere (Uganda) and the London School of Hygiene and Tropical Medicine (UK).

CABI's Global Health database comprehensively covers hot topics that matter

Global Health draws from social, economic, environmental and public health sources to provide the complete picture of TB control in low (and high resource) settings:

• Early testing, fast diagnosis, key to control of TB: DNA amplification tests, are faster than smear microscopy, and are in use in low resource settings.

Evaluation of the XpertMTB/RIF for the diagnosis of pulmonary tuberculosis among the patients attending DOTS Center Parsa District of Nepal.

Nepal Journal of Biotechnology 2016

• **Drug-resistance and off-label drugs**: Differences in drug processing in patients drives drug resistance. Understanding this led to oral drugs bedaquiline & delamanid being repurposed for MDR-TB, with the added advantage of avoiding the needle.

Off-label use of bedaquiline in children and adolescents with multidrug-resistant tuberculosis.

Tuberculosis, 2018

 Myths and stigma inhibit TB control in low incidence countries: Tuberculosis stigma as a social determinant of health: a systematic mapping review of research in low incidence countries. International Journal of Infectious Diseases 2017. (CABI's Global Health was one of the databases consulted).

Effective communication approaches in tuberculosis control: health workers' perceptions and experiences.

Indian Journal of Tuberculosis, 2017

 Latent tuberculosis must be addressed: 10% will go on to be active and spread disease. Healthcare workers are examples of high risk contacts.

Do the tuberculin skin test and the QuantiFERON-TB Gold intube test agree in detecting latent tuberculosis among high-risk contacts? A systematic review and meta-analysis.

Epidemiology and Health 2015 (Americas, Africa, Asia and Europe, 17 countries).

Introducing CABI's Global Health database

CABI's world-renowned **Global Health** database gives researchers, students and practitioners unparalleled access to all the world's relevant public health research and practice — providing knowledge without borders. Global Health is the only specialist bibliographic abstracting and indexing database dedicated to public health, completing the picture of international medical and health research by capturing key literature that is not covered by other databases.

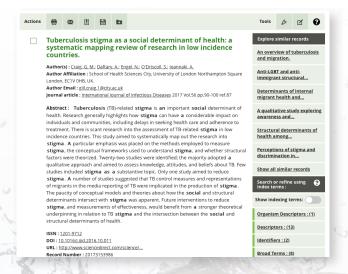
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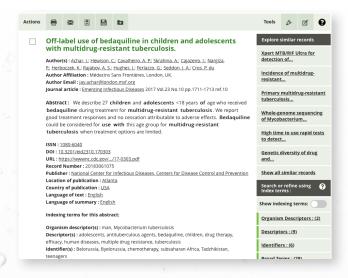
Global Health and Global Health Archive are available on a range of platforms including CABI's own platform CAB Direct (which re-launched in July 2016).

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