Tuberculosis – New perspectives on an old disease

After many years, rates of tuberculosis, which have been declining in developed countries and plateauing in developing countries, have recently risen significantly. In many regions, this has been on the basis of human immunodeficiency virus (HIV) infection (1). Additional factors have included reduced funding and focus on tuberculosis as a public health problem, and major regional disruptions in the fabric of society, for example, in eastern Europe and sub-Saharan Africa. Global migration patterns are such that increased rates of disease, and, more ominously, drug resistance, will have an impact on tuberculosis control in Canada. Over 50% of all cases diagnosed in Canada are among the foreign-born; as the Pacific Rim is the predominant region for immigration to Canada, this proportion is likely to rise.

Thus far, HIV-related tuberculosis has not posed a major problem (2) but this may change if HIV infection becomes established in groups with a high prevalence of tuberculosis, for example, in aboriginal Canadians.

Faced with this challenge, the Canadian Lung Association and the Canadian Thoracic Society through its Tuberculosis Committee is providing a critical mass of expertise. Recognizing the need for better education of physicians and health care workers about the management of tuberculosis, the committee created a speakers' bureau with a list of designated speakers across the country. These speakers are available through the provincial lung associations for continuing medical education events. The committee recently published a statement on tuberculosis control to review practical management issues for clinicians (3) and is revising the Canadian Lung Association tuberculosis standards (4).

In an attempt to provide focus for tuberculosis-related research in Canada, Dr Richard Menzies, Chair of the Canadian Lung Association International Committee, recently coordinated a workshop in collaboration with the International Development Research Centre (IDRC) to evaluate the potential contribution of Canadians. The International Committee of the Lung Association has also been involved in developing a bilateral program to assist the Dominican Republic's tuberculosis control program.

Canada has a strong tradition in the area of tuberculosis control dating back to Ferguson in Saskatchewan, who carried out one of the first controlled trials of the use of bacillus Calmette-Guérin (BCG) vaccine, through to the modern era, with physicians such as Dr Don Enarson, Scientific Director of the International Union Against Tuberculosis and Lung Disease, Dr Stefan Grzybowski, Consultant to the World Health Organization's global tuberculosis program, and Dr Earl Hershfield, coeditor of a recently published major new textbook on tuberculosis (5). The Canadian Lung Association and the Canadian Thoracic Society are committed to continuing the strong tradition of advocacy for the support of tuberculosis control programs in Canada and, of equal importance, contributing to the reduction of the global tuberculosis problem.

Individual physicians can play a key role in the control of tuberculosis by supporting these efforts and, in particular, joining the International Union Against Tuberculosis and Lung Disease with its many membership advantages, most notably receiving its excellent journal, *Tubercle and Lung Disease*. The address for membership application is:

The International Union Against Tuberculosis and Lung Disease,
6800 Boulevard Saint Michel,
75006 Paris, France.

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