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Global tuberculosis prevention: should we start from the beginning?

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TB prevention should be based on a global and local comprehensive assessment of LTBI burden
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Tuberculosis (TB), which is estimated to be the deadliest infectious disease worldwide with ~1.6 million deaths yearly [1], is a clinical issue due to the “ancient” diagnostics and drugs currently available. If compared with the management of other highly prevalent infectious diseases, such as HIV/AIDS and hepatitis C virus infection, it is clear that the clinical approach for TB disease requires innovation, being still based on means with limited efficacy (e.g. treatment of multidrug-resistant TB; MDR-TB), and characterised by the denominator “long duration”: conventional bacteriological diagnosis, therapy for the drug-susceptible disease (i.e. 6 months) and MDR-TB (i.e. >20 months) [2–7].