TUBERCULOSIS (TB) MYTHS & FACTS

Myth: Tuberculosis (TB) only occurs in lower socioeconomic groups.
Fact: Tuberculosis can be contracted by anyone, although certain populations such as immigrants, people with reduced immunity, elderly, inmates, homeless, and others are at a greater risk. Individuals in contact with these people are also at risk.

Myth: If I don't have TB symptoms, I don't have TB.
Fact: A person can be infected with the TB bacteria for years without suffering any ill effects. Perhaps 90 percent of all TB infections remain asymptomatic, and any infected person can develop active TB disease with a weakening of their immune system.

Myth: Tuberculosis is a disease of the past and is no longer a public health concern.
Fact: The Centers for Disease Control and Prevention estimate that between 9 and 14 million Americans are infected with the tuberculosis bacteria and are at risk of developing full-blown highly contagious TB. The World Health Organization estimates approximately one person dies of TB every 17 seconds.

Myth: Tuberculosis is only a problem in developing countries.
Fact: In 2008, approximately one million immigrants came into the United States (U.S.) from across the world, as did tens of millions of foreign visitors. Global migration makes public health concerns global. Therefore, contagious diseases, such as tuberculosis, do affect and threaten public health in the U.S.

Myth: The Bacillus Calmette-Guérin (BCG) vaccine could be used in the U.S. to cut down on the number of tuberculosis cases.
Fact: The BCG vaccine may help protect babies and young children from developing serious forms of TB. The BCG vaccine has limited efficacy in adults. Unfortunately, BCG commonly causes incorrect tuberculin skin test (TST) results. Primarily for that reason, it was never introduced in the U.S.

Myth: I have been BCG vaccinated so I don't need to worry about getting infected.
Fact: The only commonly accepted benefit of BCG vaccination (a weakened live strain of cattle TB) is protection of children from serious forms of TB. Benefit in adults is highly controversial and many TB experts dispute any TB protection at all. It has never been an accepted vaccine in the U.S. Despite adoption of universal BCG vaccination policies in many countries, a high incidence of TB still exists. Many BCG-vaccinated individuals in these countries incorrectly believe that they are immune to TB infection and disease. BCG commonly causes false-positive tuberculin skin test reactions.

Myth: BCG vaccination does not affect the TST.
Fact: Many people with true TB infection have also been BCG vaccinated. It is recognized by the CDC and medical community that BCG vaccination does affect the TST response. The effect of the BCG vaccine on the TST is highly variable and dependent on a number of factors, including varying strengths of each strain; the age at vaccination; the number of vaccinations; and length of time since vaccination.

Myth: BCG false-positives can be distinguished from true TB infection.
Fact: The CDC advises that BCG vaccination may produce a TST reaction that cannot be distinguished reliably from a reaction caused by infection with TB. There is no reliable method to distinguish BCG from true TB infection using the TST. However, IGRAs such as QuantiFERON® –TB Gold (QFT) are unaffected by BCG vaccination and are highly specific for true TB infection.

Myth: Drug users and people with HIV/AIDS get TB, but that's it.
Fact: While it is true that individuals with compromised immune systems or malnutrition are highly susceptible to TB, the disease remains a threat to all individuals who come in contact with the bacteria.

Myth: My TST test result was negative, so I do not have tuberculosis.
Fact: A negative TST test result may mean that the individual is not infected with tuberculosis. However, more than 20 percent of people who are infected do not have a reaction to the test.