Letter to the Editor

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Tanaffos 2026; 25(1): 1-2 *DOI: 10.22034/rspr.2026.25.1.1562*

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Tuberculosis in Emergency Settings: The Urgent Need to Rethink Health Policies

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Dear Editor,

Tuberculosis (TB) remains one of the most persistent public health challenges worldwide (1). Despite significant advances in diagnosis, treatment, and disease control, TB resurfaces alarmingly in emergencies such as natural disasters, armed conflicts, forced migration, and humanitarian crises, becoming a silent yet serious threat (2). This letter seeks to highlight the urgent need to reassess existing health policies to ensure an effective response to TB in such settings.

In emergencies, health infrastructure often collapses (3). Hospitals are destroyed, supply chains are disrupted, and access to basic healthcare services becomes severely limited. Diseases with long incubation periods and non-specific symptoms like TB can easily go unnoticed (4). In refugee camps, prisons, and conflict zones, overcrowding, poor ventilation, malnutrition, and psychological stress create ideal conditions for TB transmission (5).

Epidemiological studies have shown that TB incidence rises significantly in vulnerable populations following natural disasters such as earthquakes, floods, or hurricanes (3). For instance, after the 2015 Nepal earthquake, TB cases surged in temporary shelters. Similarly, during the Syrian crisis, refugees in host countries faced higher TB rates, underscoring the direct impact of emergencies on TB epidemiology (2). In Yemen, civil war disrupted TB control programs and led to an increase in drug-resistant strains (6).

Incomplete or interrupted treatment in these settings not only jeopardizes individual health but also contributes to the emergence of drug-resistant TB strains such as multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB), which are far more difficult and costly to manage (7). These strains spread rapidly in humanitarian crises and pose a global health threat (1).

Despite this evidence, many national health policies remain ill-equipped to address TB in emergency settings (4). The focus often shifts to fast-spreading diseases like cholera, measles, or COVID-19, while TB, with its unique epidemiological profile, requires targeted attention and strategic interventions (7). Neglecting TB in these contexts can have long-term consequences for public health, especially in communities rebuilding their healthcare systems post-crisis (3).

Health policymakers must integrate TB into emergency preparedness plans. This includes:

- Implementing active screening protocols in high-risk areas and camps (5)
- Ensuring anti-TB medications are included in humanitarian aid packages (1)
- Training healthcare and relief workers to recognize TB symptoms and refer cases (8)
- Establishing epidemiological databases to monitor TB trends during crises (6)
- Strengthening international and regional collaboration to manage TB among displaced populations (4)

- Developing mobile and digital tools to support treatment adherence in low-resource settings (3)

Moreover, TB is not just a medical issue it is deeply social. Poverty, homelessness, structural discrimination, and health inequities all contribute to its spread (6). In emergencies, these factors are amplified, demanding multidimensional interventions (8). Women and children, in particular, often face reduced access to healthcare and are at greater risk (1).

Community engagement also plays a vital role. Public education, stigma reduction, and building trust in health systems are essential for successful TB control (2). In emergencies, effective communication with local communities can accelerate case detection and prevent further transmission (8).

In conclusion, TB in emergency settings is a silent but real threat. Though it may be overshadowed by the chaos of crises, its consequences can linger for years. Rethinking health policies with a focus on prevention, early detection, effective treatment, and social support—is not only a scientific necessity but a moral obligation.

Keywords: Tuberculosis; Emergency settings; Epidemiology; Refugees and migrants; Health policies

REFERENCES

1. Chaisson RE, Frick M, Nahid P. The scientific response to TB - the other deadly global health emergency. ***Int J Tuberc Lung Dis*** 2022;26(3):186-9.
2. Munn-Mace G, Parmar D. Treatment of tuberculosis in complex emergencies in developing countries: a scoping review. ***Health Policy Plan*** 2018;33(2):247-57.
3. Sotgiu G, Sulis G, Matteelli A. Tuberculosis—A world health organization perspective. ***Microbiology spectrum*** 2017;5(1):10-128.
4. Topluoglu S, Taylan-Ozkan A, Alp E. Impact of Wars and Disasters on Tuberculosis Epidemiology. ***J Clin Pract Res*** 2024;46(5):411-20.
5. Kabwama SN, Wanyenze RK, Lindgren H, Razaz N, Ssenkusu JM, Alfvén T. Interventions to Maintain HIV/AIDS, Tuberculosis, and Malaria Service Delivery During Public Health Emergencies in Low- and Middle-Income Countries: Protocol for a Systematic Review. ***JMIR Res Protoc*** 2025;14:e64316.
6. Al-Shehari WA, Yin YA, Wang X, Wang Y, Sun H, Fu Y, et al. Prevalence and surveillance of tuberculosis in Yemen from 2006 to 2018. ***Epidemiol Infect*** 2022;150:e146.
7. Murray KO, Castillo-Carandang NT, Mandalakas AM, Cruz AT, Leining LM, Gatchalian SR; PEER Health Bohol Pediatric Study Team. Prevalence of Tuberculosis in Children After Natural Disasters, Bohol, Philippines. ***Emerg Infect Dis*** 2019;25(10):1884-92.
8. Boyd AT, Cookson ST. TB control in humanitarian emergencies: Lessons from the Syria displacement crisis. ***J Clin Tuberc Other Mycobact Dis*** 2019;14:31-5.