Riverside University HEALTH SYSTEM
Public Health

Disease Control Branch
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PUBLIC HEALTH ADVISORY
TUBERCULOSIS: A MAJOR PUBLIC HEALTH THREAT
March 24, 2026

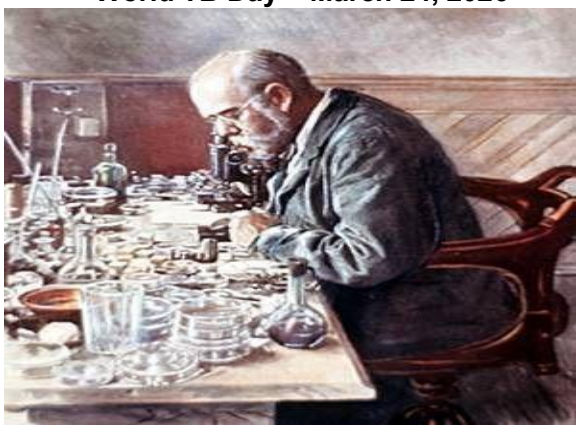
World TB Day 2026

Tuberculosis remains a global public health threat. It is estimated that one of every three persons in the world has latent TB infection. Each year 1.5 million people worldwide die of tuberculosis, making it the world's top infectious disease killer.

March 24 commemorates the day in 1882 when Dr. Robert Koch discovered that tubercle bacillus is the causative agent for tuberculosis. This observation is held on March 24th of each year to highlight the progress made in the fight against tuberculosis. This day of recognition also promotes increased awareness that TB continues to be a significant public health concern.

The theme that was selected for 2026 is "Yes, We Can End TB". The theme signifies that we can eliminate TB through prevention, enhanced diagnostic tools and new treatment regimens. Ending TB requires concentrated action by public and private sectors as well as individuals and communities.

World TB Day – March 24, 2026

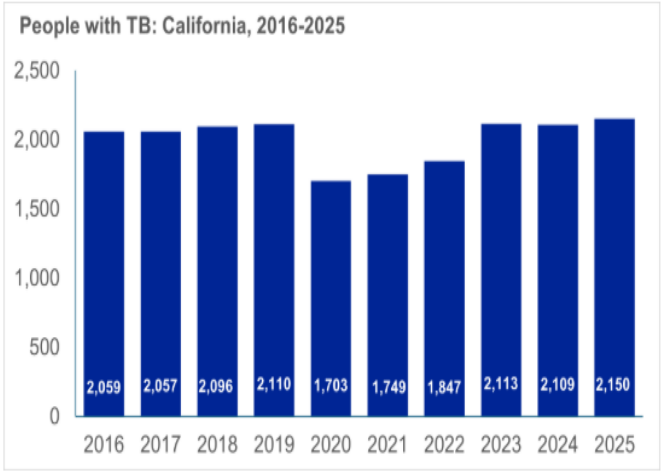


TB Trends in California

California continues to contribute the greatest number of cases to the nation's total TB morbidity. In 2025, 2,150 people were reported to have TB compared with 2,109 in 2024. California's annual TB incidence was 5.4 cases per 100,000 persons in 2025, substantially higher than the national incidence rate (3.1 per 100,000 persons in 2025).

TB cases were reported in 45 (74%) of California's 61 local health jurisdictions (LHJs). The vast majority of TB cases (83%) were attributable to the progression of Latent TB Infection (LTBI) to active TB, meaning that they could have potentially been prevented with testing and treatment for LTBI. An estimated 7% of cases were in persons who arrived in California with active TB disease, and another 10% resulted from recent transmission. Please see Table 1.

Table 1



Please refer to the "TB Health Matters" at https://www.ruhealth.org/ph-providers for information on TB trends in Riverside County.

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Standard TB Regimen for Drug Susceptible Tuberculosis

It is important that an appropriate TB work-up be completed before initiating TB treatment. Three respiratory specimens should be collected at least eight hours apart, with one being collected early in the morning or from a bronchoscopy. The standard regimen is summarized in Table 2.

Table 2

Daily weight-based dosing (max dose)		
Drug	Dose (mg/kg/day)	Max dose
Isoniazid (INH)*	5–15	300 mg
Rifampin (RIF)*	10–20	600 mg
Pyrazinamide (PZA)	20–25	2000 mg
Ethambutol (EMB)	15–25	2000 mg

*Includes variation for children under 12 years.

Treating patients with Drug-Resistant TB Disease

A treatment regimen with drug-resistant TB disease should only include drugs to which the patient's *M. tuberculosis* isolate is susceptible. Sometimes a temporary regimen is used for treatment based on clinical and epidemiological information available while awaiting drug susceptibility test results.

A patient's treatment regimen may depend on factors including drug-drug interactions, comorbidities, patient preferences, harms and benefits associated with the drug's ability to appropriately monitor for adverse effects, and drug availability.

Treatment duration will depend on the clinical context, extent of disease, response to treatment, and other factors. Contact Public Health TB Control program if you suspect a patient may have active TB, and particularly before starting a regimen in a patient with concerns for drug-resistant TB disease.

TB Can Be Prevented with LTBI Treatment

The National Health and Nutrition Examination Survey-based estimate for LTBI in Riverside County for the 2024 population is 131,132. Effective identification and treatment of LTBI are essential to reducing TB transmission and moving toward elimination. A guide summarizing best practices for identifying and testing at risk individuals is attached for your reference. The various regimen for treating LTBI are also provided. Please note that patients with LTBI who are contacts to a person with MDR-TB, require a specialized regimen based on susceptibilities.

AB 2132 Encourages TB Screening

AB 2132 went into effect of January 1, 2025. This law requires TB screening to be offered to at risk Californians aged 18 years and older in primary care settings. See below for additional information about the law.

FAQs: These Questions and Answers document address key questions from the public, medical providers, and patients and communities to promote understanding and compliance with AB2132.

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/AB-2132.aspx

Disease Reporting

Confirmed and suspected cases of TB must be reported to Public Health within one day of identification. Reports may be submitted through CalREDIE, if enrolled or to Disease Control by fax to (951) 358-7922.

Healthcare facilities must obtain Public Health approval prior to discharging a patient with or suspected of having TB. A pocket card outlying the criteria is available upon request.