



TB Times

Mayo Clinic Center for Tuberculosis (MCCT)



UPCOMING EVENTS

2026

Select links for details

[Interpreting the IGRA](#)

Feb 12
Webinar

[Laboratory Diagnostics](#)

Feb 19
Webinar

[TB Champions](#)

March 5
Course

[2026 End TB Conference of the Union](#)

Feb 26 – Mar 1
Phila, PA

[TB Program Management Intensive](#)

April 15-16
KS City, KS

[TB Contact Investigation Interviewing](#)

May 19-20
Sioux Falls, SD

[TB Clinical Intensive 2026](#)

October 6-8
Rochester, MN

Our 2026 Training Calendar Is Live!

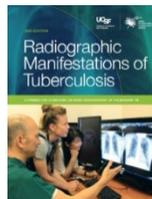
Our [2026 training calendar](#) is now available, offering a full year of high-quality TB education for healthcare professionals. Whether you're new to TB or looking to expand your expertise, our courses and webinars support learners at every level.

This year we will continue our monthly Innovations in Tuberculosis webinar series as well as our [Nurse Case Management](#) and [Contact Investigation](#) courses. We will also be adding new courses for 2026 including a [TB Program Management Intensive](#) and we are in the process of developing a self-paced course focused on fundamentals of LTBI treatment.

Explore the full [calendar](#), register, and share with colleagues as we work together to strengthen TB prevention and care.

New Product Release from Curry

The Curry International Tuberculosis Center recently announced the release of the 3rd edition of [Radiographic Manifestations of Tuberculosis: A Primer for Clinicians on Basic Radiography of Pulmonary TB](#). This guide includes information on basic chest radiograph interpretation and pulmonary tuberculosis.



This is an excellent resource for clinicians who are likely to encounter patients with TB, with the clinical use of chest radiography for diagnosis and management of TB in mind.

February Webinars

[Interpreting the IGRA](#)

Join us for our next TB Essentials for Civil Surgeons webinar on February 12, from 12–1 PM CT, for a session led by Melanie Swift, MD, MPH and James Gaensbauer, M.D., MScPH, where they focus on enhancing understanding of interpreting Interferon-Gamma Release Assay (IGRA) results in TB screening.

[Laboratory Diagnostics-Whole Genome Sequencing](#)

Our next Innovations webinar is on February 19, from 12–1 PM CT, featuring Hind Fadel, M.D., Ph.D, M.D., where she explores how molecular testing and imaging support TB diagnosis.

Tracing the Evolution of TB Treatment

The evolution of tuberculosis (TB) treatment is detailed in the article [“Treatment of Tuberculosis: A Historical Perspective”](#) (Murray et al., 2015), which describes the shift from long-standing sanatorium care to effective antibiotic therapy. The article highlights major breakthroughs, beginning with the introduction of streptomycin and para-aminosalicylic acid in the 1940s and continuing with the development of modern multidrug regimens that use isoniazid, rifampin, ethambutol, and pyrazinamide. It also discusses more recent progress in addressing drug-resistant TB through newer medications such as bedaquiline and delamanid.

Mayo Clinic played an essential and influential role in this transformation. Its early involvement in TB surgery and research positioned it as a key contributor, but its most significant impact occurred in the 1940s. During this period, Drs. H. Corwin Hinshaw and William H. Feldman conducted the pivotal streptomycin experiments that led to the first successful human TB treatment in 1944 at the Mineral Springs Sanatorium in Minnesota. By 1947, Mayo investigators had concluded that streptomycin was the most effective antibacterial agent available for TB.



The work of these investigators demonstrated exceptional commitment. Feldman contracted TB in 1948 but recovered using streptomycin, the very drug he had helped evaluate. Their collaborator Selman Waksman later received the 1952 Nobel Prize for his contribution to the discovery of streptomycin, and Hinshaw earned the Trudeau Medal for his long-term service to TB research and care.

In the decades that followed, Mayo Clinic scientists continued advancing TB control. Their contributions in laboratory microbiology led to more rapid mycobacterial detection and improved diagnostic methods, including faster culture processes and more precise biochemical identification techniques. These advancements supported more effective TB diagnosis and management well into the late twentieth century.



CDC Releases 2024 TB Surveillance Report

On **December 19, 2025**, CDC published [Reported Tuberculosis in the United States, 2024](#), summarizing TB cases from **1993–2024** and highlighting recent transmission estimates and large outbreaks.

Key Findings

- **Long-Term Progress:** TB cases have declined 56% and incidence rates 68% since 1989, among the lowest globally.
- **Recent Increases:** TB case counts and rates rose for the fourth consecutive year in 2024.
 - +7.9% cases, +6.9% rate vs. 2023
 - 39 of 52 jurisdictions reported increases; five saw 50%+ growth
Likely drivers: pandemic recovery, increased travel/migration, and outbreaks.
- **Other Highlights**
 - MDR TB remains rare (115 cases, 1.5%).
 - In 2022, 91% received some DOT; 66% all DOT; 87% completed treatment within one year.
 - 12% of cases linked to recent transmission.
 - Six states reported large outbreaks (10–64 cases).

Why It Matters

TB is **preventable and curable**. Identifying and treating TB infection prevents disease; prompt treatment of TB disease reduces transmission and outbreaks. Continued support for TB programs is essential to protect communities and advance toward elimination.

Subscribe for Updates: [CDC News & Updates](#) | [CDC](#)

Newsletter Content Suggestions

We invite you to be active participants in shaping the content of our newsletter. We will do our best to provide clarity on your TB related questions and include topics and events you would like to showcase. Simply submit your ideas to [TB Times Content Suggestion](#). Each issue we will feature suggested content, making this newsletter a true reflection of your needs.

Vision

To become a regionally, nationally, and internationally recognized Center of Excellence for tuberculosis.

Mission

To contribute, in a meaningful way, to the control, management, and elimination of tuberculosis regionally, nationally, and globally.



Medical Consultation

MCCT provides expert medical consultation to public health and medical professionals in our assigned region. We have colleagues with expertise in public health nursing, pharmacy, laboratory, occupational health, pediatrics, and radiology just to name a few.

Consultations can be requested using one of the following options:

- Submit at [IDCrowd Platform](#)
- Email tbcenter@mayo.edu
- Call 507-284-0275

IDCrowd is the preferred platform for submitting requests used by all TB COEs. If you are using IDCrowd for the first time, choose the option to register for a new membership. Additional information on how to submit a request can be found [here](#).

Mini Fellowships

As part of the TB COE initiatives, MCCT is providing mini-fellowship opportunities for healthcare professionals seeking to deepen their understanding of TB.

Experiences will be curated to meet individual learning needs. Some experiences that may be offered include shadowing healthcare professionals as they interact with patients, observing directly observed therapy (DOT), and participating in TB case reviews.

You can find out more information by emailing tbcenter@mayo.edu. To be considered for a mini fellowship, please submit an [application here](#).

Educational Requests

MCCT is able to support a variety of TB related needs including virtual and in-person training, educational material development, and technical assistance. Please contact us to discuss ways we can support your work in treating and preventing tuberculosis.

Contact Us



TBcenter@mayo.edu



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507-284-0275