

## Chapter 6

# LATENT TUBERCULOSIS INFECTION

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### INTRODUCTION

Tuberculosis is an infectious disease that primarily affects the lungs (1). The etiologic agent is the bacterium *Mycobacterium tuberculosis* most likely existed before the emergence of man on Earth (1). The genus *Mycobacterium* has been estimated to have evolved more than 150 million years ago. The skeletal malformations of tuberculosis are evident in Egyptian mummies from 2400 BC, and Pott's lesions are documented (2). Tuberculosis (TB) is as old as mankind and has been a persistent challenge throughout human history (1).

Since it is a contagious disease that often lasts throughout life and causes tubercles to form in various regions of the body, it has significant societal ramifications (2). Nearly one-third of people on earth are TB bacillus carriers, which puts them at risk of getting the disease and makes tuberculosis a major public health burden (3). Before the name was coined "tuberculosis" in the middle of the 19th century, the terms consumption and phthisis were used in the 17th and 18th centuries (1). Intimate links between the disease and the spread of particularly unfavorable socioeconomic conditions throughout the Industrial Revolution included exceedingly deplorable working conditions, overcrowding and poorly ventilated dwellings, subpar sanitation, hunger, and other risk factors (2). There was a significant scientific debate at the start of the 19th century about various hypotheses regarding the etiopathological origin of phthisis, debating whether it should be considered an infectious disease, a hereditary disease, or a form of cancer (2). On the other hand, scrofula, tubercles, and phthisis were discussed as distinct disease entities or symptoms of the same sickness (1,3).

Robert Koch, a renowned scientist, succeeded in isolating the tubercle bacillus and announced this amazing discovery in 1882 (1). Also, there is still just one vaccination available to combat tuberculosis (TB), the Bacille Calmette-Guérin

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population, particularly those of LTBI. Both six and nine months of isoniazid are preferred regimens recommended in the guidelines. These guidelines may be used by physicians, healthcare organizations or policymakers.

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