



PATH to TB INNOVATION

TB was first identified in 460 BCE by Hippocrates and initially named "phthisis," which means "consumption" in Greek. Throughout history, TB has had many names, including "white plague." However, since Dr. Koch's discovery, "tuberculosis" became the more common medical term.

1882

Robert Koch discovered TB using the microscope

1895

Development of chest x-ray diagnostic

1907

Tuberculin skin test developed

1921

BCG vaccine introduced

1936

Solid culture first used to identify TB

1943

First anti-TB drug discovered: Streptomycin

1952

First anti-TB regimen used: Streptomycin, PAS, Isoniazid

1963

Rifampicin and Capreomycin discovered

1974

British Medical Research Council trials added Rifampicin and Pyrazinamide

1980

Liquid culture developed

1994

Directly Observed Treatment, Short-course (DOTS)

USAID's Tuberculosis Program Began

1998

Rifapentine approved

Emergence of XDR-TB*

2009

ILED microscope, line probe assay developed

2010

GeneXpert MTB/RIF[®] rapid test for TB receives CE IVD marketing

2011

New drug development approach: CPTR (critical path to TB [drug] regimens)

Increasing pipeline for new drugs, diagnostics, and vaccine candidates

One Day We Hope to Have...

- ✓ A tool that can diagnose TB and MDR-TB within 24 hours for children, adults, and HIV-infected individuals
- ✓ A shorter treatment regimen that can cure TB in 10 days or less that will also work with antiretroviral drugs
- ✓ A vaccine that can prevent new TB infections or recurrences of the disease



*NOTES

MDR-TB: Multidrug-resistant tuberculosis, TB-HIV: Tuberculosis and HIV co-infection, XDR-TB: Extensively drug-resistant tuberculosis