

Rising Tuberculosis in Ireland: A Renewed Challenge in a Changing World

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Dear Editor,

In 2024, TB (Tuberculosis) re-emerged as the leading global cause of death from a single infectious agent, overtaking HIV, malaria and COVID-19¹. Despite the WHO’s End TB Strategy, which targets an 80% reduction in incidence and a 90% reduction in deaths by 2030, global progress has slowed considerably. To remain on track, countries must sustain an annual 6% decline in TB incidence; however, recent data suggest a current reduction of around 1.6% per year worldwide¹.

Ireland’s trajectory mirrors this concerning pattern. The Health Protection Surveillance Centre (HPSC) reported 288 TB notifications in 2024, compared with 219 in 2023 and 224 in 2022². This equates to an incidence of approximately 5.6 per 100,000 population, confirming a gradual upward trend since 2021 and the highest level recorded since 2018. While Ireland remains a low-incidence country by European standards, the stagnation in case reduction runs counter to the WHO elimination pathway. The HPSC notes that globally shifting migration patterns are reflected in Ireland’s TB demographics, with cases occurring disproportionately among people born outside the country (approximately 18 per 100,000 vs 1.4 per 100,000 among Irish-born individuals²). These observations underline how global mobility and social determinants continue to shape TB epidemiology, even in high-income, low-incidence nations.

At St James’s Hospital (SJH), a tertiary referral centre for tuberculosis, we conducted a retrospective review of all patients who completed TB treatment between 2021 and 2024. Over this four-year period, 218 patients successfully completed treatment. An increasing number of cases were seen each year, with a 73.8% relative increase from 2021 to 2024. TB affected over 20 distinct anatomical sites, reflecting its diverse presentations and diagnostic challenges. Pulmonary TB remained predominant (55–65% annually), while extrapulmonary forms, including pleural TB, TB adenitis, and skeletal disease, accounted for up to 40% of cases. Our updated institutional review of pleural TB over the past decade further demonstrates this complexity. Although pleural TB has represented a stable 7–10% of total TB cases, its absolute burden has risen in line with national notifications, underscoring the

ongoing diagnostic challenge and the need for multidisciplinary management in a low-incidence setting.

The changing epidemiology of TB in Ireland is being shaped by a convergence of global migration, post-pandemic healthcare disruption, and evolving social determinants of health. The resurgence of complex, extrapulmonary and multi-site disease presentations challenges assumptions that TB is confined to specific demographic groups or clinical patterns. While Ireland's overall case numbers remain small by global standards, the direction of travel is concerning. Sustained progress toward elimination will depend on robust national surveillance, targeted screening of high-risk populations, ready access to rapid molecular diagnostics, and strong contact-tracing and treatment-adherence programmes.

Tuberculosis elimination in Ireland remains achievable, but only through renewed policy commitment, resource allocation, and vigilance within clinical and public-health systems. As global migration and social complexity continue to influence disease patterns, TB control must remain an active national priority rather than a historical success story.

Declarations of Conflicts of Interest:

None declared.

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