

## Mass incarceration as a key driver of gender disparities in tuberculosis

We read with interest the article by Yiran Liu and colleagues assessing the contribution of mass incarceration to tuberculosis incidence in six Latin American countries.<sup>1</sup> We welcome the attention that the authors bring to this important determinant of tuberculosis, yet we note that the authors do not mention the gendered dimension of this issue.

Over 93% of incarcerated individuals in each study country are men,<sup>3</sup> implying that the vast majority of excess cases of incident tuberculosis that the authors estimate occurred among individuals with a history of incarceration (ranging from as much as 8% of excess cases in Peru to 45% of excess cases in Argentina<sup>1</sup>) was observed among formerly incarcerated men. This finding suggests that mass incarceration is a driver not only of the tuberculosis epidemic but also of gender disparities in tuberculosis in these countries.

We applaud the authors' calls to reduce prison admissions and duration; to improve conditions within penitentiary systems; and to prevent, detect, and treat tuberculosis in incarcerated and formerly incarcerated individuals. We know that engaging men in tuberculosis prevention and care is difficult,<sup>4,5</sup> probably more so for those who are or have been incarcerated. Development of prevention, detection, and treatment efforts might be enhanced by applying a gender lens. Programmes to address key tuberculosis risk factors associated with masculinities—namely, alcohol, tobacco, and other drug use—could be initiated during incarceration. Reaching formerly incarcerated men and sustaining their treatment will require efforts beyond routine health services and would probably benefit from gender-responsive approaches

that address the social, environmental, and cultural landscapes that surround these men.

We declare no competing interests. The views expressed do not necessarily reflect the UK Government's official policies.

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- 1 Liu YE, Mabene Y, Camelo S, et al. Mass incarceration as a driver of the tuberculosis epidemic in Latin America and projected effects of policy alternatives: a mathematical modelling study. *Lancet Public Health* 2024; **9**: e841–51.
- 2 WHO. WHO TB incidence estimates disaggregated by age group, sex and risk factor. Geneva: Global Tuberculosis Programme, 2024.
- 3 Institute for Crime & Justice Policy Research. World prison brief. London: Birkbeck, University of London, 2024.
- 4 Horton KC, MacPherson P, Houben RM, White RG, Corbett EL. Sex differences in tuberculosis burden and notifications in low and middle-income countries: a systematic review and meta-analysis. *PLoS Med* 2016; **13**: e1002119.
- 5 WHO. Global tuberculosis report 2024. Geneva: World Health Organization, 2024.



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