



EL SALVADOR

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

A Practical Guide for Health Professionals
Working with Foreign-born Clients



GEOGRAPHIC LOCATION

- El Salvador is located in Central America.¹
- The capital is San Salvador.¹
- The country is bordered to the north and east by Honduras, to the north and west by Guatemala, and to the south by the Pacific Ocean.¹
- The country is divided into 14 departments (*departamentos*).¹
- **Departments:** Ahuachapán, Cabañas, Chalatenango, Cuscatlán, La Libertad, La Paz, La Unión, Morazán, San Miguel, San Salvador, San Vicente, Santa Ana, Sonsonate, and Usulután.¹

Note: The information provided within is an introduction only and does not characterize all individuals from this country.

BACKGROUND INFORMATION

OFFICIAL LANGUAGE(S):

- **Official language:** Spanish¹
- **Other languages:** Pipil (or Nahuat, Nawat) is a nearly extinct language of Aztec origin spoken among the Pipil Amerindians 11,100 Salvadorans based on 2005 Census.²

ETHNIC GROUPS:

- **Majority:** 86.3% Mestizo (people of mixed Amerindian and European ancestry)(2007 Census)¹
- **Minority:** 12.7% White, 0.2% Amerindian (includes Lenca, Kakawira, Nahua-Pipil), 0.1% Black, 0.6% Other (2007 est.)¹

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- 57.1% Roman Catholic, 21.2% Protestant, 1.9% Jehovah's Witnesses, 0.7% Mormon, 2.3% Other Religions, 16.8% None (2003 estimate)¹

LITERACY OF CITIZENS: *Defined as persons ages 15 years and older that can read and write.*¹

- Total population: 88%¹
 - Male: 90.4% ¹
 - Female: 86% (2015 est.) ¹

MEDICAL SYSTEM:

- El Salvador is one the few countries in Latin America considered in crisis with regard to human resources of health (HRH)³
- The Ministry of Public Health (MPH) has adopted a strategy of developing an Integral and Integrated Public Health Care Service Network called “Basic Integrated Health Systems” (SIBASI in Spanish)⁴
- According to the Law of the SIBASI, enacted in late 2005 and active until April 2006, the regional offices were the technical level administrative managers of the resources allocated⁴
- The health sector is made up of four sub-sectors: public, social security, medical services autonomous entities, and the private. ⁴
- Private services are generally expensive, geographically limited and limited in their ability to offer services⁴
- In the government area is the Ministry of Public Health and Social Assistance (MOH), the Salvadoran Social Security Institute (ISSS), Military Health, Teachers' Welfare and the Salvadoran Institute for Rehabilitation of Invalids (ISRI)^{3,4}

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- Although it is legally established, people without any insurance should be granted access to public health services. The 2008 Demographic and Household Survey showed that among people reporting some health problems, 48.1% self-medicated or did not attend any health facility³

MEDICAL SYSTEMS CONTINUED:

- The Ministry of Public Health and Social Welfare has a National TB Program and Lung Disease. This program is permanent, continuous and dynamic. It designs and implements effective strategies for screening, diagnosis and treatment of tuberculosis through the implementation of the strategy STOP TB⁴

MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:

- **Vector borne:** dengue fever¹

Note: active local transmission of Zika virus by Aedes species mosquitoes has been identified in this country (as of August 2016); it poses an important risk (a large number of cases possible) among US citizens if bitten by an infective mosquito; other less common ways to get Zika are through sex, via blood transfusion, or during pregnancy, in which the pregnant woman passes Zika virus to her fetus (2016)¹

- **Food or water borne:** bacterial and protozoal diarrhea¹

FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:

- 1.89 children born/woman (2016 estimate)¹

RELEVANT HISTORY:

- Salvadorans fled during the 1979 to 1992 civil war mainly to the United States but also to Canada and to neighboring Mexico, Guatemala, Honduras, Nicaragua, and Costa Rica¹
- Emigration to the United States increased again in the 1990s and 2000s as a result of deteriorating economic conditions, natural disasters (Hurricane Mitch in 1998 and earthquakes in 2001), and family reunification¹
- At least 20% of El Salvador's population lives abroad¹
- The remittances they send home account for close to 20% of GDP, are the second largest source of external income after exports, and have helped reduce poverty¹

According to 2012 Immigration and Naturalization and US Homeland Security Data, individuals who became naturalized citizens from the country indicated the following top 10 states as their intended state of residence

The percentage of the total number of legal permanent residents by state:⁵

1. California	35.2%
2. Texas	13.8%
3. Virginia	9.3%
4. New York	6.8 %
5. Maryland	6.4%
6. Florida	4.0%
7. Massachusetts	3.6%
8. New Jersey	3.5%
9. North Carolina	2.0%
10. Nevada	1.8%

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO THE UNITED STATES:

- According to data collected in 2010 by the US Census Bureau, approximately 1,648,968 individuals originating from El Salvador reside in the United States.⁶
- 19,273 persons from El Salvador obtained legal permanent resident* status within the US during fiscal year 2014.⁷
- The average number of persons from El Salvador who have obtained legal permanent resident status annually (2005-2014): 20,510.⁷

**Legal permanent residents are foreign nationals who have been granted the right to reside permanently in the United States. Often referred to simply as “immigrants,” they are also known as “permanent resident aliens” and “green card holders.”*

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO CANADA:

- 609 persons from El Salvador were granted permanent resident status within Canada during fiscal year 2012.⁸
- The average number of persons from El Salvador who became legal permanent residents of Canada annually (2003-2012): 661.⁸
- In 2012, Salvadoran immigrants granted permanent residence in Canada accounted for 5.4% of all immigrants originally from South and Central America and the US.⁸

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING TO COUNTRIES WITHIN THE EUROPEAN UNION:

- Statistics available through Eurostat (2006) indicate that the majority of Salvadoran immigrants to the European Union have migrated to Italy, Spain, and Germany.⁹

TUBERCULOSIS EPIDEMIOLOGY

BASED ON THE ESTIMATED INCIDENT CASES (ALL FORMS) OF TUBERCULOSIS IN 2012, THIS COUNTRY IS RANKED NUMBER 128 OUT OF 205 COUNTRIES WORLDWIDE.¹⁰

Estimated Burden of Tuberculosis (2015):

Incidence: 43/100,000¹¹

Prevalence: 48/100,000¹¹

Reported Cases of TB (2015):

2,700¹¹

Estimated Burden of HIV Infection (2015):

Estimated prevalence: 0.5%¹²

Low estimate (adults): 0.3%¹²

High estimate (adults): 1.0%¹²

The WHO estimates 14,000-39,000 persons in El Salvador are living with HIV.¹²

TB/HIV Co-Infection* (2015):¹²

Patients with known HIV-status who are HIV-positive

- **Number** 182
- **Percentage** 8%

Patients who are HIV-positive on antiretroviral therapy

- **Number** 152
- **Percentage** 84%

LEVEL OF MULTIDRUG-RESISTANT TB* (2015):

**Multidrug resistance is defined as resistance to at least Isoniazid and Rifampicin.*

- 1.1% of new TB cases are MDR/RR-TB cases tested for resistance to second-line drugs.¹²
- 4.1% of previously treated TB cases are MDR/RR-TB cases tested for resistance to second-line drugs.¹²

STANDARD TB DRUG TREATMENT/TB MEDICATIONS READILY AVAILABLE FOR THE TREATMENT OF TB IN THIS COUNTRY:

R or RMP or RIF = Rifampicin or Rifampin

H or INH = Isoniazid

Z or PZA = Pyrazinamide

E or EMB = Ethambutol

S or STM or SM = Streptomycin

Et = Ethionamide

CIP = Ciprofloxacin

P or PAS = *p*-aminosalicylic acid

In El Salvador, the National TB Program uses the following regimens:¹³

• **Category 1:**

- New case, pulmonary or extra pulmonary

2HRZE₆

4H₃ R₃

- New case co-infection TB/HIV (pulmonary or extra pulmonary)

2HRZE₆

4H₆ R₆

• **Category 2:**

- Previously treated case, pulmonary or extra pulmonary

2HRZES₆/1HRZE₆

5H₃ R₃ E₃

- Previously treated case, pulmonary or extra pulmonary and positive

2HRZES₆/1HRZE₆

5H₆ R₆ E₆

• **Category 3:**

- Patient with less than 10 years of age with TB pulmonary or extra pulmonary

2HRZ₆

4H₆R₆

• **Category 4:**

- MDR-TB case or highly suspected with or without HIV Specially standardized or individualized

TB CONTROL/DOTS COVERAGE:

- According to the World Health Organization, 100% of the country's citizens are covered by DOTS (2007 estimate).¹⁴
- El Salvador has achieved a 91% treatment success rate for new and relapse cases registered in 2014 and 43% for previously treated cases, excluding relapse, registered in 2014. ¹²
- 84% of HIV-positive TB patients are on ART, and 39% of HIV-positive people (newly enrolled in care) on preventive treatment¹²

TB MEDICATION AVAILABLE AT NO COST THROUGH TB PROGRAM:

Yes¹³ No Information Not Found/Unknown

TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:

Yes¹³ No Information Not Found/Unknown

TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:

Yes No¹⁵ Information Not Found/Unknown

USE OF BCG VACCINE:

Yes No

- BCG is administered at birth.¹³

Approximate percentage of the population that is covered by the BCG vaccine:

- 90% coverage (2013 estimate, WHO/UNICEF)¹⁶

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS:

- It is important to keep in mind that El Salvador suffered through a long civil war that finalized in 1992. The country still struggles with the challenges of being a new republic.¹³
- In 2009, the minister of health underwent a health reform. The new Health Reform guaranties health services for all under a multi-sectorial system and it emphasizes the necessity to pay closer attention to key health problems including TB.
- Under this new reform, the National TB Program adopted all PAHO and WHO guidelines for TB.
- Tuberculosis in El Salvador is concentrated among socially and economically marginalized populations in urban centers.¹⁷
- In El Salvador, TB treatment default is common. Factors influencing adherence and treatment default include: prolonged treatment regimens, multiple medications, medication side effects, and patients' misunderstandings of the need to continue medications when they are no longer symptomatic.¹⁷
- In some areas of El Salvador, MPH workers (public health system workers) are not well trusted or respected. This mistrust stems from: (1) a lack of basic medical equipment and an inconsistent supply of medications; (2) limited hours of operation; (3) lack of adequate staff; (4) short training periods for staff; (5) a perception that public health workers only provide care for children and pregnant or breastfeeding mothers; and (6) a perception that staff favor their friends and relatives with medication and care.¹⁹⁻²¹
- Salvadorans believe that God has the power and control over their lives.²¹

Common Misperceptions Related to TB Etiology/Cause:

- TB is caused by life's *desarreglos* (“disruptions”)¹⁸
- Misperceptions of health and illness in general:
 - In rural areas, Salvadorans tend to view health and health outcomes (living vs. dying) to be “in God’s hands”.¹⁸
 - People from rural areas may be superstitious and might blame illness on supernatural elements.²¹

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

Many patients diagnosed with active TB or latent infection have minimal or no understanding what tuberculosis is, how it is acquired, transmitted or treated.²²

MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

Many patients diagnosed with active TB or latent infection have minimal or no understanding what tuberculosis is, how it is acquired, transmitted or treated.²²

CURES/TREATMENTS THAT MAY BE USED:

- For a productive cough/bronchitis, Salvadorans may use steamed eucalyptus leaves.²¹
- To treat a dry cough, rural Salvadorans may ingest a syrup made from boiled mango leaves, ginger, anise, and eucalyptus.²¹
- To treat illnesses in general, persons from El Salvador may seek cures from:
 - Leftover medications from previous illnesses¹⁹
 - Herbal teas¹⁹
 - Religious or cult practices¹⁹

*Note: Salvadorans do not tend to challenge a physician’s diagnosis; however, patients may use home remedies to complement physician prescribed treatments. Physicians in El Salvador are generally accepting of this supplementation.*¹⁹

MISPERCEPTIONS RELATED TO TREATMENT/MEDICATIONS:

- When individuals self-treat an illness, antibiotics are often viewed as essential.¹⁹
 - In El Salvador, antibiotics are widely available for purchase, and leftover antibiotics obtained to treat previous illnesses are often used.¹⁹
- Salvadorans perceive most medications to be more readily available at health centers and hospitals as well as less costly, in comparison with local pharmacies.¹⁹

USE OF TRADITIONAL HEALERS:

- *Curanderos* (spiritual healers)^{20,21}
- *Gente que soban* (massagers)^{20,21}

*Note: Salvadorans, especially those in rural areas, tend to supplement Western treatments with cures/ treatments available from traditional healers. Physicians in El Salvador generally do not oppose a patient’s use of these treatments as supplements to prescribed treatments.*²⁰

STIGMA AND STIGMATIZING PRACTICES SURROUNDING TB IN THIS COUNTRY:

- Stigma and discrimination is considered to be one of the most difficult problems a TB patient might have, despite their strong TB program.²³

IMPORTANT TUBERCULOSIS EDUCATION POINTS:

- Assess clients' knowledge of TB; prepare to provide basic/general information.
- A number of Salvadorans immigrate without following proper legal procedures. Assure patients that a diagnosis of TB is not a cause for deportation. Discuss confidentiality policies.
- For persons who might be reluctant to undergo TST testing because of prior BCG vaccination, explain how the BCG vaccine is different from other childhood vaccines and why a person with prior BCG vaccination can still become ill with TB.²⁴
- Emphasize the need for, and reasons why, TB medications must be taken even when symptoms resolve.
 - For persons diagnosed with LTBI, emphasize the rationale for preventive therapy, despite the absence of symptoms.
- Assure patients and family members that the care and services available through the clinic are good, and that the staff members are well trained to help them.
- Salvadorans consider well-being and good health to be influenced by family, supportive friends, religious groups, work opportunities, as well as good air, sleep, and a balanced diet. When explaining the importance of treatment adherence and DOTS, it may be helpful to acknowledge the benefits of fresh air, rest, good nutrition, and social support.²⁵

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV/AIDS

GENERAL COMMENTS:

- In 2015 the majority of all cases are from the more populated areas (San Salvador, La Libertad, Sonsonate, Ahuachapán and San Miguel) ²⁶
- In 2015 the ratio for new cases was 1.6 male for each female ²⁶
- In El Salvador, sexual contact is the predominant route of HIV transmission and a decrease of 94% of the vertical transmission has occurred since 2001 ²⁶
- Counseling and HIV testing are available in El Salvador ²⁷
- Preferential Regimen²⁸:

First Line: TDF + 3TC(oFTC)+EFV

Second Line: AZT+3TC+LPV/r

AZT+3TC+ATV/r

- 85% of patients in El Salvador are on first line WHO-recommended treatment regimens²⁸
- 55% of patients in El Salvador are on second line WHO-recommended treatment regimens²⁸

COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE:

Note: No information concerning common misperceptions specific to the etiology/cause of HIV/AIDS was found in the literature.

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Kissing on the forehead²⁹
- Kissing on the mouth²⁹
- Shaking hands with someone²⁹
- Donating blood²⁹
- Being bitten by a mosquito²⁹

MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

Note: No information concerning misperceptions specific to procedures used to diagnose HIV/AIDS was found in the literature.

CURES/TREATMENTS THAT MAY BE USED:

Note: No information concerning cures/treatments that may be used for HIV/AIDS was found in the literature. For general cures and treatments, see “Cures/Treatments that May be Used” in the “Common Attitudes, Beliefs and Practices Related to Tuberculosis” section.

STIGMA AND STIGMATIZING PRACTICES SURROUNDING HIV/AIDS IN THIS COUNTRY:

- One of the greatest causes of stigma and discrimination is fear (in this case, fear of contagion). The other main cause of stigma is prejudice (e.g., against individuals seen to be “deviating” from sexual norms, or individuals struck by a deadly disease).
- Stigma and discrimination among health care workers is one of the most significant challenges
- Evaluation studies have shown that MARP clients occasionally feel driven away from public-sector services, despite high levels of investment in the sensitization and training of health care workers.³⁰
- In El Salvador, HIV/AIDS is associated with “inevitable death, homosexuality, and punishment for immoral behavior”.³¹
- People living with HIV/AIDS may be called *una sidosa* (a bearer of AIDS).³²
- In El Salvador, the HIV/AIDS epidemic is somewhat concealed. In general people do not disclose its HIV status with the exception of health care workers and close family members³³

- A study shows that 20% to 25% of HIV positive people had experienced some type of violation of their labor rights ³³
- HIV status causes a percentage of people with a positive diagnosis to self-exclude themselves from their social, work or other activities and to make decisions such as practice their sexual and reproductive rights, especially the right to procreation. ³³

IMPORTANT HIV EDUCATION POINTS:

- Assess clients' knowledge of HIV/AIDS; prepare to provide basic/general information.
- Discuss stigma and concerns related to discrimination.
- Surveys conducted in El Salvador indicate many women have limited knowledge related to reproductive health.²⁹ Be sure to discuss family planning and reproductive health.

GENERAL PRACTICES

CULTURAL COURTESIES TO OBSERVE:

- Shaking hands is the most common way of meeting and greeting in El Salvador.³⁴
 - Rather than offering a firm handshake, a light grip is customary.
 - Customarily, handshakes in El Salvador last longer than handshakes in other countries.
 - Rather than shaking hands, some individuals from El Salvador may merely nod upon meeting a person.

Men Greeting Women

Men should wait for a Salvadoran woman to extend her hand first.³⁴

What to Say

- *Buenos días* (good morning) and *buenas tardes* (good afternoon) are proper greetings while shaking hands.³⁴

Note: Salvadorans tend to dislike when people speak loudly, so be sure to speak softly.³⁴

- Titles denote respect and are very important to individuals from El Salvador. Titles should be used particularly when addressing an elderly person. Address people by their title and last name unless invited to do otherwise.³⁴
 - Señor (Mr.)
 - Señora (Mrs.)
 - Señorita (Miss)

- A Salvadoran professional may be addressed by a title alone, for example:³⁴
 - Doctor (physician or PhD)
 - Abogado (lawyer)
 - Profesor (teacher)

Is there a need to match client and provider by gender?

Yes No Information Not Found/Unknown

FAMILY:

- In El Salvador, most people live with extended families of two or three generations, especially in rural areas.³⁵
- Women in El Salvador tend to begin living with a partner at a very young age, and often begin having children as teenagers.³⁵
- In El Salvador most of the households are headed by women according to CRLP (the Center For Reproductive Rights and Public Policies) (2000)³⁵
- The country's civil war and high unemployment rate have changed the traditional Salvadoran family. Men often leave the country in search of work. Entire families may also move to find seasonal work. Each member has a vital role in supporting the family.³⁵

NAMES:

- Similar to many Hispanics, Salvadorans use their father's surname followed by a surname from their mother; however, only the father's surname is used when addressing a person.³⁴

CULTURAL VALUES:

- People are generally punctual for medical appointments.²⁰
- The manner in which physicians or other healthcare professionals address a patient can convey either respect or disrespect. Immediately initiating a physical exam, or writing a prescription after asking only one or two questions, may be perceived as disrespectful to the patient.
 - Greetings generally involve making inquiries about a person's health and his or her family. A brief greeting may be interpreted as disrespectful or thoughtless.^{34,36}
 - If possible, allow time for friendly conversation during encounters with clients from El Salvador. Polite topics of conversation include family, jobs, and culture.
- To get a conversation started you might discuss:¹⁶
 - El Salvador's tropical vegetation, which includes more than 200 species of orchids.
 - Popular sports, especially el futbol (soccer), basketball, and baseball.
 - In El Salvador during holidays or festivals, city streets are closed and artists decorate

the streets using dyed sawdust, colored salt, and flowers.

*Note: Avoid mentioning El Salvador's civil war (1980-1992) or the current political situation in El Salvador.*³⁴

- Appearance is important in Salvadoran culture. A well-groomed appearance and neat clothing (i.e., ironed, clean) make a good impression.³⁴

COMMUNICATION PATTERNS (VERBAL AND NONVERBAL):

- Salvadorans are expressive – using body language, hand gestures, facial expressions, and enthusiasm in order to complement their verbal communication.³⁴
- In business situations maintaining good eye contact is important.^{34,36}
- To beckon someone, Salvadorans will extend their arm while wiggling their fingers with the palm of their hand facing towards the ground.³⁴

The following gestures may be considered inappropriate or offensive to a patient from this country:

- It is considered impolite to raise your voice to someone during a conversation: doing so may be interpreted as a sign of anger.³⁴
- Avoid pointing your fingers at someone. Salvadorans often make facial gestures, a common one is to purse the lips (imagine lips puckered in preparation for a kiss) in the direction of the person or object one is referring to. This is much more polite than pointing.³⁴
- Yawning in public is considered rude, especially during conversation. If you must yawn or cough, cover your mouth.³⁴

DIET AND NUTRITION:

- Popular Salvadoran foods include rice, beans, tortillas, *tamales* (a type of corn dumpling wrapped in banana leaves), *pupusas* (corn tortillas stuffed with either meat, cheese, or beans), eggs, fried plantains, and a variety of tropical fruits.²⁰
- Preferred drinks include coffee, hot chocolate, fruit drinks, and *horchata*³⁷
- Common alcoholic drinks include light beers and *Tic-tac* (lower proof cane vodka)³⁸

MISCELLANEOUS:

- Salvadorans tend to have a high tolerance for pain and discomfort.²⁰

Note: When providing patient education, be sure to clearly explain which medication side effects and symptoms should be reported without delay to TB program staff. Explain who to contact as well as how to contact these staff members.

TRANSLATED EDUCATIONAL MATERIALS AVAILABLE ONLINE

TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

BROCHURES AND FACT SHEETS

General disease information

- **Tuberculosis - ¡Entérese!/Tuberculosis – an introduction**
<http://ethnomed.org/patient-education/tuberculosis/tb-facts-spanish.pdf/view>
- **Enfermedad activa de TB/Active TB disease**
<http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/activespan.pdf>
- **¡Vivir a todo pulmón! Una historia de TB novela/¡Vivir a todo pulmón! A story of TB**
https://sntc.medicine.ufl.edu/Files/OnTheFly/Content/sntc_vivir_fotonovela.pdf
- **Tu puedes prevenir la tuberculosis/You can Prevent TB(Videos)**
<https://sntc.medicine.ufl.edu/Files/OnTheFly/YCPTB.html>
- **Tu puedes prevenir la tuberculosis/You can Prevent TB(Handout)**
<https://sntc.medicine.ufl.edu/Content/Products/Downloads/0UFTB%20Spanish%20Flyer.pdf>
- **¡Vivir a Todo Pulmón! Poster**
<https://sntc.medicine.ufl.edu/Content/Products/Downloads/12011%20Vivir%20poster-FINAL-PRINT--Spanish.pdf>
- **La Tuberculosis: ¡proteja a su familia!/Tuberculosis: protect your family!**
<http://www.cdc.gov/usmexicohealth/pdf/tuberculosis-8.5x11.pdf>
- **Preguntas y respuestas sobre la tuberculosis/Questions and answers about TB**
<http://www.cdc.gov/tb/esp/publications/faqs/TBQASP.pdf>
- **La tuberculosis: Conexión entre la TB y el VIH (el virus del SIDA)/Tuberculosis: link between TB and HIV**
<http://www.cdc.gov/tb/esp/publications/pamphlets/TB-HIVSpan.PDF>
- **La tuberculosis: ¡Debe saber esto!/Tuberculosis: You should know this!**
<http://www.cdc.gov/tb/esp/publications/pamphlets/TBgtfactsSpan.PDF>
- **Detectemos la TB. Tratemos la TB. Trabajemos juntos para eliminar la TB/Find TB. Treat TB. Working together to eliminate TB. (CDC Podcasts)**
<http://www2c.cdc.gov/podcasts/player.asp?f=8631395>

Diagnosics

- **El examen de la tuberculosis en la piel/The TB Skin Test**
<http://ethnomed.org/patient-education/tuberculosis/tb-test-spanish.pdf>
- **Eliminación de la TB: Diagnóstico de la enfermedad de la tuberculosis/TB Elimination: Diagnosis of TB**
http://www.cdc.gov/tb/esp/publications/factsheets/testing/diagnosis_es.pdf
- **Instrucciones para obtener muestras de esputo (flema) para la prueba TB/ Instructions for collecting a sputum sample for diagnosis of TB**
<http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/sputspan.pdf>

Treatment

- **Para usted y su familia: El secreto para prevenir la TB son pastillas!/For you and your family -- the secret for preventing TB is medication!**
<http://ethnomed.org/patient-education/tuberculosis/tb-pills-spanish.pdf>
- **La Tuberculosis Puede Ser Tratada/Tuberculosis Facts: TB Can Be Treated**
http://www.cdc.gov/tb/esp/publications/factseries/tbcanbetreated_es.pdf
- **Lo que usted necesita saber sobre sus medicamentos contra la infección de tuberculosis (TB) latente (isoniazida)/What you need to know about your medicines against latent tuberculosis (TB) infection (isoniazida)**
<http://www.cdc.gov/tb/esp/publications/factsheets/Isoniazida.pdf>
- **Lo que usted necesita saber sobre sus medicamentos contra la infección de tuberculosis (TB) latente (rifampicina)/What you need to know about your medicines against latent tuberculosis (TB) infection(rifampicina)**
<http://www.cdc.gov/tb/esp/publications/factsheets/Rifampicina.pdf>
- **Lo que usted necesita saber sobre sus medicamentos contra la infección de tuberculosis (TB) latente (isoniazida y rifapentina)/What you need to know about your medicines against latent tuberculosis (TB) infection (isoniazida y rifapentina)**
http://www.cdc.gov/tb/esp/publications/factsheets/Isoniazida_Rifapentina.pdf
- **Folleto instructivo para pacientes sobre el esquema de 12 dosis para el tratamiento de la infección de tuberculosis latente/Instructional booklet for patients under the 12 doses scheme treatment for latent TB infection**
https://www.cdc.gov/tb/publications/pamphlets/spanish/LTBI_PatientBrochure_esp.pdf

HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

BROCHURES AND FACT SHEETS

- **Datos sobre el VID y el SIDA/HIV Facts**
<http://www.health.ny.gov/publications/9243.pdf>
- **Esté alerta. No comparta/Be Aware. Don't Share**
<http://www.health.ny.gov/publications/9406.pdf>
- **Razones para hacerse la prueba del VIH/Resons to get an HIV test**
<http://www.health.ny.gov/publications/0233.pdf>
- **¿Será infección aguda por el VIH?/Could It Be Active HIV?**
<http://www.health.ny.gov/publications/9586.pdf>
- **100 preguntas y respuestas sobre el VIH/SIDA/100 Questions about HIV**
<http://www.health.ny.gov/publications/0214.pdf>
- **Información básica sobre el VIH/Basic Information about HIV/Información básica sobre el VIH**
<https://www.cdc.gov/hiv/spanish/basics/index.html>

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