MEXICO
CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

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

- Mexico is located in North America.¹
- The capital is Mexico City (Distrito Federal).¹
- The country is bordered to the north by the United States of America and to the southeast by Belize and Guatemala. To the east the country is bordered by the Caribbean Sea and the Gulf of Mexico, and the North Pacific Ocean to the west.¹
- In Mexico there are 31 states (estados, singular — estado) and 1 federal district (Distrito Federal).
- States: Aguascalientes, Baja California, Baja California Sur, Campeche, Chiapas, Chihuahua, Coahuila de Zaragoza, Colima, Durango, Guanajuato, Guerrero, Hidalgo, Jalisco, México, Michoacán de Ocampo, Morelos, Nayarit, Nuevo León, Oaxaca, Puebla, Querétaro de Arteaga, Quintana Roo, San Luis Potosí, Sinaloa, Sonora, Tabasco, Tamaulipas, Tlaxcala, Veracruz-Llave, Yucatán, Zacatecas¹

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: Spanish
• Other languages: In addition to Spanish a number of regional indigenous languages are spoken in Mexico (examples: Mayan, Nahuatl)

Note: The indigenous languages are very different from Spanish. Thus, some Mexicans consider Spanish their second language.

MAJOR ETHNIC GROUPS:
• Majority: Mestizo (Indian-Spanish) 60%
• Minority: Amerindian 30%, white 9%, other 1%

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:
• 82.7% Roman Catholic, 1.6% Pentecostal, 1.4% Jehovah’s Witnesses, 5% other Evangelical Churches, 1.9% other, 4.7% none, and 2.7% unspecified

LITERACY OF CITIZENS: Defined as persons age 15 years and older that can read and write.
• Total population: 93.5%
  Male: 94.8%
  Female: 92.3% (2011 est.)

MEDICAL SYSTEM:
• The medical system within Mexico is a mix of private and public services.

MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:
• Vector-borne: Dengue Fever (2013)
• Food or waterborne diseases: Bacterial Diarrhea and Hepatitis A

FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:
• 2.29 children born/woman (2014 est.)

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

- Mexico represents the largest source of immigration from Latin America to the United States (U.S.)²
- According to data collected in 2010 by the U.S. Census Bureau, approximately 11.7 million individuals originating from Mexico reside in the U.S.³
- 146,406 persons from Mexico obtained legal permanent resident* status within the U.S. during fiscal year 2012.⁴
- The average number of Mexicans who obtained legal permanent resident status annually (2010-2012): 142,991.⁴
- In addition, approximately 6.8 million undocumented immigrants from Mexico are living in the U.S.⁴

*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.”

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

The percentage of the total number of legal permanent residents by state:⁶

1. California          33.87%
2. Texas              25.85%
3. Illinois           5.52%
4. Arizona            5.52%
5. Florida            2.39%
6. Colorado           2.26%
7. Georgia            1.95%
8. Nevada             1.72%
9. Washington         1.64%
10. North Carolina    1.39%

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

- 4,032 persons from Mexico were granted permanent resident status within Canada during fiscal year 2012.⁵
- The average number of persons from Mexico who become legal permanent residents of Canada annually (2003-2012): 3,037.⁵
- In 2012, Mexican immigrants granted permanent residence in Canada accounted for 14% of all immigrants originally from South and Central America, and the United States.⁵

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THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY, EMMIGRATING ANNUALLY TO COUNTRIES WITHIN THE EUROPEAN UNION:

- Statistics available indicate that the majority of Mexican immigrants to the European Union have migrated to Spain, France, and the United Kingdom.⁷
TUBERCULOSIS EPIDEMIOLOGY

Based on the estimated incident cases (all forms) of tuberculosis in 2007, this country is ranked number 30 out of 176 countries worldwide.8

Estimated Burden of Tuberculosis (2012):

<table>
<thead>
<tr>
<th>Incidence: 23/100,0009</th>
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<tbody>
<tr>
<td>Prevalence: 33/100,0009</td>
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Reported Cases of TB (2012):

| 21,3489 |

Including new cases and retreatment cases.

Estimated Burden of HIV Infection (2009):

| Estimated prevalence: 0.3%10 |
| Low estimate (adults): 0.3%10 |
| High estimate (adults): 0.4%10 |

WHO estimates 220,000 persons in Mexico are living with HIV.10

TB/HIV Co-infection (2013):

| Estimated co-infection: 8%9 |
| New cases of HIV(2013): 9,278 (adults and children)11 |
| Prevalence (2013): 0.24/100,000 (adults ages 15-49 yrs.)11 |

Level of multi-drug resistant TB*: 8 Resistance to at least isoniazid and rifampicin

- 2.4% of new TB cases are multi-drug resistant.9
- 6.3% of previously treated TB cases were multi-drug resistant.9

Standard TB drug treatment/TB medications readily available for the treatment of TB in this country:

| Yes | No | Information not found/unknown12 |

According to the World Health Organization, 100% of the country’s citizens are covered by DOTS.12

TB medication available at no cost:

| Yes | No | Information not found/Unknown12 |

TB medications available only through national TB program:

| Yes | No | Information not found/unknown |

Comments: First line drugs are only available through the TB program.12

Since 2010, a prescription is required to purchase antibiotics.13

TB medications available through private pharmacies with a prescription:

| Yes | No | Information Not found/Unknown |

Comments: First line drugs are only available through the TB program.12
USE OF BCG VACCINE:

- Yes  □ No

Approximately what percent of the population is covered by the BCG vaccine: 91% coverage\(^\text{14}\)

Nicknames/Common Names for TB:

- TB may be described as “spots on the lungs.”\(^\text{15}\)
- “Affected in the lungs”\(^\text{16}\)
- Tísico\(^\text{16}\)
- In Chiapas, Mexico non-Spanish speaking indigenous groups may refer to TB as sakobal, which translates to “white cough.”\(^\text{17}\)

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS:

Note: The population of Mexico is diverse with respect to education, socioeconomic status, and language. The misperception, attitudes, and beliefs listed below are derived from the literature. Studies that have been done focus on disadvantaged communities. It is important to keep in mind immigrants from Mexico may not hold these beliefs and attitudes.

- In Mexico, TB is perceived to be a serious disease that is often fatal.\(^\text{15, 18}\)
- Mexicans generally know that a persistent cough is a symptom indicative of TB. However, respiratory illness is prevalent in Mexico, therefore TB symptoms may be initially interpreted as a minor respiratory illness, and thus contribute to delays in seeking care.
- Often Mexicans understand that TB can be cured with medication.\(^\text{15}\)
- Individuals from Mexico are often aware that TB is infectious and may report that TB is caused either by a (1) germ or microbe (microbio), (2) bacteria, (3) virus, or (4) little animals (animalitos or schanul). Clients may be able to explain what an organism does to the body, however they may not know exactly what a germ, virus or bacteria is and/or how they are transmitted.\(^\text{17, 19}\)
- Mexicans often have a strong sense of moral and personal obligation to family and friends. If they understand the purpose of the contact investigation, they may have a strong desire to inform their contacts about their TB diagnosis and the contacts’ need to get tested before being contacted by a TB program staff member.\(^\text{20}\)
MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:
• Mexican clients may resist routine blood draws, believing this can “drain them of energy.”

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:
• Sharing eating utensils with a TB patient.
• Drinking from the same bottle or glass a TB patient has used.
• Shaking hands with a person with TB.
• Sexual relations with an infected person.

CURES/TREATMENTS THAT MAY BE USED:
• Within Mexico an array of medications can be purchased without a prescription. Mexicans may obtain medications during return trips to Mexico or from family members or friends who send medicines. Self-treatment can lead to drug resistance and other TB management complications.

Comment: Since 2010, purchasing of antibiotics now requires a prescription.

• Indigenous groups within Mexico have utilized traditional medicine as part of their culture. These groups will use prescribed treatments, but may also use various herbs.

Note: Herbs and other plants have the potential to interact with prescribed medications—however, additional study of pharmacological properties of herbs/plants used in traditional medicine practices needs further study and are beyond the scope of this guide.
Traditional treatments to treat a cough:

- Herbal teas (especially: oregano, cinnamon, eucalyptus, chamomile, guayaba/guava, and mint)
- Herbal teas made with a combination of herbs.
- Herbal teas with honey
- Honey and lemon

Traditional treatments to treat a fever:

- Cold water compresses
- Alcohol rub or bath
- Teas

USE OF TRADITIONAL HEALERS:

- Traditional healers are widely accepted in some Mexican communities.
  - Curanderos are the most popular type of healer. Many believe curanderos powers are derived from God. These healers view illness in a religious and social framework.
  - Yerberos are herbalists.
  - Sobadores are masseuses.

Stigma and Stigmatizing Practices Surrounding TB in this Country:

- Stigmatization of individuals with TB is more common in rural areas of Mexico as compared to metropolitan areas/large cities.
- Concerns regarding the contagiousness of TB patients often lead to the social isolation of both TB patients and their families.
- Among Mexicans, TB is seen as a disease that affects individuals who are lower class, who do not care for themselves or are undernourished.
- TB patients may fear consequences (i.e. being condemned for spreading TB, being abandoned or alienated from friends, losing a job, losing housing, deportation, and denied application for individuals applying for legal permanent resident status) if they admit to having TB symptoms or a diagnosis of TB. Consequently, some patients are likely to hide their diagnosis or stop medical treatment to avoid being detected.

IMPORTANT TUBERCULOSIS EDUCATION POINTS:

- Misperceptions surrounding BCG and the misinterpretation of information provided through vaccination campaigns in Mexico contribute to misunderstandings and/or a lack of perceived severity regarding LTBI among persons from Mexico.
- Discuss how a skin test is interpreted as positive or negative if a person has been vaccinated with BCG, stress that healthcare professionals do take BCG vaccination into consideration before reporting a test as “positive.”
– Emphasize that a person with LTBI will not spread TB germs or infect (or “contaminate”) others.

• Emotional appeals are often effective with individuals from Mexico. Discuss the negative impact defaulting from treatment can have on the family; put greater emphasis on multiple benefits the patient and their whole family will derive from treatment adherence.

• If feasible, consider scheduling a second appointment (after a client is informed of their diagnosis and educated about TB) to collect information needed to initiate a contact investigation.20

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV AND AIDS

GENERAL COMMENTS:
• Mexico ranks 28th globally in the total people living with HIV/AIDS21

An estimate of all people (adults and children) alive at year-end with HIV infection, whether or not they have developed symptoms of AIDS.

• In 2012, HIV prevalence in adults and key populations was reported as:22
  – general population 0.2%
  – men having sex with men 17.0%
  – sex workers 1.1%
  – people who inject drugs 7.0%

• Generally, Mexican immigrants and migrant workers are knowledgeable about the major modes of HIV transmission, yet are less knowledgeable of the symptoms and treatment for HIV/AIDS.23, 24

COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE:
• Leading a “censorable” life (drinking excessively, homosexuality, bisexuality, commercial sex work)

• Supernatural powers or forces/witchcraft25

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:
Some Mexicans believe AIDS can be contracted from unlikely casual sources such as:23, 24, 26
• Sharing eating utensils with a person who is HIV positive
• A mosquito bite
• Using public bathrooms
• Kissing on the mouth
• From the AIDS test
• Donating blood
CURES/TREATMENTS THAT MAY BE USED:
• Within Mexico an array of medications can be purchased without a prescription. Mexicans may obtain medications during return trips to Mexico or from family members or friends who send medicines. Self-treatment can lead to HIV management complications.

Comment: Since 2010, purchasing of antibiotics now requires a prescription.\(^\text{13}\)

• Traditional treatments to treat diarrhea or vomiting: rice water, increased clear liquids, herbal teas made with mint or chamomile, suero (a rehydration solution made of water, sugar, lemon or banana), and withholding milk or food.\(^\text{25}\)

• Traditional treatments to treat fever: see TB Cures/Treatments section.

STIGMA AND STIGMATIZING PRACTICES:
• As in many countries, HIV/AIDS is highly stigmatized.\(^\text{22}\)

• In Mexico, some people living with HIV report receiving support from their immediate family; however, a significant number of individuals who identify as gay are blamed for becoming infected through their lifestyle, subjected to neglect, made to live in isolation, evicted from their homes, rejected by families or abandoned in public welfare hospitals when their health deteriorates.\(^\text{22}\)

• In the recent past, HIV positive individuals from high risk groups have faced stigmatization and discrimination within some Mexican healthcare facilities. Forms of discrimination include:\(^\text{24, 27}\)
  – Delays in surgeries
  – Unnecessary isolation of HIV infected patients
  – Treatment refusal
  – Increased fees for service to HIV positive patients
  – This stigmatization and discrimination has been based upon the perception that men who have sexual relations with men, as well as sexual workers, decide their sexual practices; as such they are guilty victims of the disease whereas others may be innocent victims.\(^\text{24}\)

IMPORTANT HIV EDUCATION POINTS:
• Assure clients who have an HIV positive status will not lead to a denial of healthcare services.

• Assess clients’ knowledge of HIV and AIDS and prepare to provide basic/general information.

Address the following common misperceptions surrounding HIV/AIDS:
• HIV may be contracted from public bathrooms, mosquito bites, and/or from an AIDS test.

• Discuss stigma and discrimination.
CULTURAL COURTESIES TO OBSERVE:
• Shaking hands is the most common way of meeting and greeting in Mexico. (Rather than offering a hard, firm handshake, a light grip is all that is required.)\textsuperscript{28, 29}
• The handshake should be used both at the beginning of a meeting, as a way of establishing rapport, and when leaving.\textsuperscript{28, 29}
• Women should initiate all handshakes with men.\textsuperscript{28, 29}
• Touching arms, shoulders, and patting backs are very common gestures in Mexico. Once you have established rapport with a Mexican, you may even receive an embrace.\textsuperscript{28, 29}

<table>
<thead>
<tr>
<th>Women Greeting Women</th>
<th>Men Greeting Men</th>
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<tbody>
<tr>
<td>Mexican women will hug or kiss each other on the cheek.\textsuperscript{28, 29}</td>
<td>Mexican men may offer an \textit{abrazo} – a warm hug accompanied by hearty backslapping, followed by a handshake.\textsuperscript{28, 29}</td>
</tr>
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When shaking hands, use the appropriate greeting for the time of day:\textsuperscript{28, 29}
• \textit{Buenos días} (Good morning)
• \textit{Buenas tardes} (Good afternoon)
• \textit{Buenas noches} (Good evening)

When meeting a Mexican client, address them as “Mr.”, “Mrs.” or “Miss” followed by their last name. If you don’t know a person’s last name, it is appropriate to simply address him or her as \textit{Señor, Señora or Señorita}.\textsuperscript{28, 29}
• Mr. – \textit{Señor}
• Mrs. – \textit{Señora}
• Miss – \textit{Señorita}

First names are reserved for family and closer acquaintances. To be polite, wait to be invited before using a client’s first name.\textsuperscript{28, 29}

Is There a Need to Match Client and Provider by Gender?

☐ Yes  ☐ No  ■ Information Not found/Unknown
FAMILY:
- In Mexico the family structure is patriarchal, with the father or oldest male relative dominating family decision-making.\textsuperscript{29}
- Women play a major role in situations involving health and disease.\textsuperscript{29, 30}
- The entire family might be involved in decisions regarding illness and treatment.\textsuperscript{29, 30}

NAMES:
- Mexicans commonly have two last names. The first is their father’s last name and the second their mother’s last name. Unless you are asked to do otherwise, use both names when addressing a person. Mexicans may shorten their names according to personal preference, and may choose either name.\textsuperscript{28, 29}
- Women might choose to continue to use their maiden names or to use their maiden name along with their married last name. The husband’s last name follows the women’s maiden with the word de separating the two names. (The de translates to “of” in English.) If they are using their maiden name you may address the woman by both last names. (Example: Maria Santos Aguilar would be addressed as Mrs. Santos Aguilar or Mrs. Santos) Alternatively, if she is using her husband’s name (recognized by the word de) Maria Santos de Fernandez, she would be addressed as Mrs. Santos de Fernandez or Mrs. Fernandez. Often times women keep their maiden names on all of their legal documents, and only acknowledge their husband’s last name socially.\textsuperscript{30, 31}
- In writing, you will notice that a Mexican will sometimes reduce his or her second last name to an initial.\textsuperscript{28, 29}

CULTURAL VALUES:
- Respect is important in Mexican culture. The manner in which physicians or other healthcare professionals address a patient can convey respect or disrespect.\textsuperscript{25}
- Individuals from Mexico expect a healthcare professional to be warm and attentive. Rather than immediately “getting down to business” (which can be perceived as rude and/or pushy), demonstrate interest in a client by making small talk, such as asking about the client’s family or an elderly relative.\textsuperscript{28, 29}
- When meeting with a group of individuals from Mexico or working with a Mexican interpreter, allow them to “save face” by discussing a problem or misunderstandings in private. Correcting a person from Mexico in front of others will not only embarrass that person, but others in the group may shun you as a direct result of your behavior.\textsuperscript{28, 29}
- Appearance is important in Mexican culture. A well-groomed appearance and neat clothing (ironed, clean) make a good impression. Neat and clean surroundings (such as an examination room or office space) also make a good impression with Mexican clients.\textsuperscript{28, 29}
- Mexicans feel that Americans allow the clock to control them rather than the other way around. Mexicans may be late for scheduled appointments, not keep appointments, or come to a clinic at an unscheduled time. For this reason, healthcare providers may want to discuss time schedules at the start of treatment/therapy.\textsuperscript{15, 28-30}
COMMUNICATION PATTERNS (VERBAL AND NON-VERBAL):

- Mexicans will stand or sit in close proximity when talking with another person. Moving away to establish distance is considered unfriendly. In response, a Mexican will often step forward and close the distance again.\textsuperscript{28, 29}

- In some circumstances, Mexicans may avoid directly saying “no.” A “no” might be disguised in responses such as “maybe” or “we’ll see.” To avoid being perceived as rude or pushy, TB program staff may want to consider using this indirect approach (at times) when working with Mexican clients.

- When gesturing to a Mexican client to join you, the polite way is to hold your hand in front of you and keep your palm facing down. Then curl your fingers back towards your body. Beckoning a person with the palm and fingers up is considered rude.\textsuperscript{30}

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

- The “O.K.” gesture with the thumb and index finger is considered vulgar.\textsuperscript{28, 29}

- Men should avoid putting their hands in their pockets when in public or when talking to another person.\textsuperscript{28, 29}

- Putting your hands on your hips when speaking or standing is viewed as aggressive behavior; to some Mexicans this signifies that you are challenging them.\textsuperscript{28, 29}

- Never toss documents or paperwork on a table/desk if a Mexican client is also sitting at the table or desk. This gesture is considered highly offensive.\textsuperscript{28, 29}

Phrases or terms to avoid:

- Using the Lord’s name in vain, especially in public, is considered deeply offensive to Mexicans.

DIET AND NUTRITION:

- Patients might restrict themselves to foods that will restore the body’s hot and cold balance. If the disease is viewed as “hot” patients may prefer foods that are “cold” (such as beans, corn products, dairy products, citrus, tropic fruits, and chicken). Likewise if the disease is considered “cold” then the patient may request “hot” foods (such as chili, beef, fish, wheat products).\textsuperscript{25}

- Popular foods: The Mexican diet is based largely on rice and beans, tropical fruits (plantain), root vegetables (potatoes, yucca), tortillas, fish, and meats.\textsuperscript{30}

MISCELLANEOUS:

- When paying for something, Mexicans place their money directly into a person’s hand, rather than on a countertop. Leaving a payment on the counter is considered rude.\textsuperscript{28, 29}
TUBERCULOSIS SPECIFIC MATERIAL:

BROCHURES AND FACT SHEETS:

General disease information

• Tuberculosis - ¡Entérese!/Tuberculosis – an introduction  

• Enfermedad activa de TB/Active TB disease  

• ¡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)  
  http://sntc.medicine.ufl.edu/Files/Products/0UFTB%20Spanish%20Flyer.pdf

• ¡Vivir a Todo Pulmón! Poster  
  http://sntc.medicine.ufl.edu/Files/Products/12011%20Vivir%20poster-FINAL-PRINT--Spanish.pdf

• La Tuberculosis: ¡proteja a su familia!/Tuberculosis: protect your family!  

• Preguntas y respuestas sobre la tuberculosis/Questions and answers about TB  

• 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/TBgtfctsSpan.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

Diagnostics

• El examen de la tuberculosis en la piel/The TB Skin Test  

• Eliminación de la TB: Diagnóstico de la enfermedad de la tuberculosis/TB Diagnosis: Diagnosis of TB  

• Instrucciones para obtener muestras de esputo (flema) para la prueba TB/Instructions for collecting a sputum sample for diagnosis of TB  

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!

- **La Tuberculosis Puede Ser Tratada/Tuberculosis Facts: TB Can Be Treated**

- **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)**

- **Lo que usted necesita saber sobre sus medicamentos contra la infección de tuberculosis (TB) latent (rifampicina)/What you need to know about your medicines against latent tuberculosis (TB) infection (rifampicina)**

- **Lo que usted necesita saber sobre sus medicamentos contra la infección de tuberculosis (TB) latent (isoniazida y rifapentina)/What you need to know about your medicines against latent tuberculosis (TB) infection (isoniazida y rifapentina)**

- **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**

**HIV/AIDS SPECIFIC MATERIALS:**

**BROCHURES AND FACT SHEETS:**

- **Datos sobre el VID y el SIDA/HIV Facts**

- **Esté alerta. No comparta/Be Aware. Don’t Share**

- **Razones para hacerse la prueba del VIH/Resons to get an HIV test**

- **El alcohol y el VIH : Una mezcla que debe evitar /Alcohol and HIV: A mix you should avoid**

- **¿Será infección aguda por el VIH?/Could It Be Active HIV?**

- **100 preguntas y respuestas sobre el VIH/SIDA/100 Questions about HIV**

- **Información básica sobre el VIH/Basic Information about HIV/Información básica sobre el VIH**
  http://www.cdc.gov/hiv/spanish/basics/
REFERENCES


12. National Tuberculosis Program in Mexico. Personal communication. 2014.


31. Dr. Paula Hamsho-Díaz Latin American Project Coordinator at the SNCTC. Personal communication. 2007.
Staff–to–Staff Tips and Insights

Do you have experience working with clients who were born in this country?
Share your insights with your colleagues.

http://sntc.medicine.ufl.edu/

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