

## Tuberculosis in the WHO European Region

Tuberculosis (TB) remains a major public health problem in the WHO European Region. According to the latest estimates, in 2017 about 275 000 people became ill with TB (Fig. 1) and about 24 000 people lost their lives due to TB in the Region, mostly in eastern and central European countries.

In the past 10 years, the number of new TB patients has been falling at an average rate of 4.7% per year, which is the fastest decline among all WHO regions. However, the treatment success rate among newly diagnosed and relapsed patients was 77%, which remains one of the lowest among WHO regions (Fig. 2).

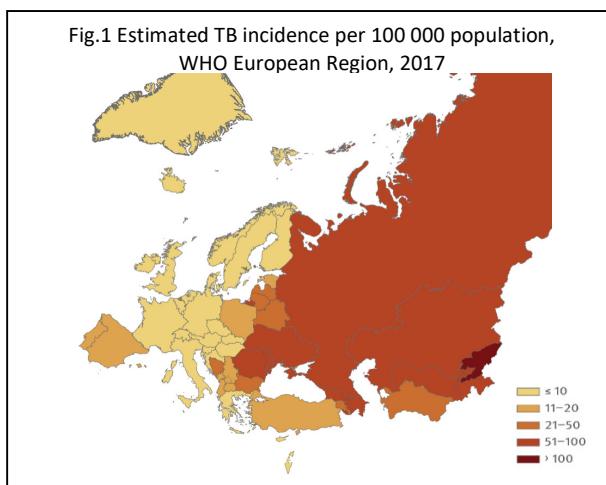
### One in five new TB patients is affected by MDR-TB

Countries in the European Region have the highest rates of multidrug-resistant TB (MDR-TB) globally. Nine European Region countries face a particularly high burden of MDR-TB. Of the 77 000 instances of drug-resistant TB that are estimated to have occurred among TB notifications in 2017, only 47 700 (62%) were diagnosed. This is mainly due to limited access to rapid and quality assured diagnosis. The treatment success rate for MDR-TB in the Region remains below the 85% and 75% regional targets respectively<sup>1</sup> (Fig. 2) although data show a slow improvement.

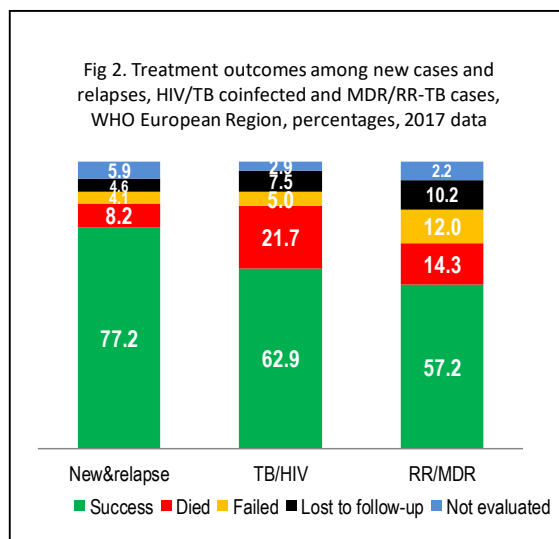
Around 91% of all reported MDR-TB patients were tested for resistance to second-line TB drugs in 2017, which is a decline compared to the previous year. The testing led to the detection of about 6 800 patients with extensively drug-resistant TB (XDR-TB), which accounts for about 19% of patients with MDR-TB.

### One in eight new TB patients is HIV positive

People living with HIV are 20 to 40 times more likely to develop active TB disease than people without HIV.<sup>2</sup> HIV and TB form a deadly combination, each speeding the progress of the other. Because of the rapid spread of HIV infection in the WHO European Region, HIV coinfection rates among TB patients also increased sharply from 7.8% to 12.7% between 2013 and 2017.



Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2019. Stockholm: European Centre for Disease Prevention and Control; 2019.



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Rapid detection and appropriate treatment are vital. However, only three quarters (25 153) of the estimated 34 000 people living with HIV and coinfecting with TB were detected in 2017, and only 67% of those diagnosed were offered antiretroviral treatment.

### **Political declaration of the UN General Assembly High-Level Meeting**

Political commitment to end TB has never been so high, what is critical is translating it into action and the end of TB into a reality. The United Nations General Assembly held a high level meeting in September 2018 with the theme “United to end tuberculosis: an urgent response to a global epidemic”. The meeting secured the highest level of commitment from Heads of State to drive action across all sectors and stakeholders.

In addition, other stakeholders took part in the meeting such as leaders of UN organizations, development agencies, nongovernmental organizations, academic and research institutions. Participants reaffirmed their commitment to WHO End TB Strategy towards the 2030 Agenda for Sustainable Development, including the resolve to end the tuberculosis epidemic. The meeting culminated in a 53 point declaration acknowledging the challenges faced and pledging concrete action. [https://www.who.int/tb/features\\_archive/UNGA\\_HLM\\_ending\\_TB/en/](https://www.who.int/tb/features_archive/UNGA_HLM_ending_TB/en/)

WHO Regional Office in collaboration with other UN agencies, has launched the United Nations Common Position Paper on cross-sectoral actions to end TB, HIV and viral Hepatitis and is working with partners including civil societies, national and international partners to implement it. <http://www.euro.who.int/en/publications/abstracts/united-nations-common-position-on-ending-hiv,-tb-and-viral-hepatitis-through-intersectoral-collaboration-2018>

### **About TB**

TB is a contagious disease that spreads when a person breathes in the bacteria breathed out by an infected person. This disease is mainly caused by *Mycobacterium tuberculosis*. About one third of the world’s population is infected with the latent form of the disease, and a tenth of them become ill with active TB during their lifetimes.

The symptoms depend on the organ of the body which is infected. Usually, TB affects the lungs. In this case, the major symptoms are cough with productive sputum (sometimes with blood), shortness of breath and chest pain. There are also general symptoms such as fever, night sweats, loss of weight and appetite, fatigue and general weakness. People living with HIV or other conditions that weaken their immune system (such as diabetes), people on immunosuppressant therapy, and people who use tobacco or use alcohol harmfully are at much higher risk of developing the disease.

MDR-TB is resistant to two of the most potent anti-TB drugs. This is a result of inadequate treatment of TB and/or poor airborne infection control in health care facilities and congregate settings. XDR-TB is resistant to the most important first- and second-line drugs and there are currently very limited chances of people with XDR-TB being cured. TB can affect everyone but is particularly linked to social determinants of health such as migration, imprisonment and social marginalization.

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