

## Estonia

Total population (millions): 1.3  
High TB priority country  
High MDR-TB burden country

### Epidemiological profile 2010\*\*

Estimates of TB burden	Number	Rate (per 100 000)	MDR-TB burden	Number	%
Mortality	39 (36-46)	2.9 (2.7-3.4)	Estimates among notified TB cases:		
Prevalence	350 (96-610)	26 (7-45)	MDR-TB among new cases	43 (31-57)	18 (13-24)
Incidence	330 (290-370)	25 (22-28)	MDR-TB among previously treated cases	35 (25-46)	44 (32-58)
Case detection rate	85 (76-97) %		Notified MDR-TB cases on treatment	63	100

Estimated prevalence of HIV among TB (number, percentage); 34 (25-44); 10 (7.1-13.0)%.

Treatment outcome 2009	Successfully treated (%)	Died (%)	Failed (%)	Lost to follow up* (%)
New laboratory confirmed cases	58.8	15.0	2.1	24.2
New laboratory unconfirmed/extrapulmonary	77.5	12.4	0.0	10.1
Previously treated cases	51.2	14.6	6.1	28.0
MDR-TB cohort 2008	46.0	10.8	10.8	34.4

\*Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.

\*\*Data provided here are based on the latest WHO global TB database accessed on 9 December 2011. Extended epidemiological profiles can be found at: <http://www.who.int/tb/country/data/profiles/en/index.html>

### Major challenges

In Estonia transmission of tuberculosis (TB) occurs mainly among certain vulnerable populations, such as alcohol abusers, intravenous drug users and TB/HIV co-infected patients. The country has one of the highest rates of TB/HIV co-infection prevalence in the EU (10%) and is among the 27 high multidrug-resistant (MDR) TB burden countries in the world.

Estonia is at a turning point in terms of TB control, as the country appears to be approaching the low incidence phase in a steady manner. This, however, implies a number of strategic challenges in addition to the epidemiological challenges mentioned above. It will be a hard task to maintain political and financial commitment despite the declining incidence. Furthermore, as a result of emigration, staff who choose alternative careers and the retirement of current staff, it is anticipated that there will be a shortage of doctors, nurses and laboratory staff in Estonia in the near future. Finally, the country does not yet have a formally recognized National Reference Laboratory.

### Achievements in collaboration with WHO

- Estonia represents a model of epidemiological progress in TB control in the context of high MDR-TB prevalence. In particular, there is potential for achieving the 2012 target of an incidence of 20 per 100 000 new cases in 2012, as defined in the current National TB Plan. This would move Estonia towards a low incidence setting.
- With the support of WHO, Estonia has achieved favourable conditions for TB control in the last few years, including: political commitment for TB control; the National TB Programme (NTP) is in place with optimal management; existing staff who provide TB services are well-trained; outstanding examples of drug procurement and rational use of drugs; a well-functioning laboratory network with quality assurance and rapid testing; TB services integrated with health services; and financing of TB control ensures universal coverage and access for the entire resident population, regardless of legal and insurance status.
- Successful joint TB country visit (programme review) by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe, August 2010.
- Green Light Committee (GLC) monitoring visit, August 2010.
- The TB National Plan reflects and responds to the current epidemiological situation.

- Support for the introduction of a one-stop service for methadone, antiretroviral and TB treatment for co-infected patients.
- Mid-term evaluation of the Estonian national HIV/AIDS strategy, 2006–2015 and national drug prevention strategy 2012 (with participation of the Regional Office), 19–23 September 2011.
- With assistance from WHO, a project on how to deal with TB patients who suffer from alcohol dependence has been initiated.

### **Planned WHO activities**

In order to make progress towards TB elimination and to avoid a resurgence of the TB epidemic, the following actions are proposed for the coming biennium:

- Assistance with implementation and evaluation of a pilot project on TB patients with alcohol dependence.
- Support for clear identification of high risk groups, particularly by optimizing the use of epidemiological and molecular data in identifying risk groups/settings.
- Assistance with scaling up active case-finding; screening of high risk populations, such as prisoners, is showing clear benefits in curbing transmission. Opportunities for expansion of active case-finding are being considered.
- Evaluation of preventive treatment of latent TB in risk groups other than HIV positives.
- Case management and support for vulnerable populations will be expanded, particularly through extending social support and rehabilitation.

### **Main partners of WHO**

- Ministry of Health
- Ministry of Social Affairs
- Ministry of Justice
- Health Board
- National Institute for Health Development
- Tartu University Hospital
- North Estonia Medical Centre
- West Tallinn Central Hospital
- Centre of Infectious Diseases
- European Centre for Disease Prevention and Control (ECDC)
- Finnish Lung Health Association (Filha)
- Green Light Committee (GLC).

