

## Tuberculosis in the WHO European Region

Tuberculosis (TB) continues to be a major public health issue in the WHO European Region. According to the latest estimates, about 360 000 new TB cases and 38 000 deaths were reported in the Region in 2013, mostly from Eastern and central European countries (Fig. 1).

In the last 15 years, new cases of TB have been falling at an average rate of 4.5% per year. Nevertheless, notification rates in countries where TB is a high priority remained almost eight times those in the rest of the Region.

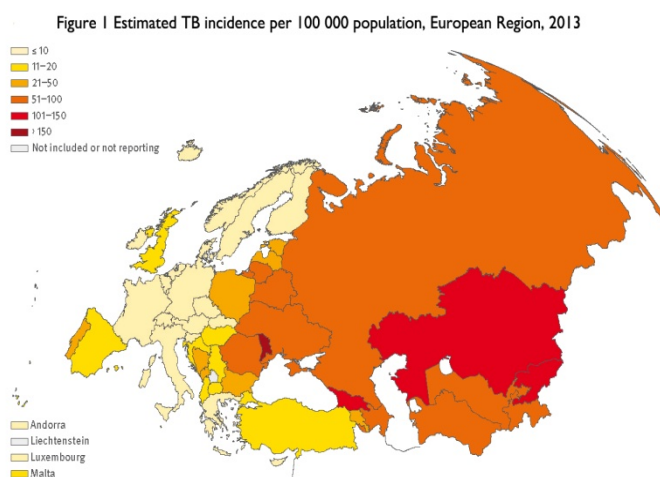
TB is becoming more and more difficult to treat in the Region. Treatment success rates among new and relapsed cases notified in 2012 was 76% and among previously treated cases other than relapsed cases it was 57%. Only about half of people found with multidrug-resistant TB (MDR-TB) were successfully treated in 2011 (Fig. 2).

### Multidrug-resistant TB

The Region has the world's highest rate of MDR-TB among new cases (35%) and previously treated cases (69%).<sup>1</sup> Of the 27 countries in the world with a high burden of MDR-TB, 15 are in the Region.<sup>2</sup>

Around 75 000 people in the Region are estimated to fall ill with MDR-TB every year. Owing to limited access to diagnosis, only 35 000 (47%) of them were diagnosed in 2013. While almost all MDR-TB patients now have access to treatment, the rate of successful treatment is below the 75% target defined in the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region 2011–2015 (MAP).

In 2013, only 532 cases of extensively drug-resistant TB (XDR-TB) were reported, although it is estimated that 9% of people with MDR-TB have XDR-TB.



Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2015. Stockholm: European Centre for Disease Prevention and Control; 2015.

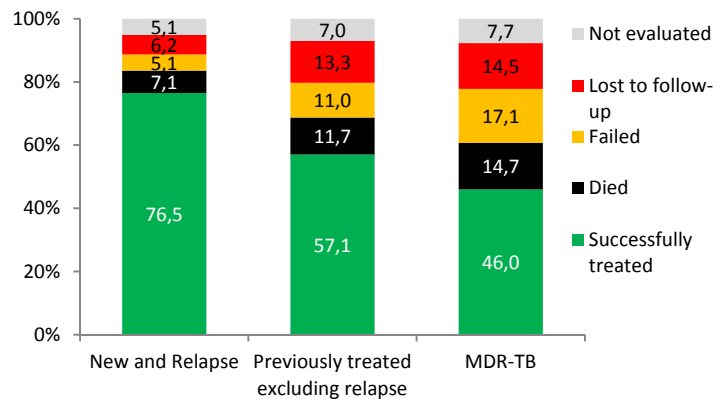
<sup>1</sup> Skrahina A, Hurevich H, Zalutskaya A, Sahalchyk E, Astrauko A, Hoffner S et al. The magnitude of drug-resistant tuberculosis in Belarus and associated risk factors. *Bulletin of the World Health Organization*. 2013;91:36–45 (<http://www.who.int/bulletin/volumes/91/1/12-104588/en>, accessed 24 March 2014).

<sup>2</sup> Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and Uzbekistan.

## TB and HIV

TB is a leading killer among people living with HIV, and this deadly combination is increasing in the Region. Rapid detection and appropriate treatment are, therefore, extremely important. Almost 17 000 out of an estimated 21 000 HIV patients co-infected with TB were detected in 2013 but only 54% of them were offered antiretroviral treatment. The percentage of HIV among TB cases increased from 3.4% in 2008 to 7.8% in 2013.

Fig. 2. Treatment outcome among new, previously treated (2012 cohort) and MDR-TB (2011 cohort) cases, WHO European Region



Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2015. Stockholm: European Centre for Disease Prevention and Control; 2015.

## Response of the WHO Regional Office for Europe

In collaboration with national and international partners and civil society organizations, the Regional Office has been implementing the MAP and helping countries to adopt evidence-based interventions so as to improve the prevention and control of TB.

The Regional Office has also established the European Green Light Committee and the European Laboratory Initiatives to help countries develop and/or adjust their national plans in response to the threat from M/XDR-TB.

The MAP is in its final year of implementation. European Member States, the Regional Office and partners are developing a new TB Action Plan covering the period 2016–2020. This Action Plan builds on the progress made during the implementation of the MAP and is in line with the global End TB Strategy and other health policy guidance, such as Health 2020: the European policy for health and wellbeing.

With its partners, the Regional Office supports European countries in their work to prevent and control TB and M/XDR-TB. This includes setting norms and standards, providing technical assistance, fostering partnerships, building capacity, creating and disseminating evidence, and conducting monitoring and evaluation.

## 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*. One third of the world's population is infected, and a tenth of them become ill with the disease during their lifetimes.

The symptoms differ, depending on the area of the body infected. In pulmonary TB, common symptoms are a cough with sputum production (sometimes with blood), shortness of breath and chest pain. There are also general symptoms such as fever in the evening, night sweats, loss of weight and appetite, fatigue and muscle weakness. People living with HIV or suffering from other conditions that weaken the immune system (such as diabetes and immunosuppressant therapy) are at much higher risk of developing the disease.

MDR-TB is resistant to two of the most potent anti-TB drugs. It emerged as 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 has very limited chances of being cured.

TB can affect everyone but is most frequently seen among young adults in the eastern part of the European Region and among migrants and the elderly native population in western European countries. TB is particularly linked to social determinants of health such as migration, imprisonment and social marginalization.

For further information, visit the Regional Office's website (<http://www.euro.who.int/tb>).

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