

EDITORIAL

Epidemiology of tuberculosis (TB) among migrants in the WHO European Region

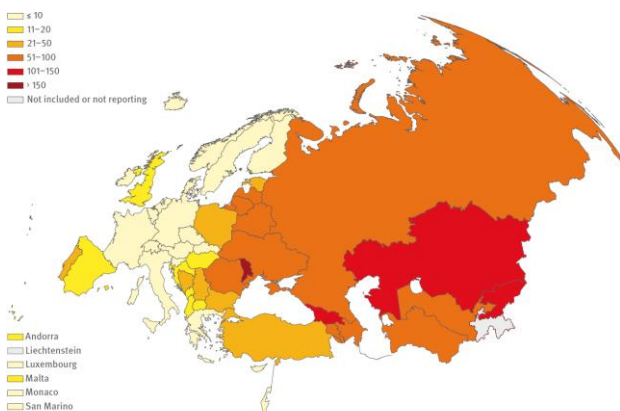
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TB does not respect any border. This is a concern as the incidence of multidrug-resistant TB (MDR-TB) continues to increase. Globally, TB remains a major public health problem. In 2012, an estimated 8.6 million people developed TB and 1.3 million died from the disease (including 320 000 deaths among HIV-positive people).

In the WHO European Region specifically, TB also continues to be a major public health issue. About 353 000 new TB cases and 35 000 deaths from TB were reported in 2012, mostly from eastern and central European countries (Fig. 1).

Fig. 1. Estimated TB incidence per 100 000 population, WHO European Region, 2012



Source: ECDC & WHO Regional Office for Europe (3)

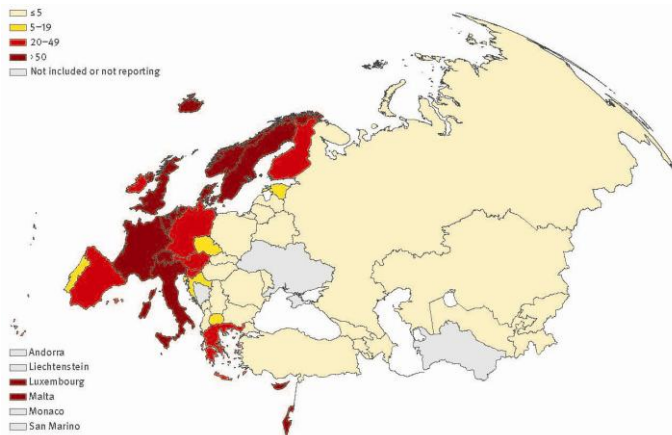
Since the mid-2000s, TB incidence has fallen at an average rate of 5% per year. Nevertheless, notification rates in countries in which TB is a high priority have remained almost 8 times those in the rest of the region. TB is becoming

increasingly difficult to treat in the WHO European Region. Since 2007 the rates of successful treatment for new and previously treated TB cases have continued to fall, from 72% and 50%, respectively, in 2005 to 66% and 47% in 2011. A recent study showed that the WHO European Region has the highest documented rate of MDR-TB in the world, both among new cases (35%) and previously treated cases (69%) (1). It is estimated that around 76 400 people in the region fall ill with MDR-TB every year. TB is a leading killer among people living with HIV, and this deadly combination is increasing in the WHO European Region.

In most settings, migrants are among the most vulnerable populations, placing them at greater risk for contracting and developing TB (2).

TB cases of foreign origin represent 26.8% of all TB cases reported from European Union (EU)/European Economic Area (EEA) countries and only 2.3% from non-EU/EEA countries (Fig. 2). In many countries, TB cases of foreign origin represent a large majority, such as in Israel (90.0%), Norway (85.4%), Sweden (85.0%), Malta (83.7%), Iceland (81.8%), Cyprus (75.4%), Switzerland (74.5%), the Netherlands (73.2%), Luxembourg (71.1%) and the United Kingdom (70.0%). This can be seen as an indication of good access to TB diagnosis in these countries and a commitment on their part to the global effort to control TB. The smaller number of TB cases reported by origin may also be related to the recording and reporting systems in these countries and/or access to diagnosis and treatment, or to similar rates of TB in the origin and recipient countries.

Fig 2. Percentages of notified TB cases of foreign origin among all TB cases, WHO European Region, 2012



Source: ECDC & WHO Regional Office for Europe (3)

Strong evidence of association between MDR-TB and the origin of TB patients in the WHO European Region was identified in the 2014 European Centre for Disease Prevention and Control (ECDC) TB surveillance and monitoring report (3). In 14 countries out of 18 that reported MDR-TB by origin, foreign-born patients had a higher probability of having MDR-TB than natives, and in 10 of the countries this association was statistically significant (Belgium, the Czech Republic, Germany, Italy, Lithuania, Poland, Portugal, Spain, Turkey and the United Kingdom). The Republic of Moldova was the only country in which native patients had a higher risk of harbouring MDR-TB strains. It should be noted that all the MDR-TB cases notified in Denmark, Iceland, Ireland and Norway were found to be in patients of foreign origin, with no cases being observed among natives.

References

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Despite the fact that TB among migrants is occasionally highlighted as problematic by political or populist movements, there is a lack of data to indicate significant TB transmission from migrants to the native population; in fact, most studies indicate that transmission of TB occurs within migrant communities themselves (4). This being the case, with targeted action the opportunity exists for TB programmes to initiate and scale-up screening for latent and active TB, to increase availability of rapid diagnostic tests for MDR-TB and to ensure access to effective treatment for all forms of TB.

Under the Wolfheze Transborder Migration Taskforce, in 2012 the WHO Regional Office for Europe facilitated discussions among national TB programme managers and finalized a minimum package for cross-border TB control and care (5). In addition, through various mechanisms, including International Health Regulations (IHR) and direct contact with the national programmes, the WHO Regional Office has been linking health authorities within and beyond Europe. A new initiative is currently being undertaken to use an electronic consilium tool (e-Consilium) to facilitate cross-border collaboration and consultation with clinicians.

In light of increasing rates of MDR-TB, both in the WHO European Region and globally, intensified action will continue to be necessary in order to prevent and control TB at all levels, and in order to reach the Post-2015 Global Strategy for Tuberculosis goal of TB elimination.