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Tuberculosis in large cities

The issue

All over the world, tuberculosis (TB) control in large cities is problematic, because the known risk factors for this disease are amplified in the urban context. In large western European cities, the incidence of TB in 2005 ranged from 20–25 per 100 000 population (Barcelona, Milan) to 35–45 per 100 000 (Paris, London), compared with countrywide rates of 8–15 per 100 000.

In several European countries, a stable or upward trend in TB incidence in large cities contrasts with the decline observed in the rest of the country. By exchanging experiences through a recently-established network of western European cities, specific solutions have been identified to control TB in large cities of Europe.

The facts

- All large cities have higher levels of TB than the rest of the country because of more frequent occurrence of specific risk factors: poor housing and/or overcrowding, co-infection with HIV, immigrants from countries with a high-TB burden (often illegal immigrants with less access to health care), an elderly population, a homeless and mobile population, and reduced social support.
- Prisons, where TB is more common, are often situated in large cities and prisoners are released into or re-detained from the general population of those areas, with an inevitable exchange of TB infection and disease.
- Several factors may impede effective TB control in large cities: i) a lack of political commitment and coordination at national and regional levels; ii) a lack of reliable data on the populations to be covered by the programmes; iii) the influence of socioeconomic factors not directly controllable by the programmes; iv) the fear of stigma among patients; and v) misleading beliefs about the disease in the general population.
- Unsatisfactory treatment outcomes and drug resistance are more common in large cities. In Milan, for example, well above 90% of legal immigrants complete treatment (similar to the rate in the local population), while among illegal immigrants the treatment completion rate is only 78%. Multidrug-resistant TB is more common in foreign-born immigrants without documents (2.6%) than among legal immigrants (1.4%) or local-born patients (0.9%). Drug resistance also decreases the efficacy of TB preventive treatment.

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The policy considerations

National TB control programmes should ensure that there is a special focus on TB control in large cities. A health authority (TB working group bringing together people with different competences) should be identified and charged with TB control in the municipal or metropolitan area.

Implementation of the Stop TB Strategy[1] should be ensured in all major European cities, including the setting up of quality-assured laboratories for anti-TB drug susceptibility testing, the provision of directly observed treatment (DOT) and the monitoring of treatment outcomes.

A network should be created bringing together all current and potential TB care providers, including all public and private institutions, nongovernmental organizations for immigrants and refugees, and community associations.

TB diagnosis and treatment services should be fully ensured for both legal and illegal immigrants and for all the socially disadvantaged groups commonly present in the main cities. Furthermore, these services should be culturally sensitive and include cultural mediators, educational materials translated to immigrants' languages, etc.

Active TB screening should be organized among populations at increased risk of developing active TB within the municipality or metropolitan area.

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[1] The Stop TB Strategy. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.37, http://www.who.int/tb/features_archive/stop_tb_strategy/en/index.html, accessed 23 July 2007).