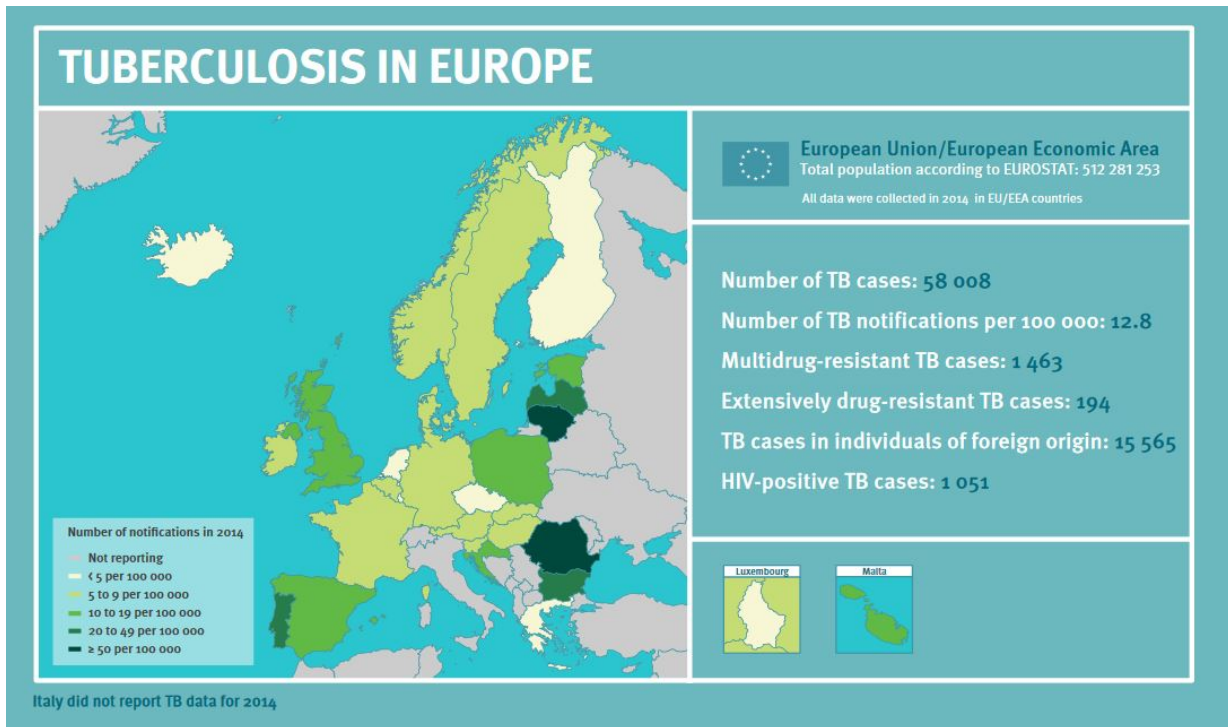


Tuberculosis elimination at stake

April 14 2016



Tuberculosis cases in Europe 2014. Credit: European Centre for Disease Prevention and Control (ECDC)

New data released by the European Centre for Disease Prevention and Control (ECDC) and WHO/Europe ahead of World TB Day show that an estimated 340 000 Europeans developed tuberculosis (TB) in 2014, corresponding to a rate of 37 cases per 100 000 population.

With new TB cases decreasing by 4.3% on average between 2010 and

2014, the WHO European Region has met the Millennium Development Goal target of reversing the incidence of TB by 2015. However, high rates of multidrug-resistant (MDR) TB and TB affecting vulnerable populations, such as the homeless, drug and alcohol abusers and migrants from countries with high numbers of cases TB continue to challenge TB elimination.

"Social circumstances or lifestyles may make it more difficult for some people to recognise the symptoms of TB, access healthcare services, follow a treatment or attend regular healthcare appointments. We need to think about tailored interventions for such vulnerable people, which can include outreach teams or directly observed treatment", says ECDC Acting Director Dr Andrea Ammon.

"In the EU/EEA, the number of new TB cases decreases only slowly by around 5% each year. And if TB is not successfully tackled in vulnerable groups, it will not be eliminated as planned. This is why [ECDC releases scientific advice](#) to support countries in reaching poor and marginalised populations that are particularly vulnerable to TB".

"One quarter of all 480 000 patients sick with MDR TB globally were in the European Region in 2014. This alarmingly high number is a major challenge for TB control", says Dr Zsuzsanna Jakab, WHO Regional Director for Europe. "The most vulnerable groups, including poor and marginalised populations and migrants and refugees, are at greater risk of developing MDR TB. Because of their living conditions, TB is often diagnosed late, and it is harder for them to complete a treatment course. If we really want to eliminate TB from Europe, no one must be left behind. This is in line with the framework of Health 2020 and the global agenda of the Sustainable Development Goals".

No systematic association between migration and

transmission of tuberculosis

The risk of being infected or developing TB disease depends on several factors including TB rates in the country of origin. New TB cases in some origin countries are lower than the European Region's average. In Syria, for example, new TB cases are 17 per 100 000 [population](#), which is less than half than the European Region's average (37) and not much higher than the EU/EEA average (12). In addition, as TB is not easily transmissible and contacts are limited, there is a low risk that migrants transmit the disease to the resident population.

Universal health coverage should be ensured for refugees and migrants, both documented and undocumented. The European Region is the only one in the world with a consensus document on the minimum package of cross-border TB control and care interventions. This includes ensuring access to medical services irrespective of a migrant's registration status and a non-deportation policy until intensive TB treatment has been concluded.

WHO recommends that TB screening is targeted to those most at risk. Among refugees and migrants it is people coming from countries with a high number of new TB [cases](#) or who have been living or travelling in precarious situations and have possibly been exposed to TB infection.

The recently published Systematic screening for active [tuberculosis](#): an operational guide provides guidance on how to target and tailor TB screening, as this allows to detect active disease and to provide immediate treatment, thus breaking possible transmission among the refugees and their close contacts. TB screening must never be used as a reason to reject a refugee or a migrant.

More information: Vahur Hollo et al. The effect of migration within the European Union/European Economic Area on the distribution of

tuberculosis, 2007 to 2013, *Eurosurveillance* (2016). [DOI: 10.2807/1560-7917.ES.2016.21.12.30171](https://doi.org/10.2807/1560-7917.ES.2016.21.12.30171)

Provided by European Centre for Disease Prevention and Control (ECDC)

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