

TB/HIV co-infections up 40 percent across Europe over the last five years

March 20 2017

Tuberculosis

EU/EEA 2015



Cases per 100 000 population

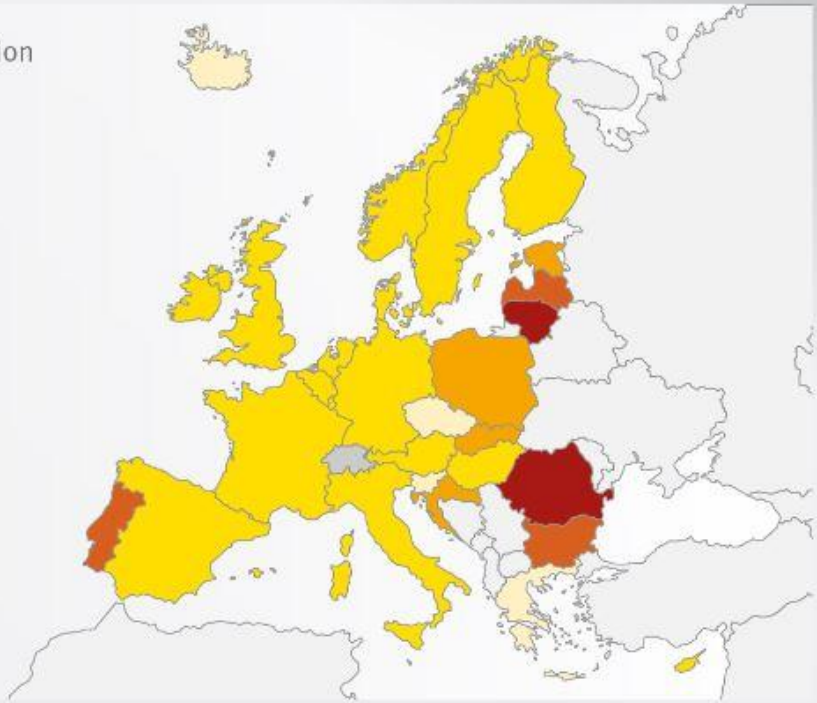


TB cases in EU/EEA countries

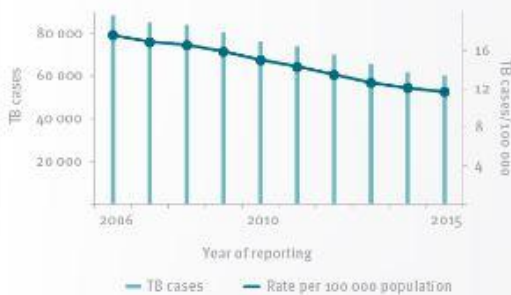
60 195

Notification rate per 100 000 population

11.7



TB notifications, EU/EEA, 2006–2015



Annual average decrease, 2006–2015

5%

Annual decrease needed to end TB by 2030

>10%

Source: ECDC/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2017. More at www.ecdc.europa.eu

Similar to the trend in the whole WHO European Region, the number of new TB cases in the European Union and European Economic Area (EU/EEA) has been constantly going down since 2002. However, with an annual decrease of 5 percent, the EU/EEA will not reach the set target to end TB which would require an annual decrease of at least 10 percent. Credit: ECDC

New data released today by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe ahead of World TB Day show that new tuberculosis (TB) cases and deaths in the 53 countries of the WHO European Region declined each year by 4.3% and 8.5% respectively between 2011 and 2015.

However, vulnerable groups for TB infection, such as people living with HIV, prisoners and migrants, do not benefit from this overall trend. In particular, new TB/HIV co-infections increased by 40% over the same time period. Providing testing to all TB patients for HIV and vice versa, together with counselling and rapid treatment, could reverse the negative trend.

"The flare-up of TB/HIV co-infections from 2011 to 2015, together with persistently high rates of drug-resistant tuberculosis, seriously threaten progress made towards ending TB, the goal that European and world leaders have committed to achieve by 2030," says Dr Zsuzsanna Jakab, WHO Regional Director for Europe. "One in three people co-infected with TB/HIV do not know about their status, which drastically lowers their chances of being cured. In turn, this favours the spread of the diseases, putting health systems and governments under pressure."

Vytenis Andriukaitis, European Commissioner for Health and Food Safety, assured that: "The European Commission is committed to mobilising all available tools to help EU countries meet the global

commitments made in international fora within the given deadlines. TB affects the most vulnerable members of our societies and often co-exists with other conditions such as HIV or viral hepatitis."

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"The general downward trend in reported TB cases is encouraging", says ECDC Acting Director Dr Andrea Ammon, "but some groups are not benefiting from this trend and we need to target our efforts better if we want to end the TB epidemic. Looking at the data for the EU/EEA, we see that the TB treatment success rate of co-infected patients is below the global target of 85%. But although we know about the challenges of TB/HIV co-infection, for two out of three TB patients the essential information on their HIV status was not reported in 2015. We need to get better at this".

Tuberculosis and HIV

TB is a leading killer among people living with HIV. The deadly combination of TB/HIV co-infection has increased sharply from 5.5% to 9% over the last five years in the WHO European Region. This is of special concern in a Region where HIV cumulative cases reached over 2 million for the first time in 2015.

Of an estimated 27 000 new TB/HIV patients in the WHO European Region in 2015, only about two thirds were diagnosed and 5800 started antiretroviral treatment, with around 40% of patients being successfully treated. People suffering from TB/HIV co-infection are at seven times higher risk of failing treatment and have a three times higher risk of

dying than people with TB disease only.

In contrast to the Region's trend, the EU/EEA countries have seen a decline in reported TB/HIV co-infections from around 6% in 2011 to 4.6% in 2015. However, only 19 EU/EEA countries reported data on the TB/HIV co-infection status in 2015, and this vital information was known only for one in three TB patients in the EU/EEA.

The WHO regional TB action plan for 2016-2020 and the policy on collaborative TB/HIV co-infection strongly recommend that European countries systematically provide HIV testing and counselling to all TB patients, and vice versa. Following diagnosis, patients need to receive immediate antiretroviral drug treatment and be supported through integrated and person-centred TB/HIV health services.

Information on the burden of TB/HIV co-infection, including evidence on TB/HIV co-infection in groups at higher risk, such as migrants, is vital to achieving this objective. Available data show that notification of TB cases in the EU/EEA is decreasing at a slower pace among residents of foreign origin (4%) than among native residents (7%). This poses a major challenge for EU/EEA countries in their efforts to reach the TB elimination target in the coming years. To this end, targeted interventions for early detection and universal access to free-of-charge treatment and care for all, including migrants, are crucial.

Multidrug-resistant TB (MDR TB)

New cases of MDR TB continue to rise, and estimates suggest one in five multidrug-resistant MDR TB cases globally in 2015 occurred in the European Region. Although the number of MDR TB patients successfully treated increased for the first time in 2015, only half had a positive treatment outcome, which is far below the 75% target.

The rate of notified MDR TB cases in the EU/EEA has remained unchanged over the past five years at 0.3 per 100 000 population. While the MDR TB treatment success rate has continuously improved over the past five years, from 30% in 2009 to above 40%, it remains low overall.

More information: [ecdc.europa.eu/en/healthtopics ... unite-to-end-TB.aspx](https://ecdc.europa.eu/en/healthtopics/unite-to-end-TB.aspx)

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

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