

Tuberculosis in the WHO European Region

COVID-19 pandemic may jeopardize the progress achieved in the fight against Tuberculosis (TB); the impact of the pandemic on TB service delivery and TB notifications has already been documented and reported from high TB burden countries.

TB still poses a public health threat in the WHO European Region. According to the latest estimates, in 2019 about 246 000 people became ill with TB (Fig. 1) and about 20 000 people lost their lives due to TB in the Region, mostly in eastern European and central Asia countries.

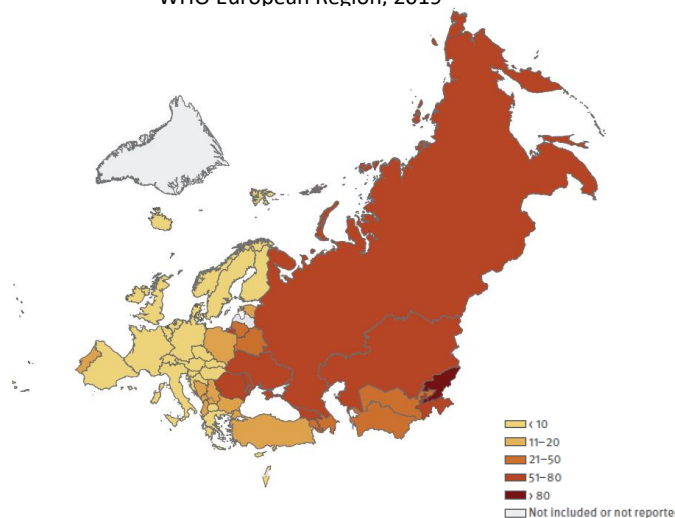
In the past 10 years, the number of new TB patients has been falling at an average rate of 5% per year, which is the fastest decline among all WHO regions. However, the treatment success rate among newly diagnosed and relapsed patients was 77%, which remains one of the lowest among WHO regions (Fig 2).

One in five new TB patients is affected by MDR-TB

Countries in the European Region have the highest rates of multidrug-resistant TB (MDR-TB) globally. Nine European Region countries face a particularly high burden of MDR-TB. In 2019, of estimated 46 000 rifampicin resistant (RR) tuberculosis cases among notified pulmonary tuberculosis patients, 42 299 (92%) were diagnosed. The increase in detection is mainly due to improved access to rapid and quality assured diagnosis. The treatment success rate for TB and MDR-TB in the Region remains below the 85% and 75% regional targets respectively (Fig. 2) although data show a slow improvement.

Around 95% of all reported MDR-TB patients were tested for resistance to second-line TB drugs in 2019, which is comparable to the previous year. The testing led to the detection of about 7 300 patients with extensively drug-resistant TB (XDR-TB), which accounts for about 23% of patients with MDR-TB.

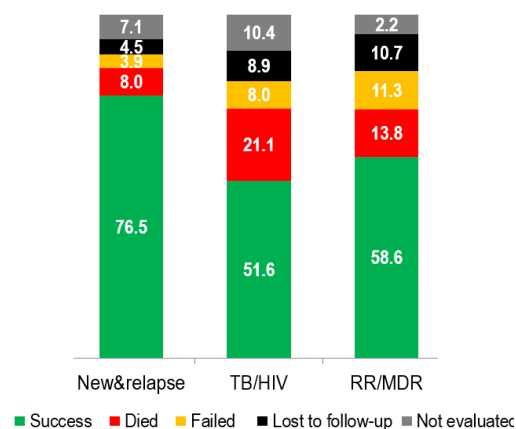
Fig.1 Estimated TB incidence per 100 000 population, WHO European Region, 2019



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Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2020. Stockholm: European Centre for Disease Prevention and Control; 2020.

Fig.2 Treatment outcomes among new cases and relapses, TB/HIV coinfecting and RR/MDR-TB cases, WHO European Region, percentages, 2019 data



Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2020. Stockholm: European Centre for Disease Prevention and Control; 2020.

One in eight new TB patients is HIV positive

People living with HIV are 20 to 40 times more likely to develop active TB disease than people without HIV.¹ HIV and TB form a deadly combination, each speeding up the progress of the other and rendering the probability of favourable treatment outcome less likely. Because of the increasing trend of new HIV infections in the WHO European Region, HIV coinfection rates among TB patients also increased sharply from 7% to 12% between 2010 and 2019.

Rapid detection and appropriate treatment are vital. However, only 82% of the estimated 30 000 TB/HIV coinfecting individuals were detected in 2019, and only 76% of those diagnosed were offered antiretroviral treatment (ART). This creates overall gap of 38% in ART provision.

Strengthening Regional commitments to end TB

The Tuberculosis action plan for the WHO European Region 2016–2020 has been supported by a monitoring and evaluation framework to monitor progress towards defined targets. The framework consists of 26 indicators that enable performance monitoring in the action plan's areas of intervention. Nine are core indicators for monitoring and reporting to the WHO Regional Committee for Europe. In addition, the selection of indicators was harmonized with the End TB Strategy's recommended top-10 global indicators.

The final year covered by the action plan was 2020, so the WHO Regional Office for Europe has developed a final report that provides an overview of implementation. This is based on a summary report that was reviewed and approved by the Standing Committee of the Regional Committee and subsequently submitted to the 70th session of the WHO Regional Committee for Europe in 2020, in line with resolution EUR/RC65/R6. The report summarizes the progress and challenges and the next steps in ending TB and drug-resistant TB in the WHO European Region. The next and the final update with the status of all indicators will be presented in the TB surveillance and monitoring in Europe 2022 report.

WHO European Region comprehensive technical assistance to Member States includes supporting the development and introduction of innovations and tools, such as digital technologies, rapid molecular diagnosis of TB, new drugs and more convenient regimens for DR-TB. The WHO Regional Office for Europe seeks to ensure that all people affected by TB have equal access to the benefits of latest developments, including vulnerable populations, such as prisoners, migrants, socially marginalized, children and people living with HIV. The COVID-19 pandemic suggests that ever more holistic, people-centred treatment and care approaches will be needed, now and in the future, to ultimately eliminate TB.

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*. About one fourth of the world's population is infected with the latent form of the disease, and a tenth of them become ill with active TB during their lifetimes. The symptoms depend on the organ of the body which is infected. Usually, TB affects the lungs. In this case, the major symptoms are cough with productive sputum (sometimes with blood), shortness of breath and chest pain. There are also general symptoms such as fever, night sweats, loss of weight and appetite, fatigue and general weakness. People living with HIV or other conditions that weaken their immune system (such as diabetes), people on immunosuppressant therapy, and people who use tobacco or use alcohol harmfully are at much higher risk of developing the disease. MDR-TB is resistant to two of the most potent anti-TB drugs. This is 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 there are currently very limited chances of people with XDR-TB being cured. TB can affect everyone but is particularly linked to social determinants of health such as migration, imprisonment and social marginalization.