

**ESTONIA**

Total population: 1 312 558

Regionally high TB-priority country

**Epidemiological burden and response monitoring<sup>1</sup>**

Main impact indicators	Number	Rate per 100 000
Incidence (including HIV+TB)	240	18.0
Mortality (including HIV+TB)	28	2.16
Incidence (HIV+TB only)	20	1.8
Mortality (HIV+TB only)	3	0.25
Incidence (RR/MDR-TB <sup>a</sup> only)	71	5.41

TB detection and care	Number	%
Total TB new and relapses detected	206	85.8
Pulmonary TB	187	90.8
Bacteriologically confirmed	173	87.4
TB detected with rapid diagnostics	150	72.8
Successfully treated	162	83.5

MDR-TB detection and care	Number	%
RR/MDR-TB estimates among new TB		16.0
RR/MDR-TB estimates (previously treated TB)		54.0
RR/MDR-TB estimates (notified pulmonary TB)	47	
Tested for RR/MDR-TB	184	84.8
Detected with RR/MDR-TB from estimates	43	91.5
RR/MDR-TB started SLD <sup>b</sup> treatment	34	79.1
Successfully treated (RR/MDR-TB only)	31	62.0

HIV/TB detection and care	Number	%
TB cases tested for HIV status	197	95.6
HIV/TB cases detected from estimates	23	115.0
HIV/TB cases on ARV <sup>c</sup>	21	91.3
Successfully treated (HIV/TB only)	10	71.4
HIV diagnosis and care		
Newly diagnosed HIV cases	–	
HIV cases started IPT <sup>d</sup>	–	–

<sup>a</sup> RR/MDR = rifampicin-resistant multidrug-resistant TB.

<sup>b</sup> SLD = second-line drug.

<sup>c</sup> ARV = antiretroviral treatment.

<sup>d</sup> IPT = isoniazid preventive therapy.

**Major challenges**

Estonia is one of the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region. The country appears to be approaching a low-incidence phase in TB control. TB transmission occurs mainly among certain vulnerable populations, such as people who misuse alcohol and take intravenous drugs, and TB/HIV co-infected patients. The country has one of the highest rates of TB/HIV co-infection prevalence in the European Union (12%). Despite the declining incidence of TB, the epidemiological and other issues pose strategic challenges, most important of which is maintaining political and financial commitment. A shortage of doctors, nurses and laboratory staff is anticipated for the near future as a result of emigration, medical staff choosing alternative careers and current staff retiring. In addition, the country does not yet have a formally recognized national reference laboratory.

**Achievements**

Achievements in collaboration with WHO are as follows.

- Estonia represents a model of epidemiological progress in TB control in the context of high multidrug-resistant TB (MDR-TB) prevalence. The target of an incidence of 20 per 100 000 new cases, as defined in the current national TB plan, potentially is achievable. This would move Estonia towards a low-incidence setting.
- Estonia has achieved favourable conditions for TB control: political commitment for TB control exists; a national TB programme (NTP) with optimal management is in place; TB services are provided by trained staff; outstanding examples of drug procurement and rational use of drugs exist; a well-functioning laboratory network with quality assurance and rapid testing is in place; TB services are integrated with other health services; and the financing system for TB control ensures universal coverage and access for the entire resident population, regardless of legal and insurance status.
- A successful joint TB country visit (programme review) by the European Centre for Disease Control (ECDC) and the WHO Regional Office for Europe was carried out in August 2010.
- A Green Light Committee (GLC) monitoring visit also took place in August 2010.
- The national TB plan reflects and responds to the current epidemiological situation.
- Support is in place for the introduction of a one-stop service for methadone, antiretroviral and TB treatment for TB/HIV co-infected patients.

<sup>1</sup> European TB surveillance and monitoring report in Europe 2017. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/tuberculosis-surveillance-and-monitoring-in-europe-2017>).

- Mid-term evaluations of the national HIV/AIDS strategy 2006–2015 and the national drug prevention strategy have been carried out.
- A project targeting MDR-TB patients with alcohol dependence has been initiated.
- WHO, the Special Programme for Research and Training in Tropical Diseases and partners have jointly organized the first training programme on operational research within the framework of the project Support for Operational Research and Training Initiative (SORT IT) in eastern Europe 2013/2014. Workshops for the first SORT IT course, hosted by the National Institute for Health Development, were held in May 2013 (two workshops) and March–April 2014 in Tallinn.

### **WHO activities**

The following actions are proposed for the coming biennium to make progress towards TB elimination and avoid resurgence of the TB epidemic:

- assistance with implementation and evaluation of a pilot project on TB patients with alcohol dependence and organization of a workshop on MDR-TB and alcohol dependence to present the results;
- support for clear identification of high-risk groups, particularly by optimizing the use of epidemiological and molecular data in identifying risk groups/settings;
- evaluation of preventive treatment of latent TB in risk groups other than those who are HIV positive; and
- expansion of case management and support for vulnerable populations, particularly through extended social support and rehabilitation.

### **Main partners**

WHO's main partners are:

- Ministry of Health
- Ministry of Social Affairs
- Ministry of Justice
- Health Board
- National Institute for Health Development
- Tartu University Hospital
- North Estonia Medical Centre
- West Tallinn Central Hospital
- Centre of Infectious Diseases
- European Centre for Disease Prevention and Control
- Finnish Lung Health Association.