

# Latvia

Total population (millions): 2.1  
High TB priority country  
High MDR-TB burden country

## Epidemiological profile 2010\*\*

Estimates of TB burden	Number	Rate (per 100 000)	MDR-TB burden	Number	%
Mortality	74 (59-89)	3.3 (2.6-4.0)	Estimates among notified TB cases:		
Prevalence	970 (250-1 700)	43 (11-75)	MDR-TB among new cases	76 (59-96)	10 (8-13)
Incidence	890 (780-1 000)	39 (34-45)	MDR-TB among previously treated cases	26 (17-36)	24 (16-33)
Case detection rate	100 (91-120)%		Notified MDR-TB cases on treatment	87	100

Estimated prevalence of HIV among TB (number, percentage); 89 (69-110); 9.5 (7.5-12.0)%.

Treatment outcome 2009	Successfully treated (%)	Died (%)	Failed (%)	Lost to follow up* (%)
New laboratory confirmed cases	74.8	8.6	0.5	16.0
New laboratory unconfirmed/extrapulmonary	83.2	11.8	0.8	4.2
Previously treated cases	44.6	14.2	0.0	41.2
MDR-TB cohort 2008	61.7	18.8	4.7	14.8

\*Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.

\*\*Data provided here are based on the latest WHO global TB database accessed on 9 December 2011. Extended epidemiological profiles can be found at: <http://www.who.int/tb/country/data/profiles/en/index.html>

## Major challenges

Latvia is among the 27 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world. Social and economic changes following the economic crisis have had a negative impact on TB control in recent years. The number of people belonging to social groups at risk of TB is increasing. Moreover, the simultaneous changes in the health system have not contributed to TB control. There has been a reduction in the number of staff, which has limited access to TB care in remote areas, and primary health care (PHC) services are not prepared to take on these responsibilities. The development and implementation of the National TB Programme (NTP) is the biggest challenge, including the quality of DOTS with all its components, management of drug-resistant TB cases, TB/HIV, and strengthening of collaboration with PHC services.

TB/HIV collaborative activities are not sufficiently integrated. There is a need to strengthen MDR-TB/HIV management, with intensified case-finding of patients with TB symptoms, active screening using radiological examinations for people living with HIV (PLHiV), implementation of isoniazid preventive therapy for PLHiV, and the development of home-based care for TB/HIV patients. Active screening of vulnerable populations, for example PLHiV and in congregate settings such as prisons, is not fully developed. Contact tracing and examinations are also suboptimal in these populations.

## Achievements in collaboration with WHO

Latvia has a well-established TB and MDR-TB control programme, which is used as an example for other countries.

- Rolling out the country experience in TB control in other regions.
- The WHO Collaborating Centre of Latvia for Research and Training on MDR-TB Management organizes international training courses on drug-resistant TB.
- The National Reference Laboratory, assigned as the Supranational Reference Laboratory to Ukraine, contributes to international multidrug- and extensively drug-resistant (M/XDR) TB control.
- Experts on MDR-TB management participate in the TB roster and contribute to TB control in the Region.
- National TB/MDR-TB guidelines for TB specialists and PHC doctors, as well as other health care providers, have been developed.
- A working group has been established for the development of the NTP.

**Planned WHO activities**

- Finalization of the National M/XDR-TB Response Plan to align it with the Regional M/XDR-TB Action Plan.
- Development and implementation of the National TB Programme, 2012–2015. To ensure adequate monitoring and evaluation of the progress achieved and gaps in TB and M/XDR control, a monitoring and evaluation unit and plan will be developed.
- Technical assistance through monitoring missions.
- Distribution of the national TB/MDR-TB guidelines for TB specialists and primary health care (PHC) doctors, as well as other health care providers, and provision of relevant training in these guidelines.
- Expansion of the Stop TB Strategy through collaboration with PHC to provide more patients with treatment under direct observation by family doctors close to patients' homes.
- Technical assistance for the country to ensure that TB infection control is included in general infection control and the hygiene programme at country level, and that contact tracing, contact investigations and active screening are expanded, particularly among vulnerable populations.
- Technical assistance to establish an algorithm for the rapid detection of MDR-TB, using Xpert MTB/RIF and enrolment of MDR-TB patients on treatment.
- Support for continuing participation in clinical trials for new anti-TB drugs and new drugs for compassionate use.
- Support for the WHO collaborating centre to share the country experience of MDR-TB management.
- Support for professional experts in Latvia to provide technical assistance in other countries.

**Main partners of WHO**

- Ministry of Health
- European Centre for Disease Prevention and Control (ECDC).