Tuberculosis in the WHO European Region

Tuberculosis (TB) continues to be a major public health issue in the WHO European Region. According to the latest estimates, released in March 2014, there were about 353 000 new TB cases and 35 000 deaths were reported in the Region in 2012, mostly from eastern and central European countries (Fig. 1).

During the last decade, TB incidence has fallen at an average rate of 5% per year. Nevertheless, notification rates in countries where TB is a high priority remained almost eight times those in the rest of the Region.

TB in the Region is becoming more and more difficult to treat. Over the last seven years, the rates of successful treatment for new and previously treated TB cases have continued to fall, from 72% and 50% in 2005 to 66% and 47% in 2011, respectively. The treatment-success rate for people with multidrug-resistant TB (MDR-TB) was 49% in 2010 (Fig. 2).

TB is a leading killer among people living with HIV, and this deadly combination is increasing in the Region. Timely detection and appropriate treatment are therefore extremely important. Almost 13 000 out of an estimated 19 000 HIV patients co-infected with TB were detected in 2012 and only 62.3% of them were offered antiretroviral treatment. The prevalence of HIV among TB cases increased from 3.4% in 2008 to 6.1% in 2012.

Of the 27 countries in the world with a high burden of MDR-TB, 15 are in the WHO European Region: Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, the Russian Federation, Tajikistan,
Ukraine and Uzbekistan. A recent study shows that the Region has the highest rate documented in the world of MDR-TB among new cases (35%) and previously treated cases (69%).\(^1\) Around 76 400 people in the WHO European Region are estimated to fall sick with MDR-TB every year. Owing to limited access to diagnosis, only 33 400 (44%) of them were diagnosed in 2012. While almost all MDR-TB patients now have access to treatment, the rate of successful treatment is below the 75% target.

In 2012, only 339 out of an estimated 7600 cases of extensively drug-resistant TB (XDR-TB) were detected, owing to limited diagnostic capacity.

**WHO Regional Office for Europe’s response**

In response to this alarming public health threat, the WHO Regional Office for Europe established a special project to prevent and combat M/XDR-TB in the European Region. In close consultation with experts, partners and communities, the Regional Office developed the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region 2011–2015, which was endorsed by all the Member States in the Region.\(^2\) The Action Plan aims to contain the spread of drug-resistant TB by achieving universal access to prevention, diagnosis and treatment of M/XDR-TB in all Member States in the Region by 2015.

With its partners, the Regional Office supports Member States in their work to prevent and control TB and M/XDR-TB. This includes setting norms and standards, providing technical assistance, fostering partnerships, building capacity, creating and disseminating evidence, and conducting monitoring and evaluation.

**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*. One third of the world’s population is infected, but a tenth of them become sick with the disease during their lifetimes. The symptoms differ, depending on the area of the body infected. In pulmonary TB, common symptoms are a cough with sputum production (sometimes with blood), shortness of breath and chest pain. There are also general symptoms, such as fever in the evening, night sweats, loss of weight and appetite, fatigue and muscle weakness. People living with HIV or suffering from other conditions that weaken the immune system (such as diabetes and immunosuppressant therapy) are at much higher risk of developing the disease.

MDR-TB is resistant to two of the most potent anti-TB drugs. It is a man-made phenomenon that emerged as 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 has very limited chances for cure.

TB can affect everyone, but is most frequently seen among young adults in the eastern part of the European Region and among migrants and the elderly native population in western European countries. TB is particularly linked to social determinants of health such as migration, imprisonment and social marginalization. Every year, about 11 000 young people (aged under 15 years) the European Region, are reported as having TB.

For further information, visit the WHO Regional Office for Europe’s website (http://www.euro.who.int/tb).

For further information, contact:

Cristiana Salvi  
Communication Officer  
Division of Communicable Diseases, Health Security and Environment  
WHO Regional Office for Europe  
UN City, Marmorvej 51  
DK-2100 Copenhagen Ø  
Denmark  
Tel.: +45 45336837, +45 29634218 (mobile)  
Email: csa@euro.who.int