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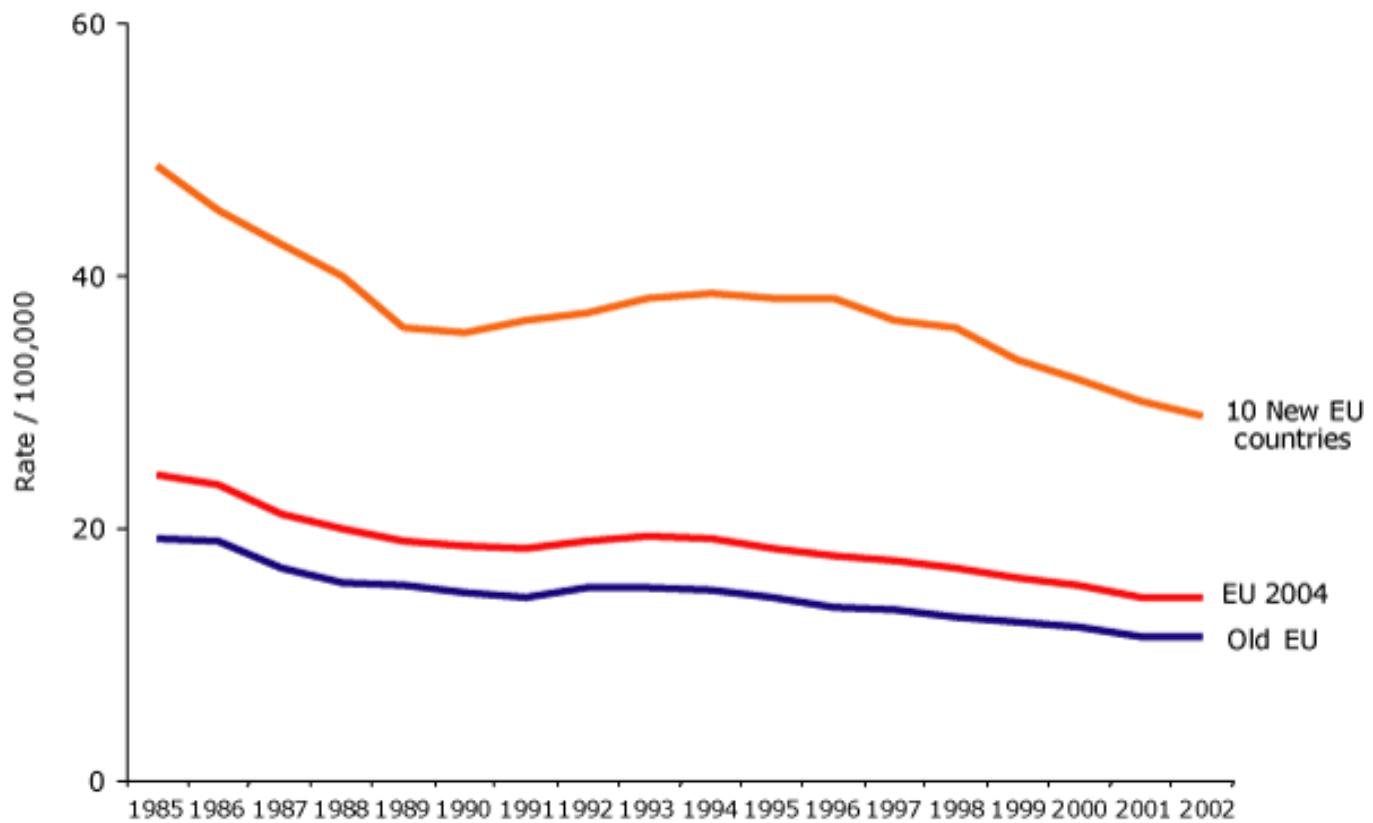
## World TB Day 2004 and current TB perspectives in Europe: an update from EuroTB

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Tuberculosis (TB) remains a leading cause of illness in the world and the second most common cause of death from infectious disease. It is also the most common AIDS defining illness in Europe (1). Increasing public awareness of TB and the need for its control are suggested themes for this year's World TB Day, to be commemorated on Wednesday 24 March ([http://www.stoptb.org/events/world\\_tb\\_day/2004](http://www.stoptb.org/events/world_tb_day/2004)). While infections such as SARS and influenza have dominated the popular media in recent years, owing to their novelty and 'explosive' nature, TB continues to pose a serious threat, and over 65 000 TB cases (of which 76% were new) were notified in 2002, in the 25 countries of the enlarged European Union (EU) (Figure 1).

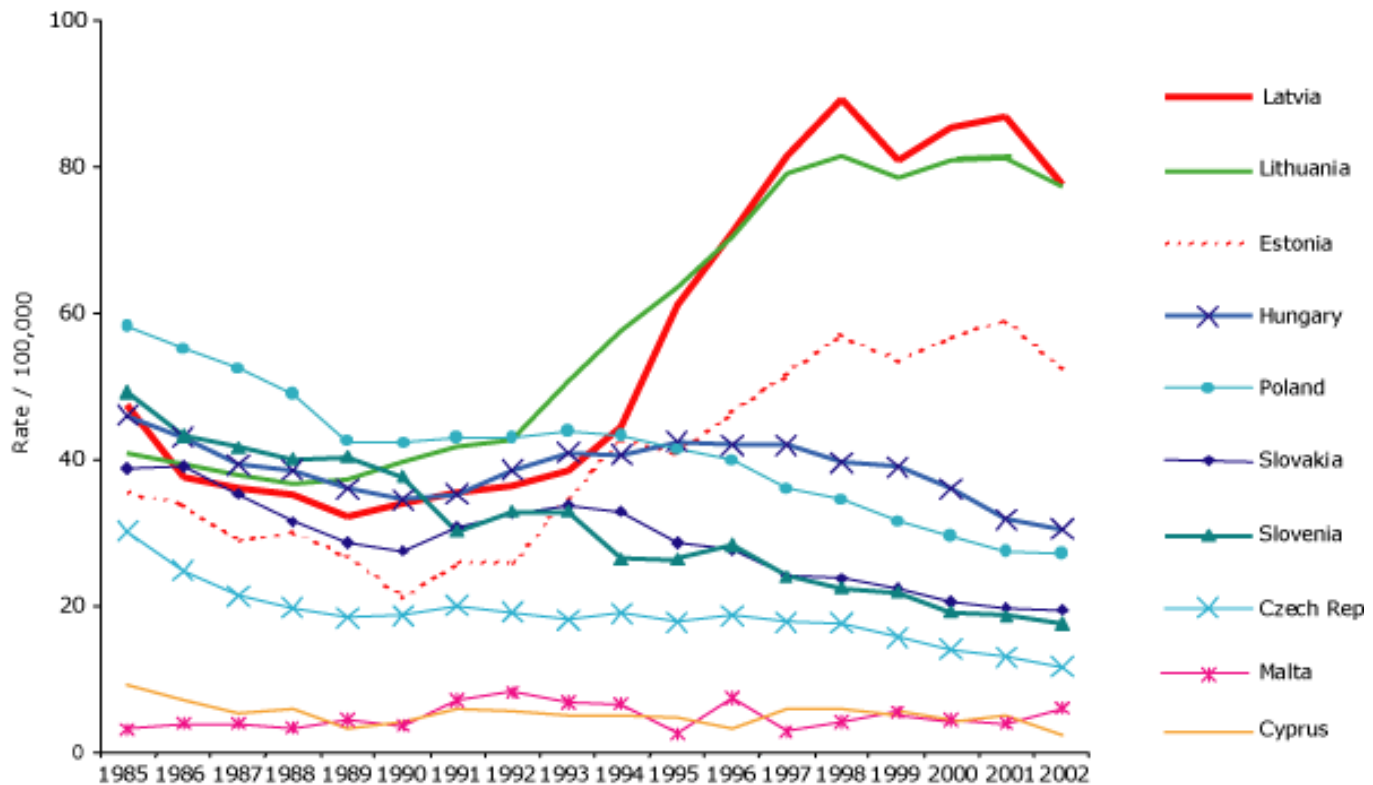
**Figures 1 and 2.** Tuberculosis notification rates, 1985-2002, European Union. Source: EuroTB.

**Figure 1.** European Union mean, before and after 2004 enlargement\*



\*Old EU: Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden and United Kingdom. Greece excluded owing to lack of data for 1993-94. 10 New EU countries: as listed in Figure 2. EU 2004: both groups together. 2002 data provisional.

**Figure 2.** Reported TB incidence in the 10 new EU countries



The decline in TB incidence observed until the early 1990s has stopped or even reversed in a number of countries in the EU (Figure 2), whereas the proportion of TB cases in migrants from high prevalence countries is increasing. In most of the 10 countries joining the EU this year, TB incidence is higher than the mean of the enlarged EU. In the Baltic states, incidence is five times greater, and there is a very high frequency of multidrug resistant TB (2), reflecting a widespread

problem throughout the former Soviet Union (FSU), where TB medication programmes have been inadequate for many years. The borders between the EU and high incidence countries such as Russia (109 notifications per 100 000 in 2002) and Ukraine (83 per 100 000) will now be much longer, and the movement of people across them is expected to increase. In the FSU, the transmission of HIV is expected to fuel future incidence and drug resistance, a major threat for the rest of Europe warranting close monitoring and targeted interventions. Additionally, the target for treatment success is still not met in many European countries (Table), and the World Health Organization estimates that the European region has the lowest case detection rates worldwide (3).

**Table.** Summary tuberculosis surveillance data, Europe. Source: EuroTB.

	<b>EU + West†</b>		<b>Other†</b>		<b>Total</b>	
	Countries		Countries		Countries	
Total population	32	472.3 million	20	404.9	52	877.2 million
<b>TB case notification, 2002*</b>						
Total number of cases	32	66 893	20	359 065	52	425 958
Notification rate per 100 000	32	14.1	19	89.6	52	48.8
Mean annual change in notification rate, 1995-2002	31	-3.5%	18	7.2%	49	3.5%
Foreign origin	31	29.0%	15	0.2%	46	8.7%
<b>Surveillance of drug resistance, 2001<sup>II</sup></b>						
Isoniazid resistance, new cases	22	5.1%	2	-	‡ 24	4.7%
Multidrug resistance, new cases	22	0.9%	2	-	‡ 24	0.8%
<b>Treatment outcome monitoring, 2000 <sup>††</sup></b>						
Treatment success, new pulmonary sputum smear positive cases	18	72%	8	80%	26	75.0%
Treatment success, retreated pulmonary sputum smear positive cases	16	62%	8	67%	24	66.0%

† **EU+West** includes the 25 EU countries (2004) as well as Andorra, Iceland, Israel, Monaco, Norway, San Marino and Switzerland. Other includes the 12 remaining states of the former Soviet Union, as well as Albania, Bosnia & Herzegovina, Bulgaria, Croatia, Macedonia, Romania, Serbia & Montenegro and Turkey

\* Data for 2002 are provisional

<sup>II</sup> Data for countries with representative, nationwide data; percents refer to median of country range

‡ Data only available for Croatia and Bosnia & Herzegovina – not indicative of group of countries

<sup>††</sup>Data for countries with nationwide data, including >85% cases reported.

Surveillance of TB in Europe has been supported by European Commission (EC) through the funding of EuroTB between 1996-2003. EuroTB has been instrumental in increasing the contribution of surveillance to the control of TB in Europe through promoting a standardised approach to collection and analysis of data on incidence, drug resistance and treatment outcome. Its publications (available at <http://www.eurotb.org>) represent an increasingly recognised and authoritative source of information.

From 2005, European monitoring of serious health threats such as TB will become the task of the newly established the European Centre for Disease Prevention and Control (ECDC) (4). EuroTB has received no funding from the EC since the start of 2004, and its work is destined to come to an end before the ECDC comes into being. Should the networking and experience accumulated by EuroTB over the past seven years be lost, it will be a setback that the European public can ill afford while TB remains a serious threat to human health in Europe.

## References:

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