

1.1 SUMMARY

EuroTB is a European network for the surveillance of tuberculosis (TB) created in 1996 with the aim of improving the contribution of surveillance to TB control. Its main activities are the annual collection, validation, analysis and publication of standardised surveillance data provided from national surveillance institutions in the 51 countries of the WHO European Region. In 2000, 385 810 cases of TB were notified in the Region, with large differences in notification rates between three areas:

- 12 cases per 100 000 population in the West (the 15 EU countries, Andorra, Iceland, Israel, Malta, Monaco, Norway, San Marino and Switzerland);
- 90 per 100 000 in the East (the 15 Newly Independent States of the former Soviet Union).
- 41 per 100 000 in the Centre (the 13 remaining countries)

Between 1995 and 2000, in the West, notification rates decreased by 3% yearly overall, but increased in Denmark, Luxembourg, Norway and the United Kingdom, due to an increase in foreign-born cases. In 10 countries with available data, average annual decreases in numbers of cases were more marked among nationals (-7%) than among persons of foreign origin (-1.5%). In the Centre, rates decreased by 3-6% yearly in nine countries, were stable in Albania, and increased by 2-4% annually in Bosnia-Herzegovina, Bulgaria and Romania. In the East, rates in 2000 were 57% higher than in 1995, with mean annual increases of 5-12% in most countries. Over the same period, TB cases diagnosed in specific population groups were increasingly included in TB notifications.

Age specific rates were highest in the age group over 64 years in the West (24% of cases) and in the Centre (26% of cases; Romania excluded), while in the East rates peaked in the age group 25-34 years (22% of cases). Rates were higher in men, with higher sex ratios in countries with higher notification rates. In the West, 30% of the cases were of foreign origin (>40% in nine countries). Overall, 10% of cases had already had a treated or untreated TB episode in the past. In countries using the pulmonary classification (n=34), pulmonary cases represented 70% of TB cases in the West, 82% in the East and 86% in the Centre. Nearly half of the pulmonary cases in the West and Centre, and one third in the East were sputum smear positive. Overall, 50% of all cases notified in the West, the Centre and the Baltic states were confirmed by culture (range: 19-100%). In the other countries in the East information on culture remained incomplete.

Nationwide, representative data on drug susceptibility testing at the start of treatment for TB cases notified in 2000 were provided from 24 countries. Among cases never treated, the proportions of primary multi-drug resistant (MDR) cases were very high in the Baltic states (9-12%), and Israel (14%), and averaged 0.7% in 20 countries in the West and Centre (range 0-1.9%). Among cases previously treated, 4.7% were MDR in the West and Centre, and 37% in the Baltic states. In the West, the global proportion of MDR cases was higher in persons of foreign origin (2.7%) than in nationals (0.5%).

Nationwide treatment outcome data for new smear positive TB cases notified in 1999 were available for 22 countries. The proportion of cases with no information on outcome was lower than 10% in the majority of the countries. Death was reported in 7-8% of cases in each geographic area. The median success rate (cure or treatment completion) was 84% in the Centre, 77% in the West, and 72% in the East. In the East, median proportions of failure (5%), default (5%) and transfer (2%) were higher than in the Centre and in the West.

Surveillance data indicate that in most countries in Western and Central Europe, TB control remains effective overall. In the West, the population of foreign origin is a risk group for both TB and drug resistance, deserving targeted control approaches. In the East, the huge increase in TB notification rates indicates increasing TB incidence and, in some countries, also improved completeness of notification and case detection, due to expanding implementation of the WHO recommended DOTS strategy for TB control. High levels of drug resistance, and in some countries, poor treatment outcomes indicate a sub-optimal past or present performance of TB control programmes, in a time of socio-economic hardship. These trends and the possible impact of the spreading HIV epidemic, call for urgent action to readapt and strengthen TB control programmes in the East.