

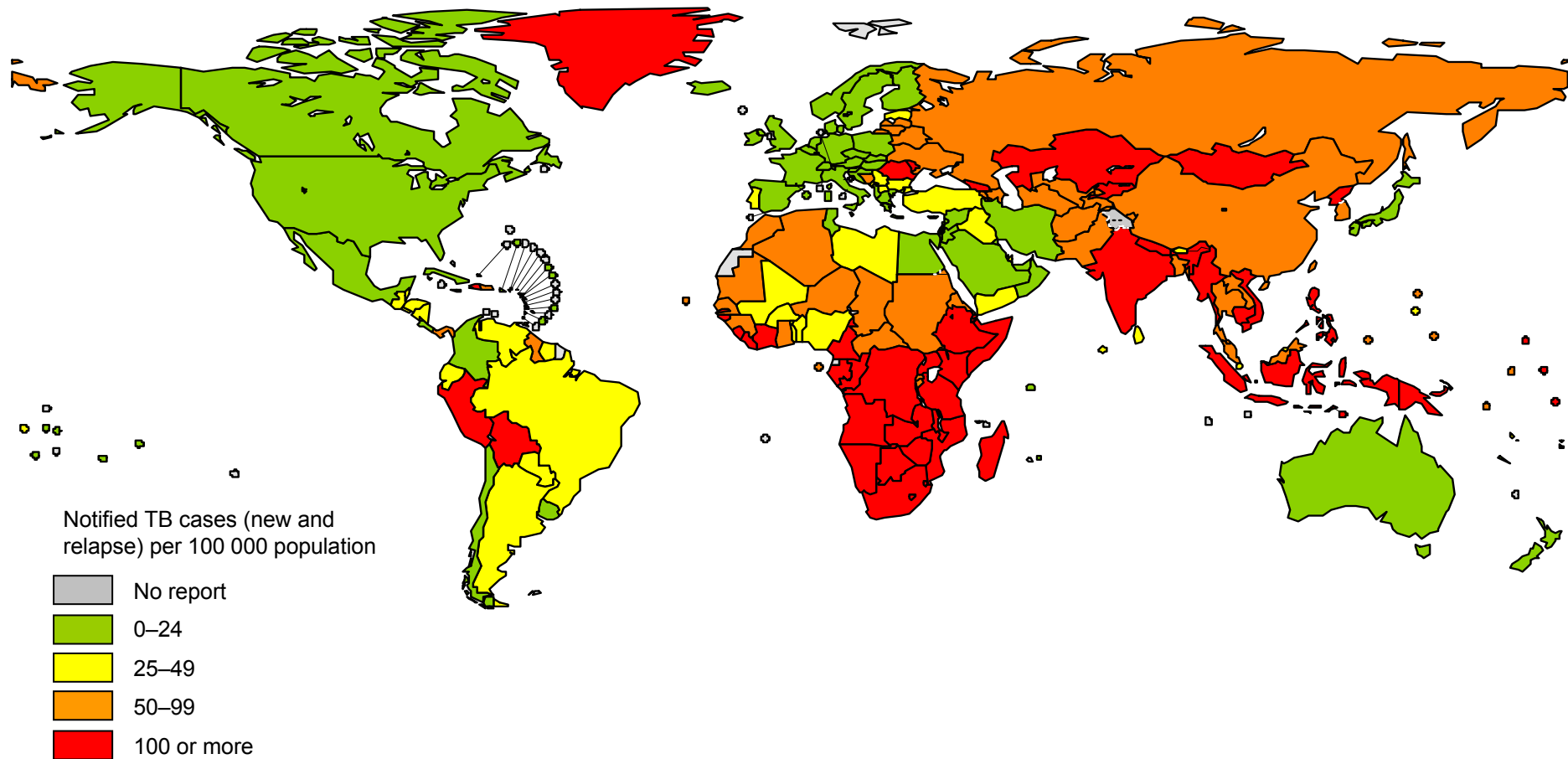
Epidemiology of TB in the Western Pacific Region



First Asia-Pacific Region Conference
IUATLD

Kuala Lumpur
August 3, 2007

Tuberculosis notification rates, 2005

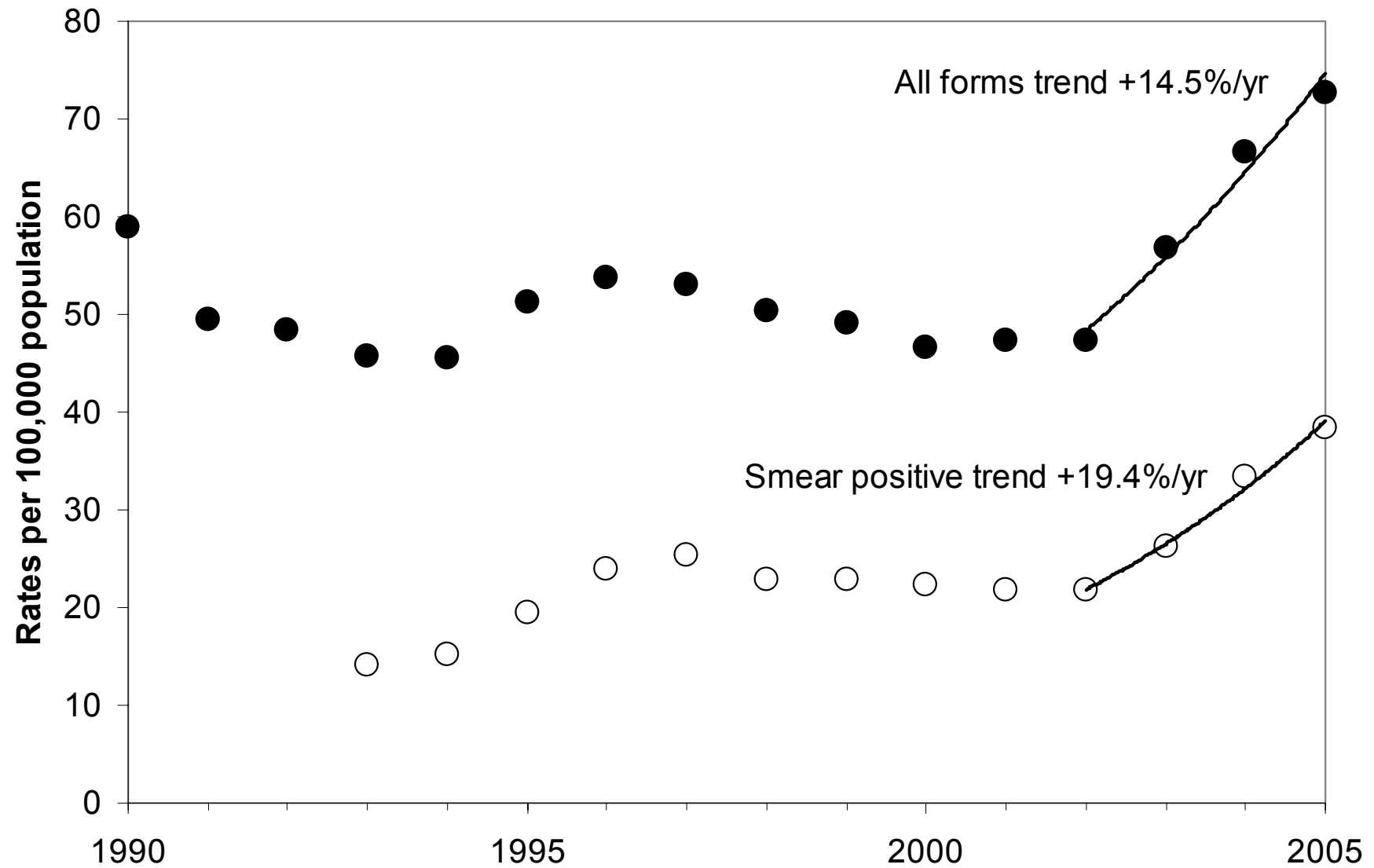


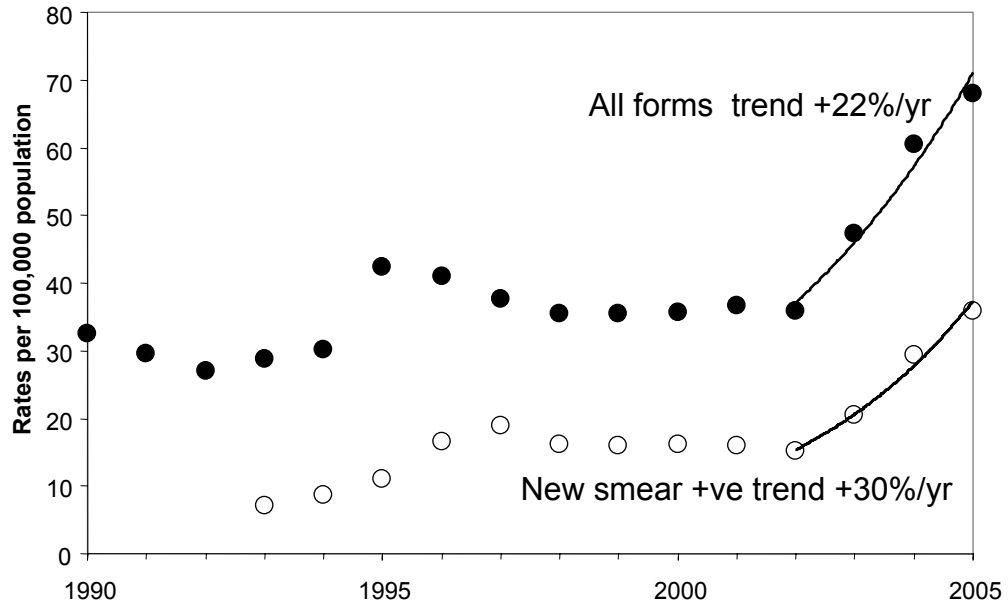
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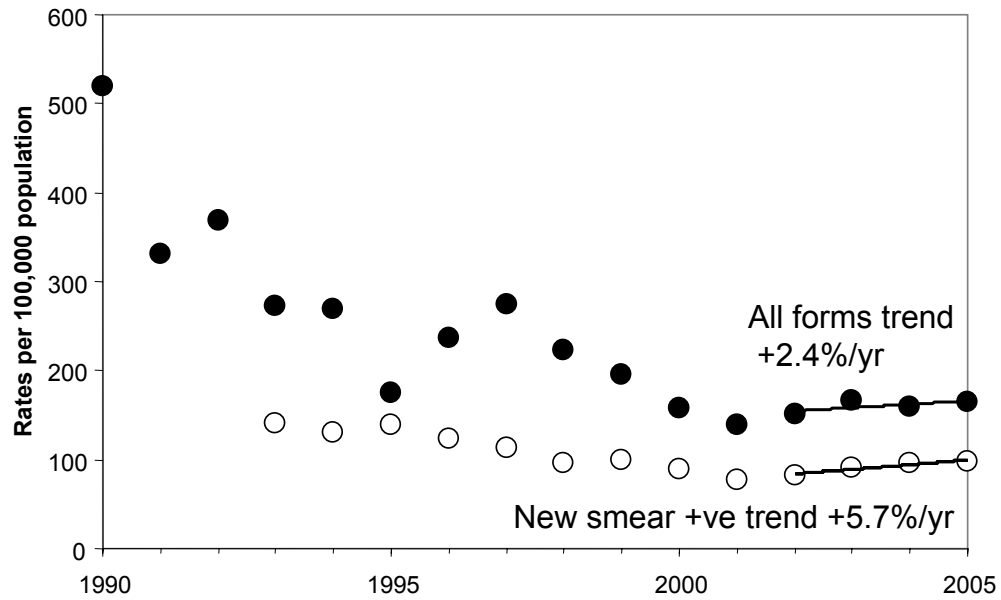


Notification rates in WPR

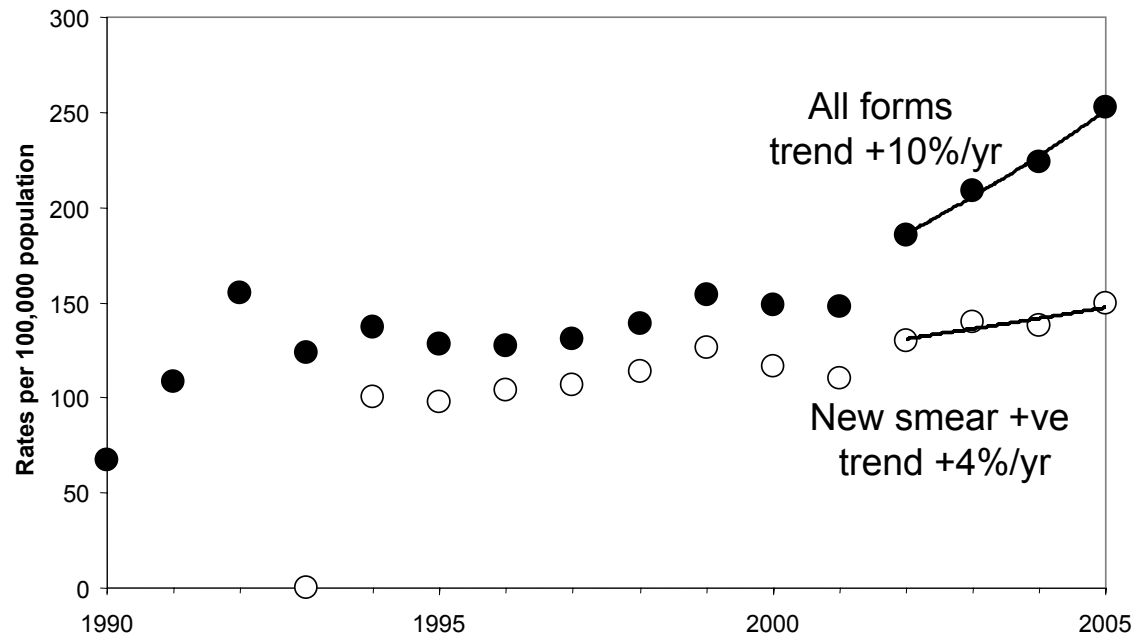




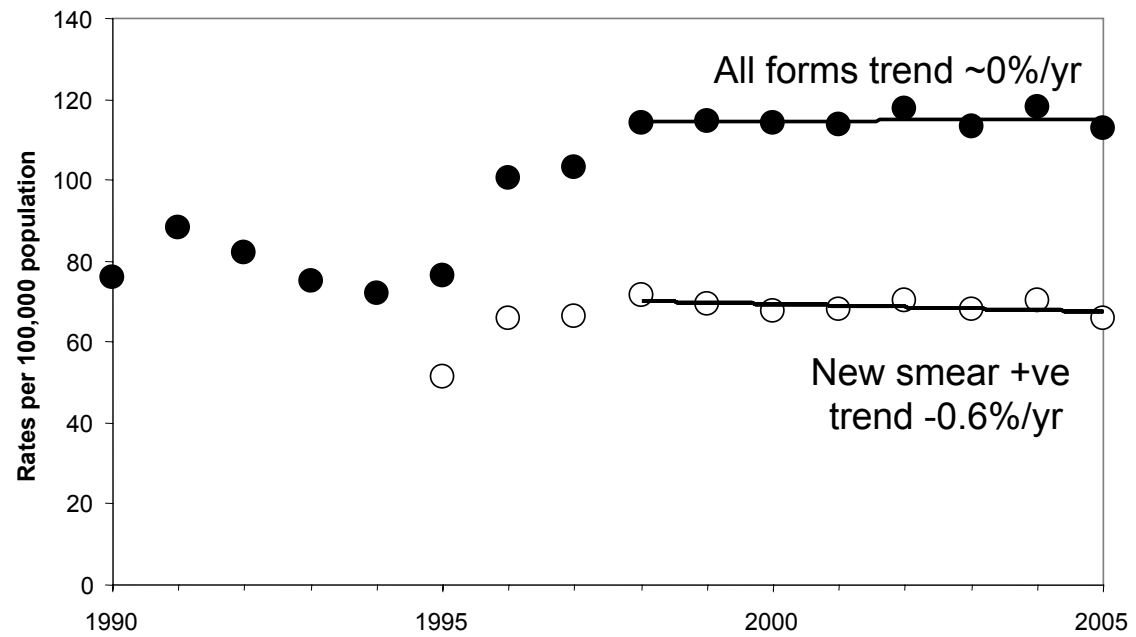
China



Philippines

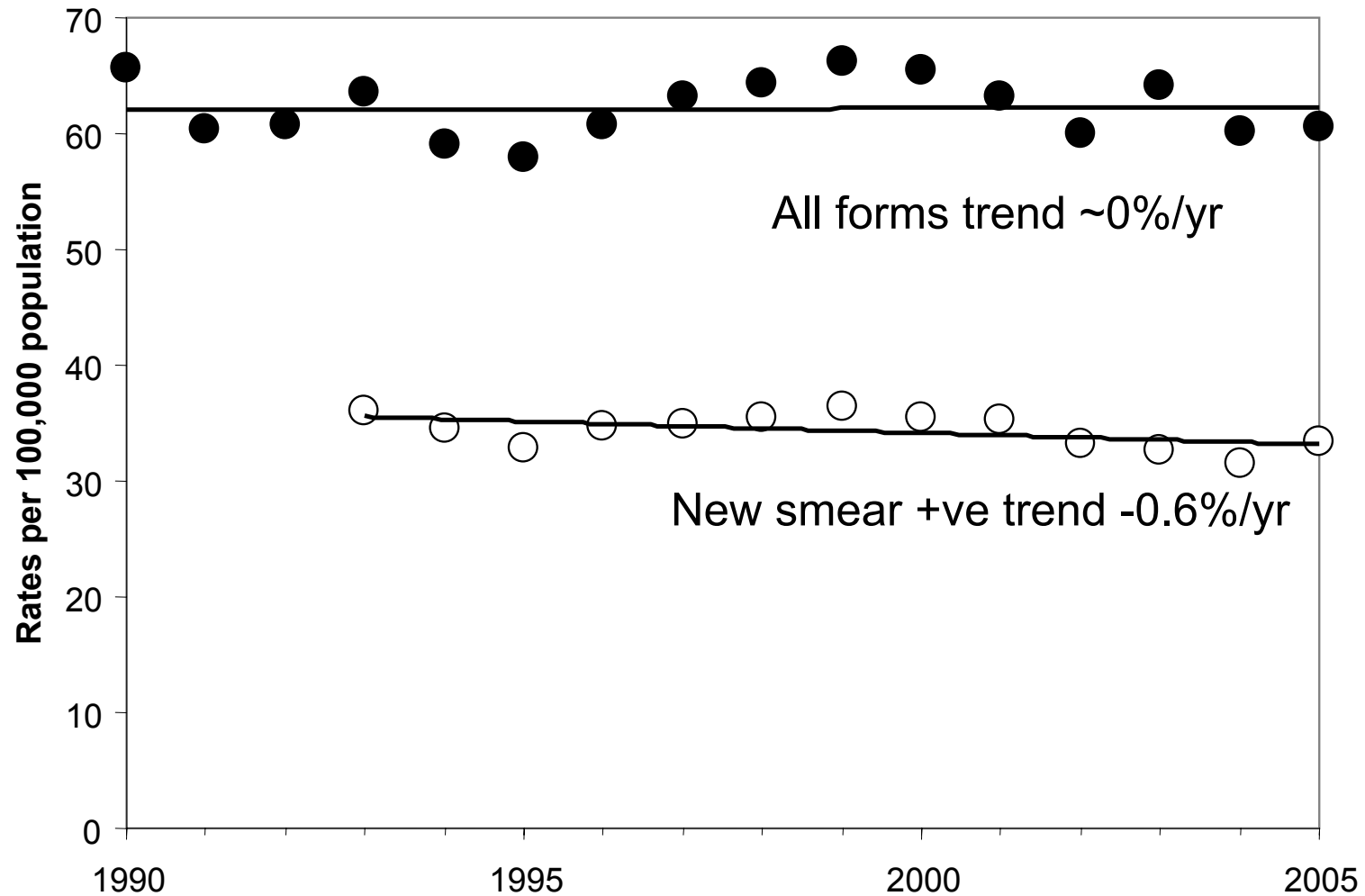


Cambodia

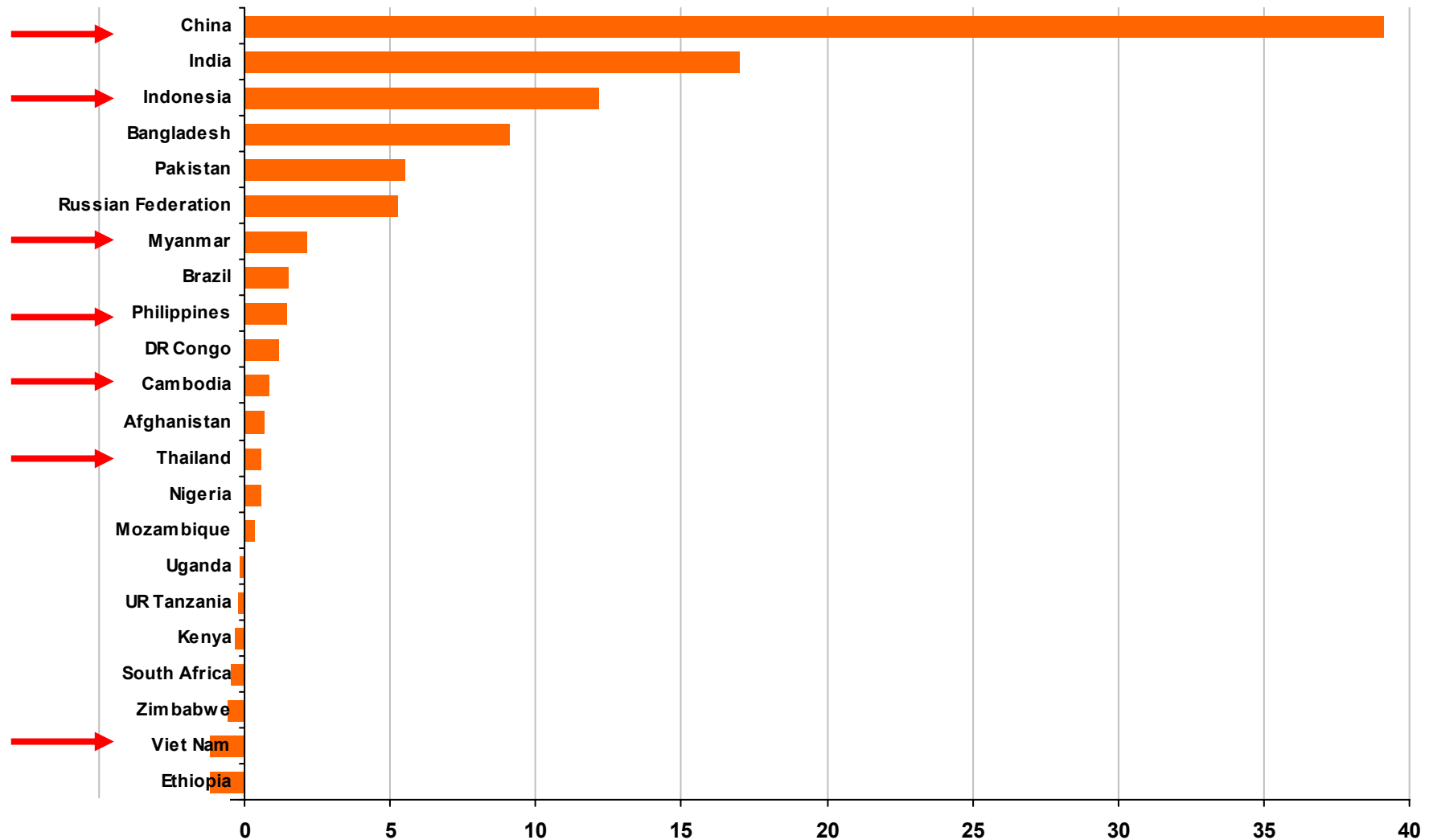


Việt Nam

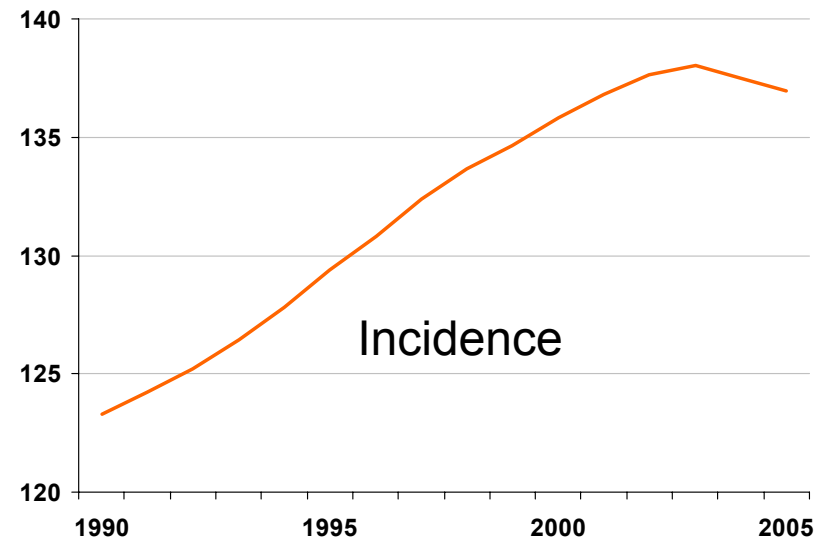
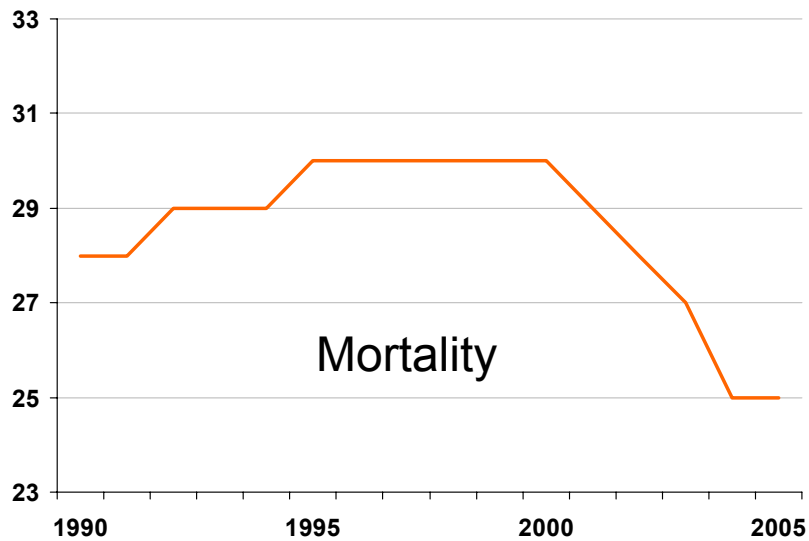
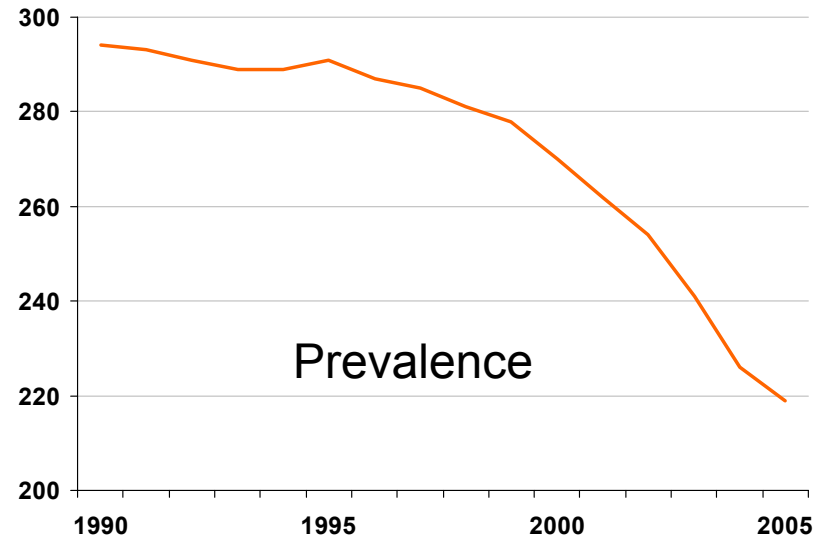
Trends in notifications in Malaysia



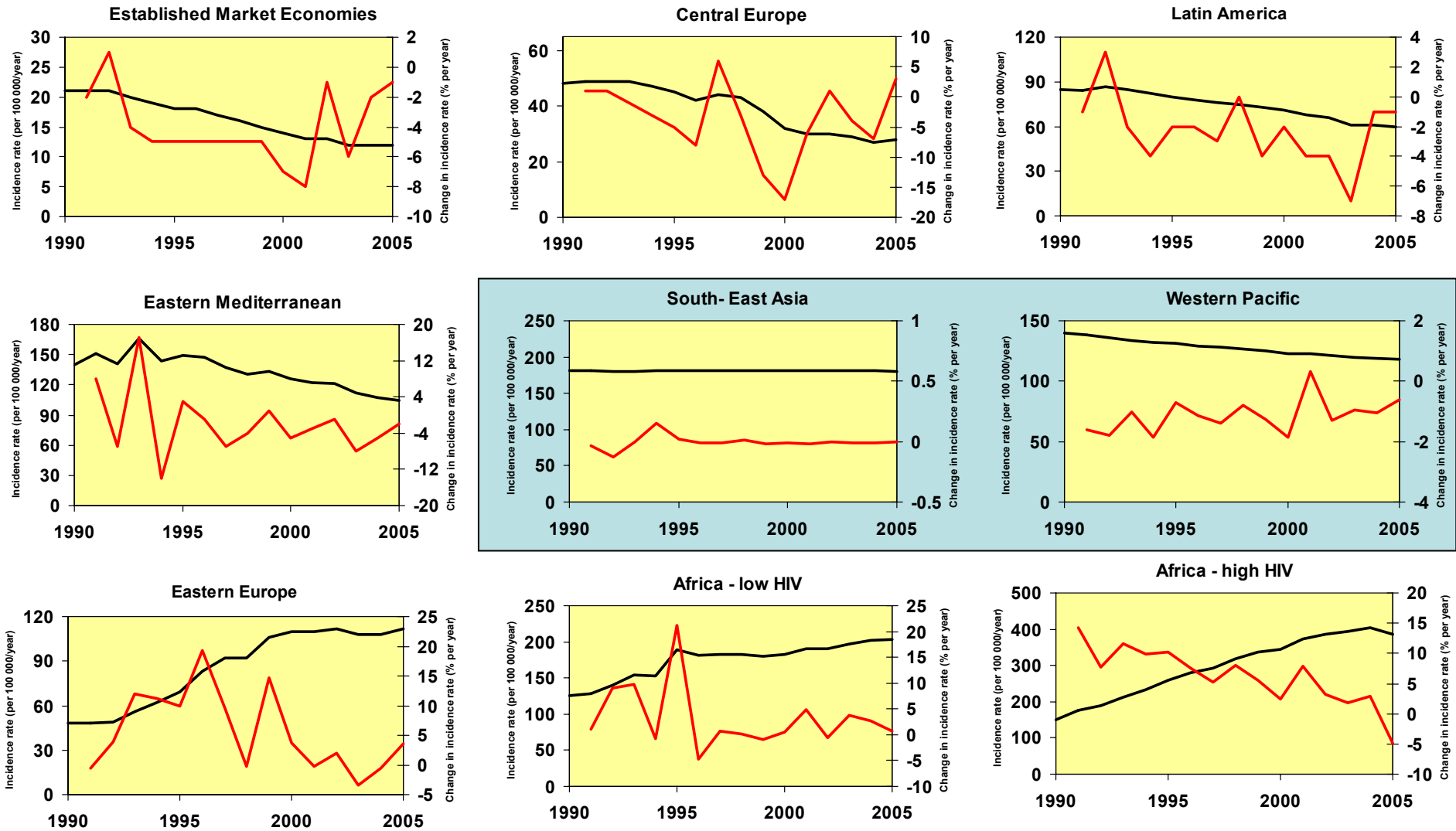
Contributions to the global increase in the number of new smear-positive cases notified under DOTS made by high-burden countries, 2004–2005



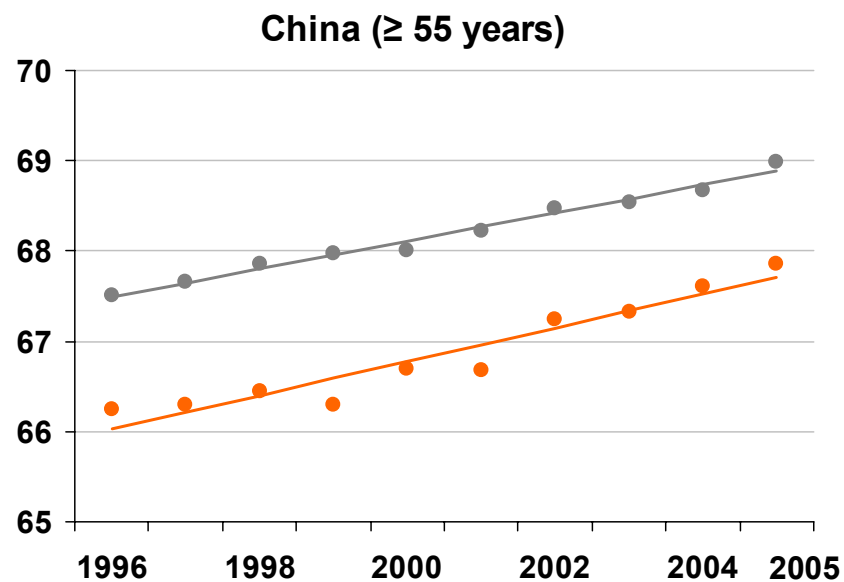
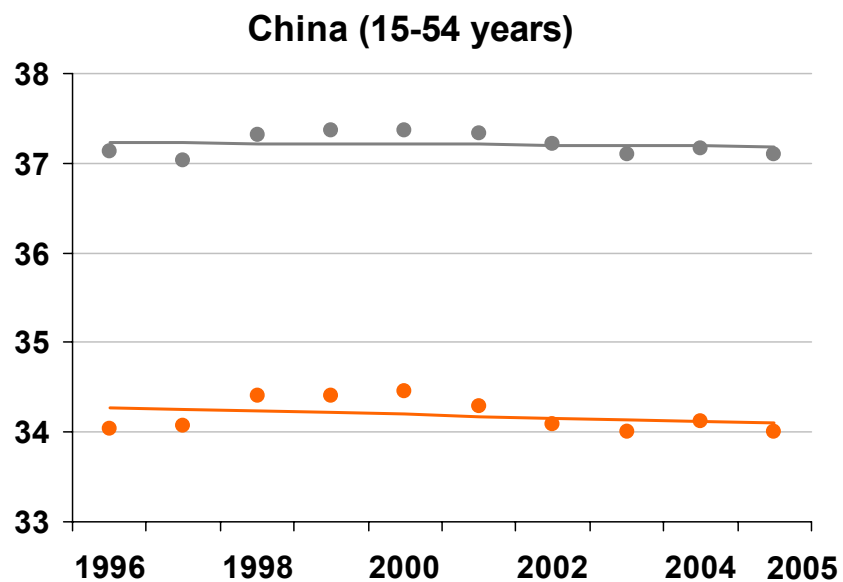
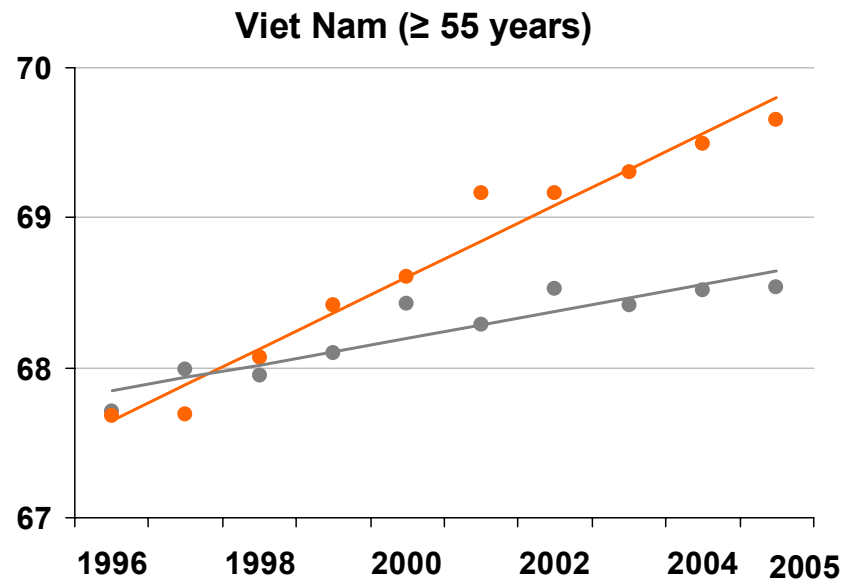
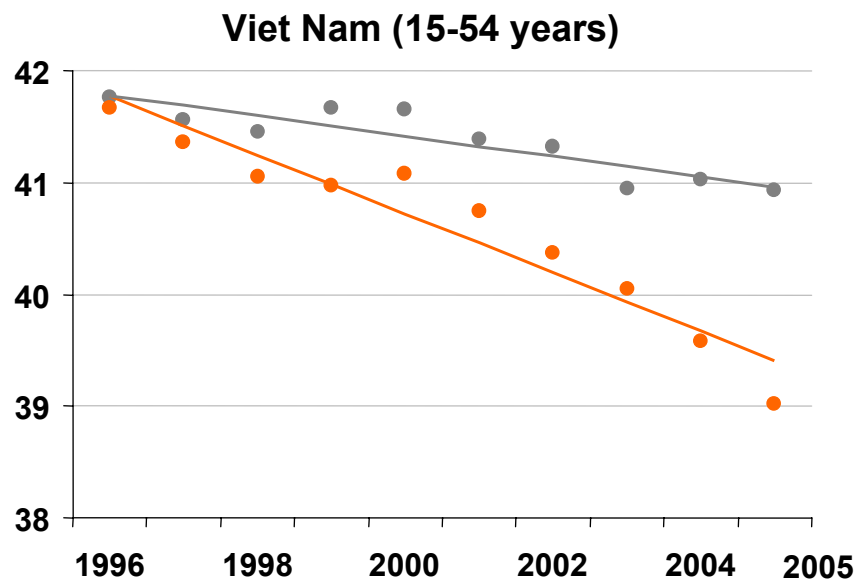
Estimated global prevalence, mortality and incidence rates, 1990–2005



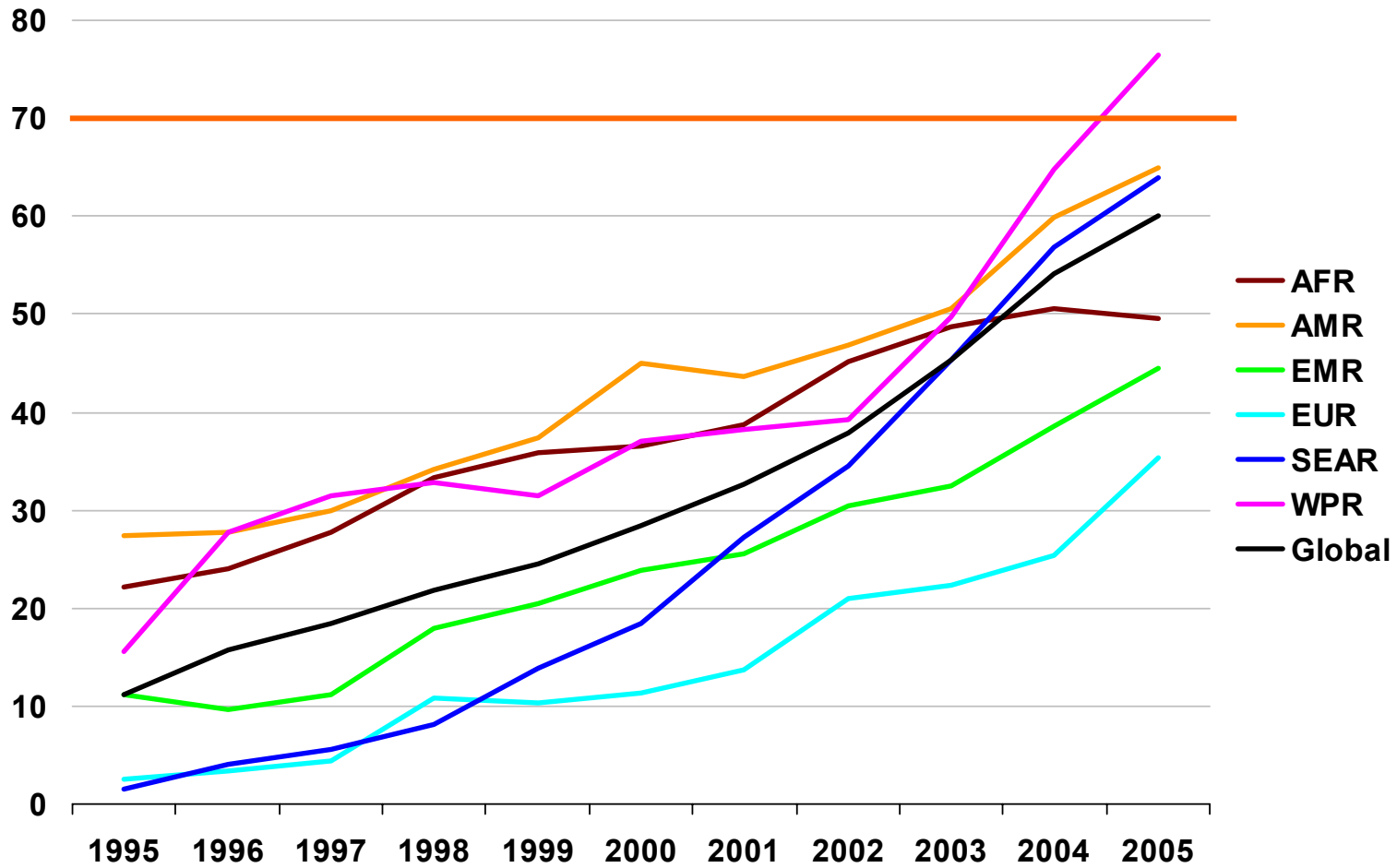
Trends in estimated TB incidence rates (all forms, black lines), and the annual change in incidence rates (red lines), for nine subregions and the world, 1990–2005



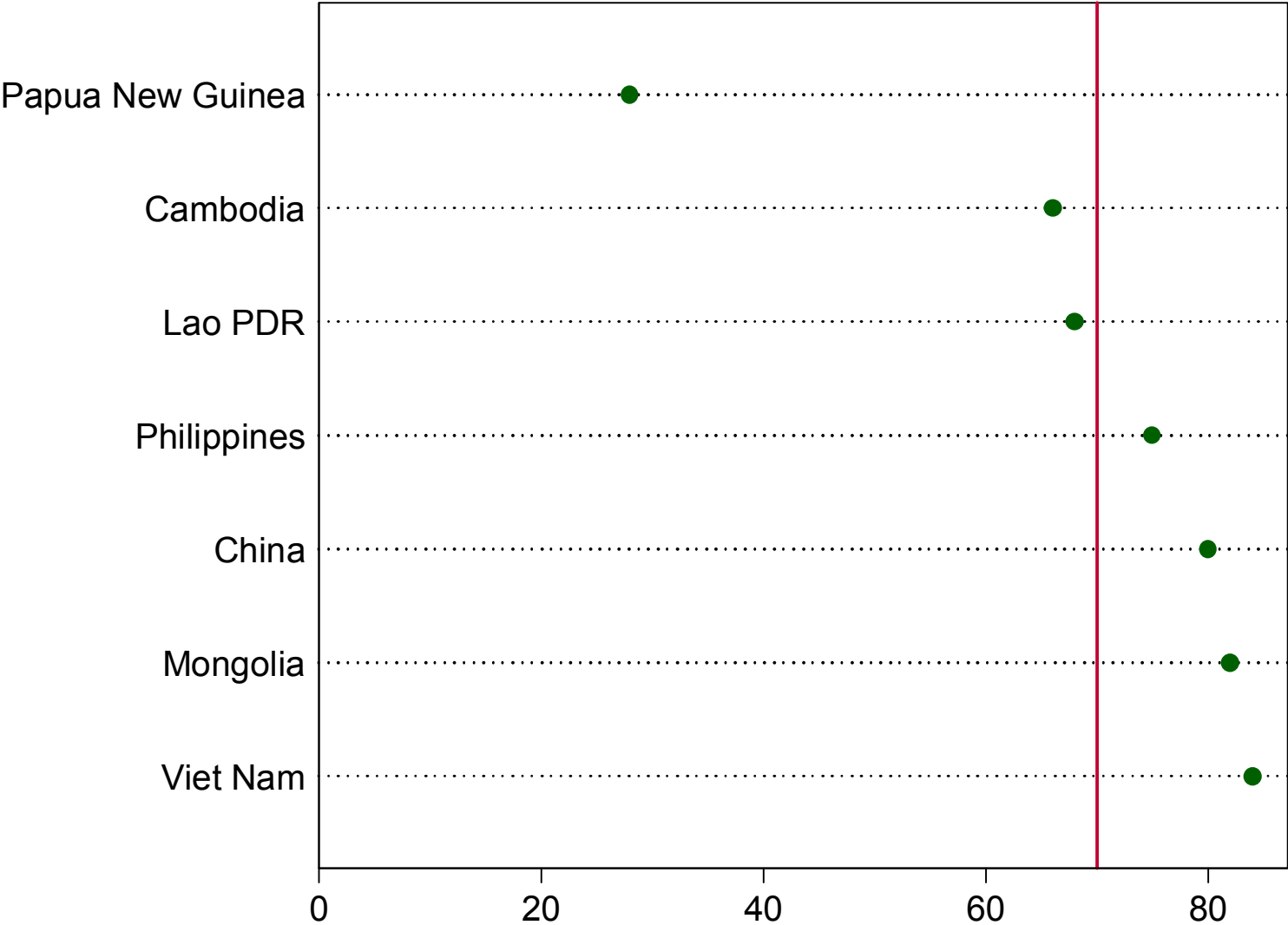
Average age of men (gray circles) and women (orange circles) aged 15–54 years (left) and ≥ 55 years (right) with sputum smear-positive TB, notified under DOTS, 1996–2005



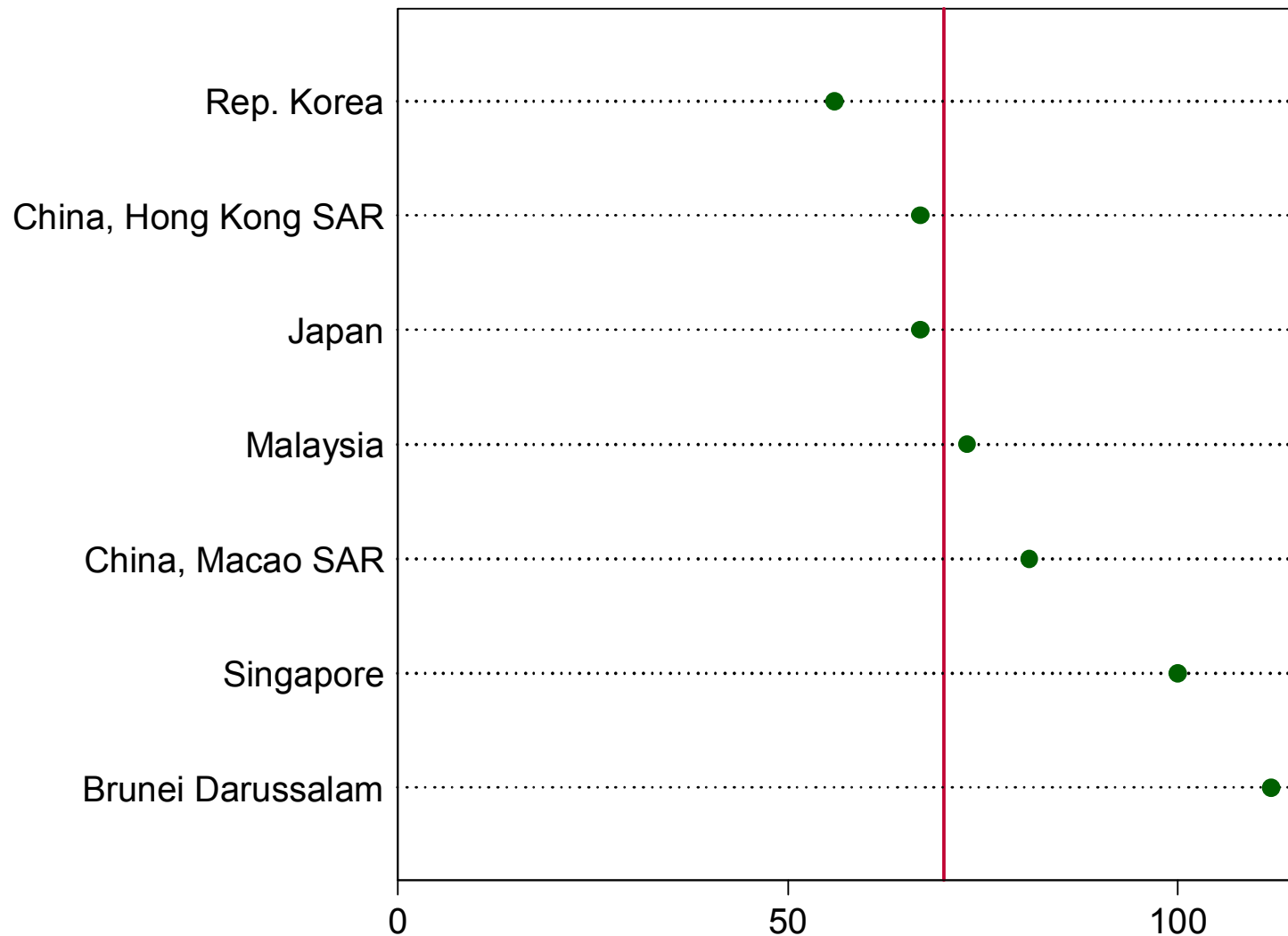
Smear-positive case detection rate by DOTS programmes, by WHO region, 1995–2005



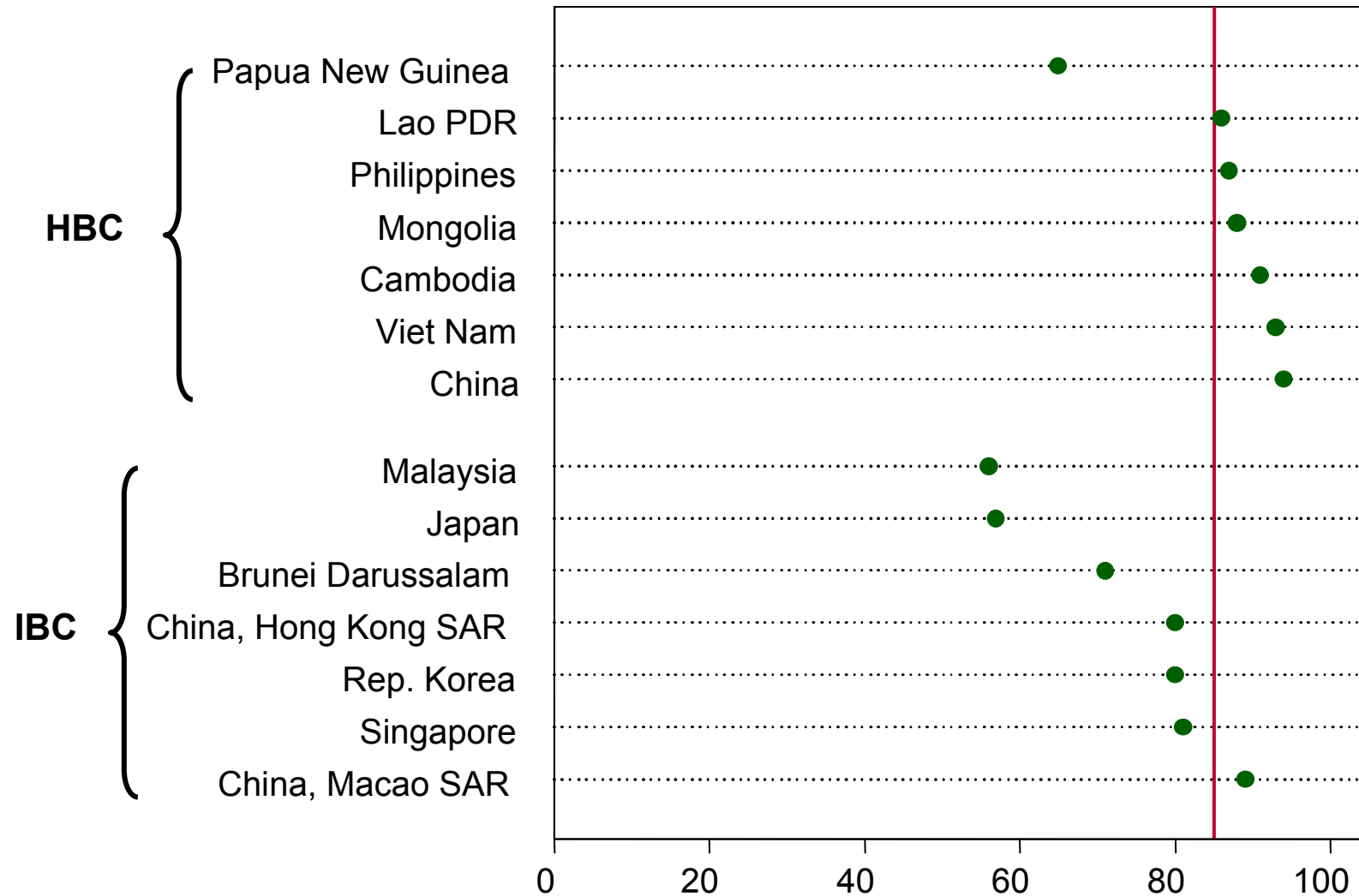
Case Detection Rates in WPR countries with a high burden of TB



CDR in WPR countries with an intermediate burden of TB



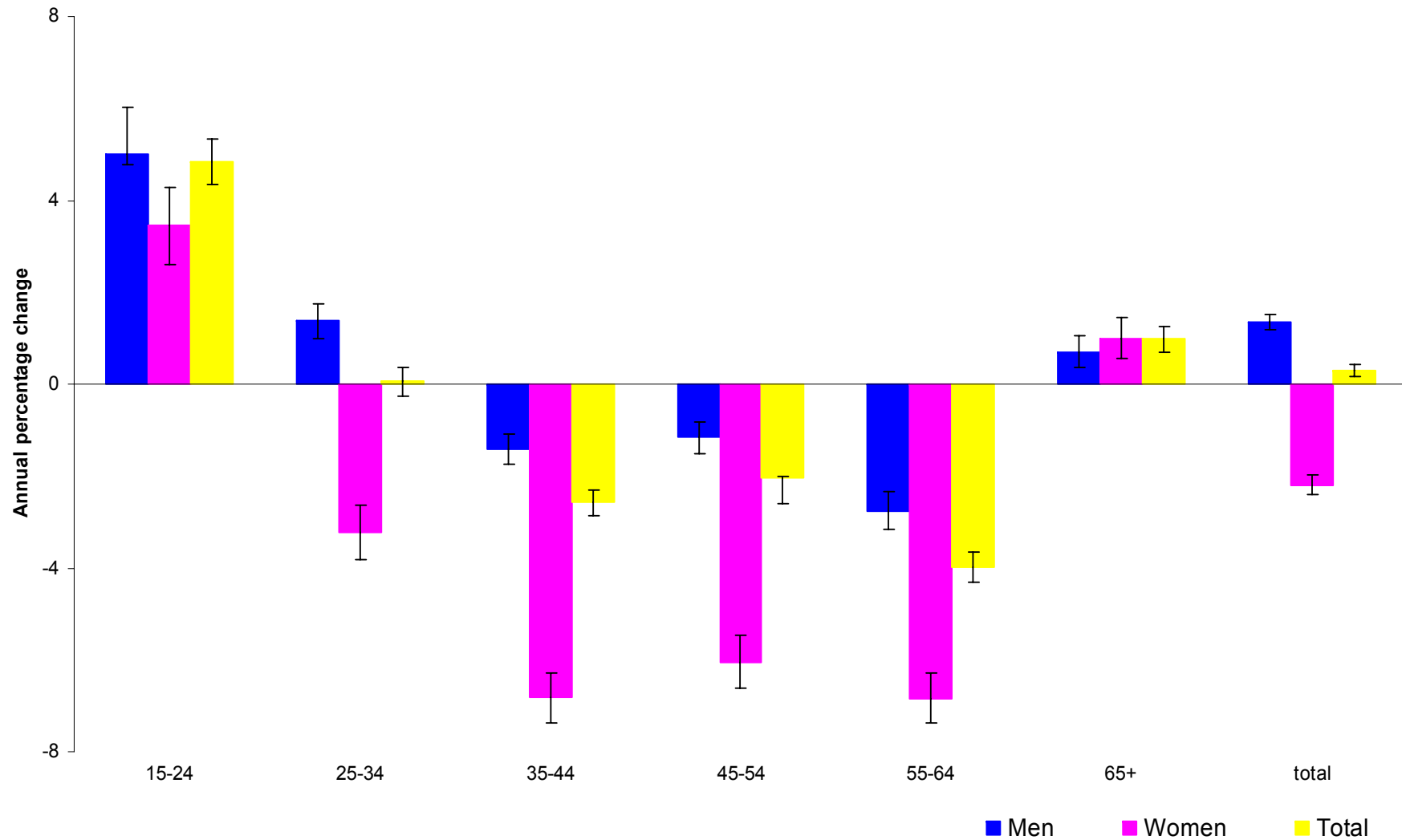
Treatment success rates in high (HBC) and intermediate (IBC) TB burden countries



Regional progress towards 2010 targets

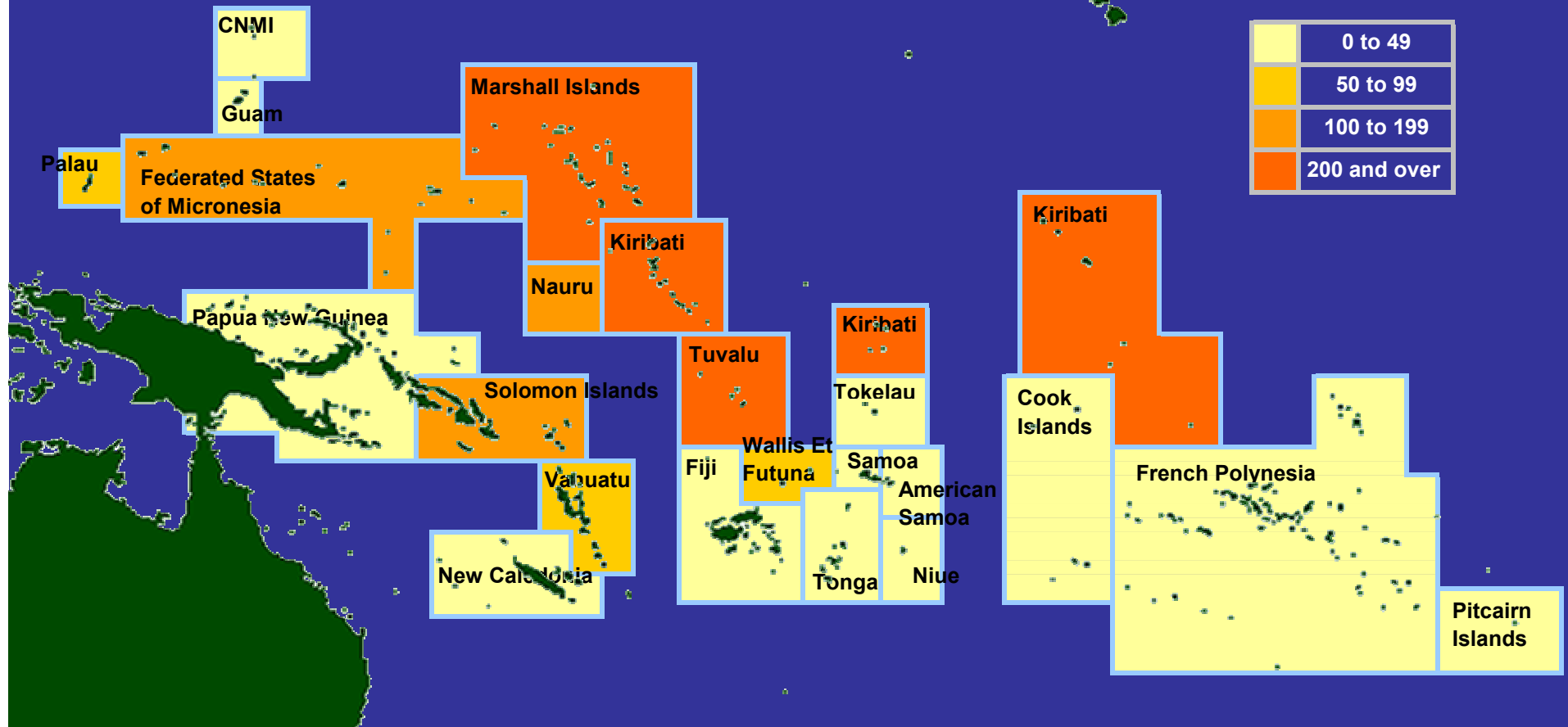
	2000	2005	Target 2010	Change (%)	Rate of change / yr (%)
Prevalence	261	206	130	-21	-4.6
Deaths	21	17	10	-19	-4.1

Annual % change notification rates 1997-2004 by age and gender in Viet Nam

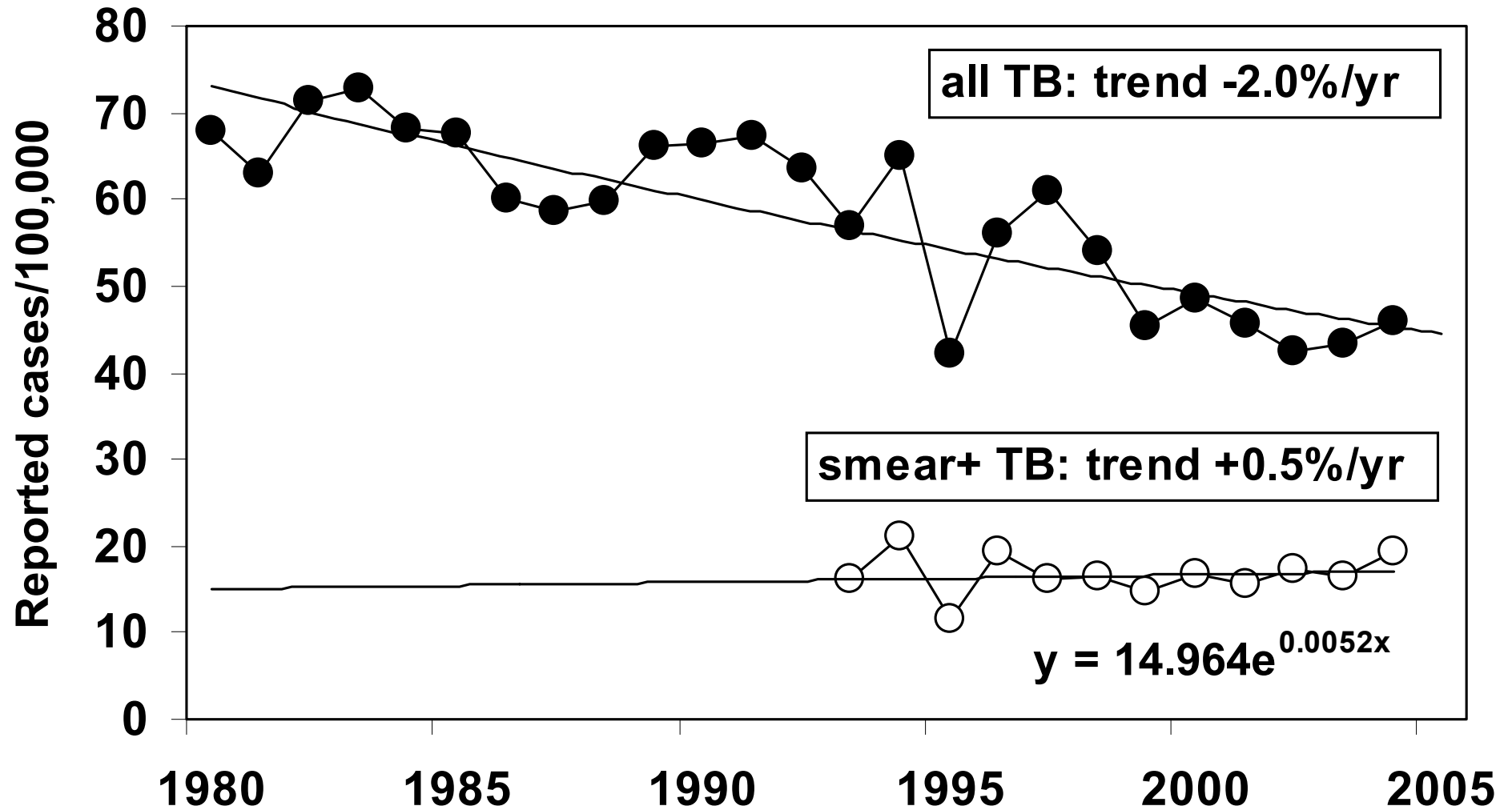


Situation in the Pacific

Estimated TB Incidence Rate per 100,000 pop (all forms)



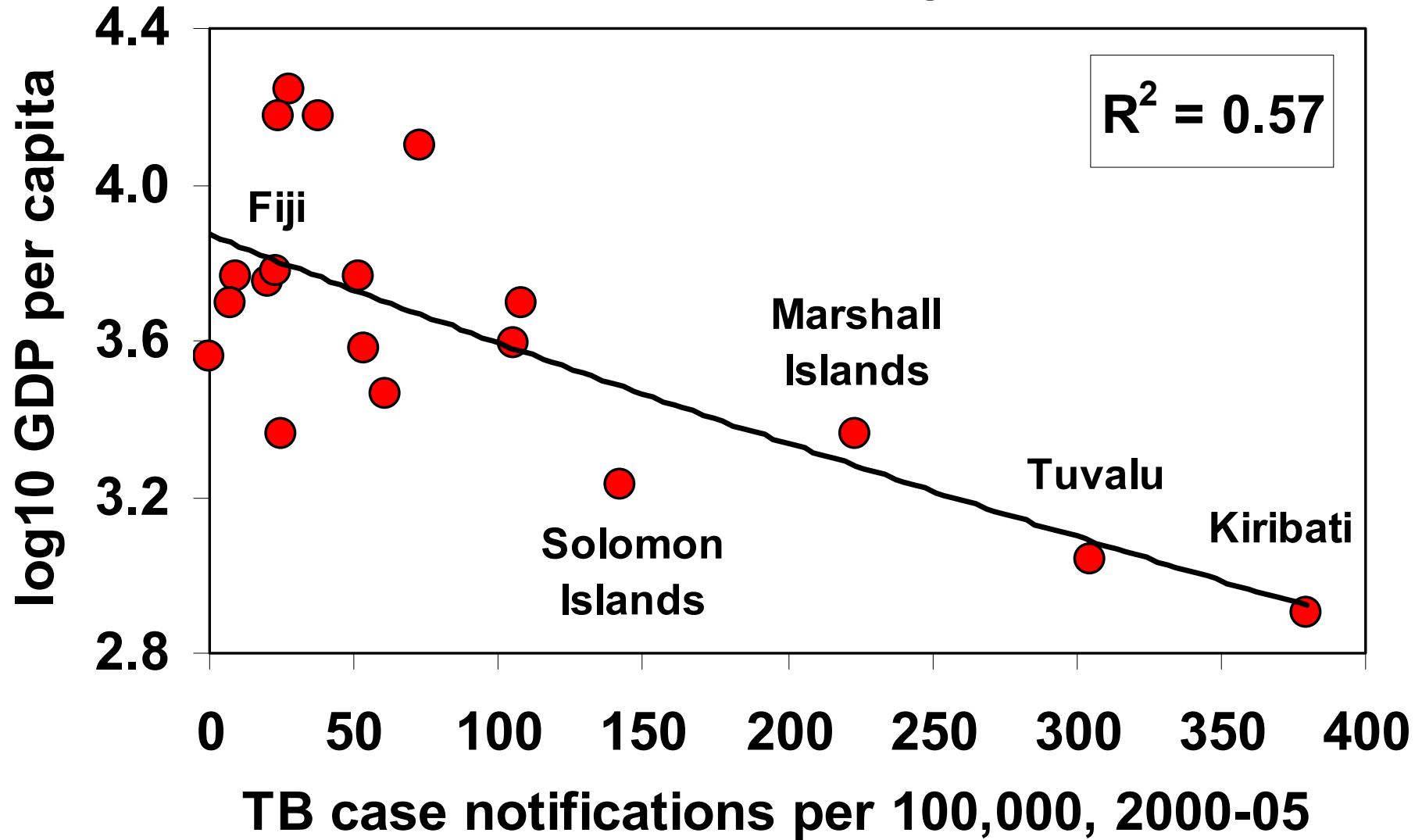
Slow fall in incidence but improved smear+ diagnosis



Disease burden in 20 Pacific Island Countries and Territories

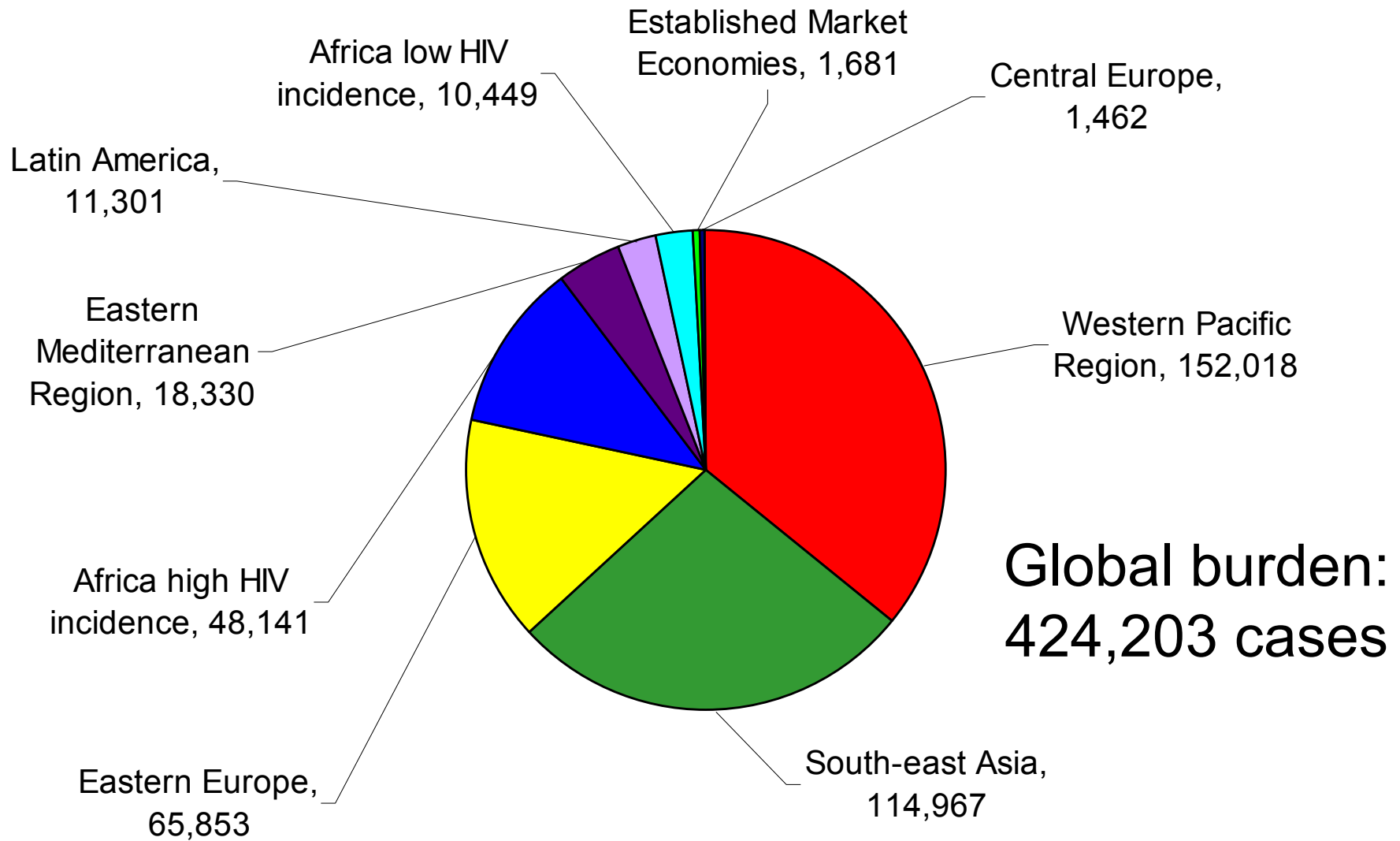
Number of incident cases (rate)	1975 (67)
Case detection rate (all)	71%
Case detection rate s(+)	68%
Prevalence rate (s(+))	87 (37)
Number of deaths (rate)	323 (11)

High TB case rates are associated with poverty



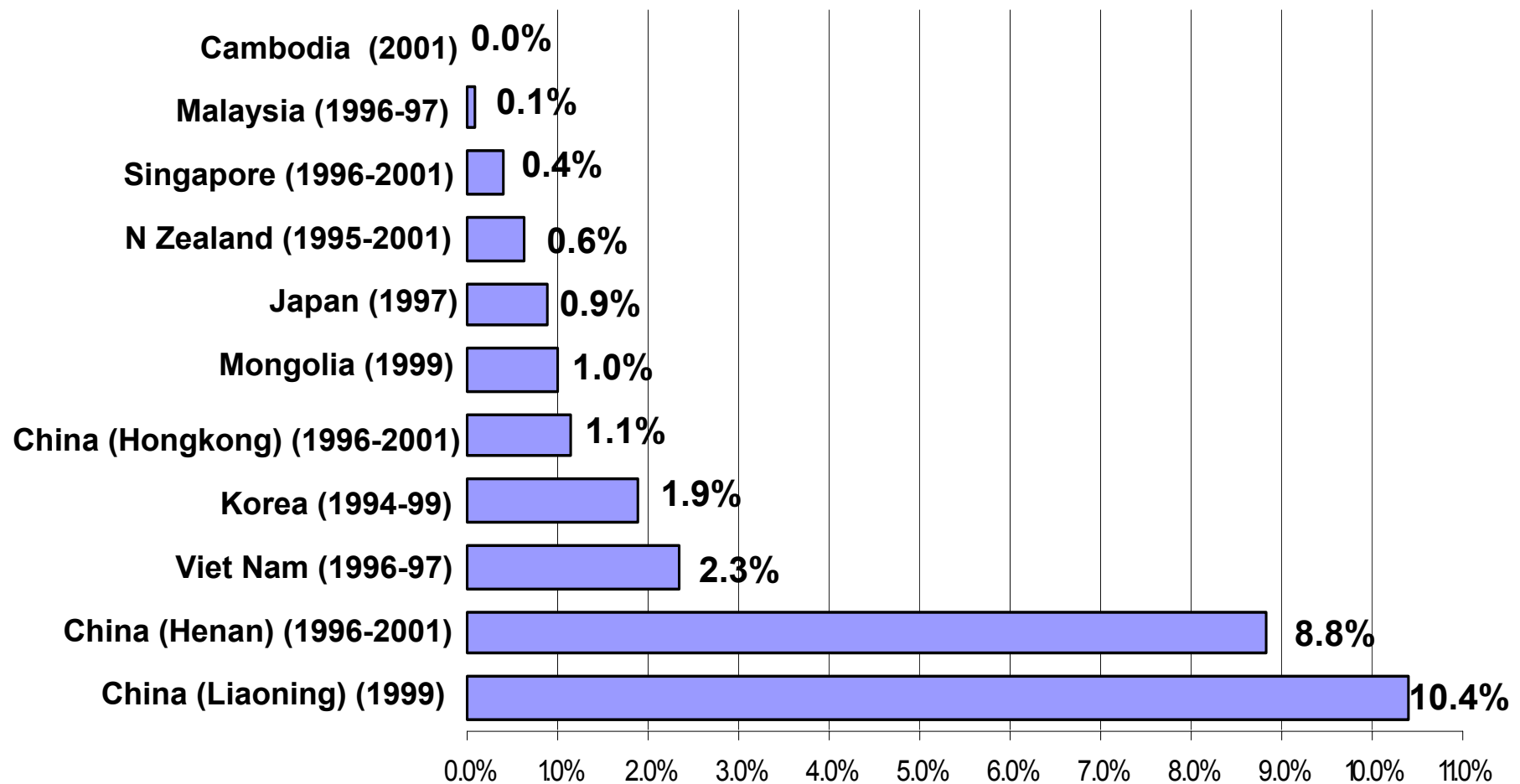
MDR-TB

All MDR-TB Cases by Regions



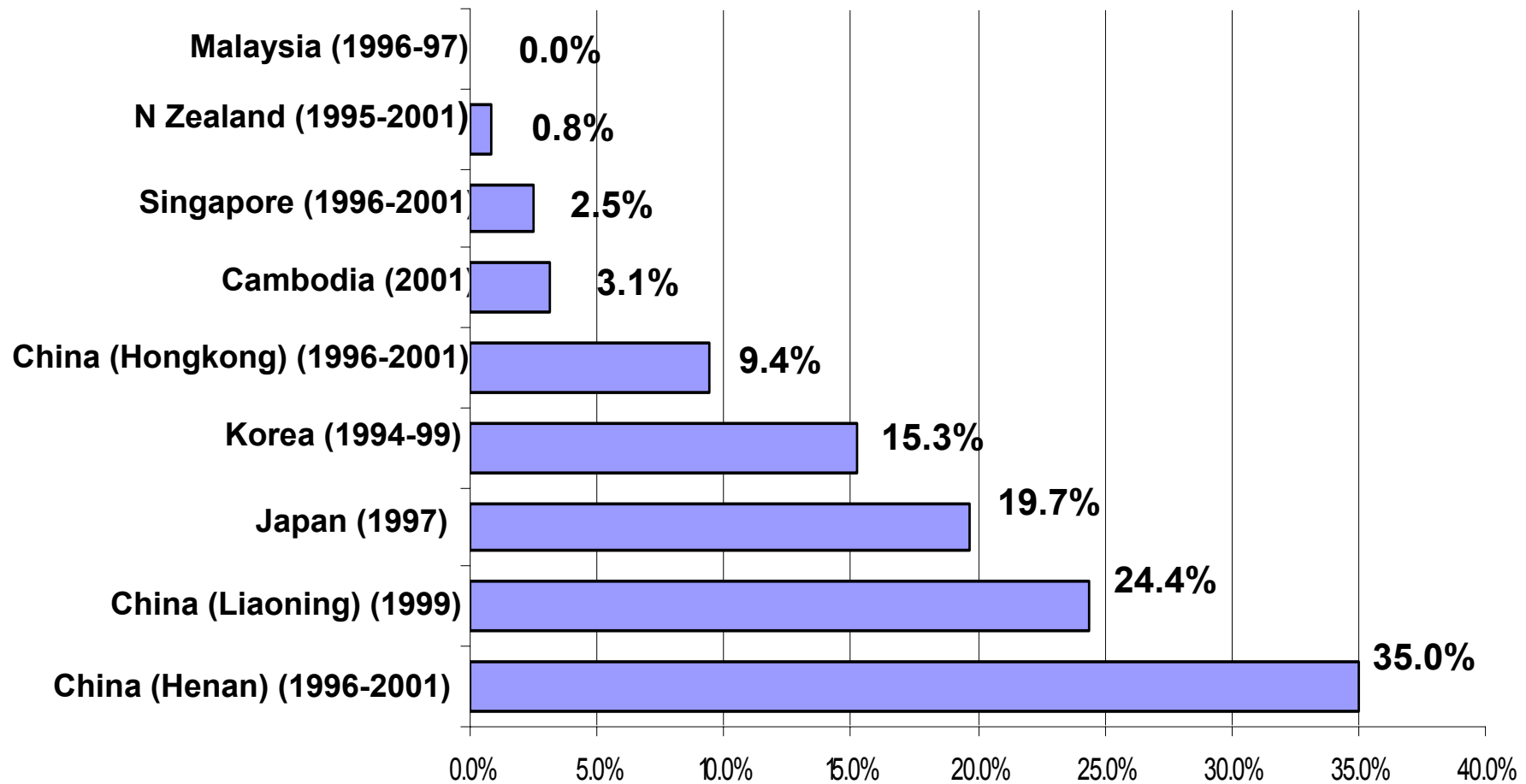
Situation in Western Pacific Region

MDR-TB among new TB cases



Situation in Western Pacific Region

MDR-TB among previous treated TB cases



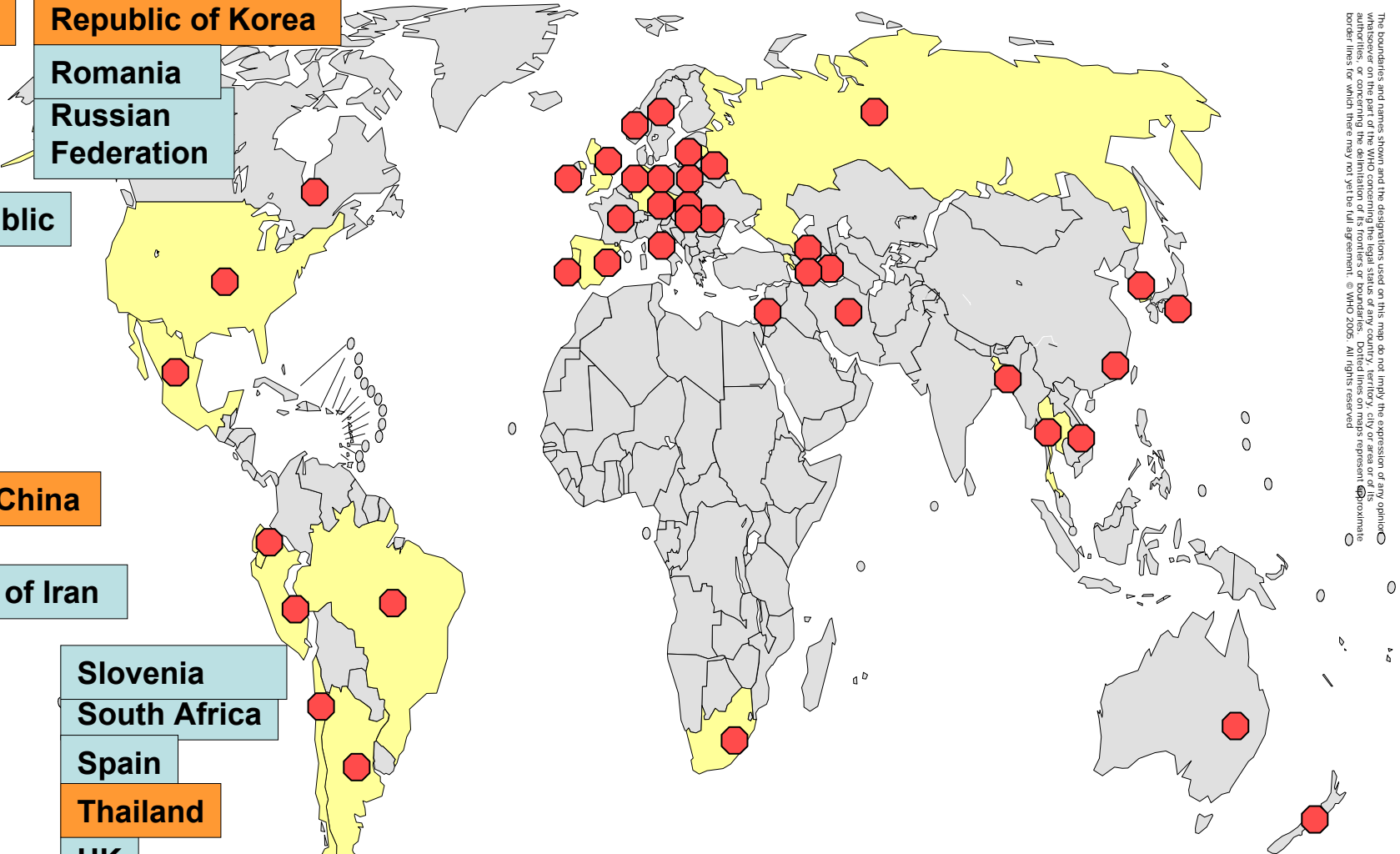
MDR-TB Situation in Western Pacific Region

	New TB cases (%)	Previously treated TB cases (%)
Cambodia	0	3.1
China*	5.3	27
Mongolia	1 (1999)	48 (2004)
Philippines*	1.5	12
Rep. Korea	1.9	15
Viet Nam*	2.7	19
WPR*	4.2	26

*Source: Zignol et al. JID 2006, 194:479-485

39 Countries with XDR-TB: Confirmed Cases

Argentina	Norway
Armenia	Peru
Australia	Poland
Azerbaijan	Portugal
Bangladesh	Republic of Korea
Brazil	Romania
Canada	Russian Federation
Chile	
Czech Republic	
Ecuador	
Estonia	
France	
Georgia	
Germany	
Hongkong, China	
Ireland	
Islamic Rep of Iran	
Israel	
Italy	
Japan	Slovenia
Latvia	South Africa
Lithuania	Spain
Mexico	Thailand
Netherlands	UK
New Zealand	USA
	Viet Nam

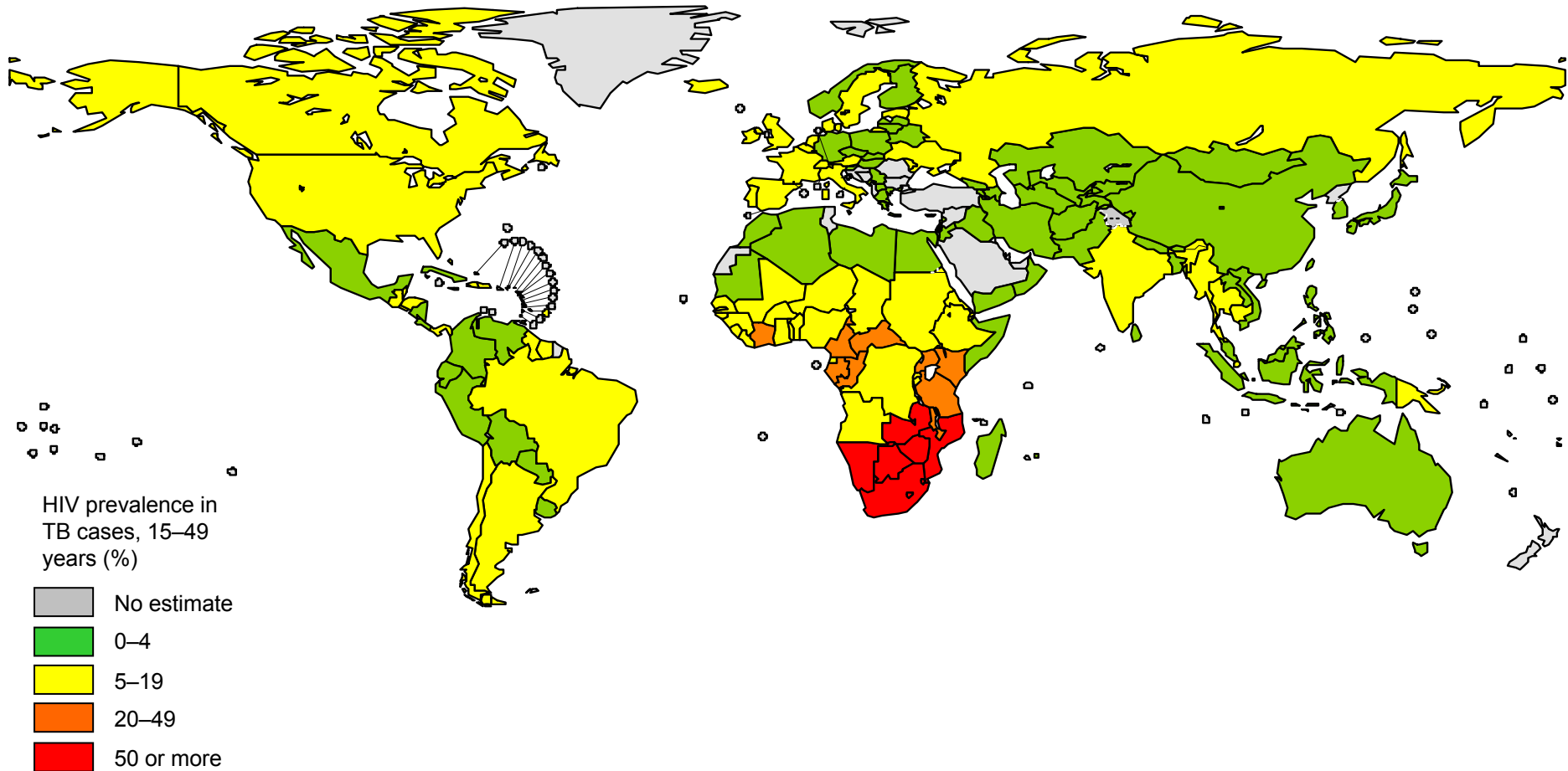


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Based on MMWR March 2006 data, and information provided to WHO Stop TB Department. Updated July 2007

HIV-TB

Estimated HIV prevalence in new TB cases, 2005

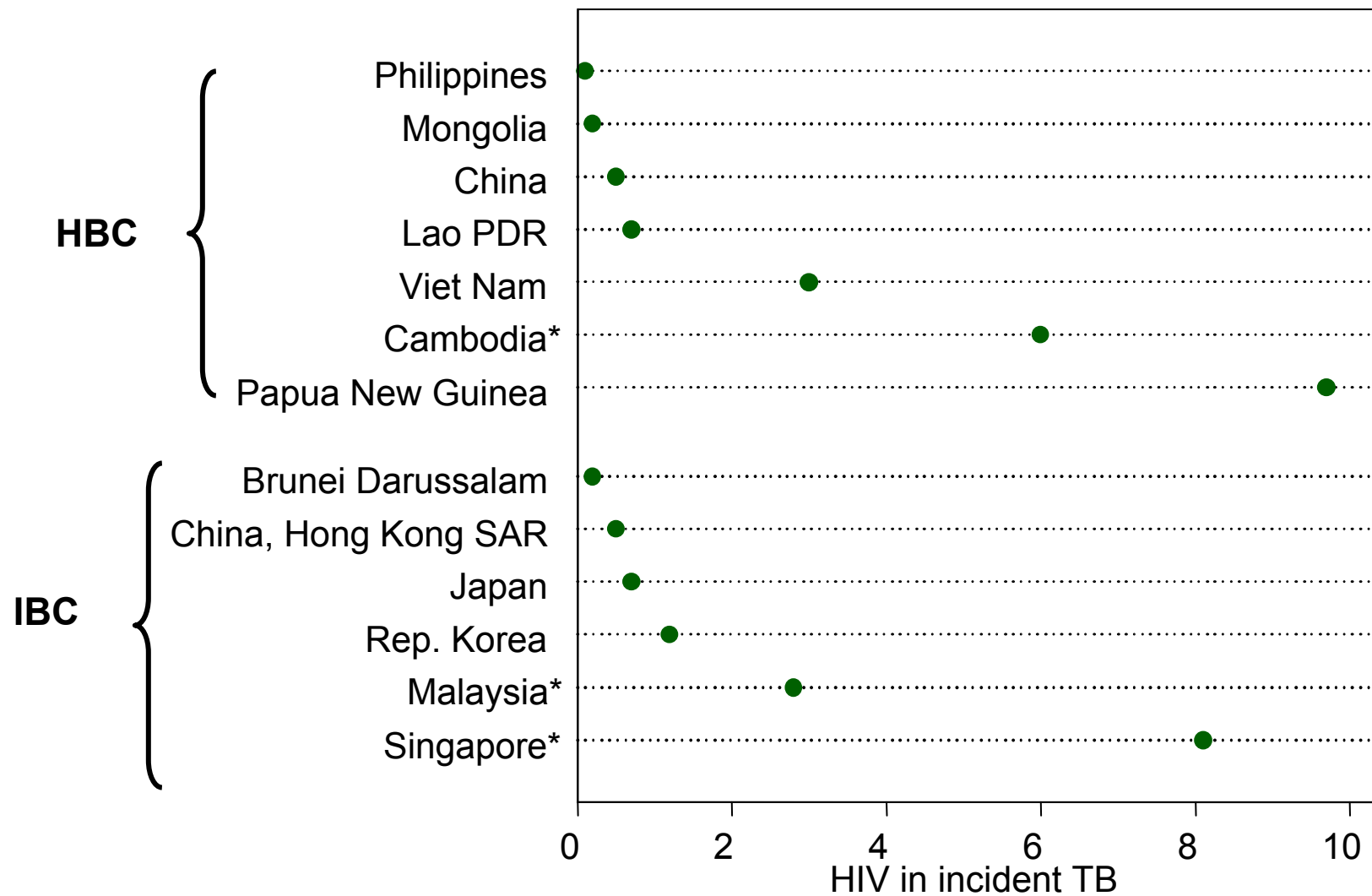


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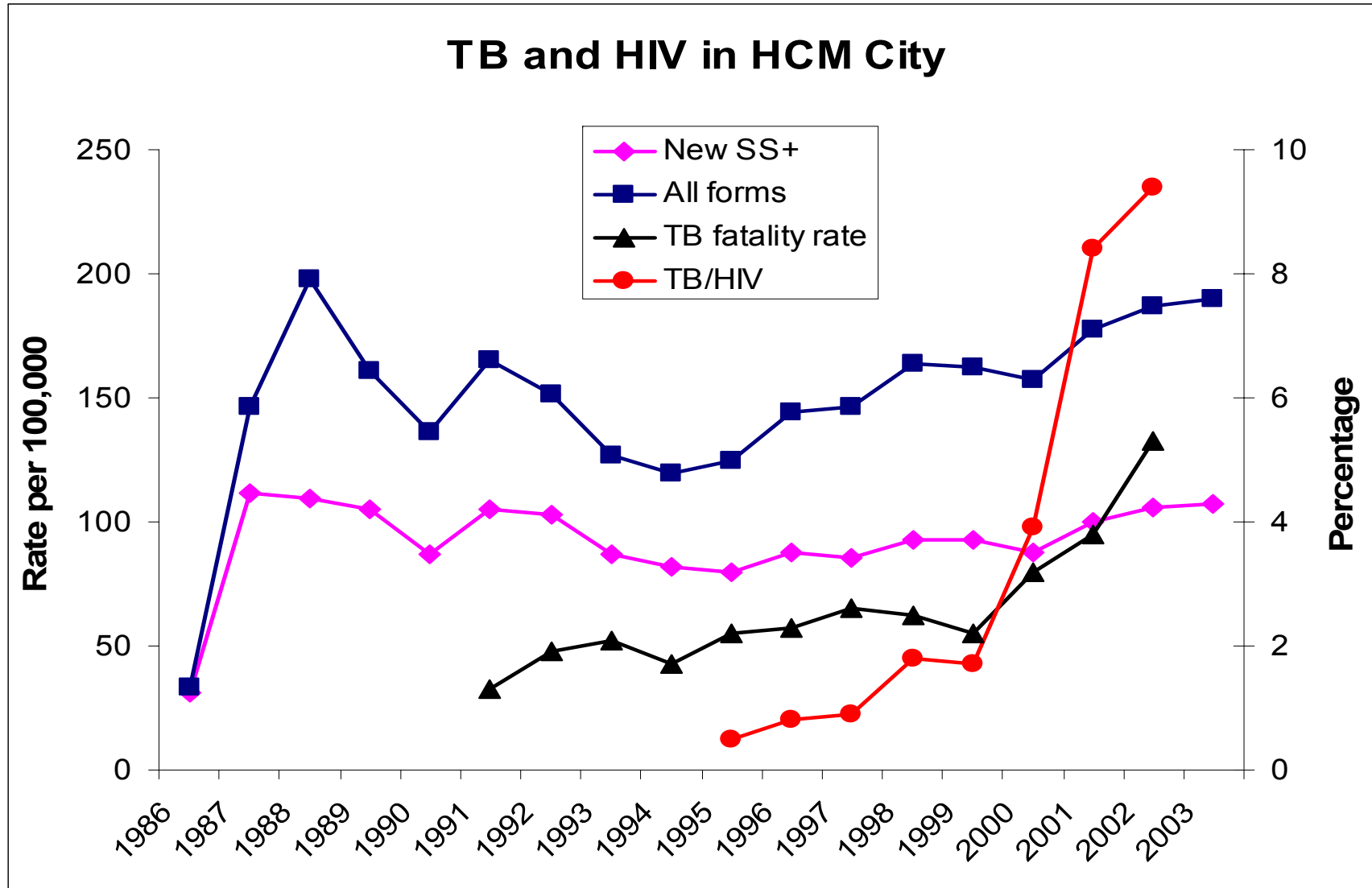
Estimated HIV in incident TB



* estimate under revision

source: WHO global report 2007

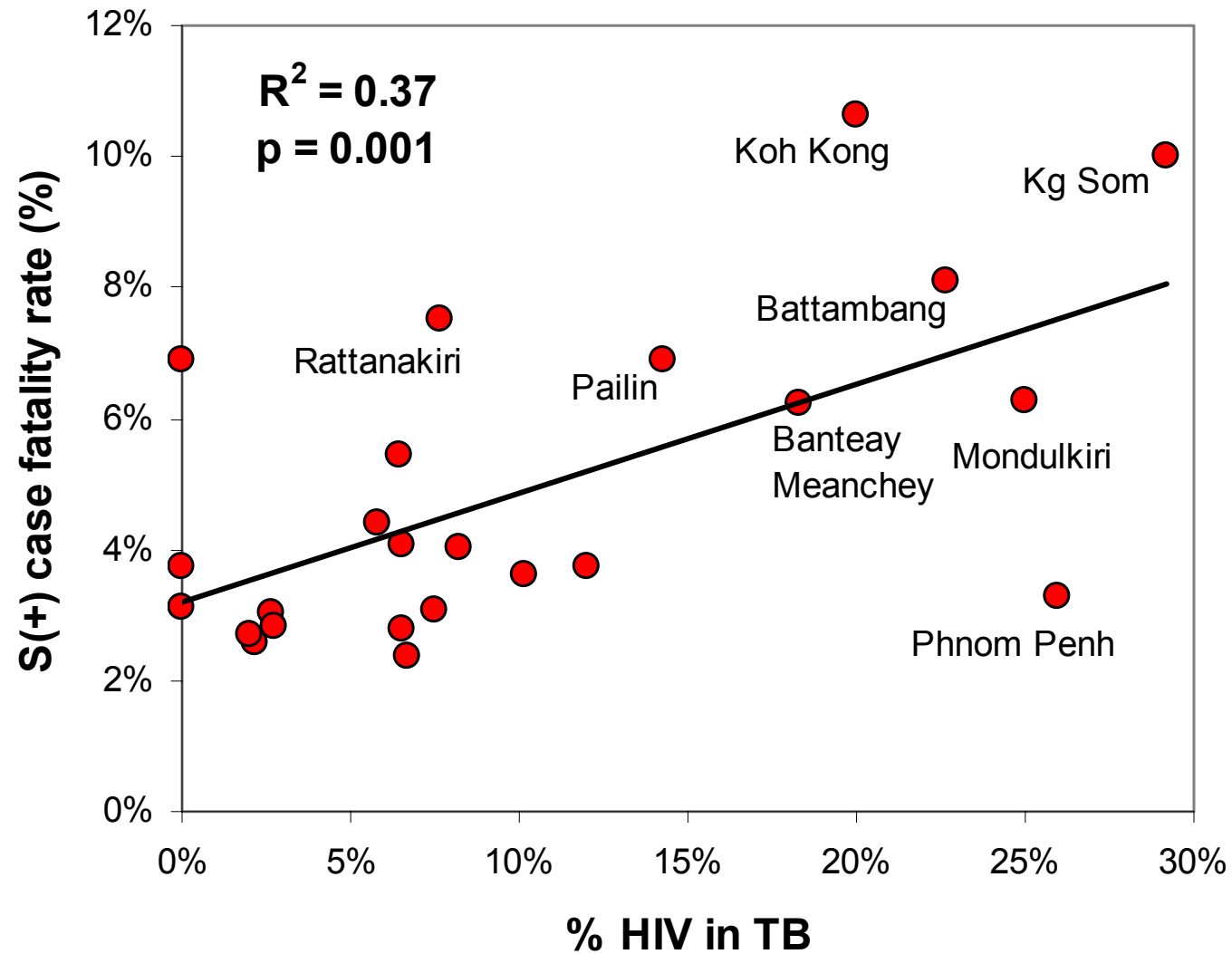
TB and HIV in HCM City



HIV is the most convincing explanation for changes in TB incidence rates by age and sex in Viet Nam

- Rapid increase in HIV+ TB in men and women 15-35 yr old
- From 1999, 40% HIV infections occur in 15-24 yrs old

HIV drives TB case fatality in Cambodia



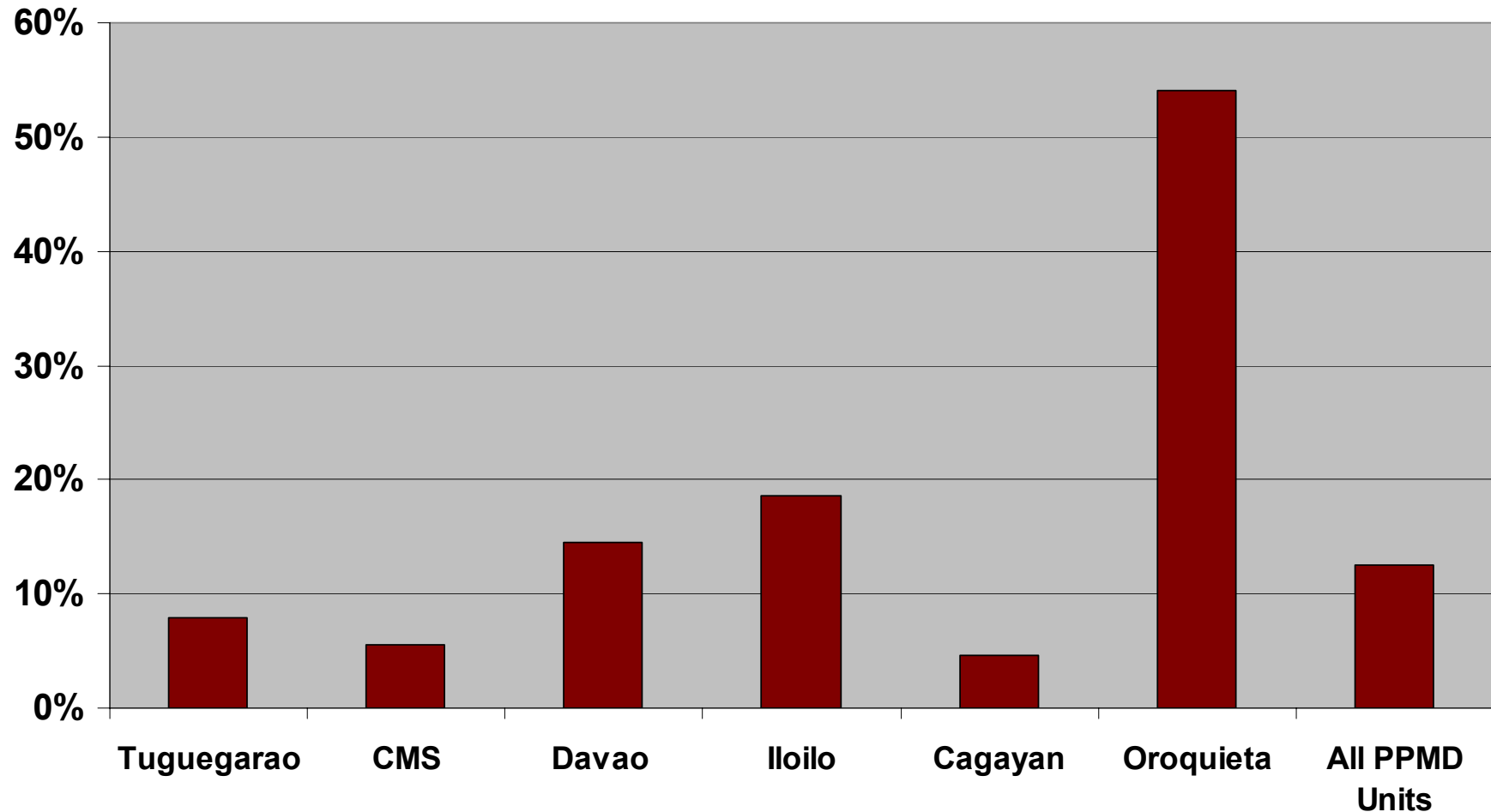
Impact of HIV in TB

- Contributes to lack of decline in TB incidence in Viet Nam
- Impact on case fatality rates and TB mortality
- Increase in % smear negative pulmonary TB

Increasing Case Detection

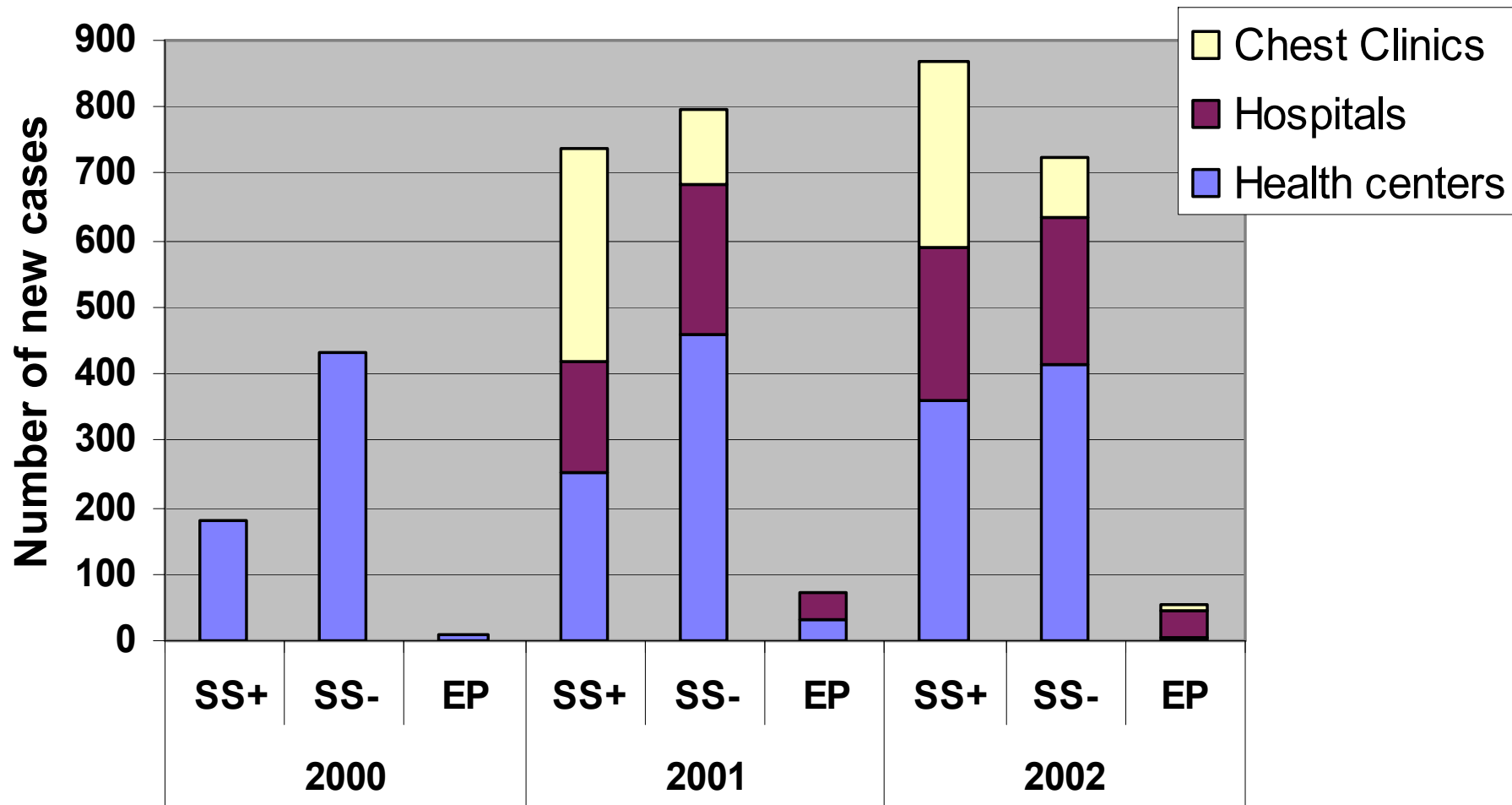
Contribution Public-Private Mix

Philippines: Additionality of PPM to Case Detection (from 2003-2004)

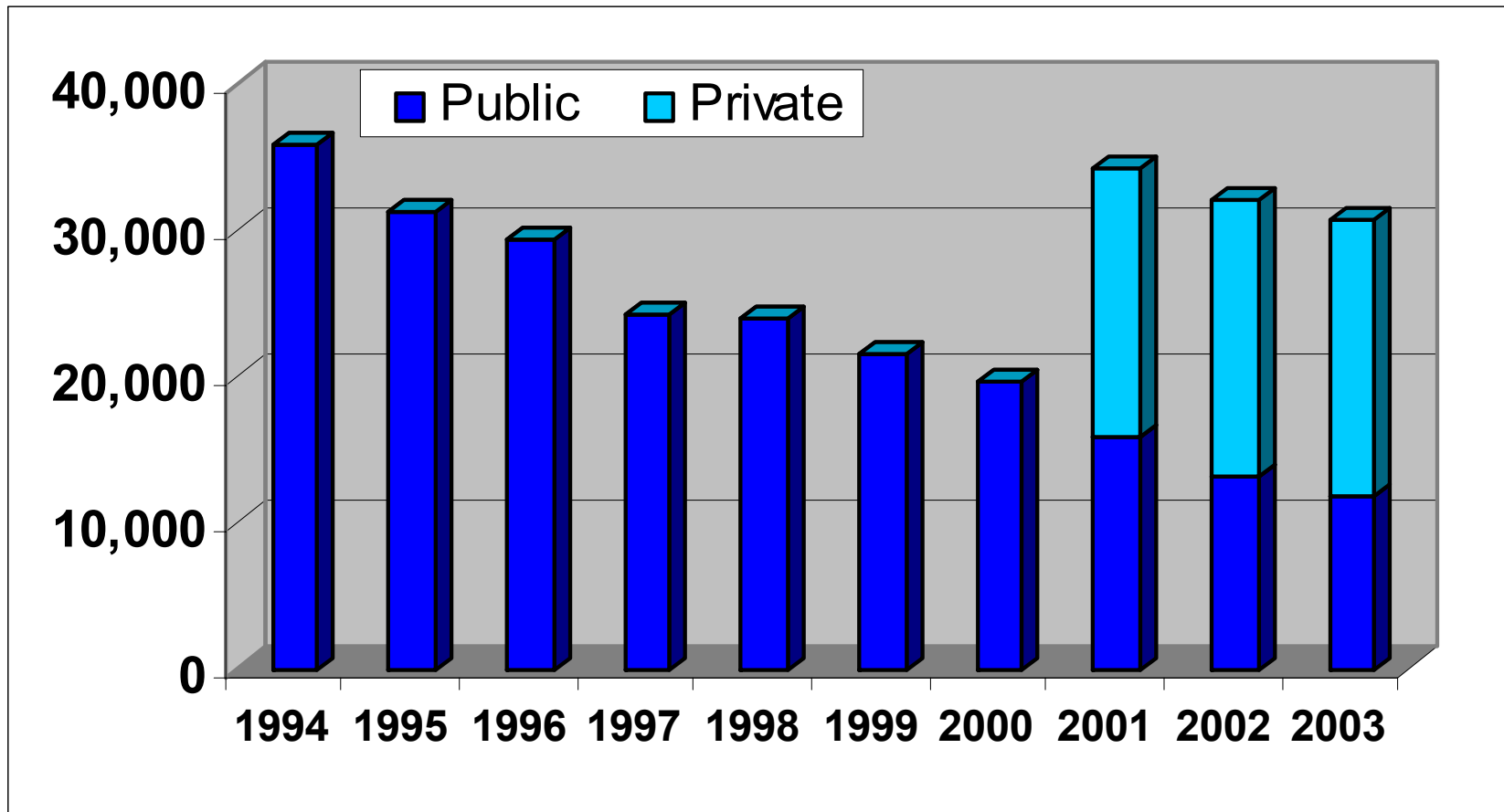


Involvement of non-NTP public providers increases case detection notification

Yogyakarta, Indonesia, 2000-2002



Contribution Private Sector in TB Surveillance in Korea (all TB, 1994-2003)



Thank You

