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Epidemiology of TB in Ireland, 2007

Cases and rates

In 2007, 480 cases of TB were notified to HPSC giving a national crude incidence rate of 11.3 per 100,000 population. This is slightly higher than the rates reported between 2000 and 2006, which ranged from 9.7 per 100,000 to 11.0 per 100,000 population. However it is lower than the crude incidence rates reported between 1991 and 1999, which ranged from 11.5 per 100,000 to 18.2 per 100,000 population. The overall notification rate in countries of the EU and Western Europe who report to ECDC was 17.0 per 100,000 population in 2007, ranging from 4.5 per 100,000 population in Iceland to 118.3 per 100,000 population in Romania.¹ There were 470 cases of TB provisionally notified in 2008, giving a national case incidence rate of 11.1 per 100,000. Figure 1 displays the number of TB notifications in Ireland from 1991 to 2008.

A regional variation was noted in TB notification rates (per 100,000) ranging from 6.1 in HSE North East to 16.4 in HSE South. A large crèche related TB outbreak involving 21 cases, contributed to the high rate in HSE South. Certain local health offices (LHOs) in HSE East (Dublin South City, Dublin Northwest and Dublin North Central) and HSE South (South Lee) reported rates greater than 20 per 100,000 in 2007.

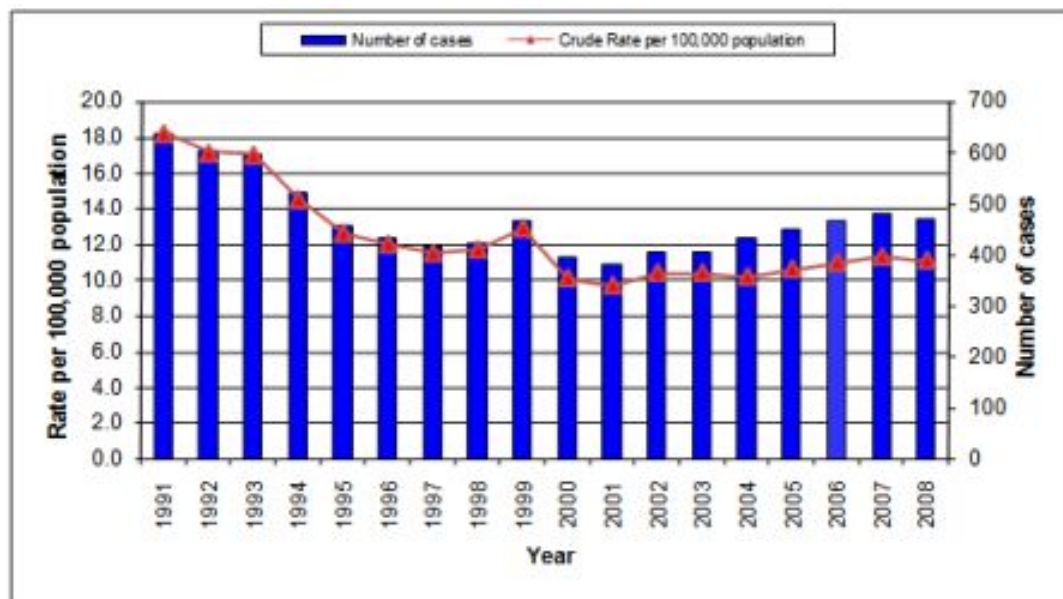


Figure 1: TB cases and Crude Incidence Rate (per 100,000), 1991 to 2008 (2008 data provisional)

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Age and sex

The highest age-specific rates (per 100,000) in 2007 occurred among those aged 25-34 years (17.9) and those over 65 years (16.9). Rates among males were higher than females for all age groups except for those in the 0-14 year age group where the rate was equal (4.7). In 2007, the highest rate in females was in those aged 24-34 years (16.6) and the highest rate among males was in those aged 65 years and over (26.1). The male to female (M: F) ratio (1.6:1) reported in 2007 was consistent with the rate reported in 2005 and 2006 (1.5:1). Males are predominant among TB cases in nearly all European countries with an overall M: F ratio in 2007 of 2.4:1.¹

Geographic origin

During 2007, 40% of TB cases notified were born outside Ireland. This proportion has steadily increased and compares to 34.6% in 2006, 33.8% in 2005, 30% in 2004, and 21.9% in 2003. In 2007, among countries in the EU and Western Europe who reported data to ECDC, 21% of notifications were in foreign-born patients.¹ In the United Kingdom, Belgium and Austria, where crude incidence rates are similar to those reported in Ireland, the percentage of cases of foreign origin in 2007 ranged from 36 to 65%.¹ There was a notable difference in age between those born in Ireland and those born outside Ireland. In cases born in Ireland, there was a peak among those aged 64 years and over with a median age of 44 years. In cases born outside Ireland, the peak occurred in those aged 25-34 years with a median age of 31 years.

TB meningitis

There were six cases of TB meningitis reported in 2007, a rate of 0.14 per 100,000 population. Of the six cases of TB meningitis, all were aged 25 years and over and three were greater than 50 years old. Between 1998 and 2007, five cases of TB meningitis were reported among 0-4 year olds.

Site of disease

Pulmonary TB was reported in 73% of cases and 27% had exclusively extrapulmonary TB. Forty four percent of pulmonary TB cases were sputum smear positive and the sputum smear-positive rate for 2007 was 3.6 per 100,000 population.

Culture positive cases

In 2007, 315 (65.6 %) of all cases of TB notified were culture positive. This is a decrease on the proportion in 2006 (68.2%) but is an increase compared to previous years. In the 27 EU countries, the culture confirmed rate ranged from 16% (in Romania) to 87% (in Slovenia).¹

Drug Resistance

There were 24 drug-resistant cases notified in 2007, including seven cases of multidrug-resistant TB (MDR-TB). MDR-TB cases and cases resistant to isoniazid represented 1.5% and 4.0% of total cases respectively. This compares to 0.9% and 3.0% respectively in 2006. In 2007, the proportion of cases with MDR ranged from 0-17% in the EU and Western Europe.¹

Treatment outcome

In recent years, the quality of the data, and in particular, data on treatment outcome, has improved greatly. For cases notified in 2007, information on treatment outcome was provided for 86% of cases, which is a marked increase on the proportion in 2006 (78.9%). This compares to 87.1% in 2005, 84.3% in 2004, 84.8%

in 2003, 77.2% in 2002 and 59.8% in 2001. With the global threat of resistant strains, it is of critical importance to TB control in Ireland that surveillance of TB and reporting of outcome data be maintained at a high level. This is especially true for sputum smear positive cases.

Conclusion

The Global Plan to Stop TB 2006-2015 was launched in January 2006 and aims to reduce the global prevalence of, and deaths due to TB by 50% in 2015 relative to 1990. In addition, it proposes to eliminate TB as a public health problem (<1 case per million population) by 2050. This strategy calls on countries to strengthen health systems for TB treatment and control and to address MDR-TB, TB/HIV and other challenges e.g. high risk groups and areas where TB rates are high.² The importance of good surveillance data cannot be underestimated in this context as they will help guide where resources should be directed in order to ensure the effective prevention and control of TB in Ireland and in order to reach the elimination target by 2050.

The full report can be viewed [here](#)

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References

1. European Centre for Disease Prevention and Control/WHO Regional Office for Europe: Tuberculosis Surveillance in Europe 2007. Stockholm, European Centre for Disease Prevention and Control, 2009. Available [here](#)
2. World Health Organization, Stop TB Partnership. The global plan to stop TB 2006-2015. Actions for life-towards a world free of tuberculosis.

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TELL A FRIEND

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