

Along with a growing prevalence of chronic diseases, management of infectious diseases such as Human Immunodeficiency Virus (HIV) and Tuberculosis remains a priority in many EU countries.

Although HIV is preventable through effective public health measures, significant HIV transmission continues in Europe with nearly 30 000 newly-diagnosed cases of HIV infection reported in EU countries in 2014 (see indicator on new reported cases of HIV in Chapter 3). Furthermore, rates of HIV transmission have risen in certain European countries in recent years (WHO, 2015).

HIV targets the human immune system, weakening it and leaving those affected vulnerable to infections and other health issues including notably tuberculosis or hepatitis C. The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS). Early testing for HIV allows infected individuals to be quickly put on treatment which leads to viral suppression, thus allowing them to continue to lead a normal life and to avoid infecting others.

Figure 6.32 shows the percentage of newly HIV infections diagnosed late. Cyprus and the Czech Republic showed the lowest number of new late diagnosed cases among HIV infections with percentages under 15%. Estonia and Romania reported rates over 38% while Slovenia reported rates of nearly 50%. The average across the EU region was 27.8%. The high rates observed in some countries suggest that screening services need to be improved to identify and treat HIV cases particularly among at-risk populations.

Tuberculosis also remains an important public health issue for some EU countries. Although disease rates have generally fallen over the past decade, notification rates for 2014 indicate further progress is needed (see indicator on tuberculosis notification rate in Chapter 3).

The majority of tuberculosis infections are latent, meaning that they do not lead to symptoms. However, a proportion of infections will become active leading to symptoms such as chest pain, bloody cough and fever. The probability of developing an active form of the disease is much higher in immunocompromised individuals such as those infected with HIV.

Figure 6.33 shows the percentage of new pulmonary culture-confirmed tuberculosis cases with successful treatment outcome after 12 months. Poland showed the lowest success rate of 60.0% while the Slovak Republic reported the highest at 93.9%. The average across the European Union was 74.9%. Success rates are driven by treatment programmes, patient adherence, and the proportion of multi-drug resistant tuberculosis infections.

Drug resistant tuberculosis can occur when the drugs used to treat the condition are misused or mismanaged, including where people do not complete a full course of treatment, providers prescribe the wrong treatment or where proper treatments are not available. Multi-drug resistant tuberculosis requires longer and more intensive treatment and is associated with lower success rates.

Figure 6.34 shows the percentage of newly diagnosis tuberculosis cases classified as multi-drug resistant. A number of countries reported no multi-drug resistant cases including the Czech Republic, Cyprus, Luxembourg, the

Slovak Republic, Slovenia, Malta and Croatia. The highest proportions of resistance were reported by Lithuania and Estonia with 14% and 19% multi-drug resistant tuberculosis cases respectively.

In response to effective national plans, including training courses on multi-drug resistant tuberculosis, guidelines for tuberculosis specialists and other care providers and working groups, the EU/EEA countries have shown considerable improvement in care and infection control but further efforts are still needed on this issue.

Definition and comparability

Late diagnosis of HIV cases is defined as patients with a CD4 cell count under 200 per mm³ of blood at diagnosis (ECDC, 2015). Surveillance systems for HIV are not identical across Europe and differences in data collection methods and testing policies could impact the results and introduce bias in comparisons between countries. Official reports of newly diagnosed cases of HIV do not represent true incidence. Newly reported HIV diagnoses include recently infected individuals as well as those who were infected several years ago but only recently tested for HIV. These reports are also influenced by several factors such as the uptake of HIV testing, patterns of reporting, the long incubation period and a slow progression of the disease. Changes in reporting methods in 2008 in Estonia may explain the large rate decrease seen in this country.

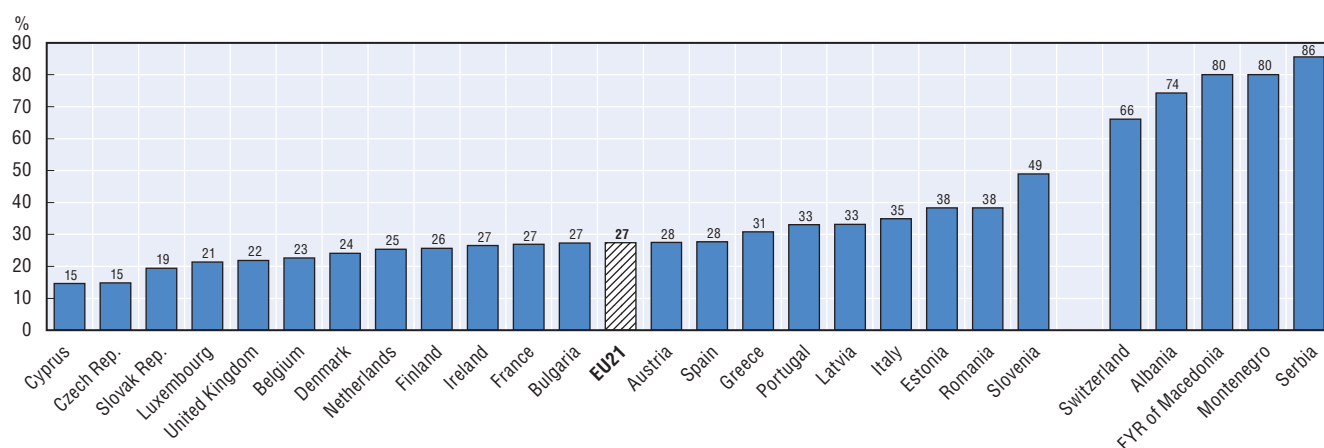
New tuberculosis cases include patients who have never been treated for tuberculosis or have taken anti-tuberculosis drugs for less than one month. All tuberculosis cases are pulmonary tuberculosis cases that have been bacteriologically confirmed. Successful treatment outcomes are defined as the sum of: 1) cured: a pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who was smear or culture-negative in the last month of treatment and on at least one previous occasion; and 2) treatment completed, but does not meet the criteria to be classified as cure or treatment failure (a TB patient whose sputum smear or culture is positive at month five or later during treatment) (ECDC, 2016).

New pulmonary culture-positive tuberculosis cases with successful treatment outcomes in a given year are defined as cases where treatment was completed, including those with and without bacteriological evidence of success (cure).

References

- ECDC (2016), *Tuberculosis Surveillance and Monitoring in Europe 2016*, Stockholm.
- ECDC (2015), *HIV/AIDS Surveillance in Europe 2014*, ECDC, Stockholm.
- WHO (2015), *Highest Number of New HIV Cases in Europe Ever*, WHO, Geneva.

6.32. Percentage of late diagnosis among newly diagnosed HIV cases, 2014

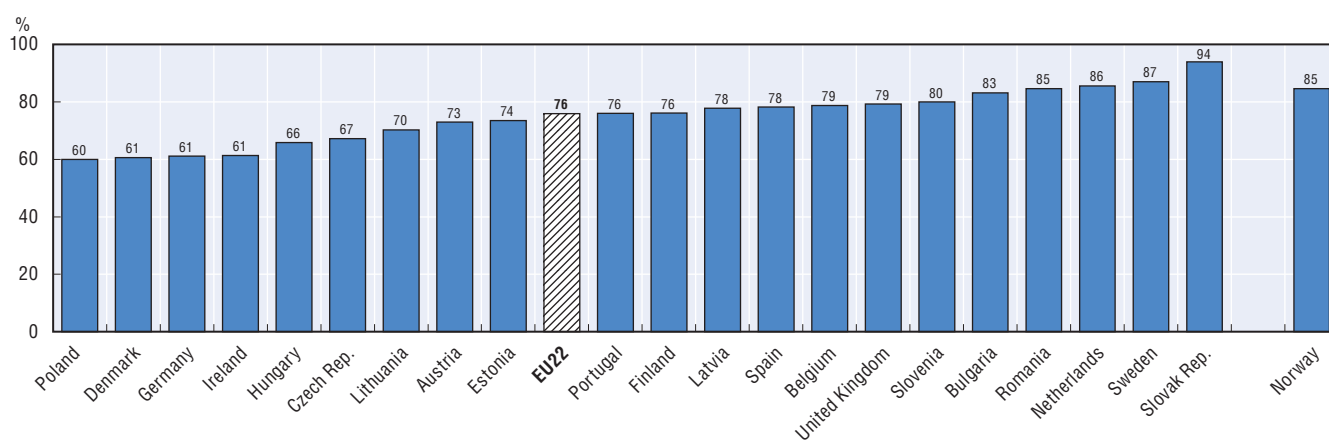


Note: Minimum of 30 HIV cases needed for inclusion. EU average unweighted.

Source: ECDC (2015).

StatLink <http://dx.doi.org/10.1787/888933429677>

6.33. Percentage of new tuberculosis cases with successful treatment outcome after 12 months, 2013

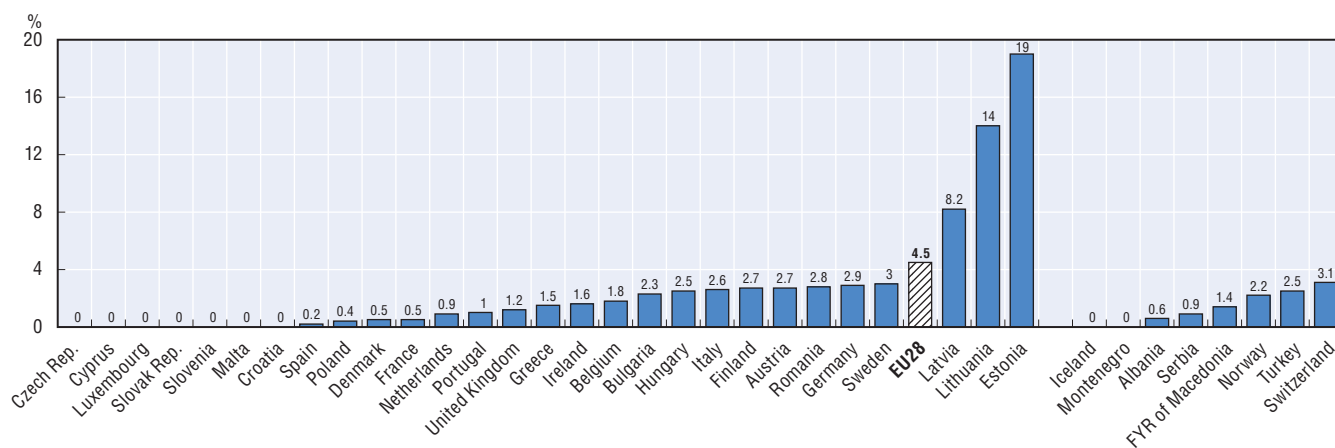


Note: Minimum of 30 TB cases needed for inclusion. EU average unweighted.

Source: ECDC (2016).

StatLink <http://dx.doi.org/10.1787/888933429682>

6.34. Estimated percentage of notified new tuberculosis cases with multi-drug resistance, 2014



Note: Minimum of 30 TB cases needed for inclusion. EU average unweighted.

Source: ECDC (2016).

StatLink <http://dx.doi.org/10.1787/888933429694>



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