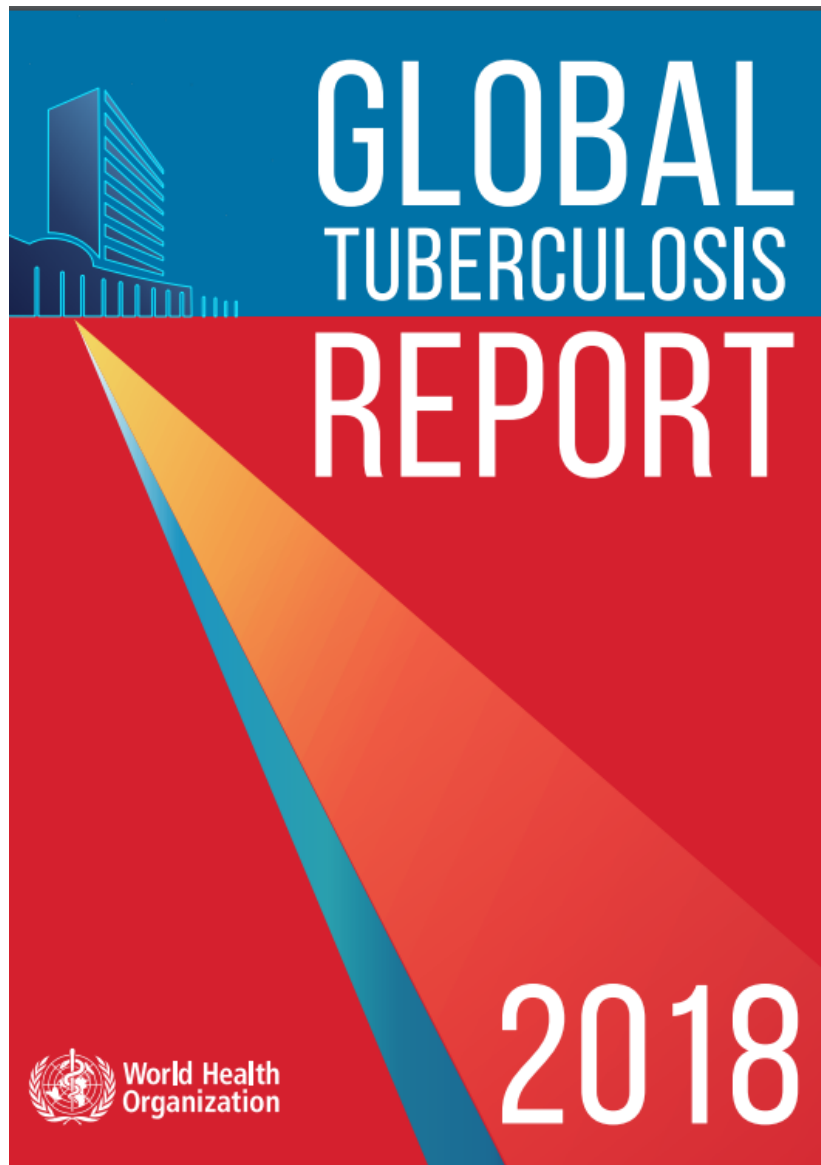




TB epidemiology

<http://www.who.int/tb/country/en/>



Philippe Glaziou
Tuberculosis Epidemiologist, WHO
Speaker: Howard Takiff

Global Epidemiology of Tuberculosis

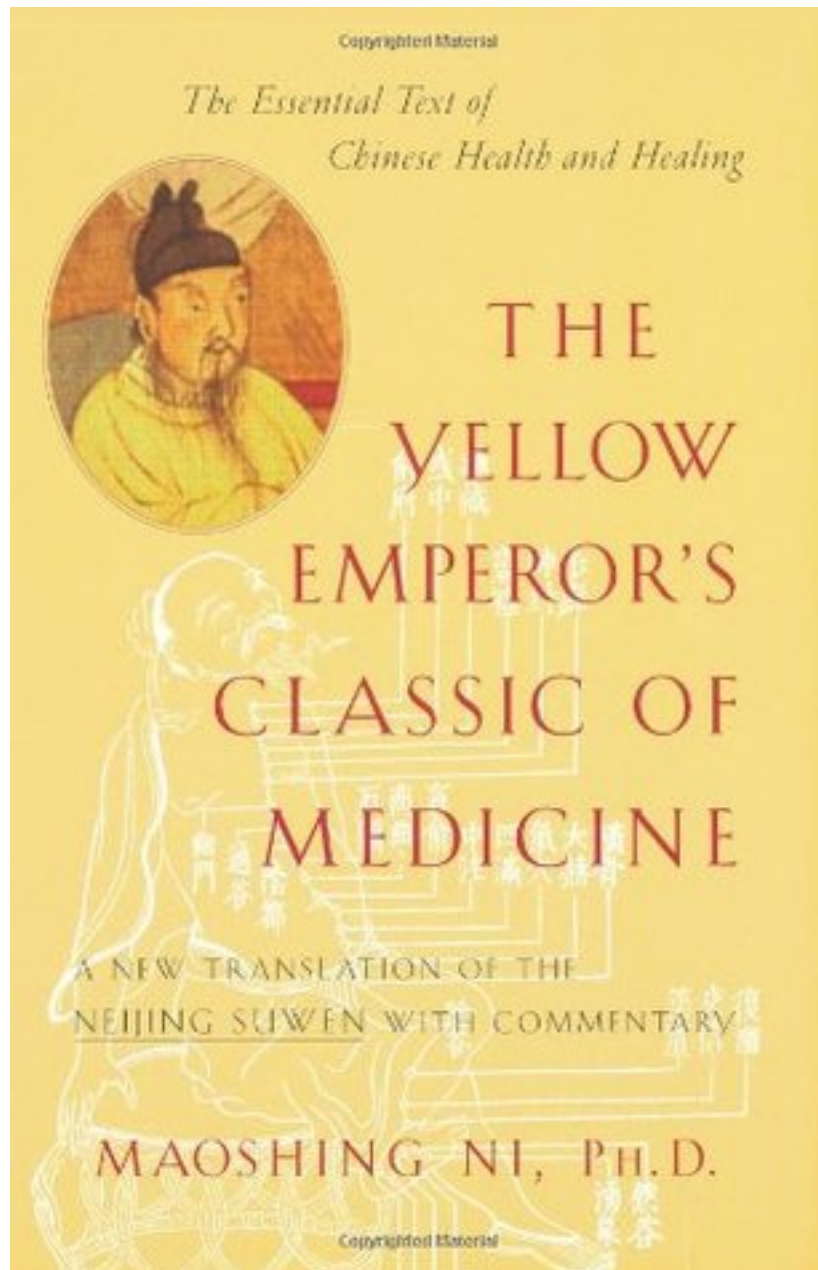
Philippe Glaziou, MD¹ Katherine Floyd, PhD¹ Mario C. Raviglione, MD²

¹ Global TB Programme, World Health Organization, Geneva, Switzerland

² Global Health Programme, University of Milan, Italy

Address for correspondence Philippe Glaziou, MD, Global TB Programme, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (e-mail: glazioup@who.int).

Semin Respir Crit Care Med 2018;39:271–285.



Huang Di Nei Jing

The Yellow Emperor's inner cannon,
the first written medical text in China
around 2700 BC

described as Xulao Bing
– weak consumptive disease

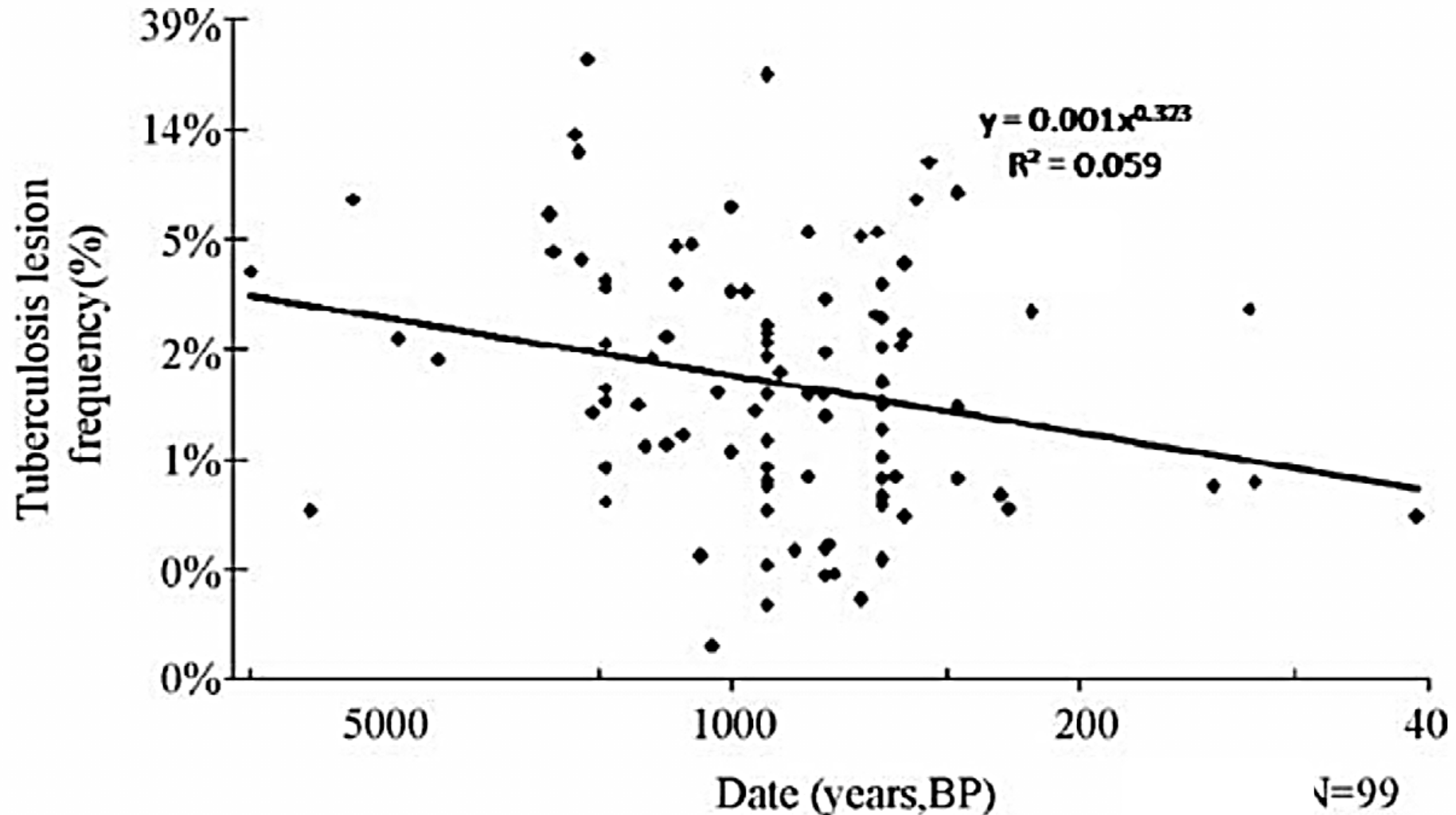


Aristotle (384-322 BC) – “He who comes into contact with the [*phtisis*] sufferer inhales his corrupted breath and so himself becomes ill”

Delphi Classics, 2013

TB has been with us for a very long time

K.L. Holloway et al. / HOMO - Journal of Comparative Human Biology 62 (2011) 402–458

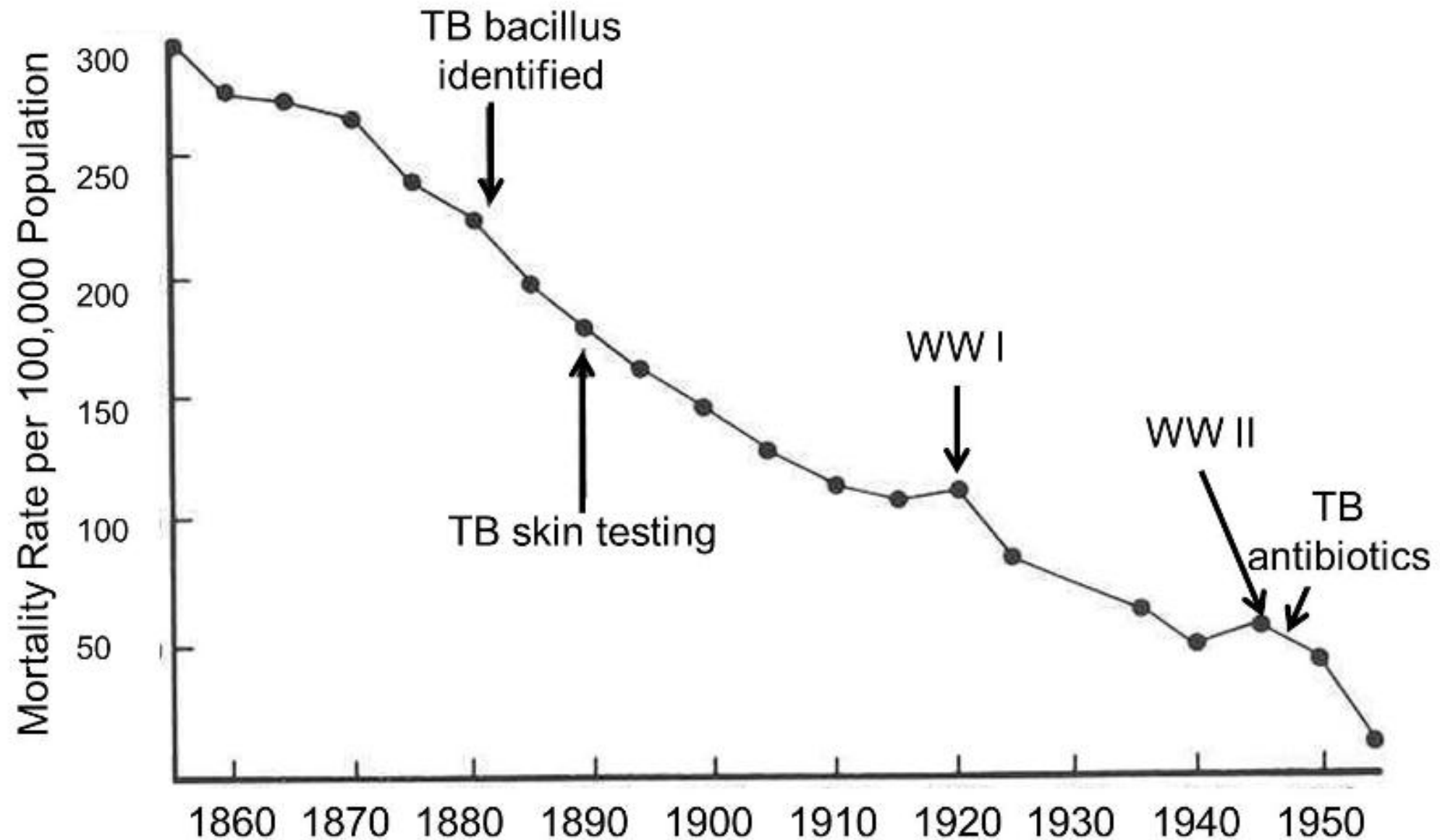




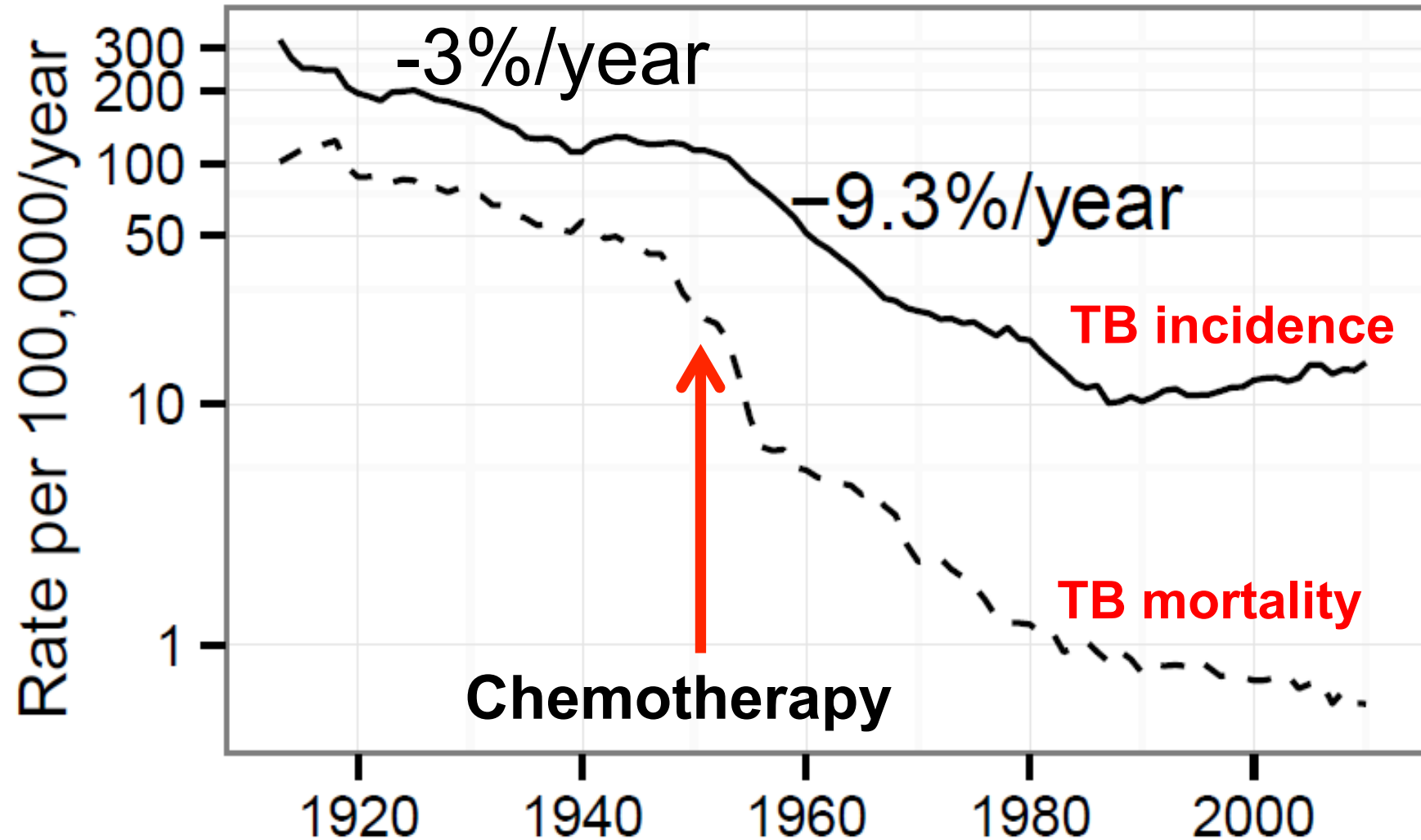
Robert Koch (1843-1910) – “one seventh of all human beings die of tuberculosis”

Nobel Lecture, 1905

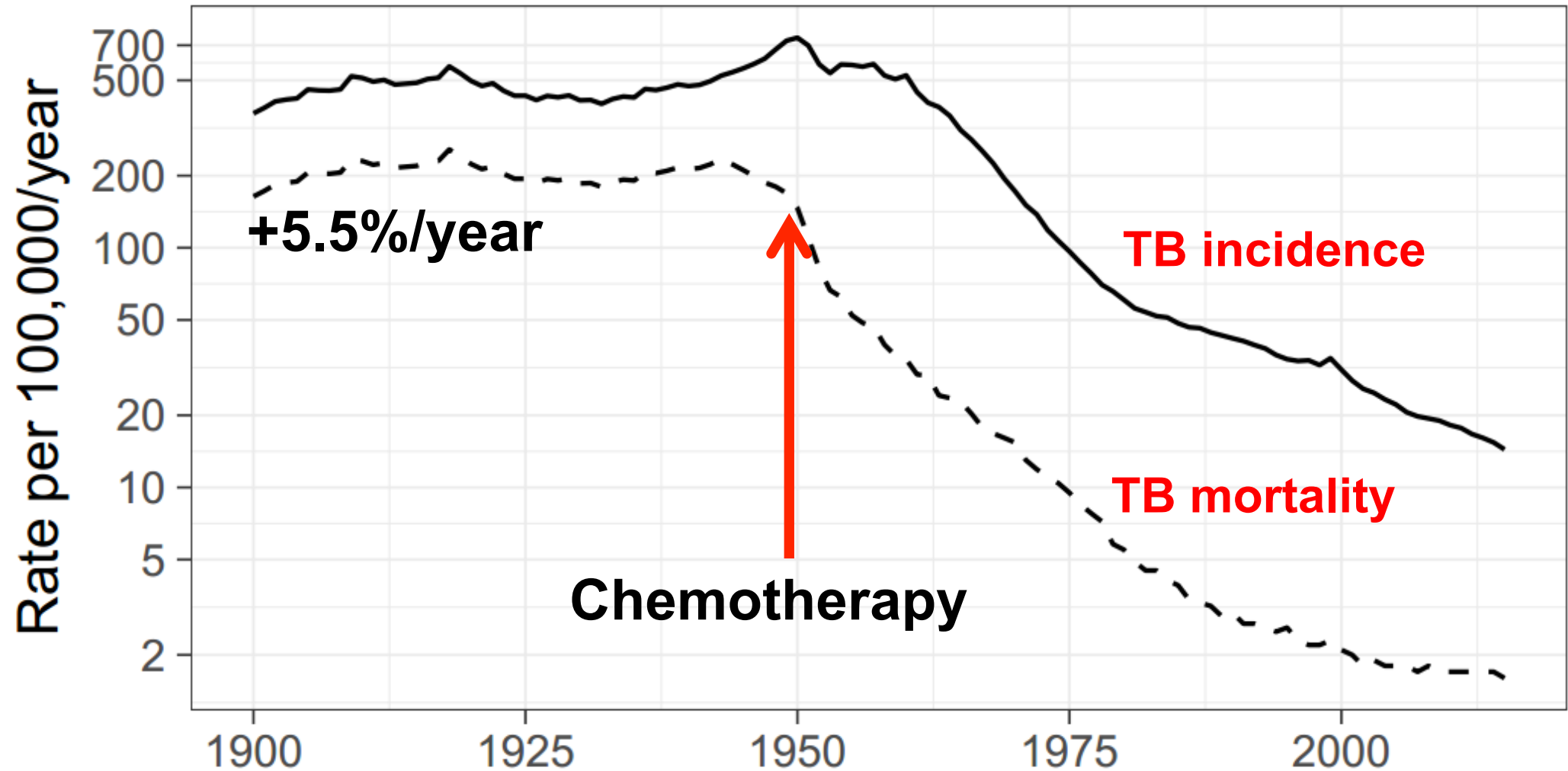
Most of the Decline in Tuberculosis Mortality in the England and Wales Occurred Before Antibiotics were Discovered



Post-industrialization decline in TB (England and Wales)

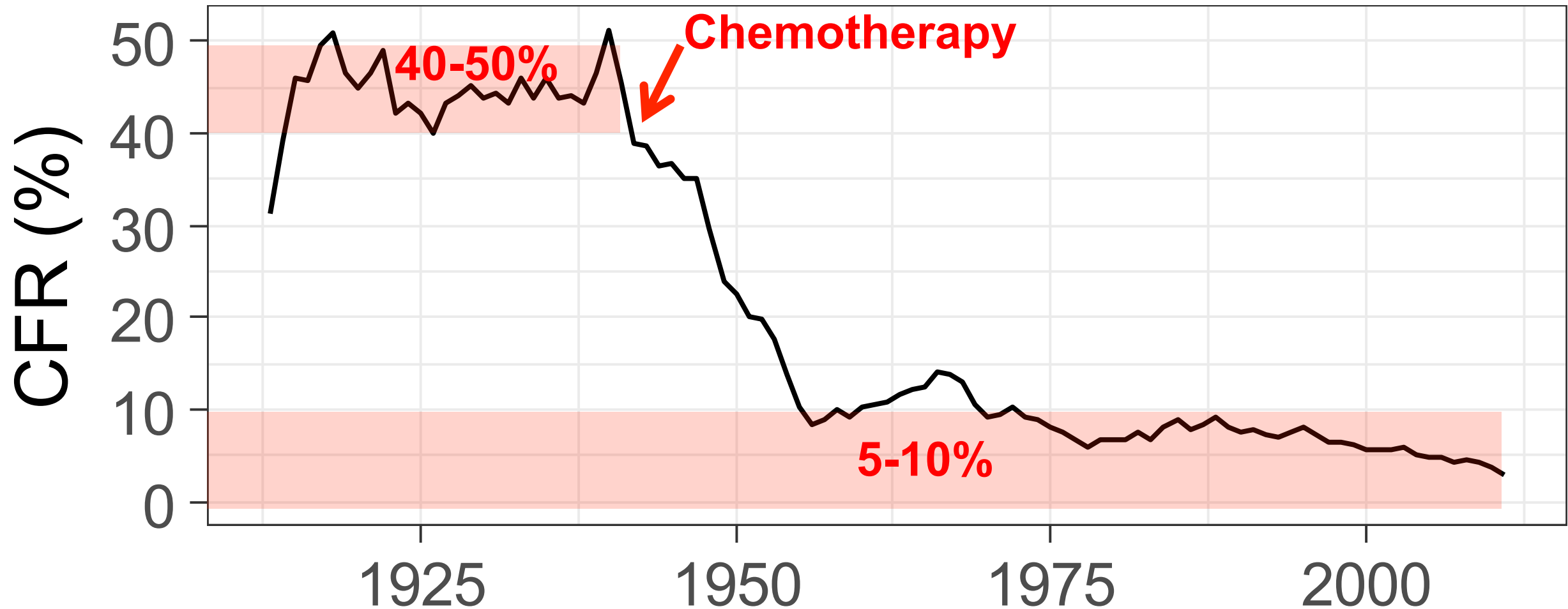


Worsening of the TB epidemic during the industrial revolution in Japan

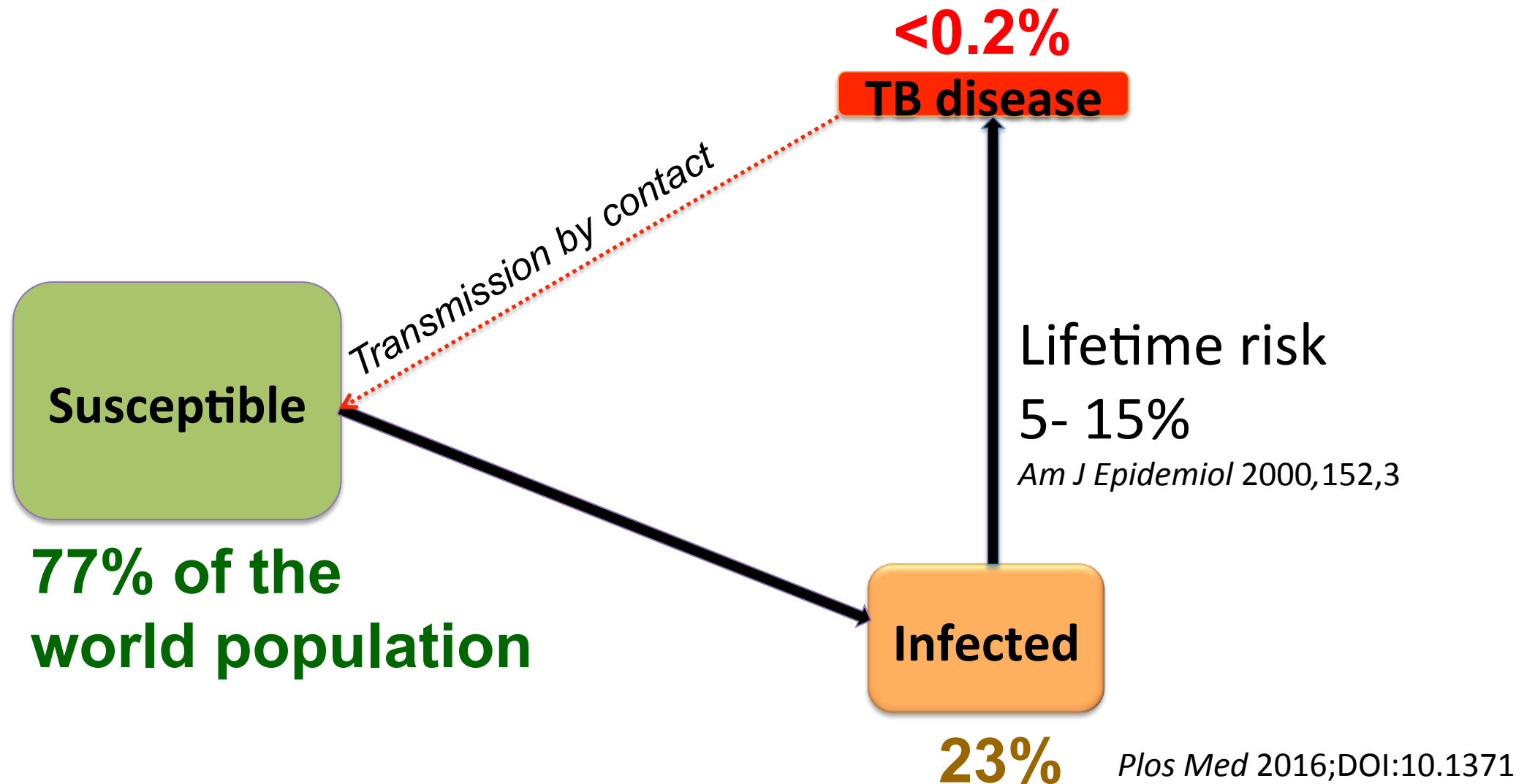


Case Fatality Ratio (CFR $\approx$ mortality / incidence)

England & Wales



Global TB infection and disease, 2015



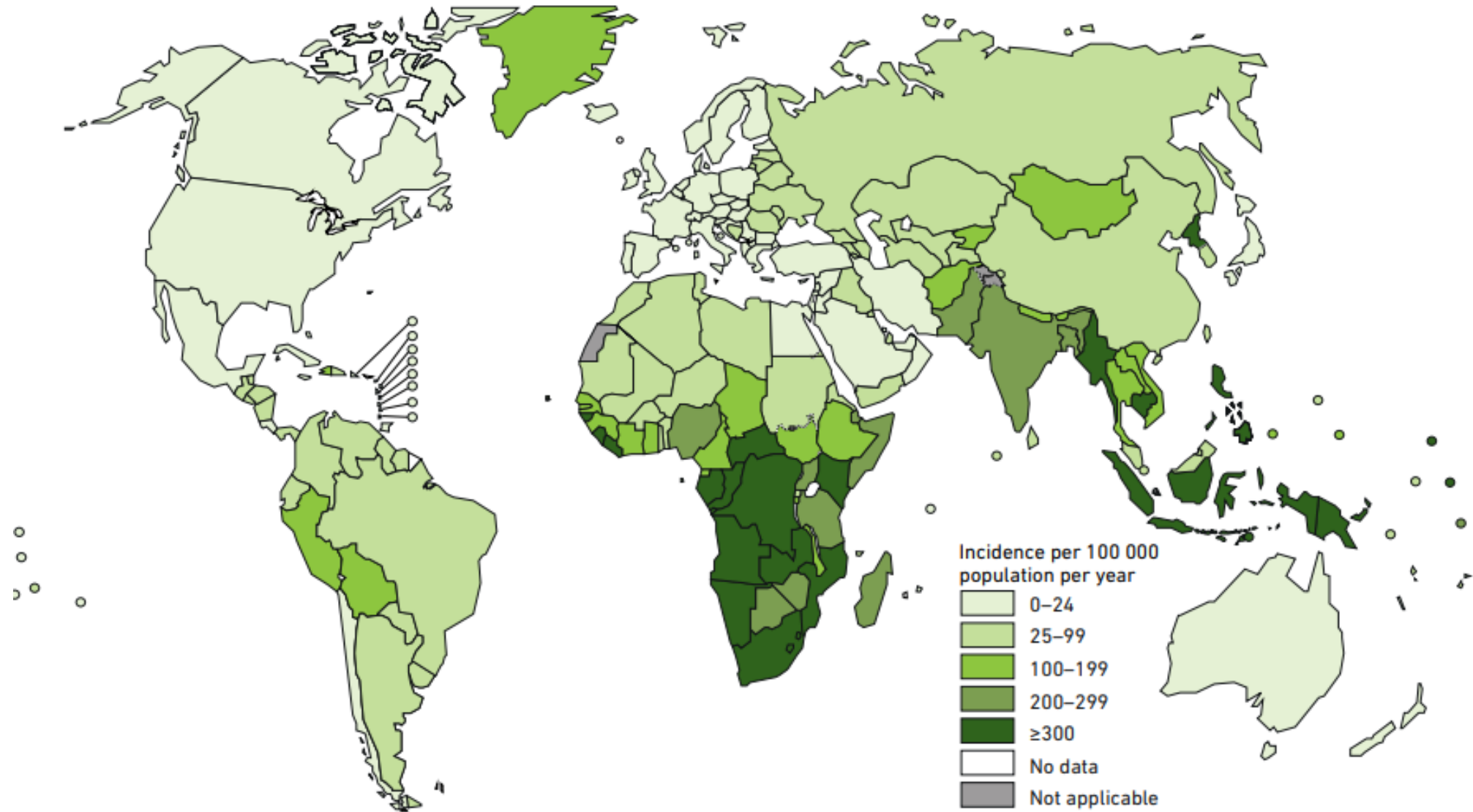
The risk of TB disease is not the same for everyone

Risk factor	Relative risk^	Exposed (million in 2017)	Attributable TB cases (2017)
Under-nutrition	3	734	1,900,000
HIV infection	20	36	880,000
Cigarette smoking	2	1,047	830,000
Diabetes	3	460	790,000
Alcohol abuse	3	407	490,000

^Lancet 2010;375(9728):1814-29; HIV: WHO Global TB Report 2018

TB incidence rate worldwide (2017)

10 million new TB cases, 1.4% *M. bovis*

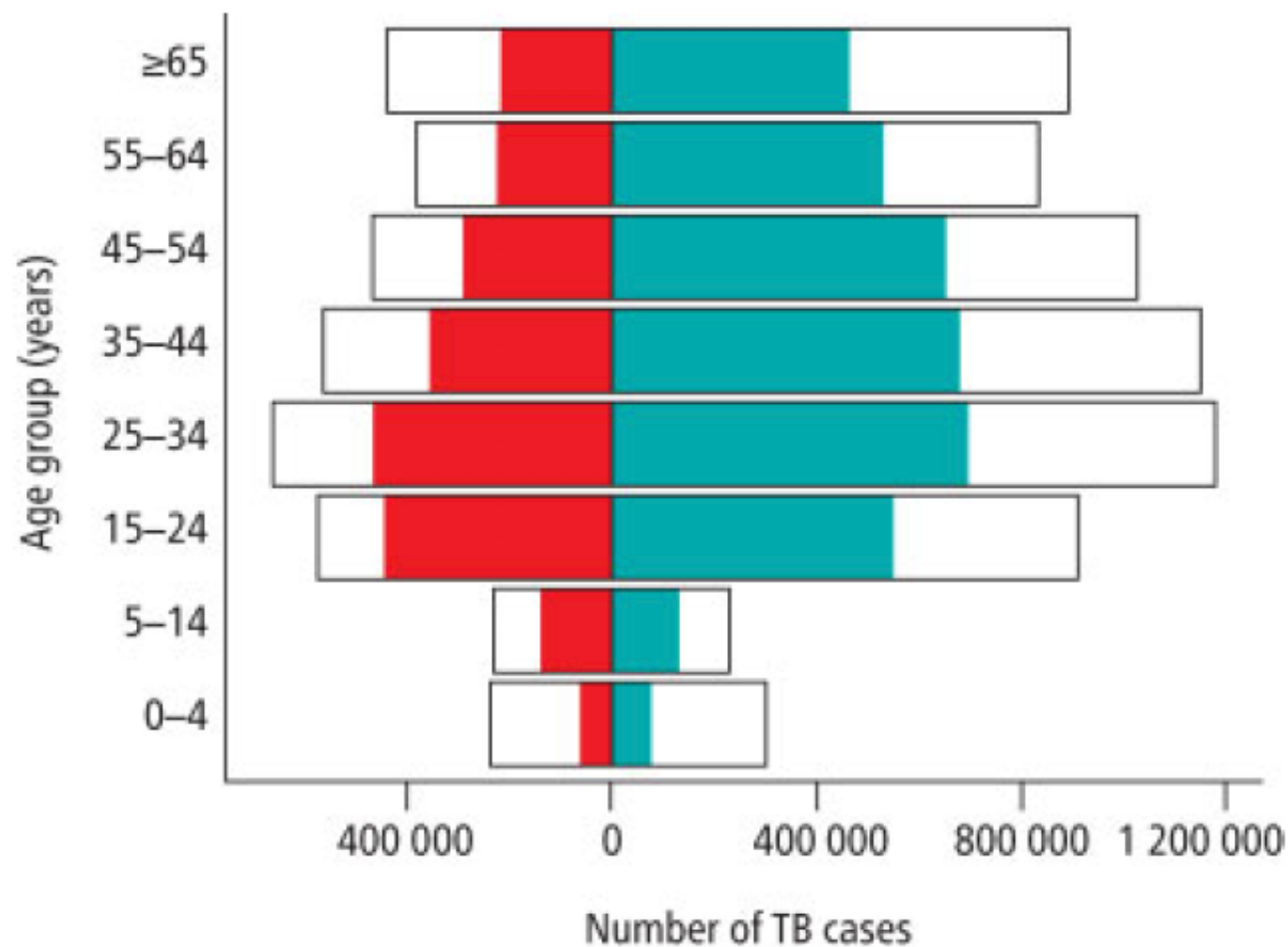


Distribution of TB Cases by Region

	Population (billions)	HIV-negative TB mortality	HIV-positive TB incidence	Total TB incidence	HIV-positive TB incidence
WHO Region ^a					
AMR	0.996	17,000 (16,100–17,900)	6,240 (5,570–6,940)	274,000 (255,000–294,000)	30,100 (27,700–32,700)
EMR	0.669	81,700 (69,100–95,400)	3,020 (1,810–4,530)	766,000 (573,000–985,000)	9,850 (5,930–14,800)
AFR	1.02	417,000 (351,000–488,000)	320,000 (272,000–372,000)	2,590,000 (2,310,000–2,900,000)	764,000 (660,000–876,000)
EUR	0.916	26,100 (25,500–26,800)	5,060 (3,910–6,360)	290,000 (251,000–333,000)	33,600 (26,200–41,800)
WPR	1.89	103,000 (84,600–123,000)	4,960 (3,040–7,340)	1,800,000 (1,500,000–2,130,000)	29,100 (23,100–35,800)
SEA	1.95	652,000 (542,000–772,000)	34,700 (24,800–46,200)	4,670,000 (3,190,000–6,440,000)	163,000 (120,000–211,000)
Global	7.44	1,300,000 (1,160,000–1,440,000)	374,000 (325,000–427,000)	10,400,000 (8,770,000–12,200,000)	1,030,000 (915,000–1,150,000)

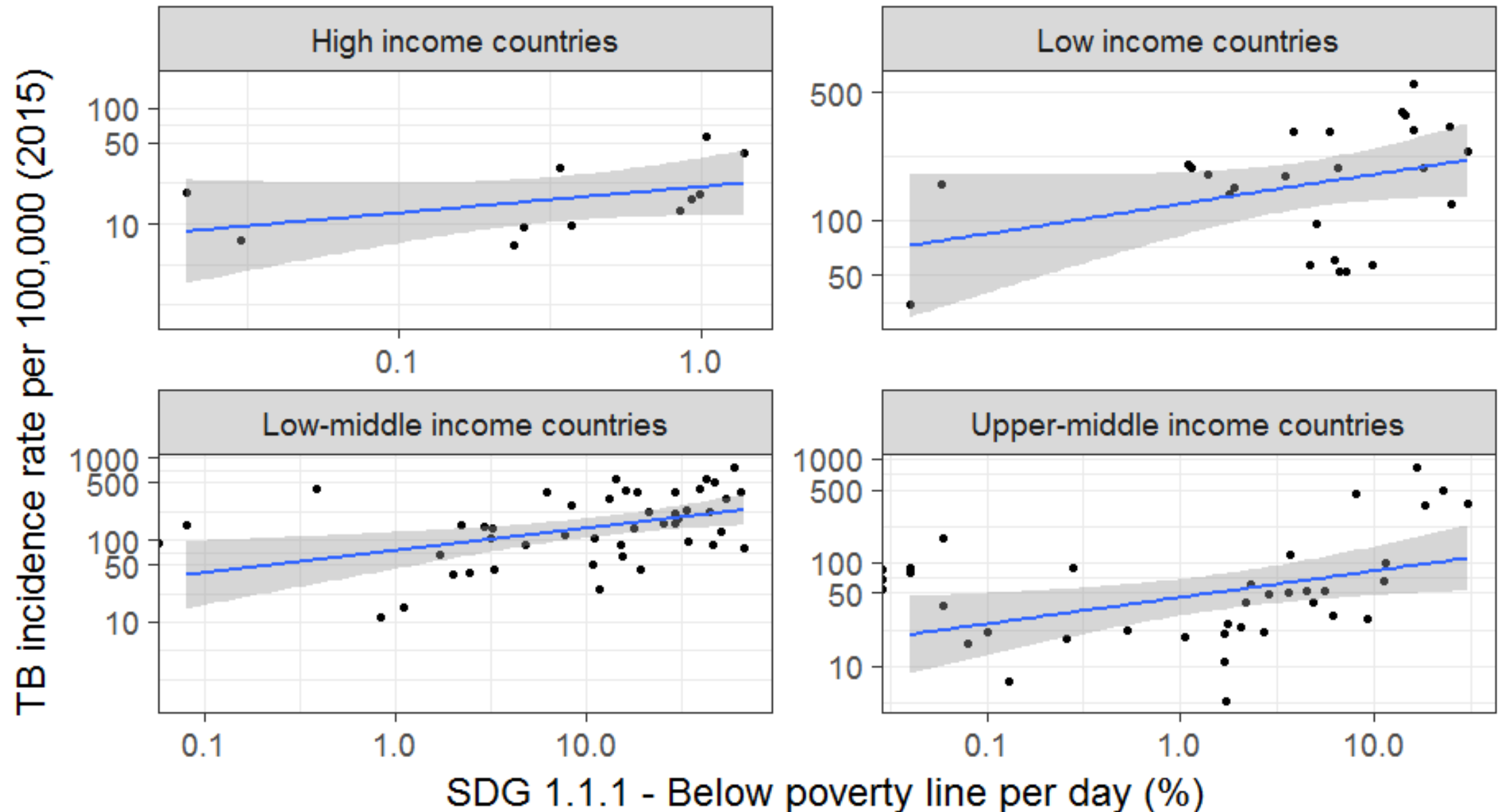
^aThe six WHO Regions are as follows: AFR, Africa; AMR, the Americas; EMR, Eastern Mediterranean; EUR, Europe; WPR, Western Pacific. Countries in each region are listed in Global TB Report 2017.¹

Age Distribution of TB Patients - 2016

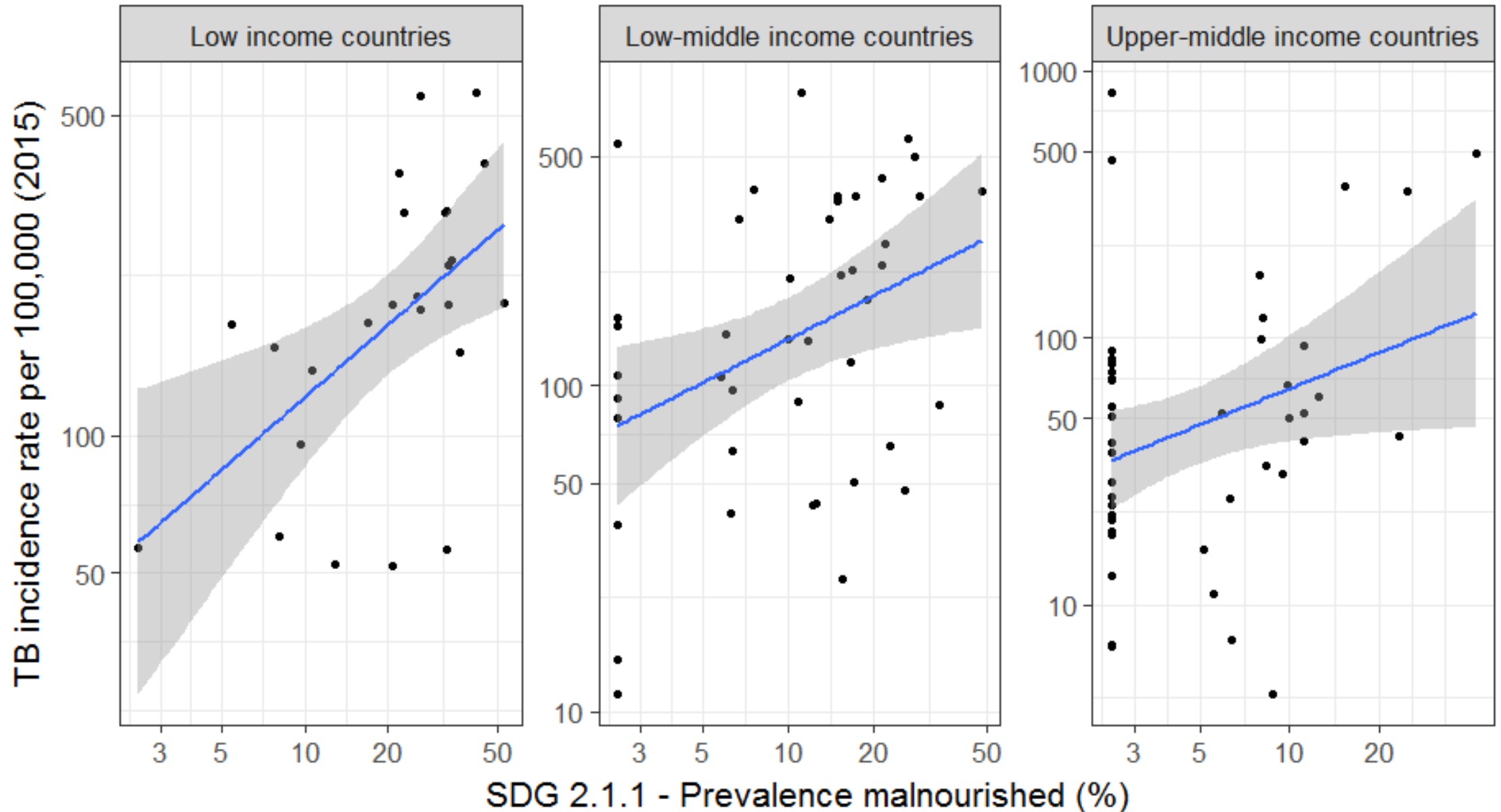


Global Distribution of estimated incident cases (black lines)
Shaded portions are the number of cases officially reported to the WHO in 2016
Blue (men) and Red (women)

TB is associated with poverty



The risk of TB is greater in malnourished people



Exposure to SO₂ increases risk of TB (*Korean J Intern Med* 2014; **29**: 183–90.)

Model	Male RR ^a (95% CrI)	Female RR ^a (95% CrI)
PM ₁₀ , µg/m ³	0.98 (0.94–1.02)	1.01 (0.97–1.06)
O ₃ , ppb	0.99 (0.94–1.03)	1.01 (0.97–1.05)
CO, ppb	0.99 (0.95–1.03)	1.01 (0.98–1.04)
NO ₂ , ppb	1.00 (0.96–1.05)	1.01 (0.98–1.05)
SO ₂ , ppb	1.07 (1.03–1.12)	1.02 (0.98–1.07)

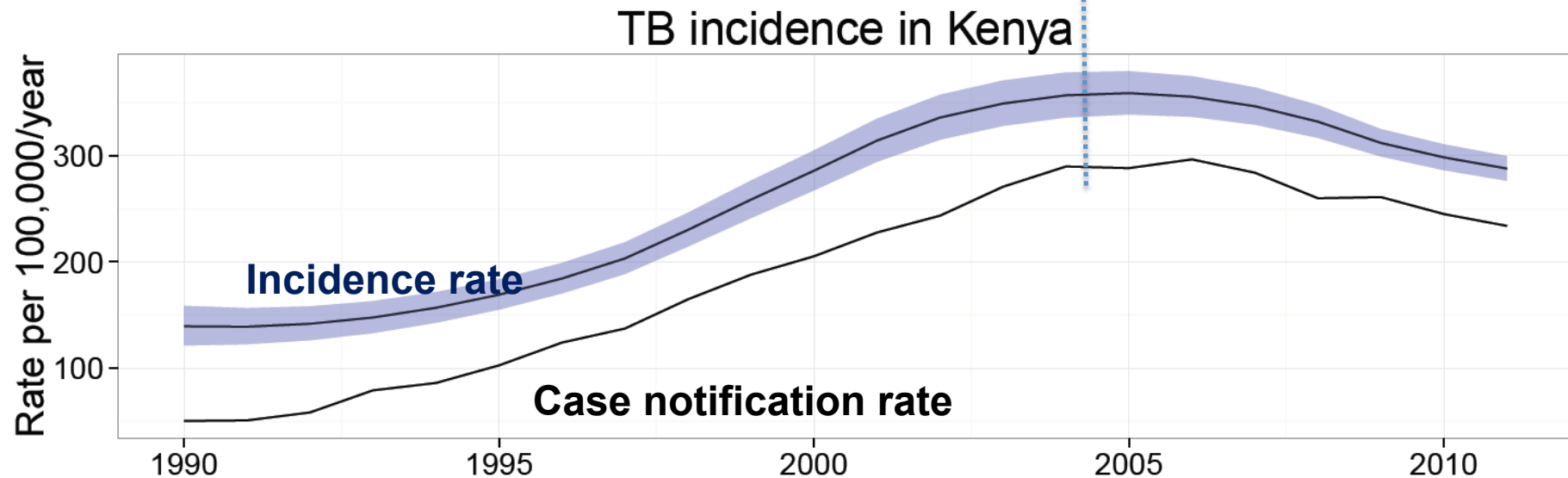
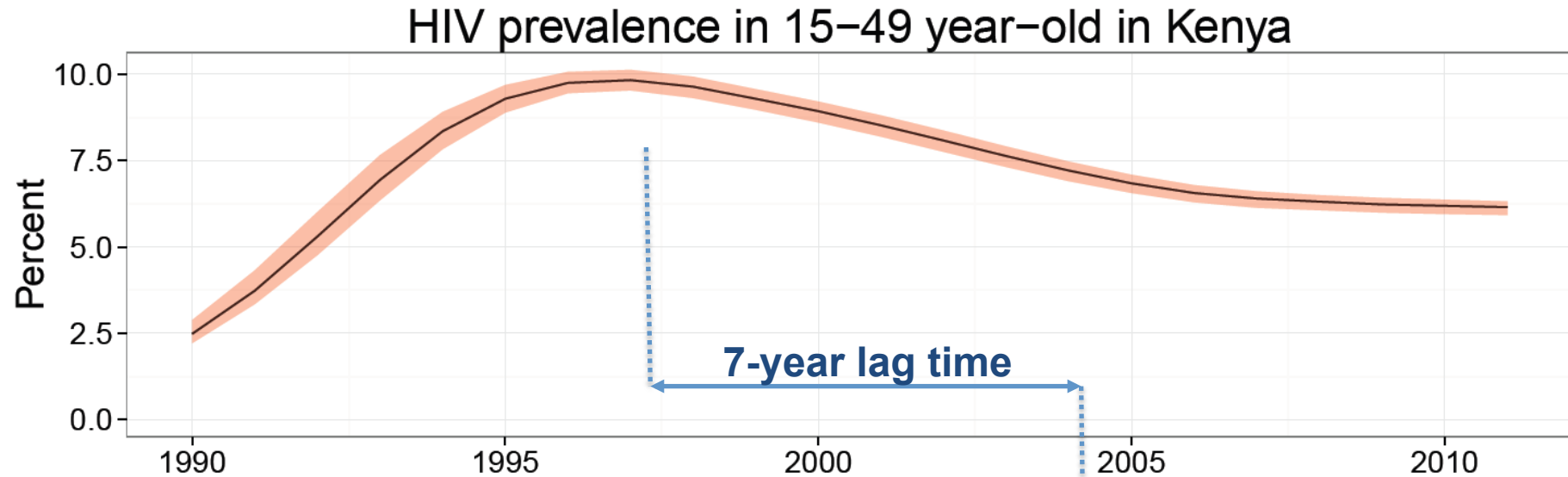
Impact of an interquartile increase in pollutant concentration on the incidence of tuberculosis

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9 out of 10 people worldwide breathe polluted air

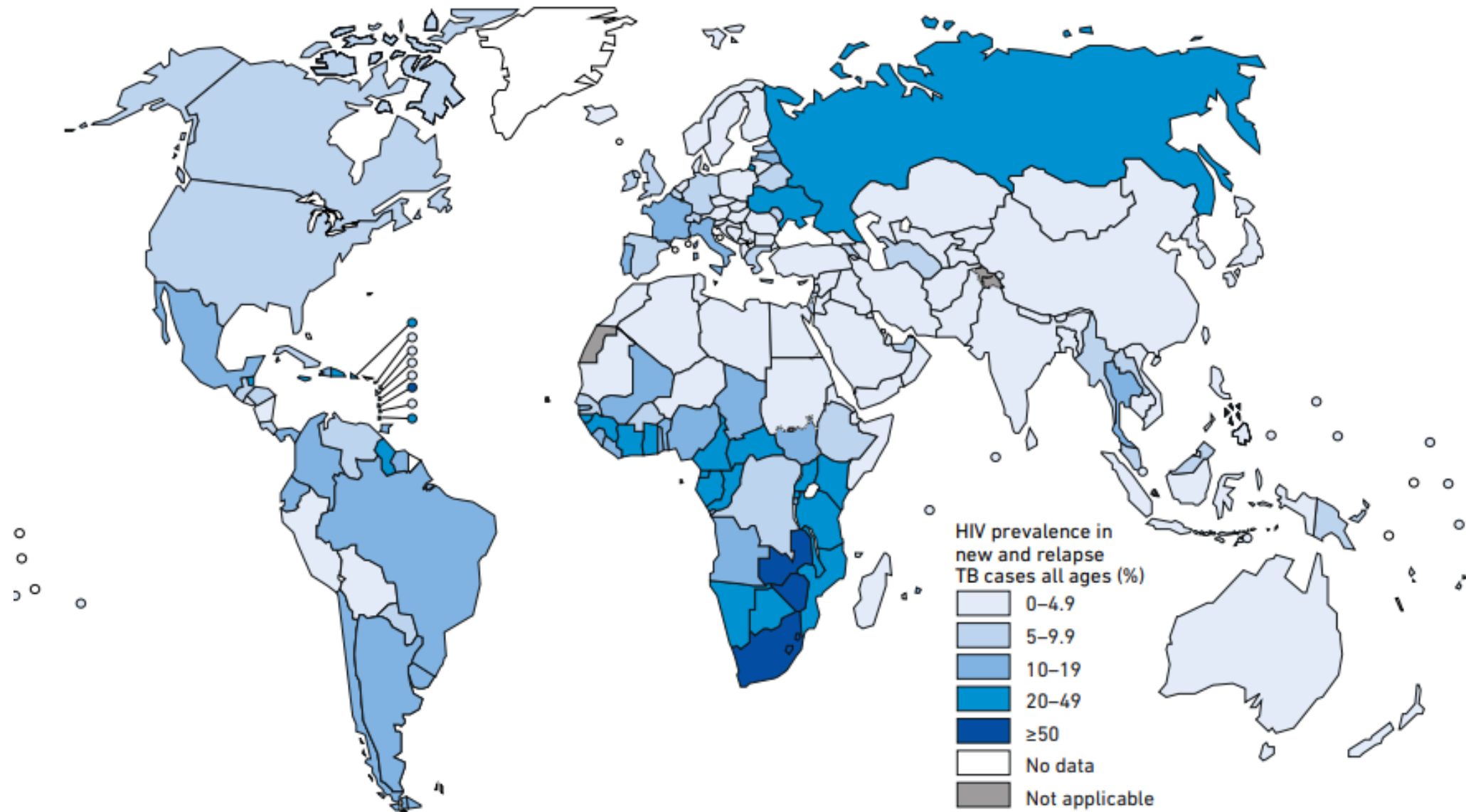
#AirPollution

Impact of the HIV epidemic on TB



0.92 million HIV+ TB cases in 2017

9% of TB cases



Global TB and HIV, 2017

0.92 million new TB cases HIV+

36.9 million HIV+ people

Incidence of TB = $0.92/36.9 = 2.5\%$ **person-yr**

9.1 million new TB cases HIV-

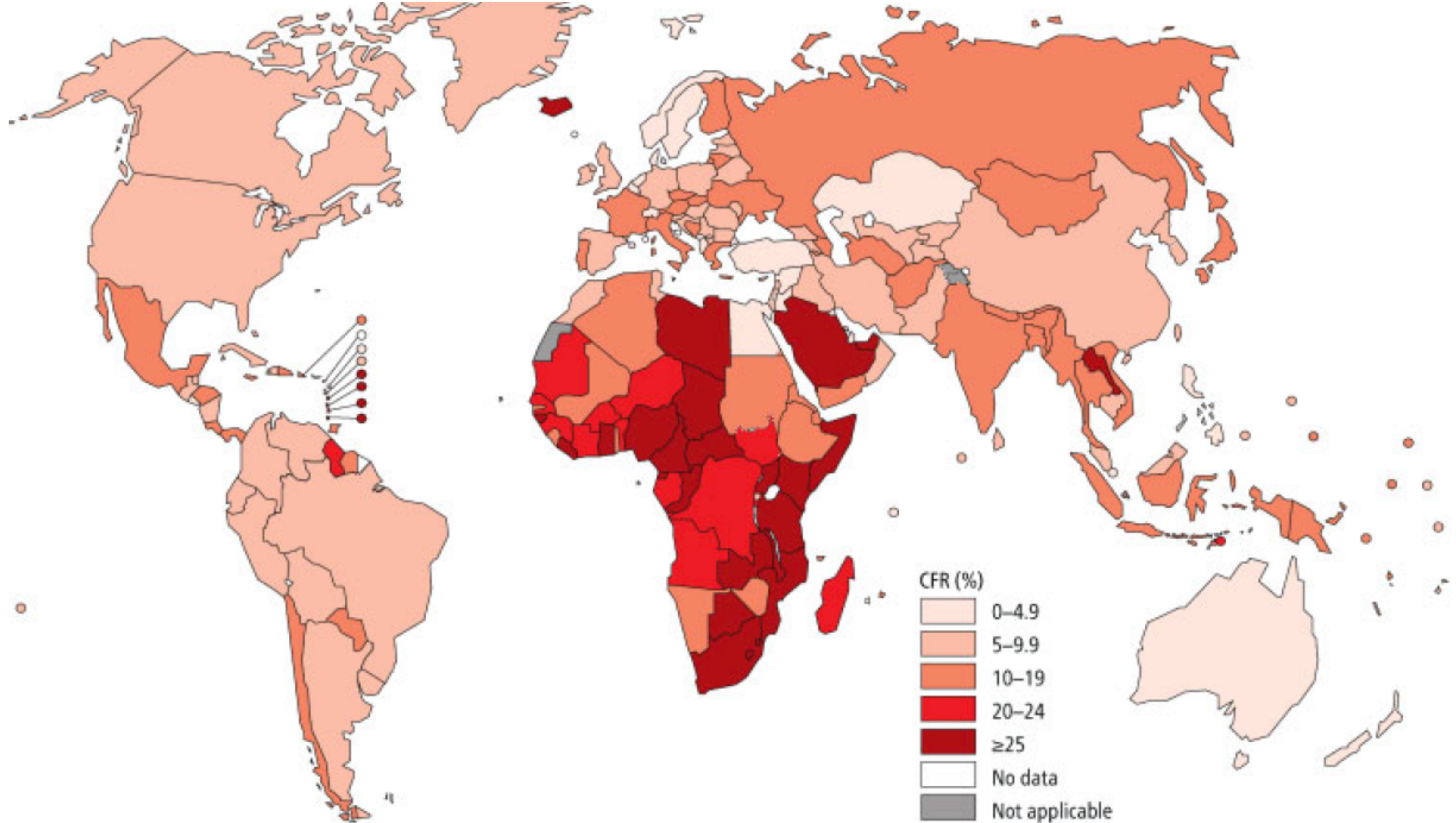
7.49 billion HIV- people

Incidence of TB = $9.1/7.49/10 = 0.12\%$ **person-yr**

TB incidence rate ratio = $2.5 / 0.12 = 20.4$

TB mortality (2017)

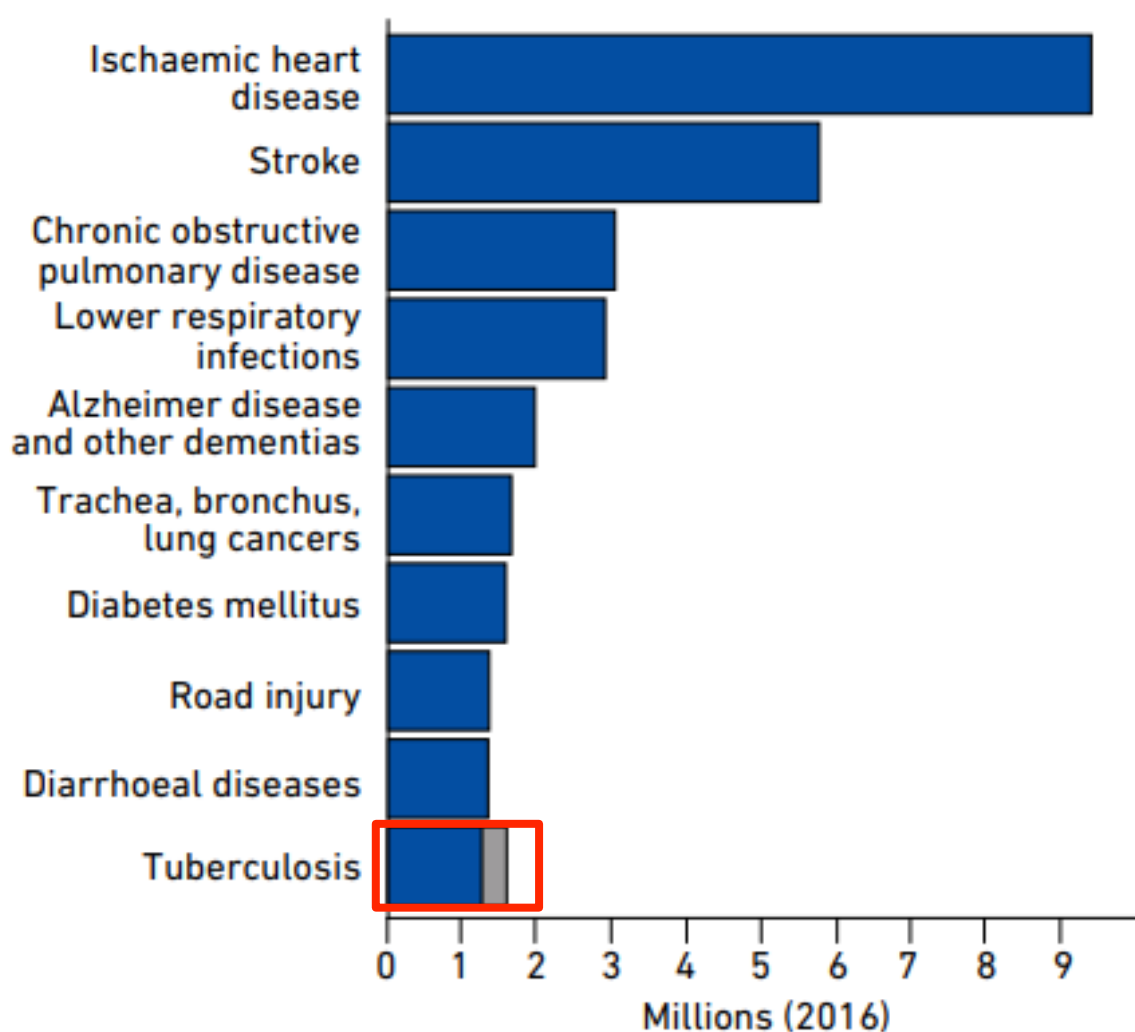
	HIV-	HIV+
Incident cases	9.1m	0.92m
TB deaths	1.27m	0.3m
Case Fatality Ratio (CFR)	$1.27 / 9.1 = 14\%$	$0.3 / 0.92 = 33\%$



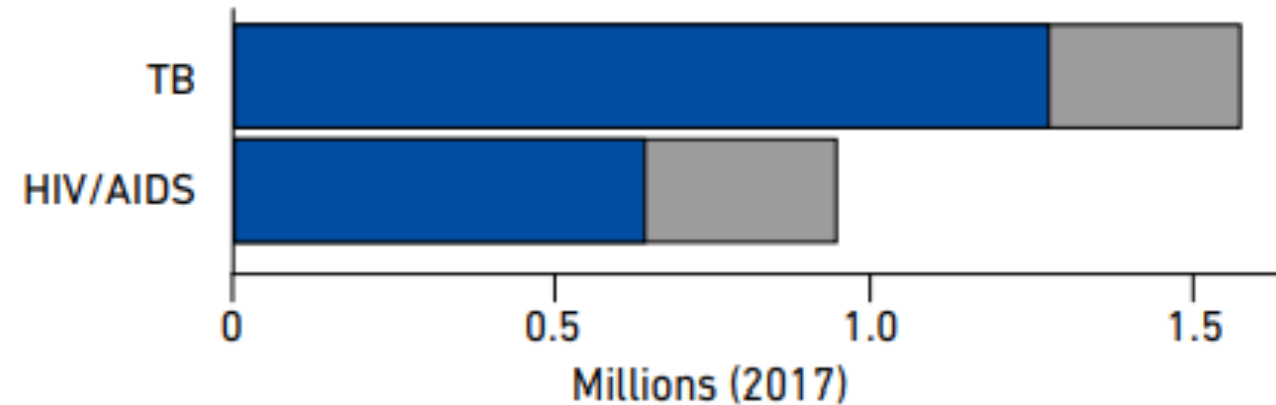
Estimates of the TB case fatality ratio, including HIV-negative and HIV-positive patients, 2016

TB first cause of death among infectious diseases

Top causes of death, 2016



TB and HIV Mortality, 2017



In grey: TB/HIV deaths

Funding and Research
HIV >>> TB

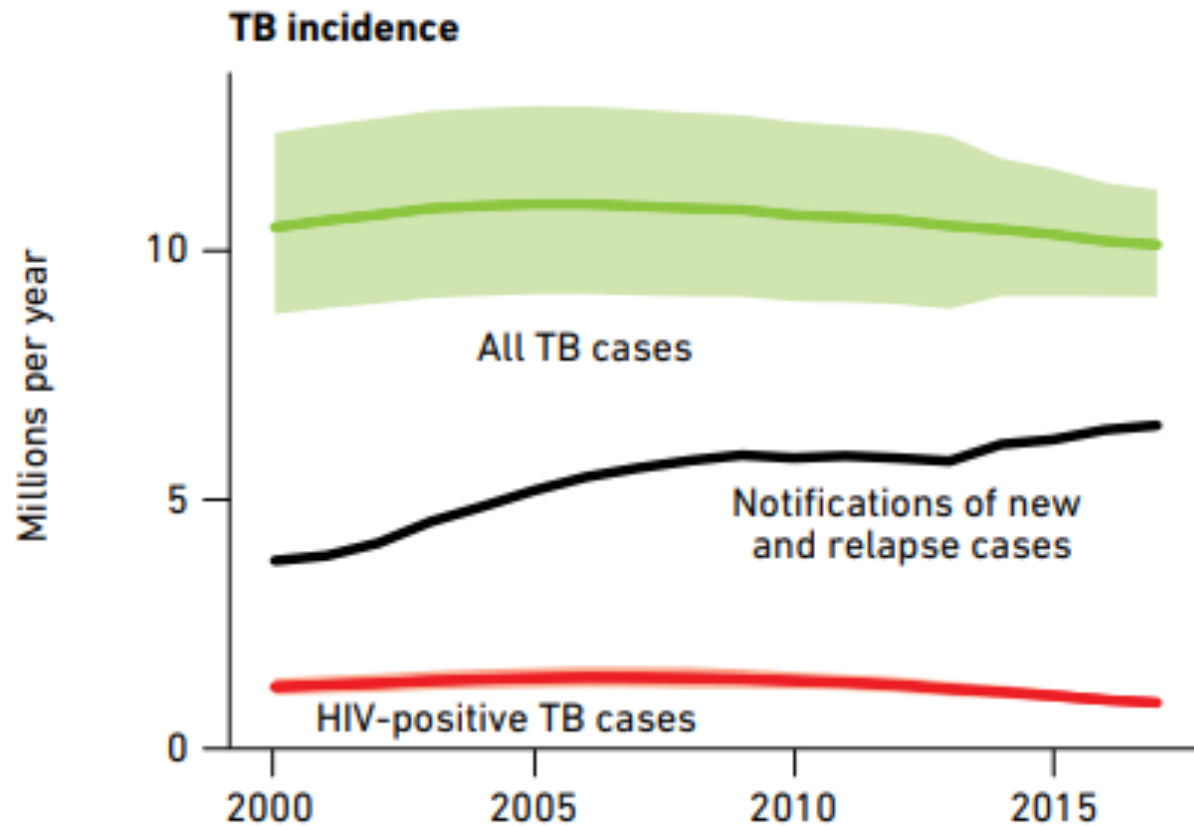
TB incidence rate declining 2%/year

Why is the decline so slow?

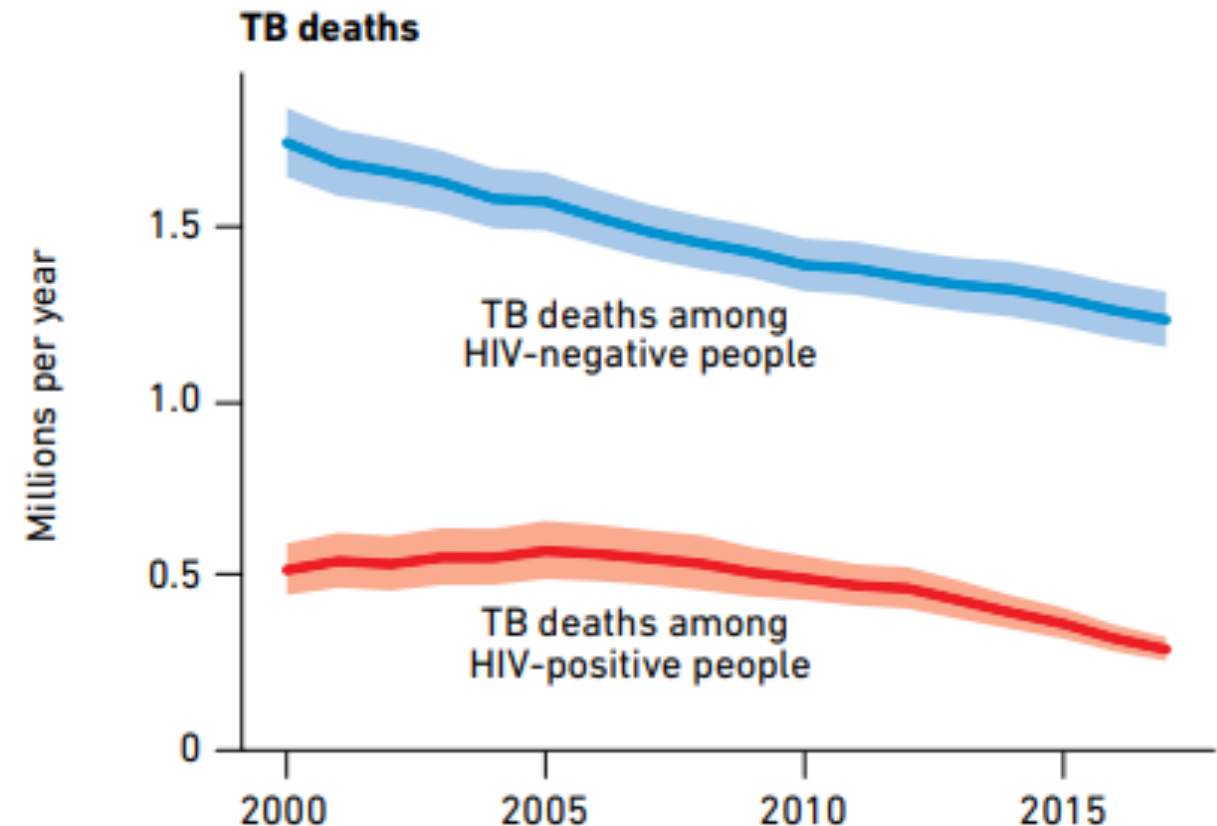
1. Global aging, large infection pool (1.7 billion people)
2. Rise of diabetes, pollution, crowding, urban population in slums, poverty
3. Low case detection and cure, drug resistance, HIV

Global trends in TB burden

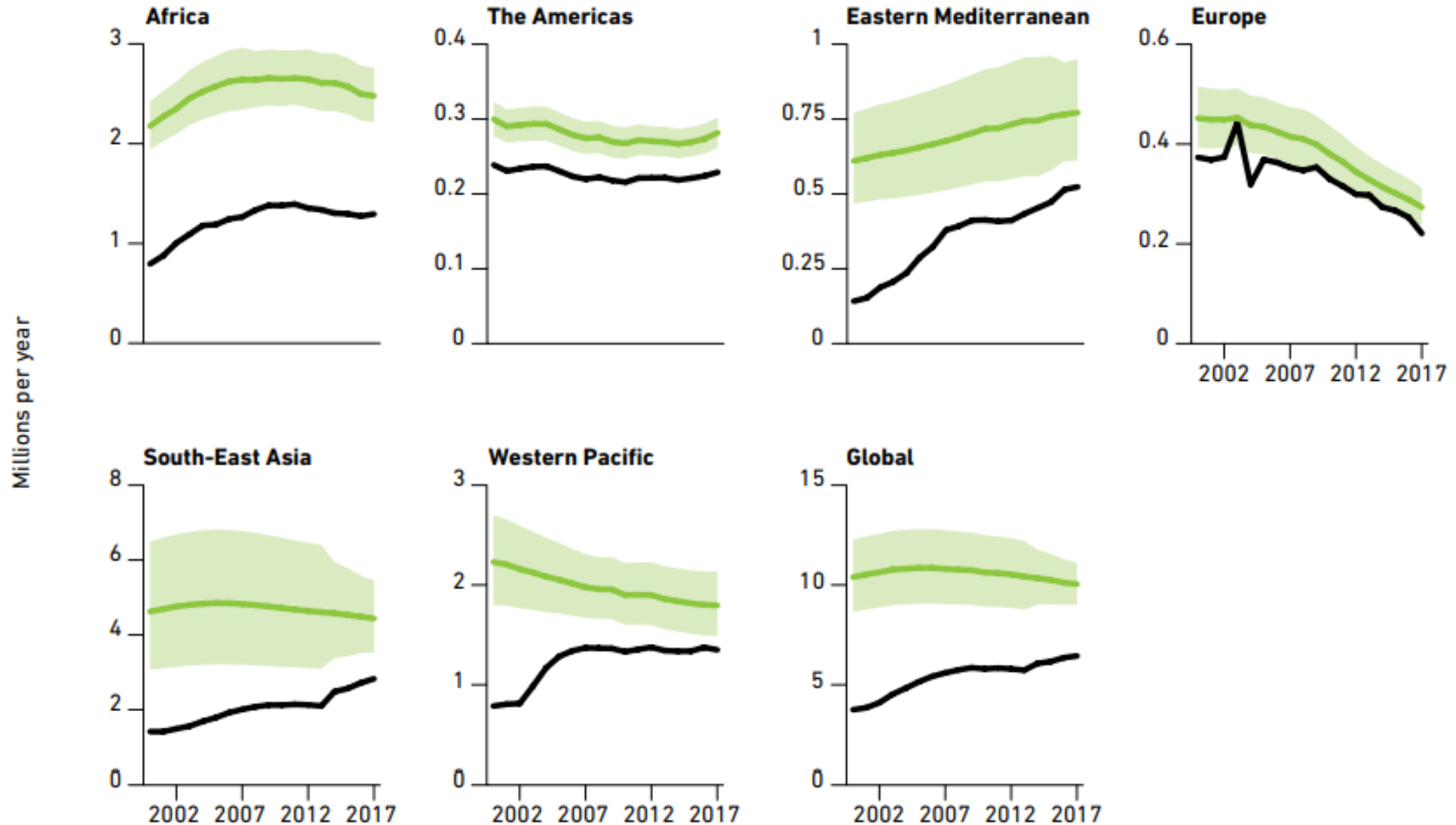
10 million new cases (2017)



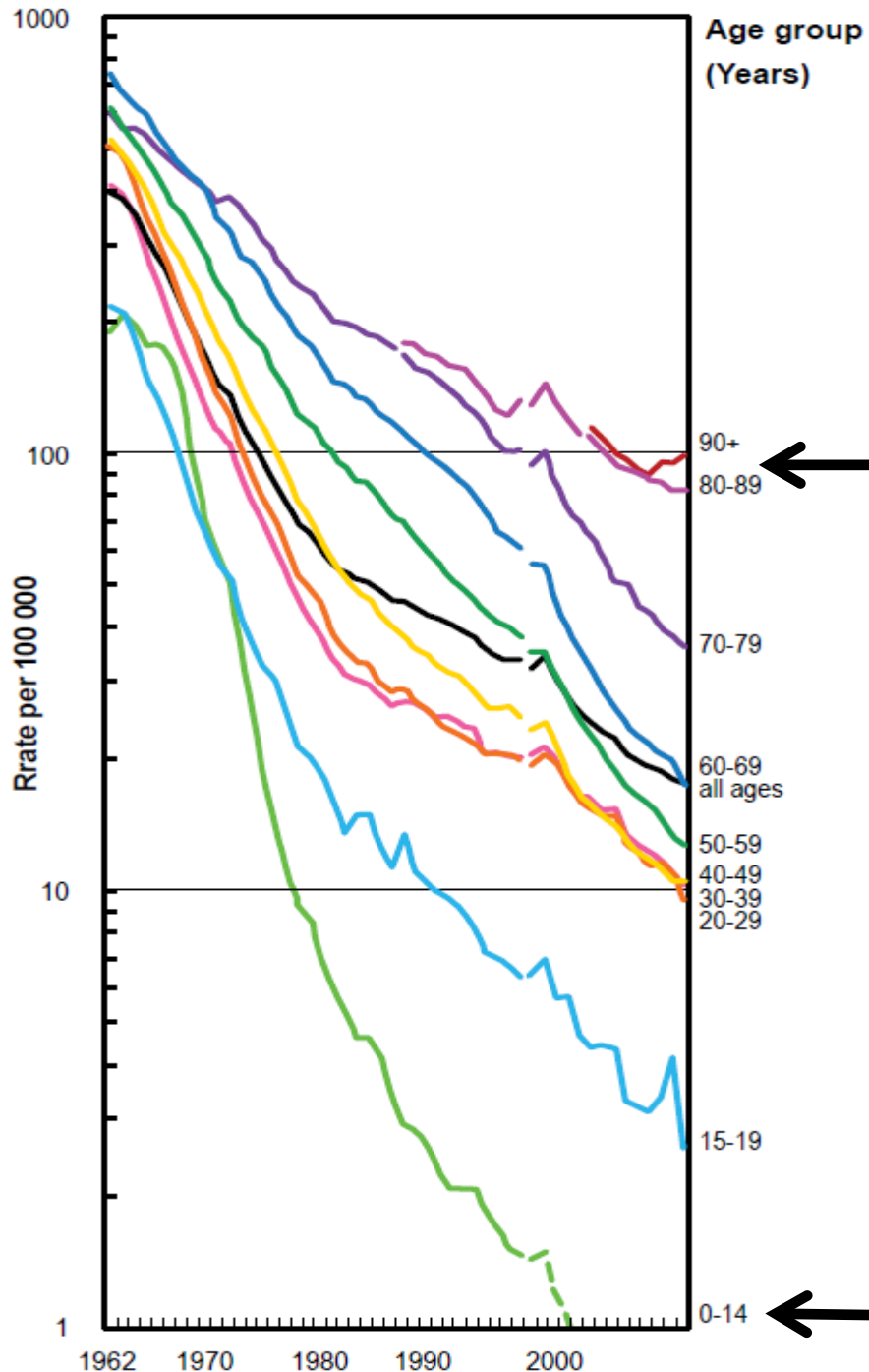
1.6 million TB deaths (2017)



6.4 million notified/treated cases, but
10 million incident cases estimated



Slow death of the TB epidemic in Japan



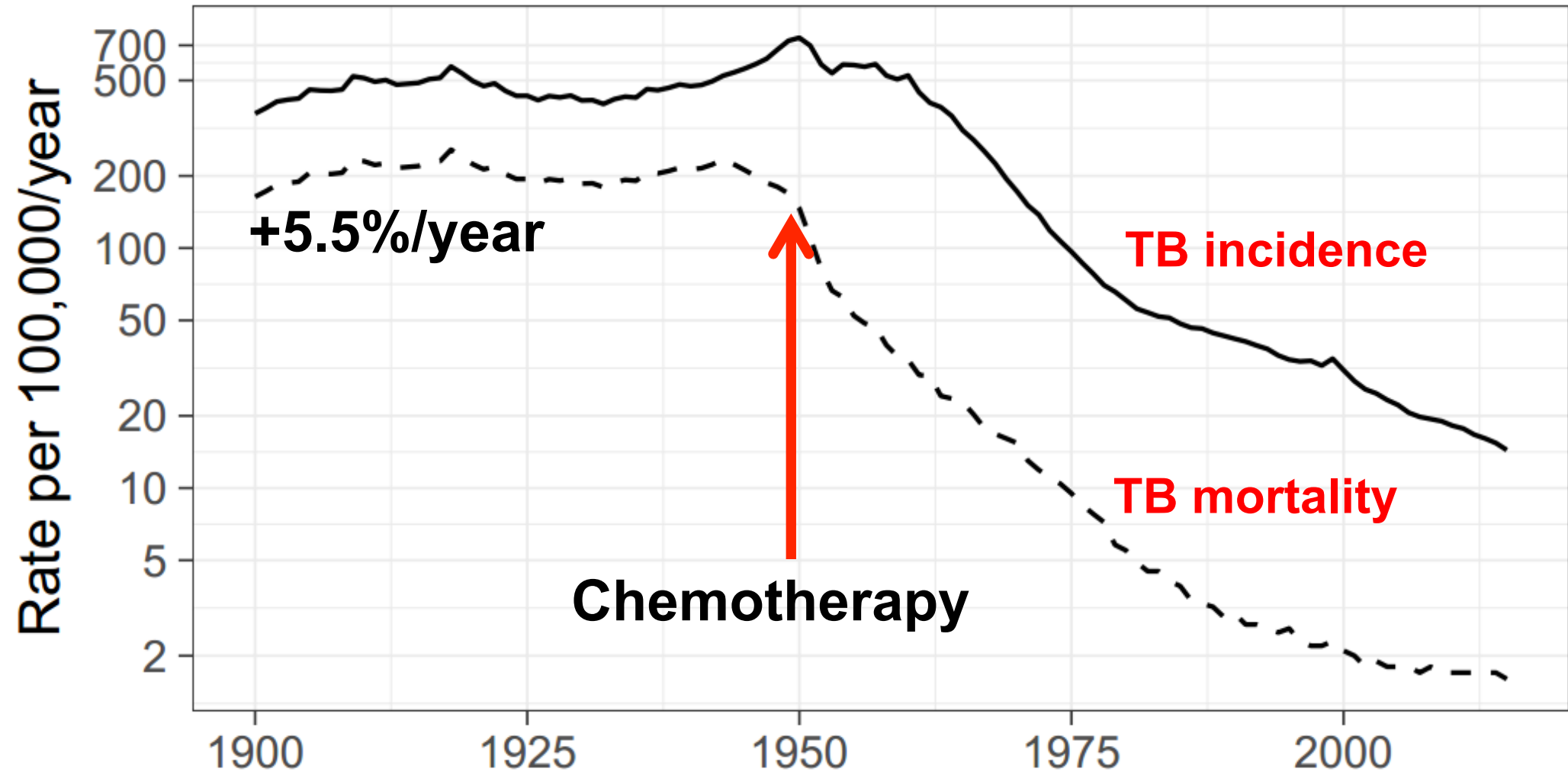
**1 case per 1000 elderly people
= 100/100,000**

The Large Reservoir of Latent TB

2 orders of
magnitude

**1 case per 100,000 children
transmission nearly stopped**

Worsening of the TB epidemic during the industrial revolution in **Japan**

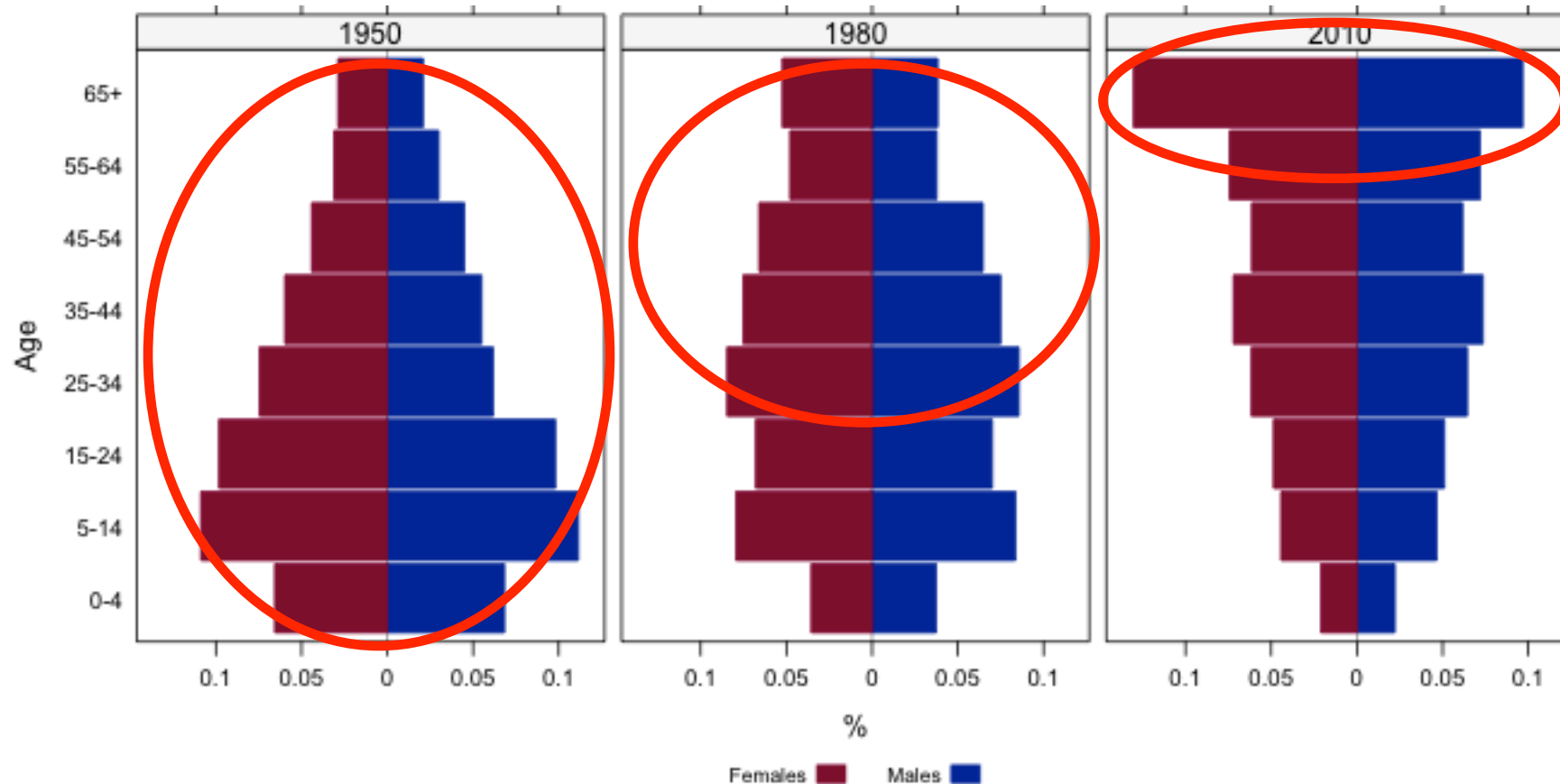


Demographic transition in Japan

High prevalence of infection in nearly all age groups

High prevalence of infection in 30+ year old

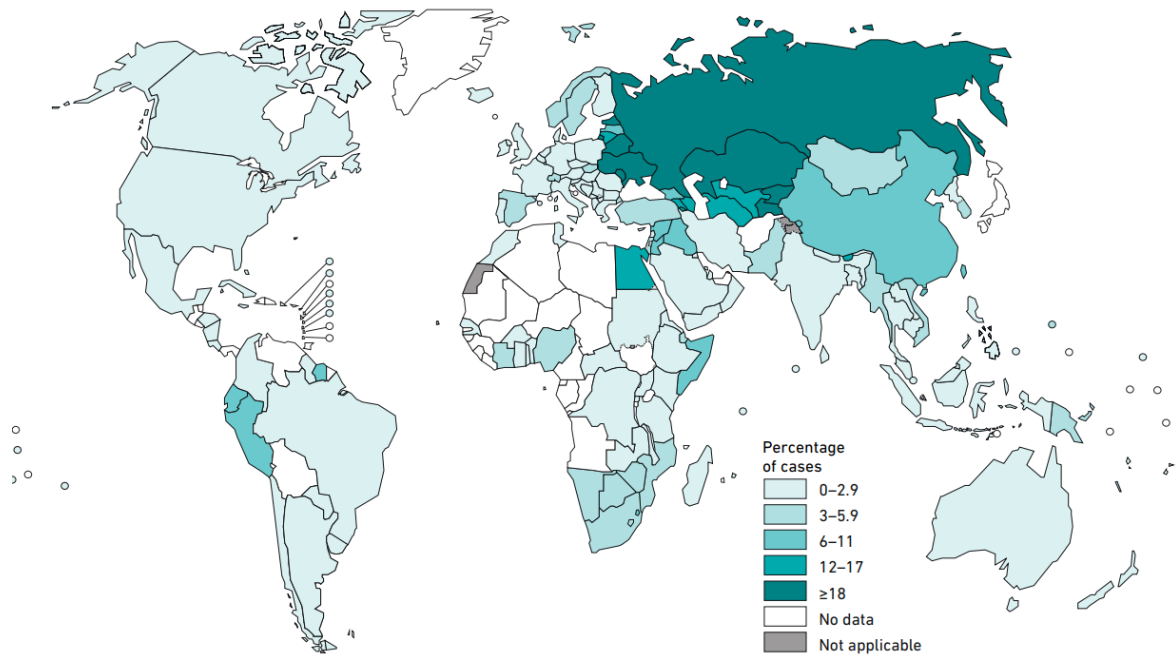
High incidence of disease in 60+ year old



TB drug resistance (2017)

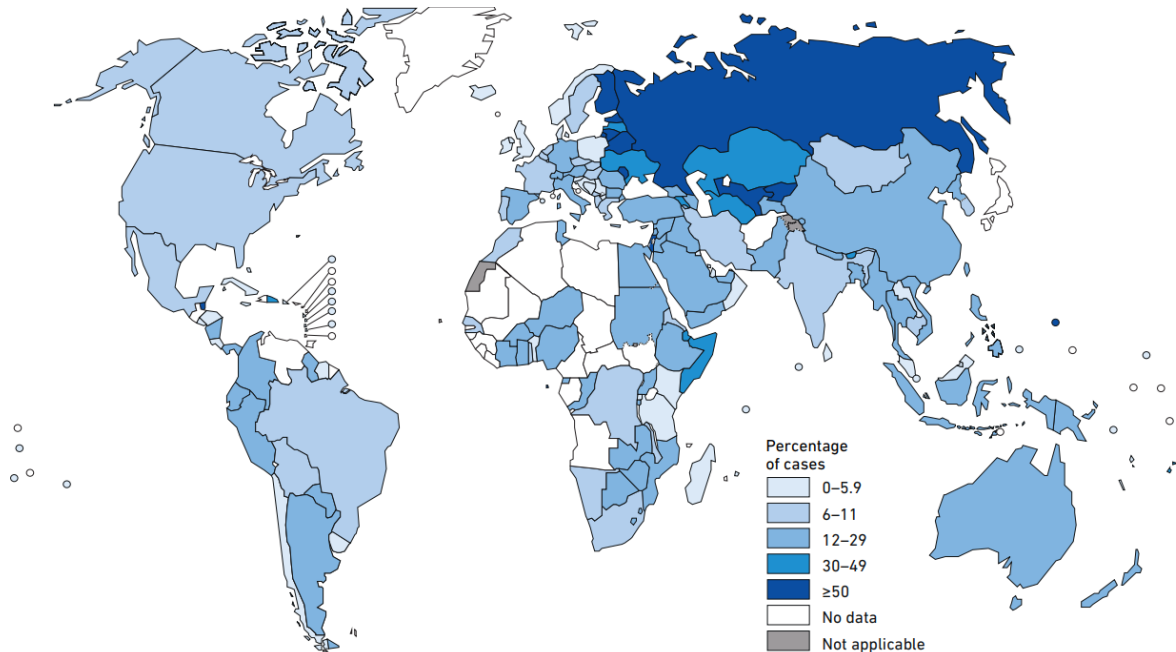
MDR/RR-TB: 558,000 new cases per year (82% MDR)

8.5% of people reported with MDR/RR-TB have **XDR-TB**



**RR-TB in new cases
(2017)**

3.5 (2.5 - 4.7)%



**RR-TB in retreatment
cases (2017)**

18 (6.3 - 34)%

RR-TB care cascade

Incident RR-TB

```
graph TD; A[Incident RR-TB] --> B[29% detected and reported]; B --> C[87% treated]; C --> D[55% cured];
```

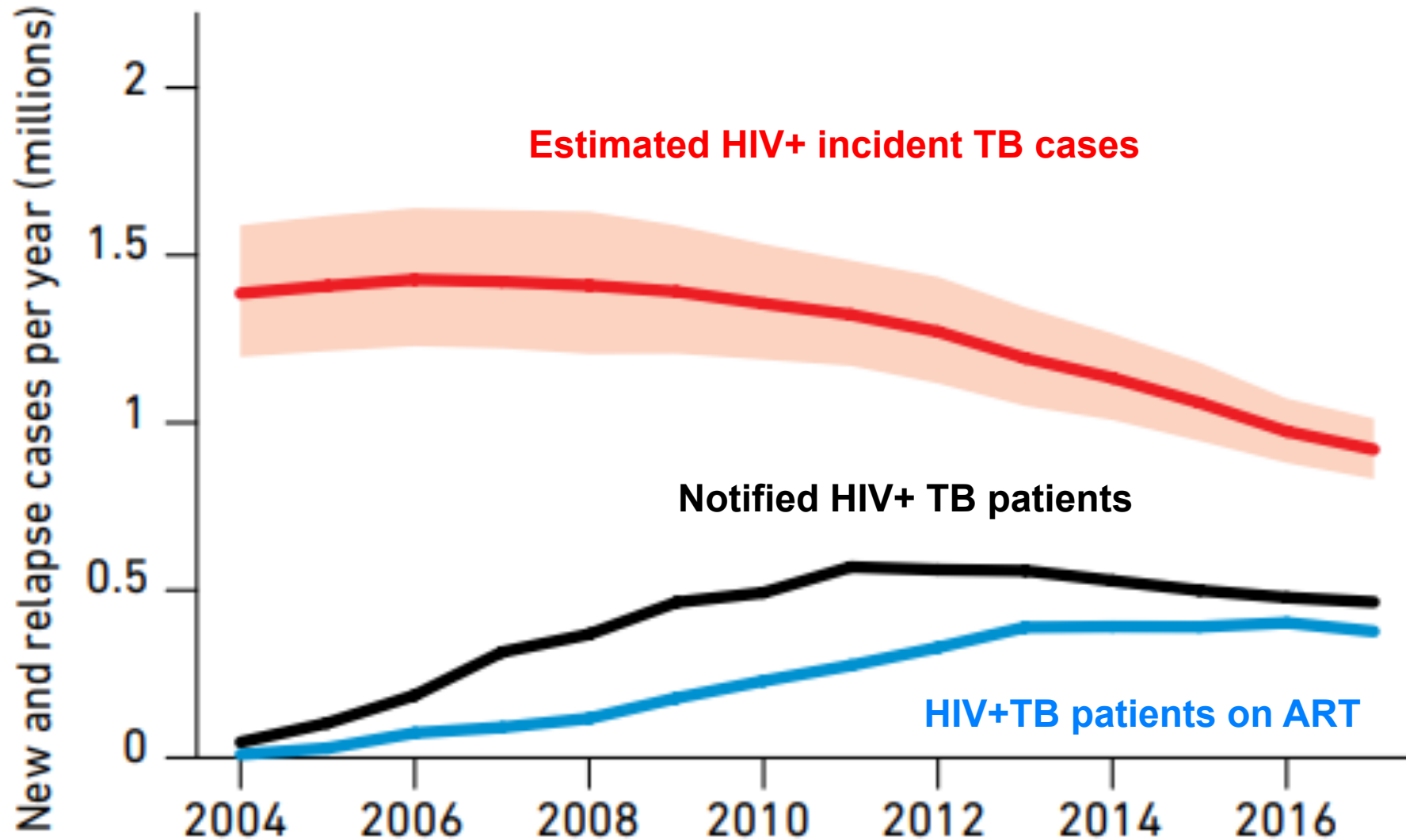
The diagram illustrates the RR-TB care cascade as a vertical flowchart. It begins with a wide blue bar at the top labeled 'Incident RR-TB'. A blue arrow points down to a box labeled '29% detected and reported'. Another blue arrow points down to a box labeled '87% treated'. A final blue arrow points down to a box labeled '55% cured'. A horizontal red dotted line is positioned below the final box.

29% detected and reported

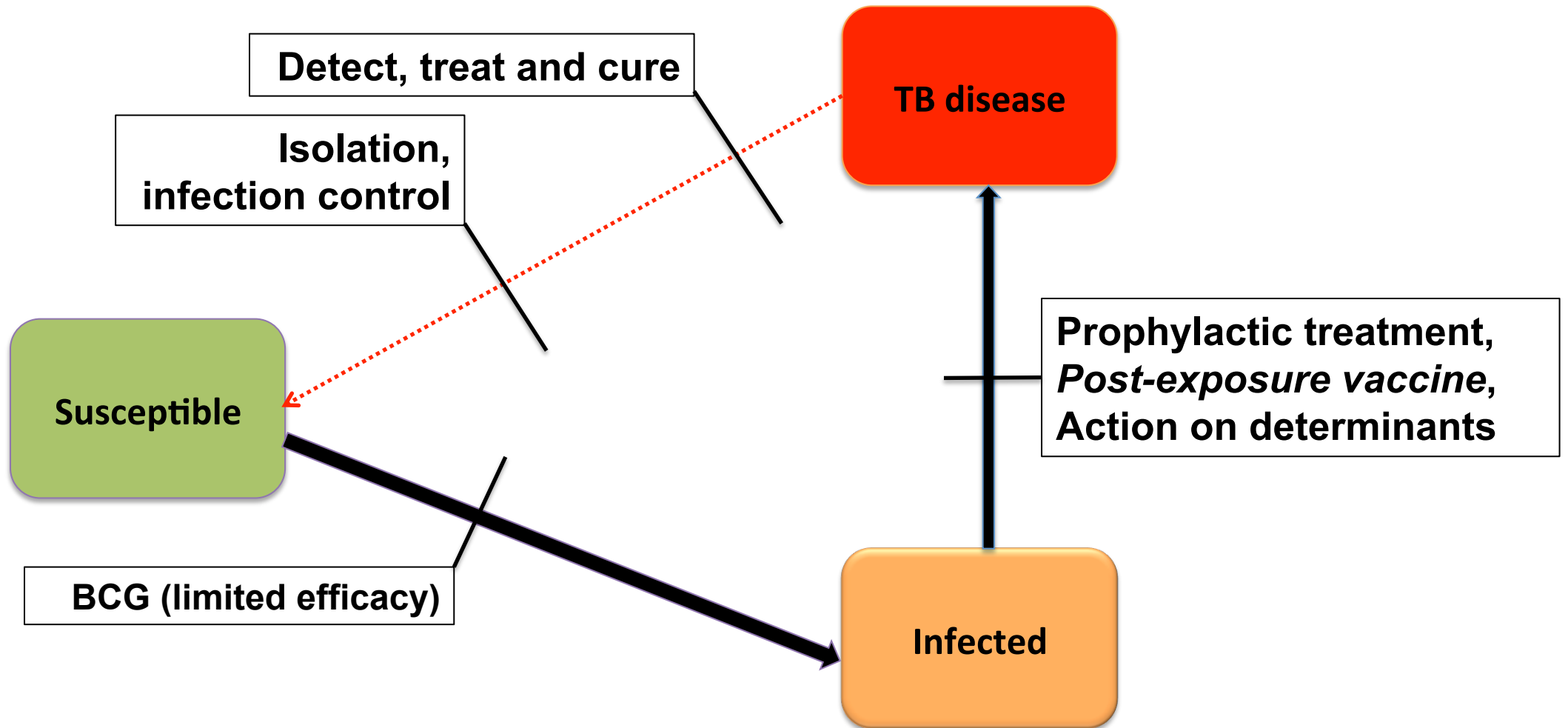
87% treated

55% cured

TB/HIV: Anti-retroviral coverage gap



Principles of TB control



Ending the global TB epidemic

