

# Explanatory notes for Annex 2

Regional summaries and country data grouped by WHO region are presented in the following tables. The WHO Global TB Database, which includes detailed data for previous years, is available at [www.who.int/tb/country/global\\_tb\\_database](http://www.who.int/tb/country/global_tb_database).

All rates are per 100 000 population (total population of country or region, with the exception of notifications by age and sex, where the estimated population for each age and sex category is used).

## NTP manager (or equivalent); person filling out data collection form (if different)

The people named on the data collection form sent to WHO in 2006 (this list serves to acknowledge the contribution of NTP managers and others; the people named are not necessarily the current NTP managers).

## Summary of TB control policies

Implementation of the Stop TB Strategy, 2005–2006. Shown is the proportion of each country's population which lives in areas implementing the strategy (*DOTS coverage*), and the extent to which components and sub-components were implemented in those areas.

- *NTP manual*: squares indicate that there is a manual; triangles that there is not.
- *Smear microscopy for diagnosis; Standardized chemotherapy; DOT (directly observed treatment) and Monitoring outcomes*: squares indicate that these core components of DOTS are implemented in all DOTS units in 2005; circles, in some units; triangles, in none.
- *Cases notified by type; age & sex*: squares indicate that, for 2005, cases were notified by type and by age and sex; circles indicate notification by type only; triangles, no notification.
- *2004 cohort outcomes, reported: new; retreatment*: squares indicate that, for cases registered in 2004, outcomes were provided for new and re-treatment cases; circles indicate for new cases only; triangles, no outcomes.
- *Smear microscopy free-of-charge and Drugs free-of-charge*: squares indicate that these policies were implemented in all DOTS units in 2005; circles, in some units; triangles, in none.
- *Uninterrupted drug supply*: squares indicate that in 2005 there were no stock-outs of anti-TB drugs at central or peripheral level; circles, that stock-outs occurred at either central or peripheral level; triangles, that they occurred at both levels.
- *EQA for smear microscopy*: squares indicate that there was a system of external quality assurance for smear microscopy in 2005; triangles indicate that there was no such system. See Table A2.4 for numbers of laboratories included in EQA.
- *Strategic HRD plan*: squares indicate that the NTP has a comprehensive strategic human resource development plan; triangles indicate there was no such plan.
- *TB control in curricula of doctors and nurses*: squares indicate that TB control (following NTP guidelines) is included in the curricula for basic training of both doctors and nurses; circles that it is included in either the curricula for doctors or for nurses; triangles indicate that neither included TB control.
- *Up-to-date job descriptions*: squares indicate that job descriptions for staff involved in TB control are up-to-date; triangles indicate that this is not the case.
- *Guidelines for private practitioners*: squares indicate that the NTP had guidelines on TB management for medical practitioners working outside public health clinics in 2005; triangles indicate that this is not the case.
- *Public providers notified/referred and Private providers notified/referred*: for each column, squares indicate that, in 2005, all providers notified TB cases, directly or indirectly, to the NTP; circles indicate that some groups of providers did so; triangles, that none did.
- In the following 6 columns, triangles indicate that the *International Standards for Tuberculosis Care (ISTC)* was promoted by the NTP in 2006; that *Health system strengthening* was explicitly mentioned in the national TB control plan; that the *Practical Approach to Lung Health (PAL)* was part of the plan; that *community-based TB care* was implemented in 2005; and that at least one operational research project was initiated in collaboration with the NTP in 2005. In each column, triangles indicate the opposite.
- *MDR-TB mgmt; in line with WHO guidelines*: squares indicate that the management of MDR-TB patients was part of the activities of the NTP in 2005, and that the management followed WHO guidelines; circles indicate that MDR-TB was managed by the NTP but not following WHO guidelines; triangles indicate that MDR-TB was not managed by the NTP.
- *HIV counselling and testing*: squares indicate that, in 2005, there was a national policy to offer HIV counselling and testing to TB patients (even if only in specific groups); triangles indicate that this was not the case.
- *Surveillance of HIV prev in TB pts*: squares indicate that, in 2005, there was a national surveillance system to measure the prevalence of HIV in TB patients

(from routine testing, sentinel sites or other sources); triangles indicate that this was not the case.

#### Table A2.1 **Estimated burden of TB, 1990 and 2005**

Estimates of incidence, prevalence and mortality for 1990 (baseline year for MDGs) and 2005 (the latest year covered by this report). See Methods for details of calculations. All estimates include TB in people with HIV.

#### Table A2.2 **Whole country case notifications and case detection rates, 2005**

Case notifications by history (new or re-treatment), by site (pulmonary or extrapulmonary) and by smear status (smear-positive, negative or unknown). Proportions of case types and estimated case detection rate for whole country (DOTS and non-DOTS combined).

- *Population, source: World population prospects – the 2004 revision.* New York, United Nations Population Division, 2005.
- *Country total:* the total number of TB cases according to the country's own reporting convention (in many countries this matches the WHO total – new and relapse – other countries include re-treatment cases and/or cases with unknown treatment history).
- *WHO total:* new and relapse cases (for the WHO European region only, cases with treatment history unknown also included).
- *Other new:* new cases for which the site of disease is not recorded.
- *Other re-treat.:* re-treatment cases for which the outcome of previous treatment is not known.
- *Other:* cases for which neither treatment history nor site of disease is recorded.
- *New pulm. lab. confirmed:* new pulmonary cases in which diagnosis has been confirmed by smear and/or culture examination.
- *Detection rate, all cases:* notified (new and relapse) cases divided by estimated incident cases (expressed as percentage).
- *Detection rate, new ss+:* notified new smear-positive cases divided by estimated incident smear-positive cases (expressed as percentage).
- *SS+ (% of pulm.):* the percentage of all new pulmonary cases that are smear-positive.
- *SS+ (% of new+relapse):* the percentage of new and relapse case that are new smear-positive.
- *Extrapulm. (% of new+relapse):* the percentage of all new and relapse cases that are extrapulmonary.
- *Re-treat. (% of new+re-treat.):* notified re-treatment cases as a percentage of all notified cases.

#### Table A2.3 **DOTS coverage, case notifications and case detection rates, 2005**

As for Table A2.2, but for DOTS notifications.

- *DOTS coverage:* the percentage of the national population living in areas where health services have adopted DOTS.

#### Table A2.4 **Laboratory services, collaborative TB/HIV activities and management of MDR-TB, 2004–2005**

##### **Laboratory services**

- *Numbers of laboratories:* Shown are the numbers of laboratories working with the NTP that perform smear microscopy, culture or DST, and the number of laboratories performing smear microscopy that are included in external quality assurance (EQA).

##### **Collaborative TB/HIV activities, 2004 and 2005**

- *TB pts tested for HIV:* the number of TB patients tested for HIV.
- *TB pts HIV-positive:* the number of TB patients found to be HIV-positive.
- *HIV+ TB pts CPT:* the number of HIV-positive TB patients given co-trimoxazole preventive therapy.
- *HIV+ TB pts ART:* the number of HIV-positive TB patients given antiretroviral therapy during their TB treatment.

##### **Multidrug-resistant (MDR) TB, 2005**

- *Lab-confirmed MDR:* number of laboratory-confirmed cases of MDR-TB identified among TB patients (new and re-treatment) diagnosed in 2005.
- *DST in new cases:* number of new TB cases in 2005 for whom drug sensitivity testing (DST) was performed at start of treatment.
- *MDR in new cases:* number of new cases which were identified as MDR-TB based on DST at start of treatment.
- *Re-treatment DST:* number re-treatment cases registered in 2005 for whom DST was performed at start of treatment.
- *Re-treatment MDR:* number of re-treatment cases identified as MDR-TB based on DST at start of treatment.

#### Table A2.5 **Treatment outcomes, 2004 cohort**

Treatment outcomes of new smear-positive cases treated under DOTS, non-DOTS and re-treatment cases under DOTS (all re-treatment cases combined).

**Table A2.6 Re-treatment outcomes, 2004 cohort**

Re-treatment outcomes of smear-positive cases treated under DOTS after relapse, treatment failure or default.

**Table A2.7 DOTS treatment success and case detection rates, 1994–2005**

Treatment success rates (the proportion of registered cases cured or completed treatment) for new smear-positive cases treated under DOTS from 1994 to 2004 and smear-positive case detection rates under DOTS from 1995 to 2005.

**Table A2.8 New smear-positive case notification by age and sex, absolute numbers, DOTS and non-DOTS, 2005**

Breakdown by age and sex of new smear-positive cases notified from whole country (DOTS and non-DOTS). Some countries cannot provide the breakdown for all new smear-positive notified cases, others provide the breakdown for all new cases, or all notified cases (see country notes).

**Table A2.9 New smear-positive case notification rates by age and sex, DOTS and non-DOTS, 2005**

Notification rates of new smear-positive cases by age and sex (DOTS + non-DOTS). Rates are missing where breakdown of smear-positive notified cases is not provided, or where age- and sex-specific population data are not available. In the regional summary table, rates are excluding those countries for which breakdown of notified cases or population by age and sex is missing.

**Table A2.10 Number of TB cases notified, 1980–2005**

**Table A2.11 Case notification rates, 1980–2005**

**Table A2.12 New smear-positive cases notified, numbers and rates, 1993–2005**

**Country notes**

These notes include data provided to WHO in non-standard formats, additional information reported by countries, and other observations.