Current trends in tuberculosis epidemiology in the Netherlands

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- 1903 in Rotterdam: first "Dutch Society" for the fight against tuberculosis
- other cities quickly followed
- september 1903: "Dutch Central Society"
- 1918: government took responsibility and emphasized preventive measures → regional municipal health services
- 1953: → "Royal" = "Royal Dutch Central Society" or "KNCV"



# The KNCV

 collaborates with municipal health services for contact tracing and treatment of tuberculosis

 maintains nationwide patient database in the Netherlands Tuberculosis Register

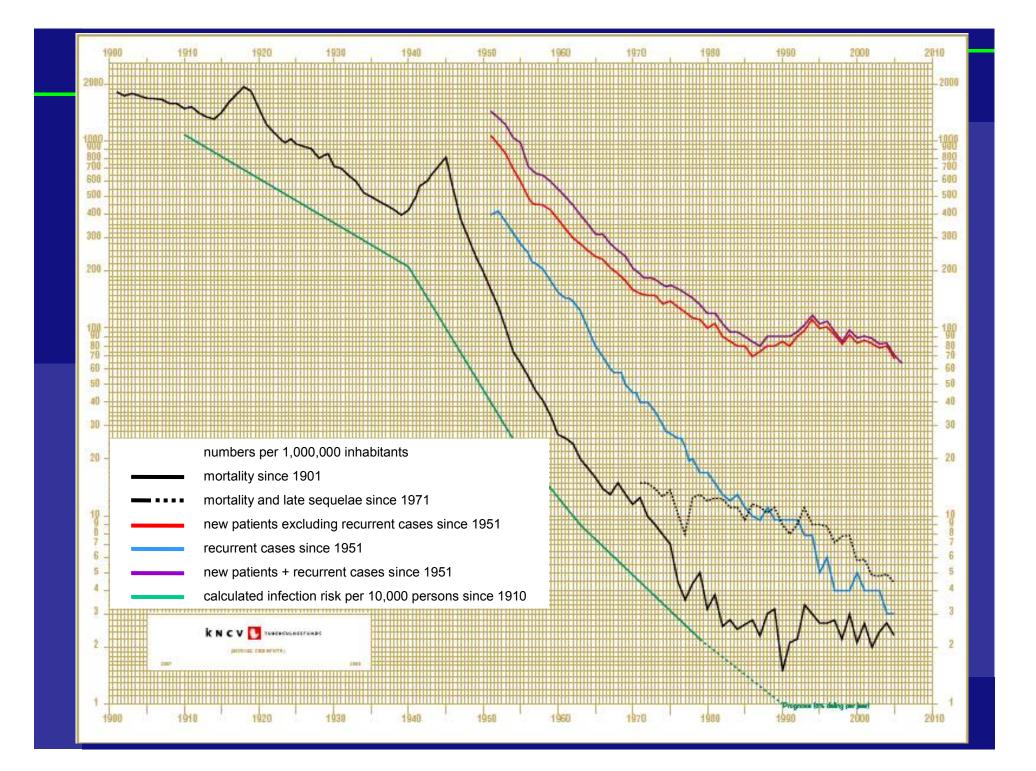
✓ → impressive annual report



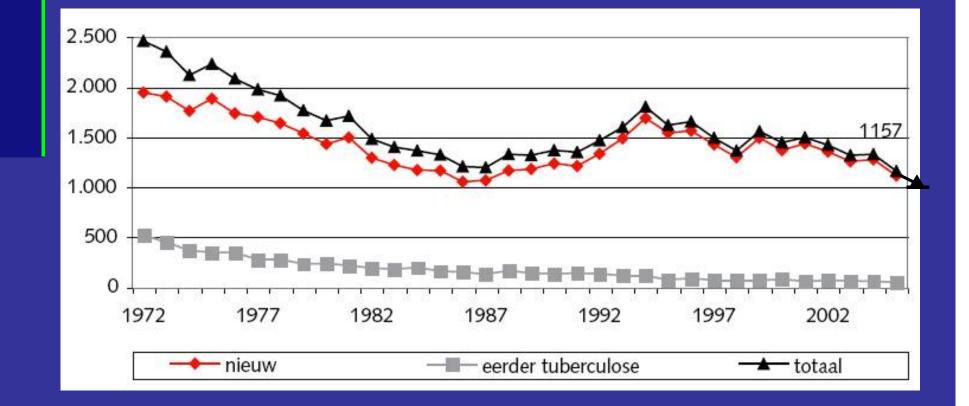
# The KNCV

- is committed to reducing tuberculosis in the Netherlands and worldwide, in around forty countries.
- policy development, technical assistance, advisory services, training programs, capacity building, as well as epidemiological and operational research.





# Netherlands Tuberculosis Register Number of cases 1972 -2005

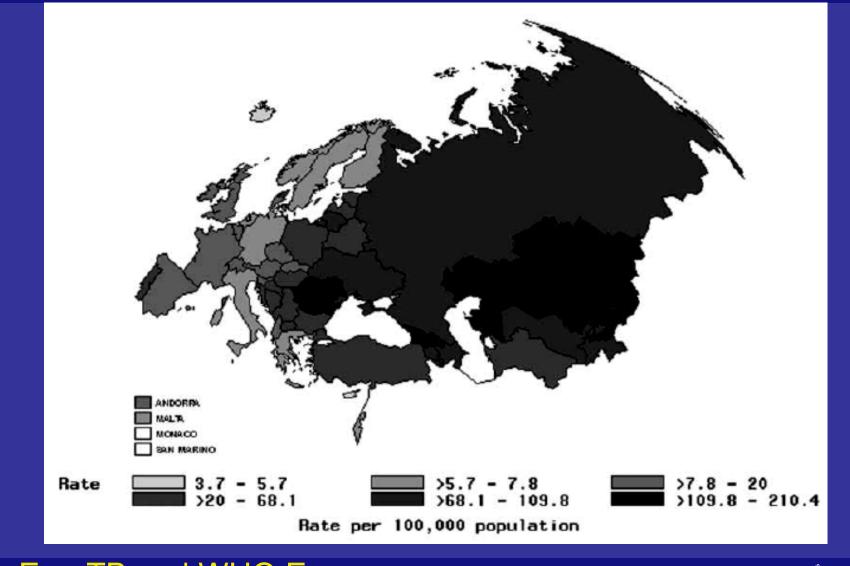


Tuberculose in Nederland 2005, KNCV



Netherlands Tuberculosis Register		
	Netherlands	EU and Western
Total population (x 1.000.000)	16.3	Eggge
Total nr patients	1,157	93,129
Incidence/100.000	7.1	18.3
Change incidence (2001 – 2005)	- 4,2%	- 2,5%
Born abroad	66%	20%
Mortality /100.000	0.5	0.7
Tuberculose in Nederland 2005, KNCV		

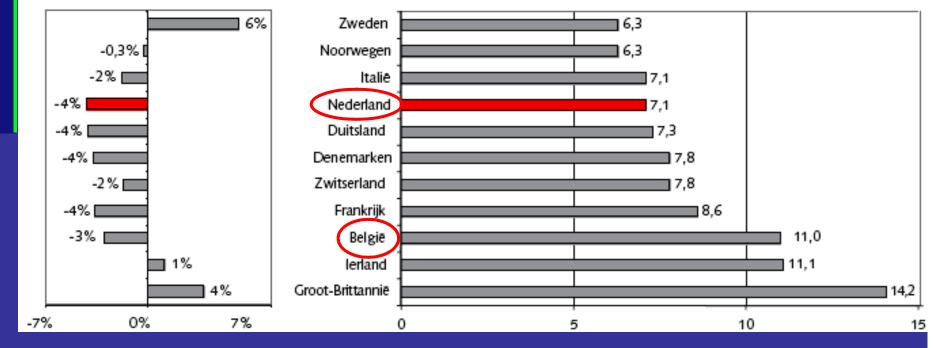
# Incidence in Europe, 2005



EuroTB and WHO Europe

#### mean change/year, 2001-2005

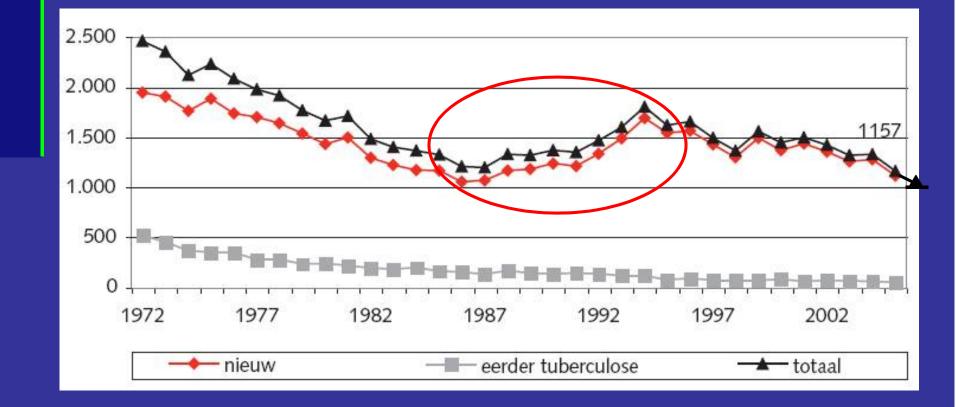
#### incidence / 100,000 2005



Tuberculose in Nederland 2005, KNCV



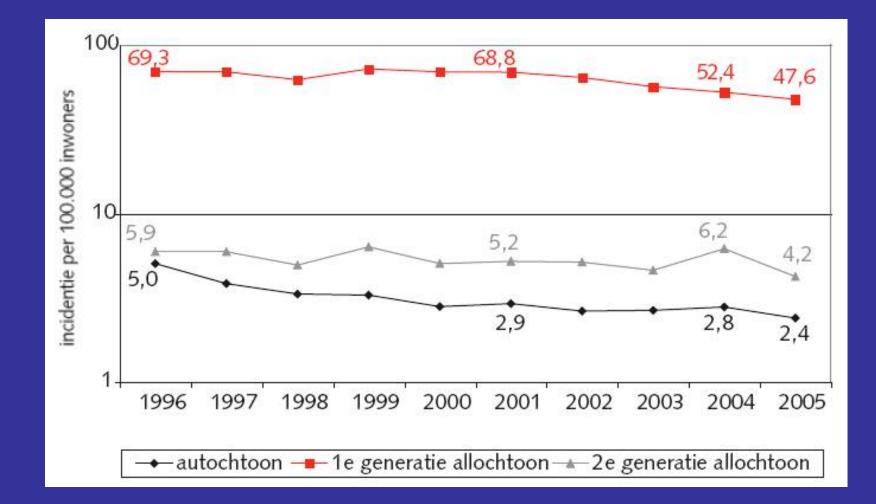
# Netherlands Tuberculosis Register Number of cases 1972 -2005



Tuberculose in Nederland 2005, KNCV



# Incidence / 100,000 by ethnic group



Tuberculose in Nederland 2005, KNCV





## Immigration in the Netherlands

- Iarge numbers in early 1990s
- recently: smaller numbers, but shift to immigration from countries with higher TB rates
- Control measures:
  - TB screening obligatory at entry
  - offered every 6 months for 2 years





Detection of new case of tuberculosis

 → reported to municipal health authority
 (Infectious Disease Law)
 → contact tracing
 → treatment follow-up





- since early 1990s: all strains of *Mycobacterium tuberculosis* sent to RIVM → molecular typing
- typing → clusters → outbreak management (contact tracing)





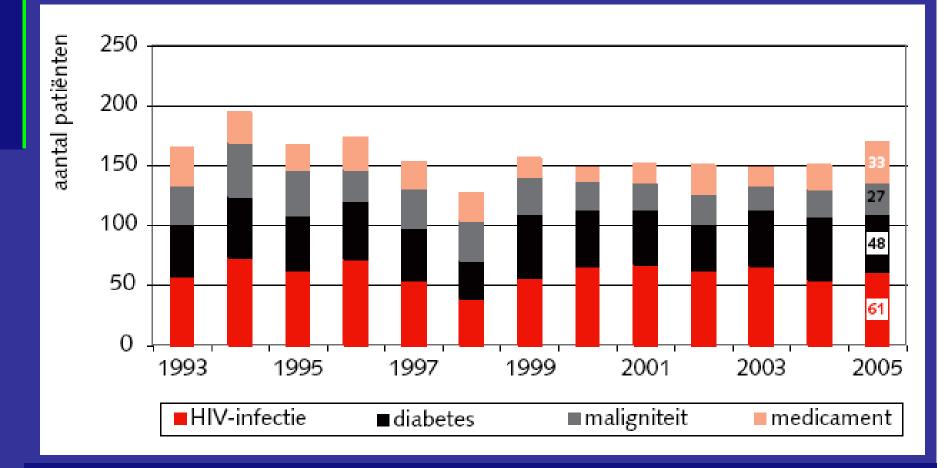
- DNA fingerprinting → TB trends from 1995 to 2002
- incidence of TB with new strains:
   → declined among Dutch
   → stable among non-Dutch
- increasing proportion of Dutch patients with secondary cases attributed to a non Dutch source patient

Borgdorff et al, Emer Inf Dis, 2005, 11:597



KNCV 🍌 TUBERCULOSISFOUNDATION

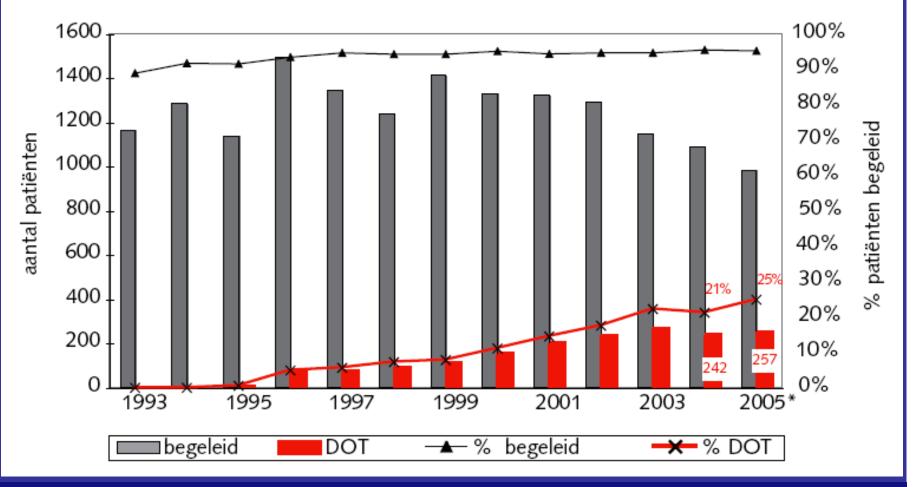
### TB and risk factors



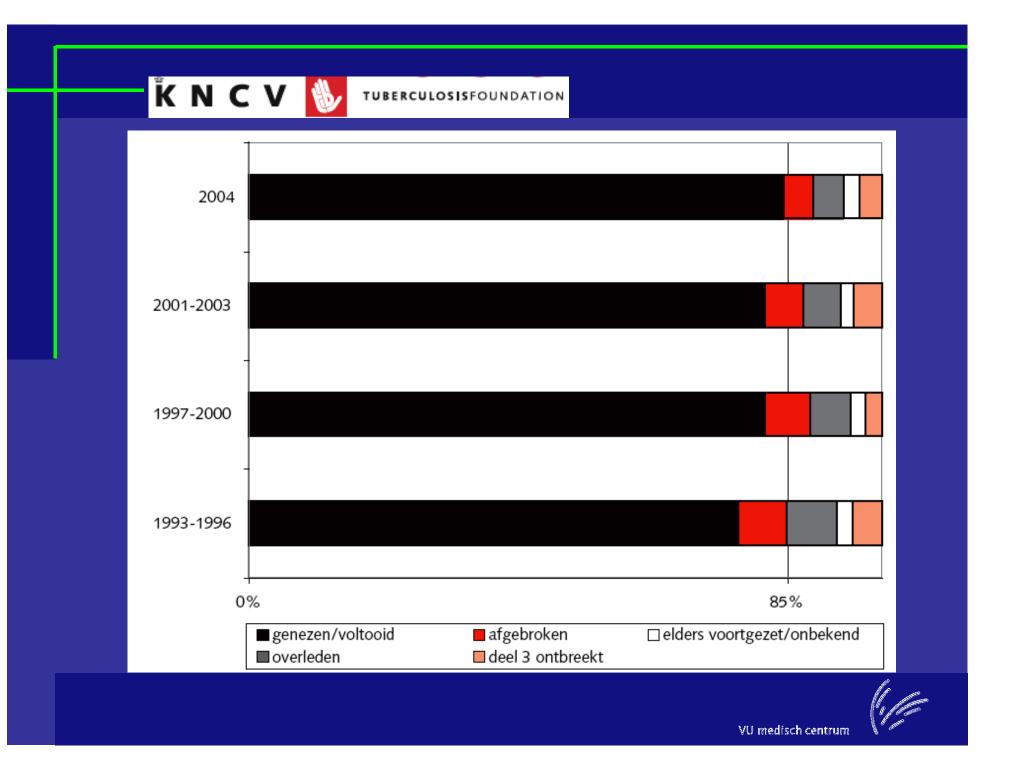


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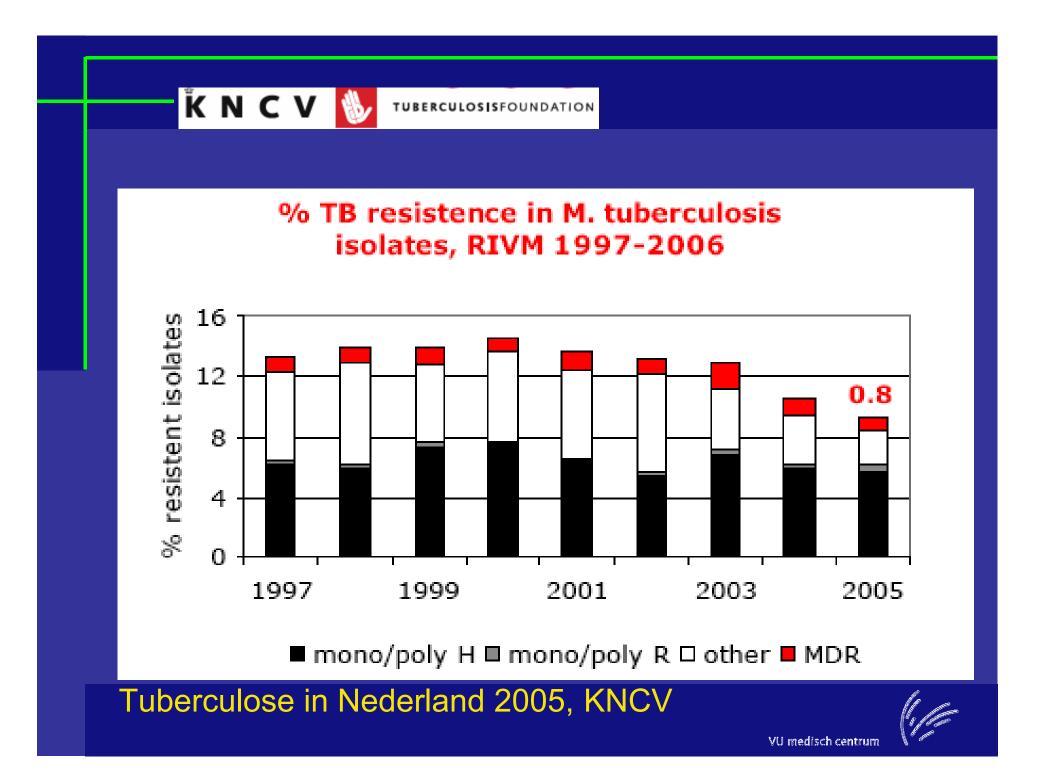
### TB and treatment



/U medisch centrum



Netherlands Tuberculosis Register			
	Netherlands	EU and Western Europe	
Pulmonary TB	66%	80%	
AFB positive/100,0000	1.5	7.1	
INH resistance, new	4.9%		
Reference, previously treated	7.9%		
MDR, new cases	0.7%	1.2%	
MDR, previously treated	2.9%		
Tuberculose in Nederland 2005, KNCV		VU medisch centrum	



# Conclusion

- Tuberculosis incidence in the Netherlands among lowest in Europe
- Multi-drug resistance is low
- 2/3 of cases in immigrants
- Very active system of case finding and treatment follow-up



