CANADIAN ETHNOCULTURAL COUNCIL
CONSEIL ETHNOCULTUREL DU CANADA

Tuberculosis
& the Chinese community in Canada

The 2013 WHO estimates of Tuberculosis (TB) for China are as follows:

- Total population of China: 1,386 million
- Prevalence (including HIV+TB): 1,300,000; rate per 100,000 population: 94
- Incidence (HIV+TB only): 4,500; rate per 100,000 population: 0.33
- TB patients with known HIV status: 329,415
- Total cases (new and relapse) reported to government: 847,176
- New cases for persons <15 years of age: 4,830; male : female ratio 2.2 : 1
- Treatment success rate (new and relapse cases): 95%; HIV positive TB cases: 47%

In Canada, there is very little information about the prevalence of TB and TB co-infections in the Chinese population.

The following TB-related statistics have been reported in China:

China has the world's second largest TB prevalence (after India), with an estimated 1 million new cases of TB every year. In China, 80% of TB exists in rural areas among persons of low social-economic status. It is estimated that there are 63,000 new multidrug-resistant tuberculosis (MDR-TB) cases among the one million notified new cases of TB every year.

TB mortality in China has declined rapidly, at an average rate of 8.6% per year between 1990 and 2010. TB treatment in China has improved in recent years with a major shift in treatment from hospitals to local public health centres.

TB/HIV Co-infection

A WHO report showed that 80% of TB/HIV co-infection cases were found by screening people living with HIV for TB while only 20% were found by screening TB patients for HIV. High mortality rates were found in TB/HIV co-infection cases.

A review of the results from 29 studies in mainland China showed the average prevalence of TB among the HIV and AIDS population was 7.2%; however, it was much higher (22.8%) among the AIDs patients. Higher prevalence was observed for males and in hospital-based studies.

Control Strategy for TB in China

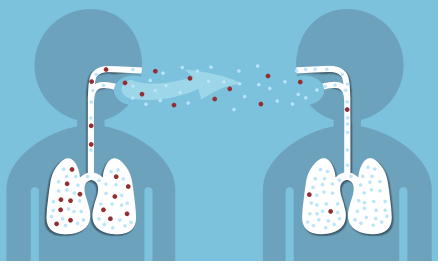
The Government of China has made great progress in TB control and prevention, resulting in a significant decline in the burden of TB. China is one of 22 countries with a steady decline in TB cases over the past 20 years.

The National TB Program in China uses a network of TB dispensaries for services. But many people with TB symptoms go to hospitals that may not provide adequate care and do not refer them to TB dispensaries. Hence, they were "missed." Since 2004 it is mandatory to report all TB cases, and hospitals now report 40% of TB cases so they are able to receive needed care.

The Ministry of Health issued the National Framework on TB/HIV Collaboration in 2005, and the National Implementation Protocol for TB/HIV Co-infection Control in 2010.

WHO's Stop TB Strategy aims to drastically reduce TB at national levels.

Tuberculosis is preventable, treatable, and curable.



Some facts about Tuberculosis

What is Tuberculosis (TB)?

TB is an infectious disease caused by a bacterium (germ) called mycobacterium tuberculosis. TB usually affects the lungs but it can affect other parts of the body.

	What is...	What are the symptoms?	What are the tests?	How is TB treated?
TB Disease	TB germs become active and cause damage to the body when the body's immune system cannot stop the germs from growing.	Cough; fever; chills; night sweats; feeling tired; weight loss; and loss of appetite. Symptoms of TB in other parts of the body depend on where the germs are growing.	• A skin test to check whether a person has been exposed to TB. • A physical examination, chest x-ray, and sputum test check for TB disease. • A biopsy to test for TB disease in other parts of the body.	A special combination of antibiotics can cure TB disease. TB treatment and medication are free in Canada.
TB Infection	Most people who breathe in TB germs stop them from growing when the immune system traps the germs and keeps them inactive.	People with TB infection have no symptoms and cannot spread TB germs. They have a 10% chance of developing TB disease over their lifetime.	A positive skin test means a person has the TB germs in their body and should be tested further for TB disease.	People with TB infection may benefit from medicine to prevent TB disease.

How is TB spread?

TB is spread from person to person through the air.

Who is at risk of getting TB?

Individuals who spend a lot of time with someone who has active TB disease; who have lived in or travelled to countries where TB is common; who have a weakened immune system (due to HIV, cancer, etc.); and who are living or working in conditions that facilitate the spread of TB.

Is TB a preventable disease?

- Yes, TB can be prevented!
- There is a vaccine (BCG) for TB.
- Eating well, not smoking, and adopting a healthy lifestyle help to build a strong immune system that can contain or limit the infection.
- Individuals with TB infection or with a positive skin test can take medication to prevent TB.

What is Drug-Resistant TB?

Drug-resistant TB develops when patients do not take enough of the right medications for a long enough period of time to kill the bacteria.

What are TB co-infections?

Co-infection is when a person has more than one infection at a time.

- About one-third of the 35.3 million people worldwide with HIV also have TB infection; they are about 30% more likely to develop active TB than individuals who do not have HIV.
- In 2012, it was estimated that there were 1.1 million HIV-positive new TB cases globally.
- TB is the leading cause of death among people living with HIV. In 2013, about 360,000 died of HIV-associated TB.
- Co-infections can be treated and treatment options should be discussed with a doctor.

Where is more information available?

Information can be obtained from healthcare providers, public health departments, healthcare clinics in communities, and websites of the World Health Organization and the Public Health Agency of Canada.

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CANADIAN ETHNOCULTURAL COUNCIL
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Tuberculosis
& the Vietnamese community in Canada

The 2013 WHO estimates of Tuberculosis (TB) for Vietnam are as follows:

- Total population of Vietnam: 92 million
- Prevalence (including HIV+TB) : 190,000; rate per 100,000 population: 209
- Incidence (HIV+TB only): 9,400; rate per 100,000 population: 10
- TB patients with known HIV status: 71,374
- Total cases (new and relapse) reported to government: 100,395
- New cases for persons<15 years of age: 143; male : female ratio 2.9 : 1
- Treatment success rate (new and relapse cases): 91%; HIV positive TB cases: 72%

In Canada, there is very little information about the prevalence of TB and TB co-infections in the Vietnamese population.

The following TB-related statistics have been reported in Vietnam:

Vietnam is the 12th among 22 countries identified by WHO with the highest prevelance of TB. Approximately 18,000 deaths from TB are recorded every year. TB is the second highest cause of death in people with infectious diseases.

Vietnam is successful in treating patients once diagnosed but detection and prevention efforts are poor. Many of the TB cases go undetected.

Vietnam is 14th among 27 countries with the highest number of multidrug-resistant TB (MDR-TB) patients. Data on treatment outcome for patients started on MDR-TB treatment in 2011 shows a global success rate of 48% and Vietnam achieved a treatment success rate of >70%.

TB/HIV Co-infection

The TB/HIV co-infection rate varied from 8% to 25% depending on the provinces.

Since 2008, all patients receiving TB treatment in Ho Chi Minh City have been tested for HIV. The TB/HIV co-infection rate in this city was 22%.

Morbidity (sickness) from a TB/HIV co-infection was 25.4% in 2006. After implementing screening it decreased to 11.3% in 2010.

In 2012, about 100,000 new cases of TB infection were reported in Vietnam; 66% of these tested positive for HIV.

Control Strategy for TB in Vietnam

Since 2007, PATH, an international, non-profit health organization, has been working in Vietnam to improve detection and treatment of TB. The rate of TB detection in the cities that were involved has doubled from 5.3% in 2009 to 10.5% in 2011.

The Centres for Disease Control and Prevention Vietnam office works with the Vietnam National TB program to reduce TB transmission among people living with HIV/AIDS and to prevent the development of TB drug resistance.

The WHO-CIDA initiative in Vietnam started activities in 2010. The initiative targeted three large national hospitals that were not notifying many cases to the national TB program although it was clear that they were diagnosing large numbers of TB cases. Through this initiative, about 4,000 TB cases were detected and started on treatment in the first 15 months of implementation.

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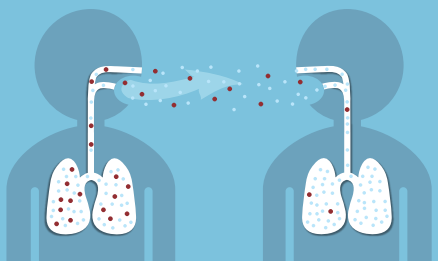

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TB Disease	TB germs become active and cause damage to the body when the body's immune system cannot stop the germs from growing.	Cough; fever; chills; night sweats; feeling tired; weight loss; and loss of appetite. Symptoms of TB in other parts of the body depend on where the germs are growing.	• A skin test to check whether a person has been exposed to TB. • A physical examination, chest x-ray, and sputum test check for TB disease. • A biopsy to test for TB disease in other parts of the body.	A special combination of antibiotics can cure TB disease. TB treatment and medication are free in Canada.
TB Infection	Most people who breathe in TB germs stop them from growing when the immune system traps the germs and keeps them inactive.	People with TB infection have no symptoms and cannot spread TB germs. They have a 10% chance of developing TB disease over their lifetime.	A positive skin test means a person has the TB germs in their body and should be tested further for TB disease.	People with TB infection may benefit from medicine to prevent TB disease.

How is TB spread?

TB is spread from person to person through the air.

Who is at risk of getting TB?

Individuals who spend a lot of time with someone who has active TB disease; who have lived in or travelled to countries where TB is common; who have a weakened immune system (due to HIV, cancer, etc.); and who are living or working in conditions that facilitate the spread of TB.

Is TB a preventable disease?

- Yes, TB can be prevented!
- There is a vaccine (BCG) for TB.
- Eating well, not smoking, and adopting a healthy lifestyle help to build a strong immune system that can contain or limit the infection.
- Individuals with TB infection or with a positive skin test can take medication to prevent TB.

What is Drug-Resistant TB?

Drug-resistant TB develops when patients do not take enough of the right medications for a long enough period of time to kill the bacteria.

What are TB co-infections?

Co-infection is when a person has more than one infection at a time.

- About one-third of the 35.3 million people worldwide with HIV also have TB infection; they are about 30% more likely to develop active TB than individuals who do not have HIV.
- In 2012, it was estimated that there were 1.1 million HIV-positive new TB cases globally.
- TB is the leading cause of death among people living with HIV. In 2013, about 360,000 died of HIV-associated TB.
- Co-infections can be treated and treatment options should be discussed with a doctor.

Where is more information available?

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CANADIAN ETHNOCULTURAL COUNCIL
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Tuberculosis
& the Filipino community in Canada

The 2013 WHO estimates of Tuberculosis (TB) for the Philippines are as follows:

- Total population of the Philippines: 98 million
- Prevalence (including HIV+TB) : 430,000; rate per 100,000 population: 438
- Incidence (HIV+TB only): 310; rate per 100,000 population: 0.32
- TB patients with known HIV status: 5,034
- Total cases (new and relapse) reported to government: 229,918
- New cases for persons <15 years of age: 2,065; male : female ratio 2.3 : 1
- Treatment success rate (new and relapse cases): 88%; HIV positive TB cases: N/A

In Canada, there is very little information about the prevalence of TB and TB co-infections in the Filipino population.

The following TB-related statistics have been reported in the Philippines:

TB is still one of the leading causes of mortality in the Philippines, which has the ninth highest TB incidence in the world. Since TB mainly affects adults of working age (15 years and older), it is estimated that the country loses some 26 billion pesos (US$ 540 million) annually due to TB-related premature deaths.

The Philippines has a high prevalence of multidrug-resistant TB (MDR-TB). Globally, 3.3% of all new TB cases have been found to be MDR-TB, while in the Philippines, it is 4.0%.

Some factors that contribute to delayed TB diagnosis are: lack of knowledge about TB, financial constraints, inaccessibility of healthcare services and facilities, and stigma-related factors.

TB/HIV Co-infection

In 2013, according to WHO, the prevalence of HIV/TB co-infection was 438 per 100,000 population, which is above the global average of 169. But systematic collection and analysis of HIV/TB cases are not routinely done in the Philippines.

Control Strategy for TB in the Philippines

Significant developments have been made in increasing case detection and treatment in the Philippines, despite the high TB incidence.

In 2007, the Philippines achieved a TB case detection rate of 75%, exceeding the WHO target of 70%. The Directly Observed Treatment Short-Course (DOTS) is the internationally recommended strategy for TB control. The DOTS treatment success in the Philippines is 88%, which is higher than the WHO target of 85%.

The Philippines Coalition Against Tuberculosis (PhilCAT) established in 1994 is a forum for the discussion of important issues in TB control. With an original group of 12 members, PhilCAT has currently 60 member organizations.

The WHO-CIDA initiative in the Philippines was launched in early 2010 and over 10,000 additional TB cases were detected in the Philippines through this initiative, mainly through hospital engagement.

The TB prevalence rate in the Philippines has shown a steady decline in recent years. If this trend is maintained, the Philippines will likely meet the Stop TB Strategy target of 50% reduction in TB prevalence and death rates by 2015, compared with 1990 levels.

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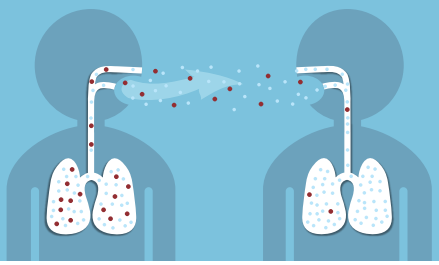

Some facts about Tuberculosis

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TB is an infectious disease caused by a bacterium (germ) called mycobacterium tuberculosis. TB usually affects the lungs but it can affect other parts of the body.

	What is...	What are the symptoms?	What are the tests?	How is TB treated?
TB Disease	TB germs become active and cause damage to the body when the body's immune system cannot stop the germs from growing.	Cough; fever; chills; night sweats; feeling tired; weight loss; and loss of appetite. Symptoms of TB in other parts of the body depend on where the germs are growing.	• A skin test to check whether a person has been exposed to TB. • A physical examination, chest x-ray, and sputum test check for TB disease. • A biopsy to test for TB disease in other parts of the body.	A special combination of antibiotics can cure TB disease. TB treatment and medication are free in Canada.
TB Infection	Most people who breathe in TB germs stop them from growing when the immune system traps the germs and keeps them inactive.	People with TB infection have no symptoms and cannot spread TB germs. They have a 10% chance of developing TB disease over their lifetime.	A positive skin test means a person has the TB germs in their body and should be tested further for TB disease.	People with TB infection may benefit from medicine to prevent TB disease.

How is TB spread?

TB is spread from person to person through the air.

Who is at risk of getting TB?

Individuals who spend a lot of time with someone who has active TB disease; who have lived in or travelled to countries where TB is common; who have a weakened immune system (due to HIV, cancer, etc.); and who are living or working in conditions that facilitate the spread of TB.

Is TB a preventable disease?

- Yes, TB can be prevented!
- There is a vaccine (BCG) for TB.
- Eating well, not smoking, and adopting a healthy lifestyle help to build a strong immune system that can contain or limit the infection.
- Individuals with TB infection or with a positive skin test can take medication to prevent TB.

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Drug-resistant TB develops when patients do not take enough of the right medications for a long enough period of time to kill the bacteria.

What are TB co-infections?

Co-infection is when a person has more than one infection at a time.

- About one-third of the 35.3 million people worldwide with HIV also have TB infection; they are about 30% more likely to develop active TB than individuals who do not have HIV.
- In 2012, it was estimated that there were 1.1 million HIV-positive new TB cases globally.
- TB is the leading cause of death among people living with HIV. In 2013, about 360,000 died of HIV-associated TB.
- Co-infections can be treated and treatment options should be discussed with a doctor.

Where is more information available?

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CANADIAN ETHNOCULTURAL COUNCIL
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Tuberculosis
& the Egyptian community in Canada

The 2013 WHO estimates of Tuberculosis (TB) for Egypt are as follows:

- Total population of Egypt: 82 million
- Prevalence (including HIV+TB): 22,000; rate per 100,000 population: 27
- Incidence (HIV+TB only): 97; rate per 100,000 population: 0.12
- TB patients with known HIV status: 783
- Total cases (new and relapse) reported to government: 8,183
- New cases for persons <15 years of age: 512; male : female ratio 1.3 : 1
- Treatment success rate (new and relapse cases): 88%; HIV positive TB cases: N/A

In Canada, there is very little information about the prevalence of TB and TB co-infections in the Egyptian population.

The following TB-related statistics have been reported in Egypt:

In Egypt, TB is the third greatest killer among infectious diseases. A recent study has demonstrated a decline of approximately 2% in the incidence rate of TB in the absence of HIV between 2000 and 2013.

A study conducted in 1998 found that TB is more common in males in Egypt and most TB patients lived in rural areas. Females and students (both male and female) were more likely to seek timely healthcare. In Egypt, rising poverty, overcrowded public transport and widespread slums contribute to the spread of TB.

The WHO estimates of the multidrug-resistant TB (MDR-TB) cases in 2013 was 170 among new cases and 97 among relapse cases.

TB/HIV Co-infection

Less than 1% of the adult population in Egypt are HIV positive TB patients. Only two-thirds of the actual cases are being identified and treated by the national program.

Egypt offers free medical treatment to patients in 32 chest hospitals and the Health Ministry hopes to eradicate the disease by 2019.

Control Strategy for TB in Egypt

Stop TB Egypt, initiated by the National TB program (NTP) in 2009, is supported by a regional partnership and Eastern Mediterranean partnership. Operating in Middle Eastern and North African countries, this program organizes awareness-raising campaigns and patient support activities. Egypt is one of the countries involved in the Million Youth March to stop TB.

In Egypt, the Japan International Cooperation Agency annually organizes two international training courses on TB in cooperation with the Egyptian government and institutes; trainees come from Africa, the Middle East, and South Asia. One training course is conducted for government officers who are involved in their national programs of TB and HIV; it works to promote cooperation between TB and HIV programs.

Another training course is designed for National TB Program officers to strengthen their managerial capacity to conduct their national programs.

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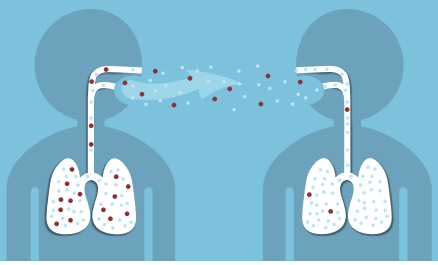

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TB Disease	TB germs become active and cause damage to the body when the body's immune system cannot stop the germs from growing.	Cough; fever; chills; night sweats; feeling tired; weight loss; and loss of appetite. Symptoms of TB in other parts of the body depend on where the germs are growing.	• A skin test to check whether a person has been exposed to TB. • A physical examination, chest x-ray, and sputum test check for TB disease. • A biopsy to test for TB disease in other parts of the body.	A special combination of antibiotics can cure TB disease. TB treatment and medication are free in Canada.
TB Infection	Most people who breathe in TB germs stop them from growing when the immune system traps the germs and keeps them inactive.	People with TB infection have no symptoms and cannot spread TB germs. They have a 10% chance of developing TB disease over their lifetime.	A positive skin test means a person has the TB germs in their body and should be tested further for TB disease.	People with TB infection may benefit from medicine to prevent TB disease.

How is TB spread?

TB is spread from person to person through the air.

Who is at risk of getting TB?

Individuals who spend a lot of time with someone who has active TB disease; who have lived in or travelled to countries where TB is common; who have a weakened immune system (due to HIV, cancer, etc.); and who are living or working in conditions that facilitate the spread of TB.

Is TB a preventable disease?

- Yes, TB can be prevented!
- There is a vaccine (BCG) for TB.
- Eating well, not smoking, and adopting a healthy lifestyle help to build a strong immune system that can contain or limit the infection.
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Drug-resistant TB develops when patients do not take enough of the right medications for a long enough period of time to kill the bacteria.

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Co-infection is when a person has more than one infection at a time.

- About one-third of the 35.3 million people worldwide with HIV also have TB infection; they are about 30% more likely to develop active TB than individuals who do not have HIV.
- In 2012, it was estimated that there were 1.1 million HIV-positive new TB cases globally.
- TB is the leading cause of death among people living with HIV. In 2013, about 360,000 died of HIV-associated TB.
- Co-infections can be treated and treatment options should be discussed with a doctor.

Where is more information available?

Information can be obtained from healthcare providers, public health departments, healthcare clinics in communities, and websites of the World Health Organization and the Public Health Agency of Canada.

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CANADIAN ETHNOCULTURAL COUNCIL
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Tuberculosis
& the East Indian community in Canada

The 2013 WHO estimates of Tuberculosis (TB) for India are as follows:

- Total population of India: 1,252 million
- Prevalence (including HIV+TB) : 2,600,000; rate per 100,000 population: 211
- Incidence (HIV+TB only): 120,000; rate per 100,000 population: 9.7
- TB patients with known HIV status: 887,903
- Total cases (new and relapse) reported to government: 1,243,905
- New cases for persons <15 years of age: 64,726; male : female ratio 2.2 : 1
- Treatment success rate (new and relapse cases): 88%; HIV positive TB cases: 77%

In Canada, there is very little information about the prevalence of TB and TB co-infections in the East Indian population.

The following TB-related statistics have been reported in India:

India has the world's highest TB prevalence. It is the second-most populous country in the world and has one fourth of global TB cases occurring annually. India has between 2 and 3 million people infected with TB and about 280,000 deaths due to TB each year. TB mainly affects the economically productive age group leading to a huge socio-economic impact on the country.

The WHO Global TB Report 2014, places India at the top of the list of the world's missed (difference between estimated and reported to government) TB cases; almost 24% of the world's missed TB cases are in India.

India has the highest number of TB patients who have become resistant to the most effective drugs available. Approximately 73,000 patients with multidrug-resistant TB (MDR-TB) were reported to the Union Health Ministry but only 1.6% of these MDR-TB patients were enrolled for treatment.

Many people are unaware that Indian government hospitals have the medicines needed for TB treatment at no cost. Instead, people tend to spend large sums to go to private hospitals.

TB/HIV Co-Infection

An HIV-positive person who is co-infected with TB bacteria has a 50% risk of developing TB but an HIV-negative person exposed to TB bacteria has only a 10% risk of developing TB. This is especially important in India, where 40% of the adult population is infected with TB and 2.4 million are living with HIV.

Controlling the dual epidemic of TB and HIV/AIDS is a major challenge for India.

Control Strategy for TB in India

India's TB control program is on track for reducing the number of infections. There has been a 42% decline in TB mortality rate from 1990 to 2012 and a 51% decline in the prevelance rate of TB. If this decrease continues, India will achieve the 2015 global targets for reduction in TB incidence, prevalence, and mortality.

A report by the Department of AIDS Control of India shows that the prevalence of HIV in TB patients has been decreasing for the last five years due to improvements in testing facilities. In 2012, 618,000 out of 1.1 million notified TB patients had their HIV status assessed; 90% of HIV/TB cases were linked to Directly Observed Treatment, Short-Course (DOTS) which is the most effective strategy available for controlling TB.

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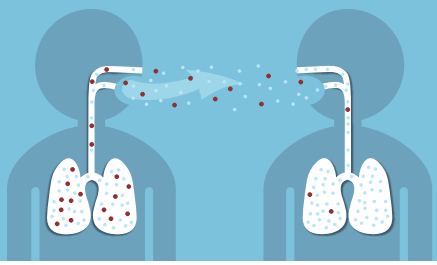

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