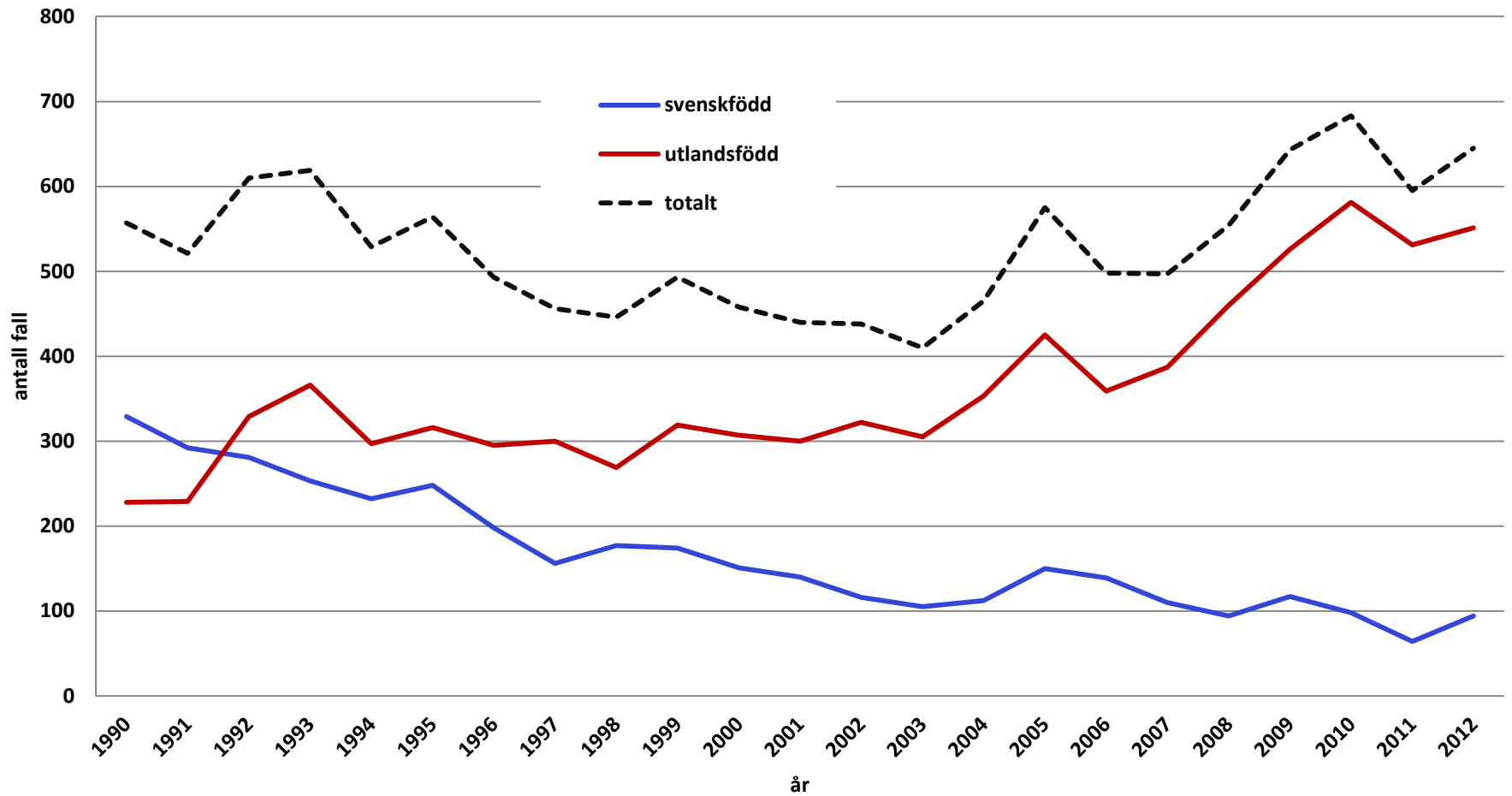


Organization of Health Care systems for Prevention and Control of TB in the Countries of the Barents Region – The Swedish example

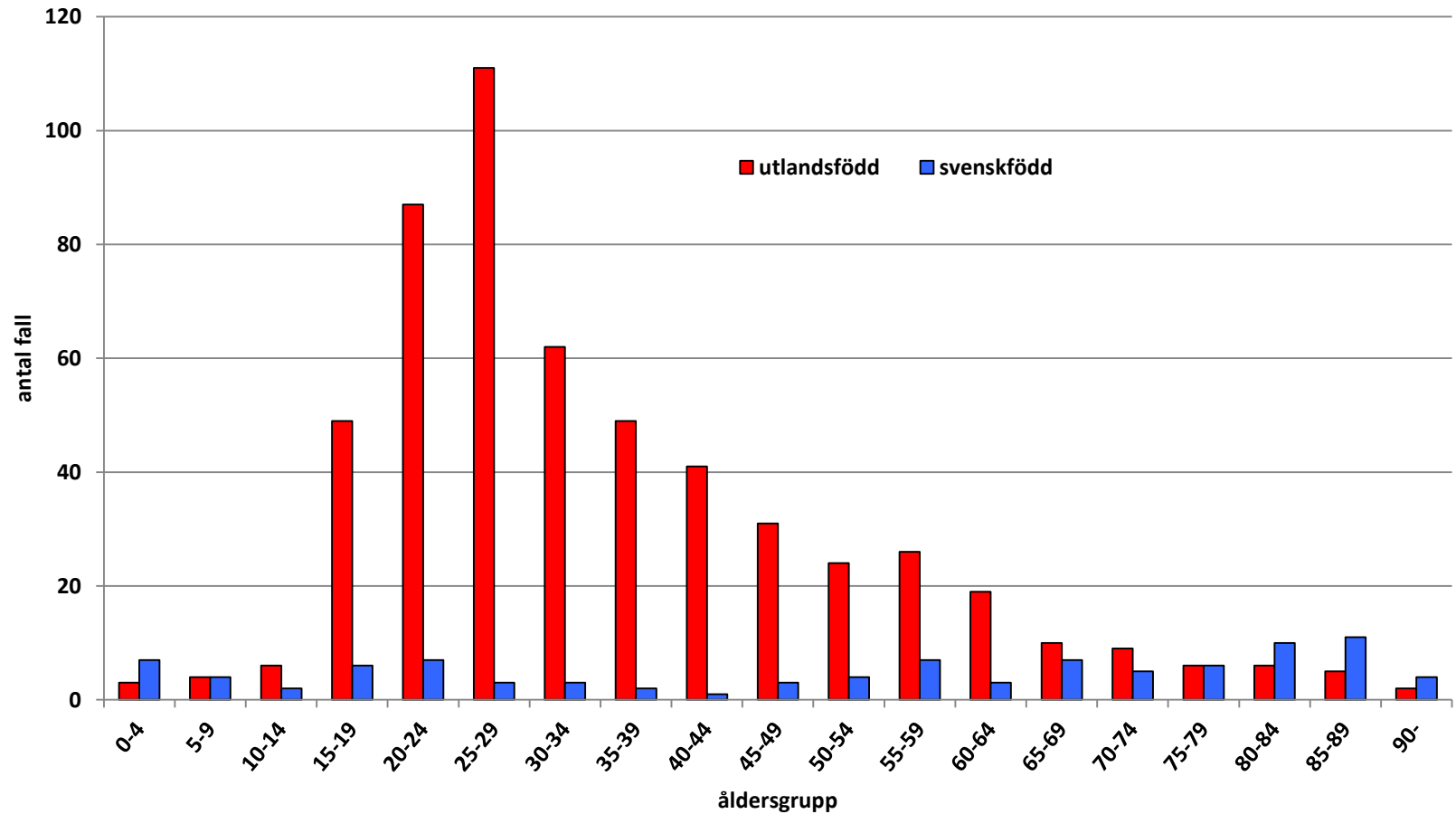
Sven E. Hoffner

**Swedish Institute for Communicable Disease Control,
Solna, Sweden**

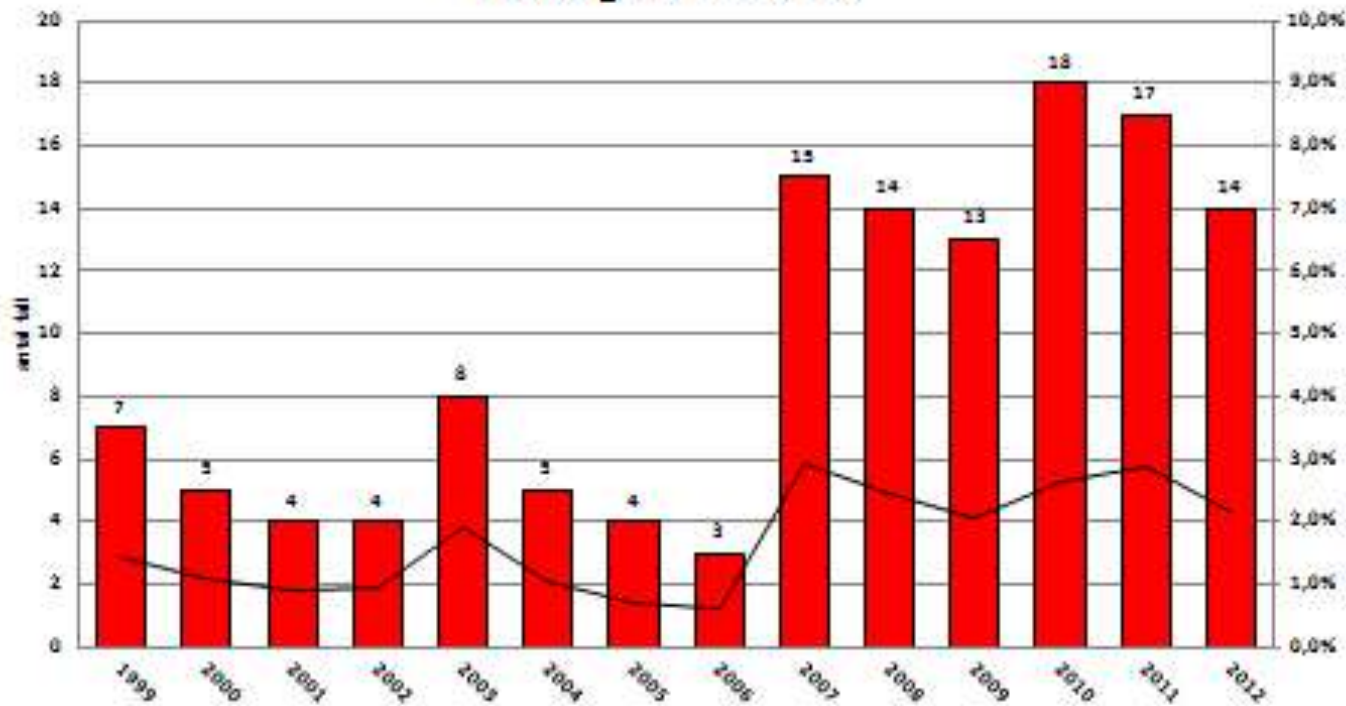
TB-fall i Sverige per ursprung och år



Antal TB-fall i Sverige 2012 per åldersgrupp och ursprung (n=645)



Antal MDR-TB och andel av totalantalet TB-fall per år i Sverige 1999-2012



Management of drug resistant TB in Sweden

- Prompt detection of patients with MDR-TB
- Optimisation of therapy based on individual DR data
- Infection control
- Recording/reporting
- Follow up – monitoring of treatment outcome
- National MDR-TB expert group



An early warning system for MDR-TB

- Prompt identification of patients with resistant strains
- Prompt modification of drug regimens to more ensure early non-infectiousness and cure
- Increased infection control measures
- Reducing development and spread of MDR-TB

Molecular typing of M tuberculosis offers

1. Increased understanding of the epidemiology
2. Identification of risk groups and risk settings
3. A tool for improved infection control
4. Improved characterization of failure cases
5. A tool for TB lab QC

Organization of TB care and control

- Centralized care in specialized clinics
- Relatively few clinics/clinicians responsible for the care of all Swedish TB patients
- Inf dis or lung clinics responsible in different regions in Sweden
- Children treated separately in pediatric clinics – always in close contact with inf/pulm specialist

Role of primary health care

- Case detection – when suspected TB.
- Referral to specialized clinics
- DOTS in selected cases

Screening of asylum seekers

- Asylum seekers and their relatives are offered a voluntary health examination (including TB screening)
- Less than 100 % coverage

Contact tracing

- Each clinic responsible for the contact tracing of its TB patients.
- In large investigations, collaboration with inf dis controllers (county med officer)

WEB-based reporting system

- Compulsory reporting from both clinics and diagnostic laboratories
- Outcome/follow up reports (clinics)
- Results of contact tracing not reported

TB and HIV dual infection

- All TB patients should be screened for HIV.
- TB and HIV dual infection is a limited problem in Sweden, but complete national data are missing.

National MDR-TB expert group

A national group for coordinating the management of MDR-TB has been established. The group meets 5-6 times yearly and consists of specialists in

1. Infectious diseases
2. Pulmonary medicine
3. Mycobacteriology
4. Epidemiology

