



# Tuberculosis in Norway 2017

NDPHS TB, HIV and AI

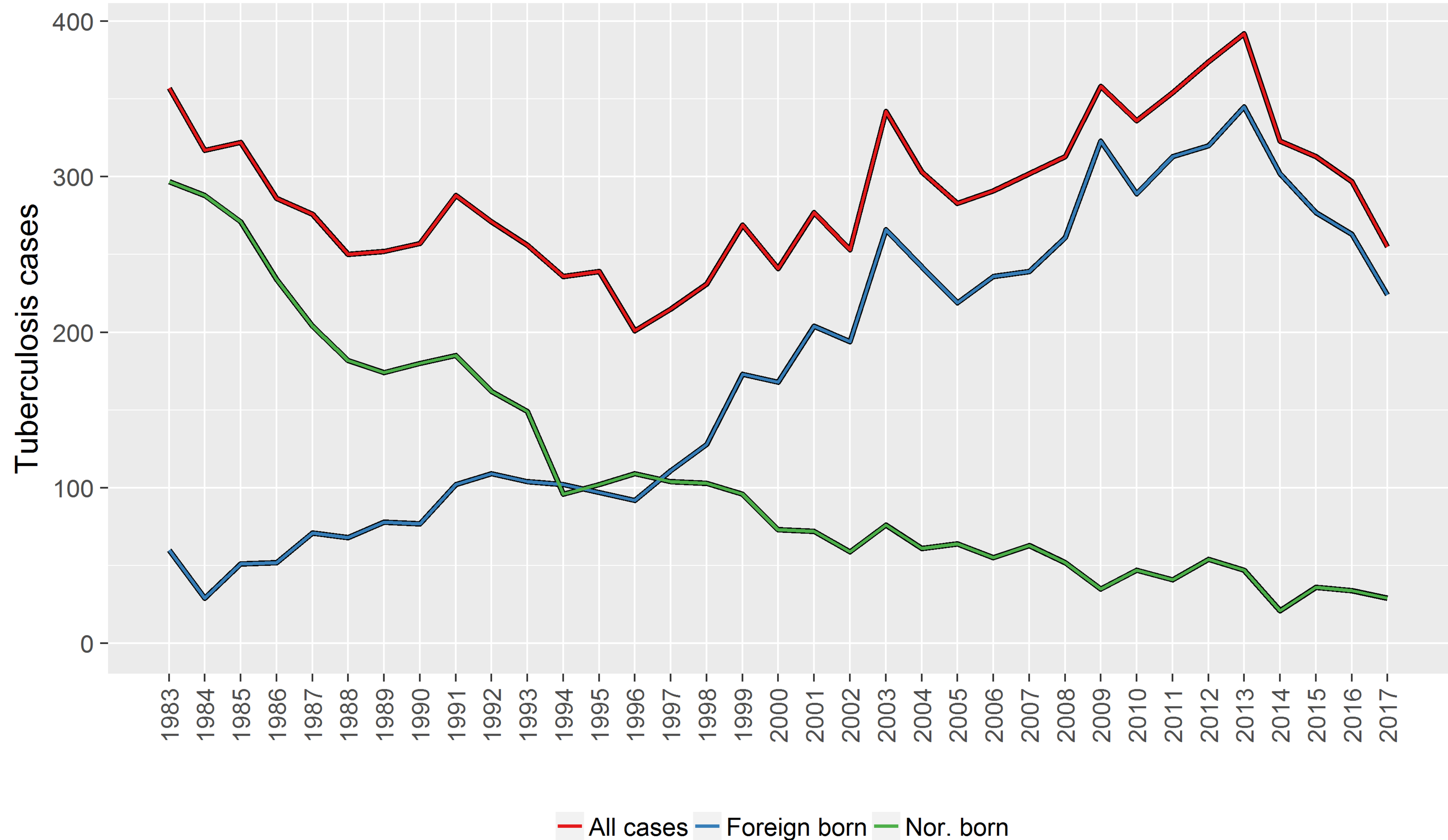
Warszaw april 2018

Karin Rønning, Senior medical officer

Norwegian institute of Public Health

# Tuberculosis cases by birthplace

## MSIS 1983 - 2017



# Situation- activities for social deprived groups 2018

- Management- no changes. TB control efforts based on regulations, no adopted TB plan
  - NIPH are performing surveillance, (case based), quality control, guidance to the Public, Health government, Hospital trusts, and on case based basis
- No specific programmatic activities towards socially vulnerable groups
  - NGO's running social- and health care services for vulnerable groups (not TB specific) in the major cities
    - Homeless, drug and alcohol addicts, mentally ill, prostitutes
- TB in prisons: Up to the municipality where the prison is located to arrange screening and e.g. contact tracing
- TB spesific NGO: LHL International
  - activities in Norway, especially information materials
  - projects in the Barents region (Arkhangelsk)
  - Romania
  - Several African countries
  - *Critical economic situation, will close down in three years from now*
  - *Downscales- and are closing down all projects*

# DOT and activities to achieve therapy adherence

- Detailed treatment plan and follow up
- Social benefits for the treatment periode
- Working on expansion of VOT or DOT by Skype for business
  - Difficult due to rigid Norwegian personal protection regulations
- All treatment free of charge, even transportation costs and medicins for adverse effects
- Try to avoid home nurses in uniform and labelled cars to arrive to patients daily, STIGMA!
- Giving incentives like food packages, pocket money, sigaretttes, bonges for shopping are proven effective, but can not be performed in public services- and no NGO to do it...

# Highlightes 2018

- New advices- BCG vaccination from 2018:
  - Main risk group as from 2009: Newborn (at 6 weeks) children with one parent from high incidence country
  - No longer BCG vaccination of students in health profession studies (doctors, nurses, health worker studies)
    - Not assessed as a risk group as IR of TB is low in Norway
  - Before work: only those <35 yrs working in TB laboratories and in direct contact with contageous adult TB patients
  - Some workers < 35 yrs before service in high endemic countries
- Arrangement of CXR screening for doctors under specialisation in lung diseases an radiology
- Adaption of screening spesific conclusions for precise action guidance from radiologists to clinicians
  - To avoid «overdiagnosis» of not- TB spesific findings