TB Burden of Disease

A Global and Regional Trend Analysis

Understanding the Data: A double-edged sword

- Understanding the data with a Non-medical background was a key process and the greatest challenge
- Documentation to the rescue.
- Difference between disease prevalence, disease incidence
- Understanding the different methods of derivation, especially
 Vital Registration (VR and VR Imputed)
- Understanding why so many columns repeated themselves and used 'per 100 000 population
- Missing data and lots of countries countries clouded trends
- Inspired me to focus on regional differences and global trends

UNDERSTANDING AND USING TUBERCULOSIS DATA



Main Questions

What similarities and differences existed between the most and least burdened regions?

What, if anything, could be done to help?



Identifying Regional Trends and More Quesitons

Region

AFR

AMR EMR

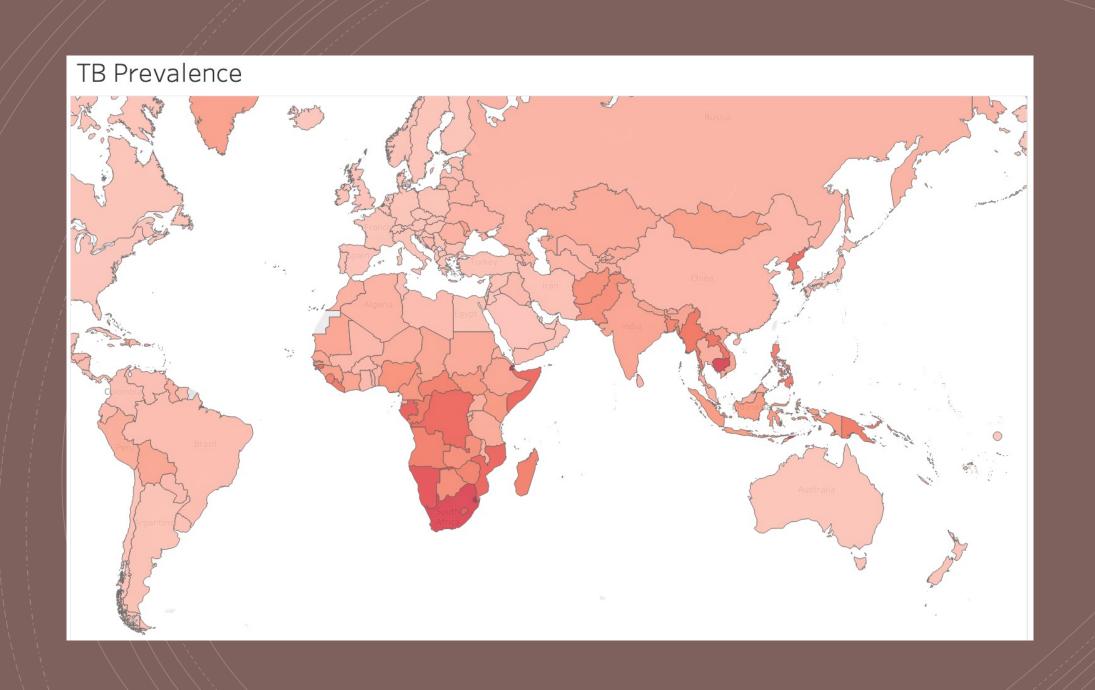
EUR

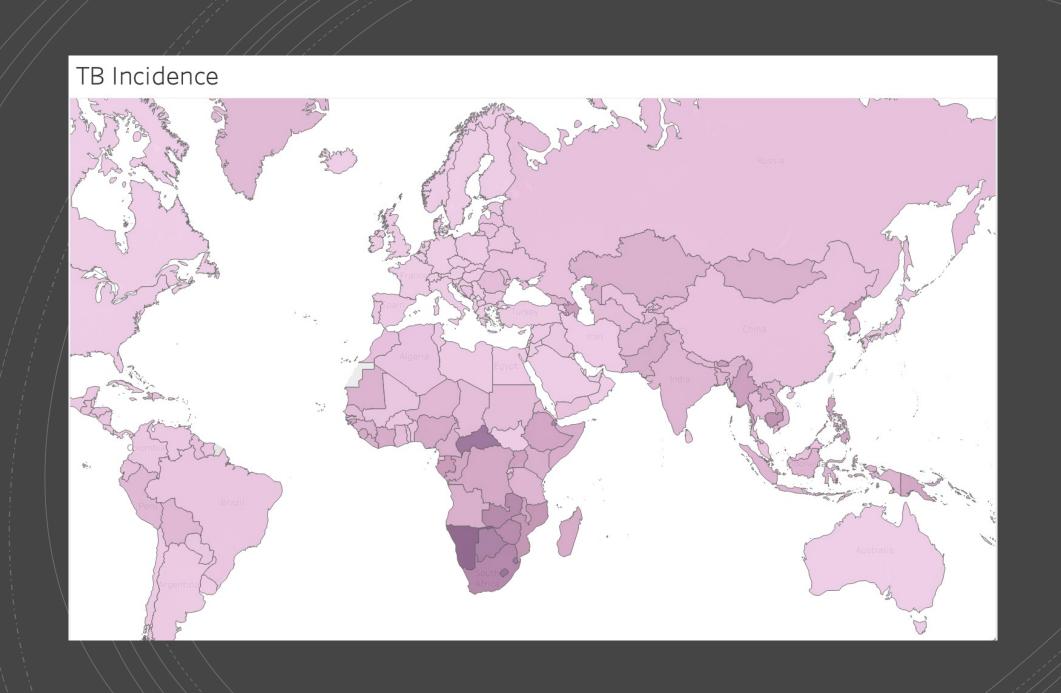
SEA

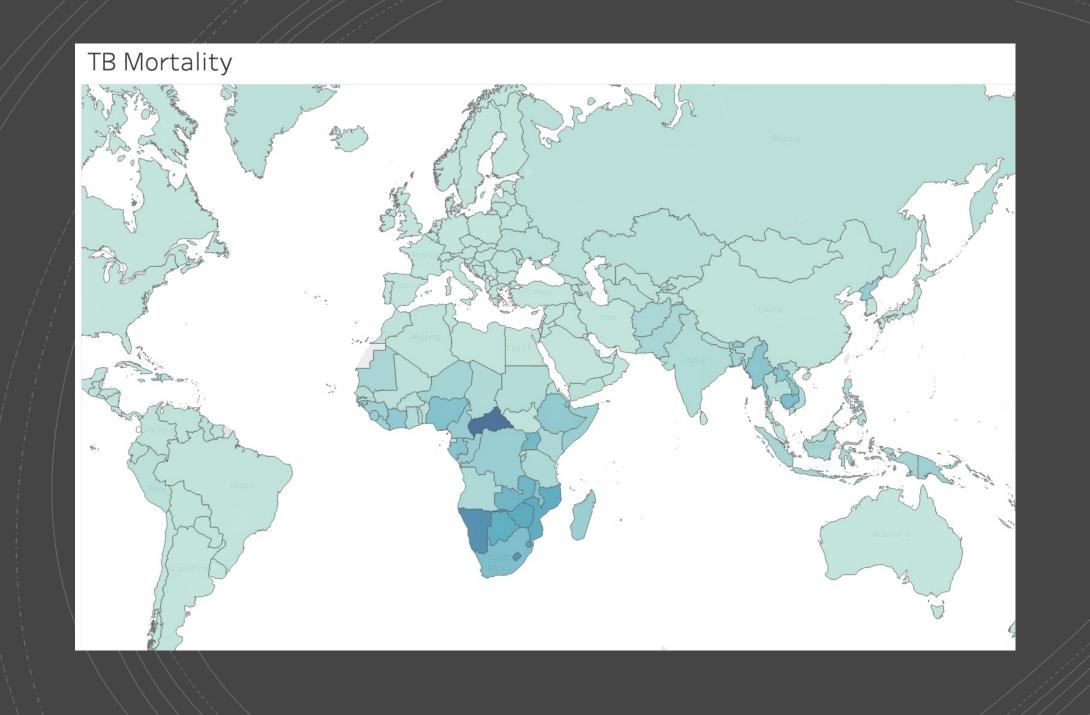
WPR

- Africa by far most heavily burdened region by TB in prevalence, incidence, and mortality.
- Similar shape to best overall region
 Europe except for mortality.
- What is working for Europe? Can it be transferable to Africa?

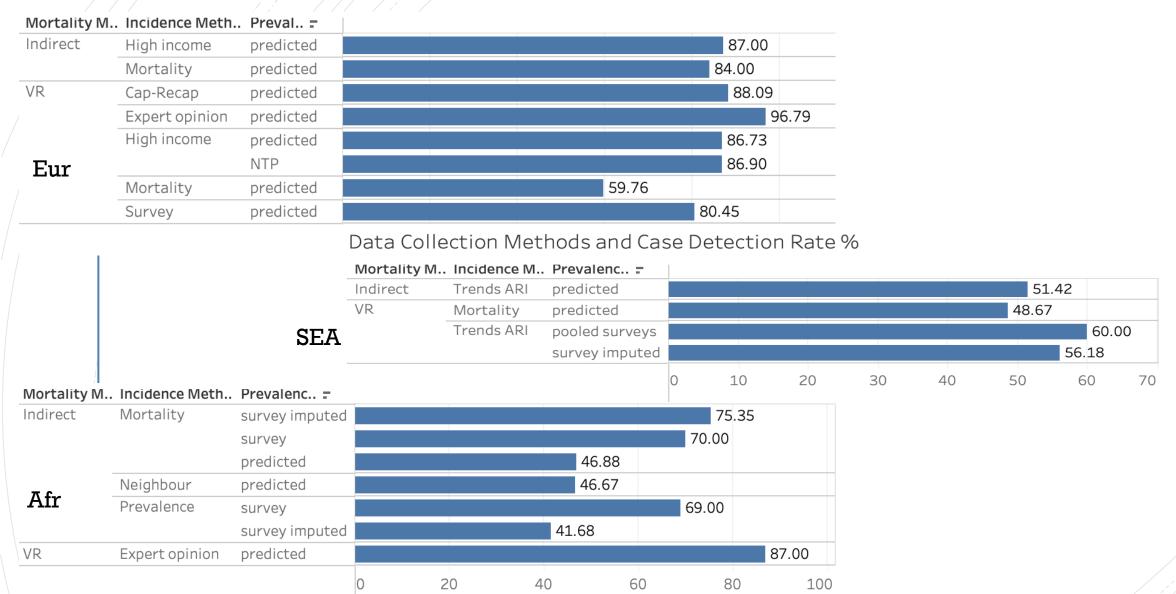




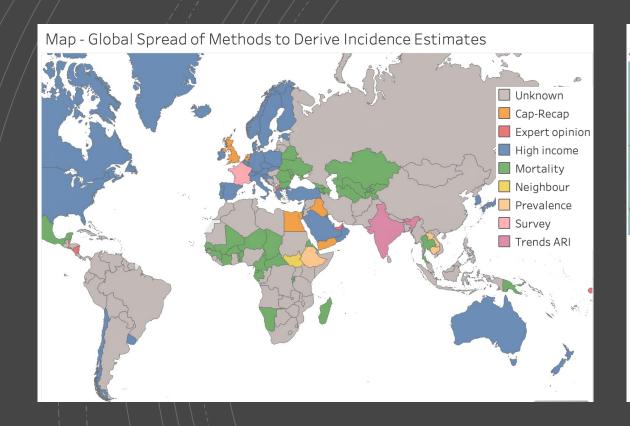


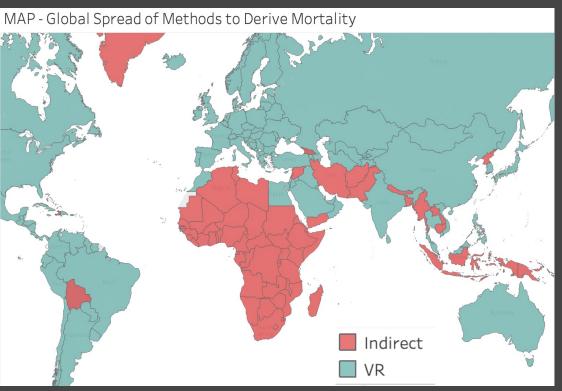


Most effective means of data collection and CDR%



Which method of data collection have the best relationship to CDR? Which is shared by the most burdened areas?

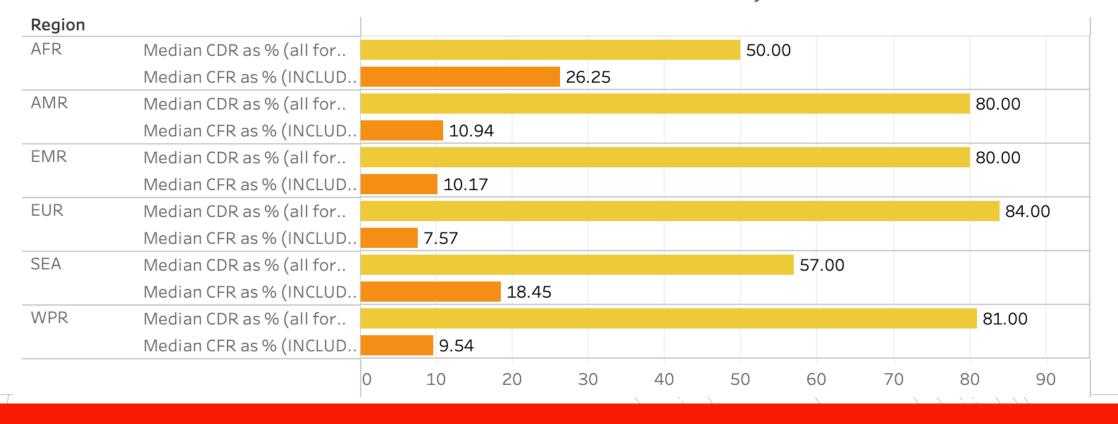




For incidence it is 'high income'

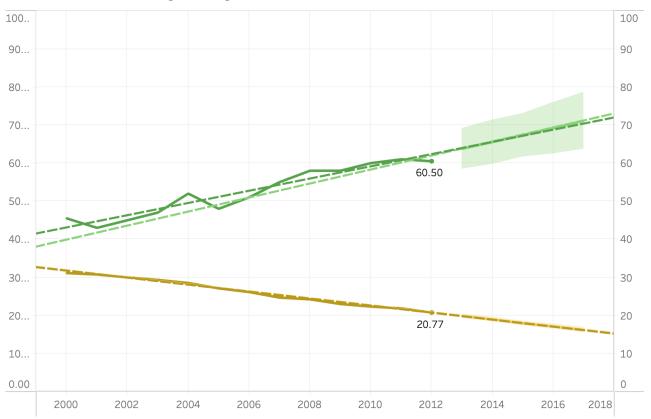
For mortality it is 'VR'

Median Case Detection Rate to Case Fatality Risk

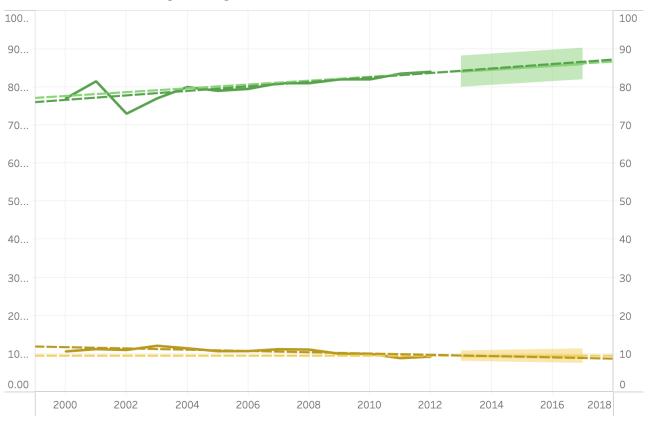


CDR = Case Detection Rate CFR = Case Fatality Risk

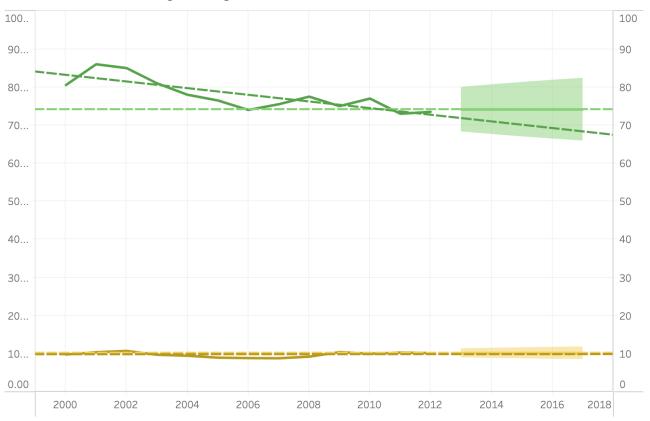
Africa from year 2000



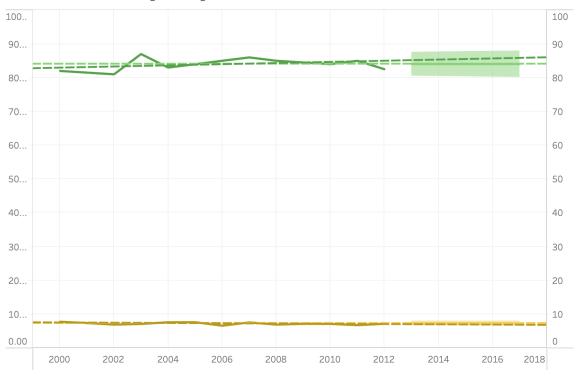
Americas from year 2000



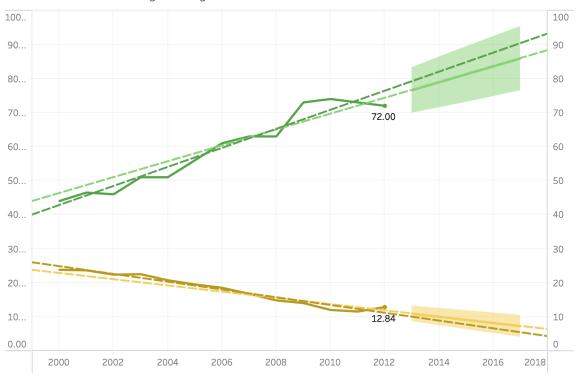
EMR from year 2000



Europe from year 2000



SEA from year 2000



WPR from year 2000

