

Abstract

THE CONTROL OF TUBERCULOSIS IN PORTUGAL: A GLOBAL EPIDEMIOLOGICAL CRITICAL APPRAISAL

It is not easy that both the citizen and health professionals get enabled with the required knowledge, in order to play the corresponding roles in the control of tuberculosis, considering all the information noise and incomplete, out of context information pieces about the subject, that reach them.

This paper is envisaging to contribute for a real gain in knowledge, regarding: (1) the progress in tuberculosis control in Portugal, framed by the evolution of such control in other pertinent regions and (2) the available knowledge and intervention aspects in the Portuguese population that require a special attention, for improvement. The article's strategy is to integrate, and raise to a knowledge level, information provided by the most accredited and pertinent sources, interpreted as a function of the validity context of the same sources and of the coherence of the several components.

Two aspects are observed: the current situation, in particular concerning years 2006 and 2007, and the performance of the National Programme for the Tuberculosis Control (*PNT*), both made relative to the recent evolution and to the international panorama. This independent observation and revision exercise is based on a selection of official information and follows the same approach that the World Health Organization (W.H.O.) uses in its annual reports, like other similar exercises previously undertaken.

The control of tuberculosis is evolving in a shy, but firm, fashion, getting closer to the level already attained by the neighbor countries, in Western Europe. Portugal has contributed with 2916 new notified cases, to the 9 million annual cases estimated in the world, in 2007. This number corresponds to an incidence rate, for notified cases, of 25.7 per 100000 population, and to a reduction of 14% in one year.

Such evolution seems encouraging, although a greater impact of *PNT* is desirable, as expected in relation to the degree of the Country development.

Estimated new cases detection rate is high and keeps being one of the best in Western Europe — and this artificially disadvantages the notified image of the Country, as compared with other countries having a worst detection capacity. Treatment success rate has improved again and it is above the 85% target proposed by W.H.O., so that a good control of the disease is achieved. One of the important consequences is a better use of the attained detection.

Altogether, knowledge suggests that the degree of control can and must be in fact better; and that a positive discrimination of geographic areas and population groups, in which a greater number of new cases and drug resistances tend to concentrate, is mandatory. Therefore, either clinical detection and intervention resources, or the quality of the local intervention organization have to be reinforced, if a total fulfillment of DOTS strategy is to be obtained.

As a vertical programme that crosses the several levels of the health care system, *PNT* performance suffers the effects of services tribulations, mainly primary care, thus acting as a «markersituation» as to this system performance. Evidence shows that it is in this first line of care that success in both detection and treatment of tuberculosis cases is decided; and that this level also reveals the degree of social development and populations' behaviors, which play in turn a role as risk determinant for both getting the disease and succeeding in treatment.

Keywords: epidemiology; tuberculosis control; epidemiologic studies; health indicators; health determinants; health intervention; program effectiveness.