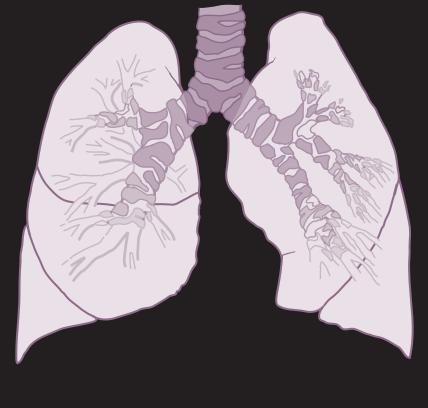


TUBERCULOSIS IN CANADA



2007



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TUBERCULOSIS IN CANADA

2007

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EXECUTIVE SUMMARY

In total, 1,548 new active and relapsed tuberculosis (TB) cases (a rate of 4.7 per 100,000 population) were reported to the Canadian Tuberculosis Reporting System (CTBRS) in 2007. Compared with 2006, both the number of cases reported and the incidence rate decreased, representing a 6.3% and 7.3% change, respectively. The TB incidence rate in 2007 was the lowest recorded since data collection began in Canada in 1924.

The three most populous provinces (British Columbia, Ontario and Quebec), which collectively made up 75% of Canada's population in 2007, accounted for 75% of the total number of reported cases. The highest incidence rate, 99.2 per 100,000 population was reported in Nunavut. For New Brunswick and Nova Scotia the rate was less than 1 per 100,000 population. For Prince Edward Island, no TB cases were reported.

Individuals between the ages of 35 and 44 years of age made up the largest number of reported cases, representing 18% of the total. The age-specific rate of 10.1 per 100,000 for those in the 75 years plus age group was the highest rate recorded for all age groups. In the 65-74 year age group, the rate continued to remain higher relative to the younger age groups.

In 2007, foreign-born cases continued to represent the greatest percentage of the overall case count when compared with the Canadian-born non-Aboriginal and Canadian-born Aboriginal populations. A total of 1,042 TB cases were reported among the foreign-born, representing 67% of all cases. A total of 170 cases (11% of the total) were in the Canadian-born non-Aboriginal population and 307 cases (20% of the total) were diagnosed in the Canadian-born Aboriginal population.

Pulmonary TB, including TB of the lungs and conducting airways was the most frequently reported diagnostic site, accounting for 65% of reported cases in 2007 followed by TB of the peripheral lymph nodes, which accounted for 13% of the reported cases.

Data on HIV status continues to be underreported at the national level. Of the 1,548 cases reported, 447 cases (29%) had an HIV test result reported (Figure 15). Across the provinces and territories, the percentage of cases for which HIV status was reported ranged from 0% to 96% of reported cases.

Of the 1,548 cases reported in 2007, 1,231 cases were culture positive. Of these, resistance information was available for 1,188 cases. Ninety-one percent of these showed no resistance to first-line anti-TB drugs (isoniazid, rifampin, ethambutol or pyrazinamide)¹, 8% percent were resistant to one drug and the remaining 1% showed patterns of resistance to two or more drugs prescribed.

For the 111 cases that were resistant to at least one drug, 85% were monoresistant with resistance to isoniazid accounting for 87% of all such cases. Nine percent were multidrug-resistant (MDR), defined as resistance to at least isoniazid and rifampin. One case was identified as being extensively drug-resistant (XDR).

As of 2005, streptomycin was considered a second-line TB antibiotic in Canada, even though it may be used for initial treatment.

Of the 143 deaths, TB was reported as the underlying cause of death for 23 cases (16%). TB contributed to death, but was not the underlying cause for 68 cases (48%). Cause of death was not reported for 7 cases.

As of June 30, 2008, 124 (8%) of the 1,548 cases diagnosed in 2007 were reported to have died before or during treatment. Of these, TB was reported as the underlying cause of death for 28 cases (23%). TB contributed to death, but was not the underlying cause for 56 cases (45%). Cause of death was not reported for 3 cases.

The majority of individuals placed on TB drug therapy in Canada received treatment as per the *Canadian Tuberculosis Standards*². Of the cases where the treatment final regime was reported over 80% of these cases received three or more anti-tuberculosis drugs.

For the 1,652 cases reported in 2006, 1,541 (93%) had outcome data (partial and complete) available. Of these cases, 1,270 (82%) were reported as cured or had completed treatment, 143 (9%) died before or during treatment, 29 (2%) transferred out of Canada, 35 (2%) absconded before completion of 80% of treatment and treatment was ongoing for 46 (3%) cases. For 129 (8%) cases, treatment outcome was not recorded or was recorded as other.

Although the total number of reported cases of TB in Canada has shown a general decrease over the past decade, this decrease is mostly a reflection of a decreasing number of cases in the Canadian-born non-Aboriginal population. Between 1997 and 2007 there was an average annual decrease of 8% in the number of cases reported in the Canadian-born non-Aboriginal population. The number of cases in the foreign-born population also decreased annually but only by an average of 2%. In the Canadian-born Aboriginal population, however, the number of cases increased by an average of 2% per year over the past decade.

4

² Long R, Ellis E, editors, *Canadian Tuberculosis Standards*, 6th ed. Ottawa ON: Her Majesty, the Queen in Right of Canada, represented by the Minister of Health; 2007.

INTRODUCTION

The 2007 Tuberculosis in Canada annual report is a publication of Tuberculosis Prevention and Control (TBPC), Public Health Agency of Canada (PHAC). Collection of statistics on tuberculosis in Canada started in 1924 and TBPC stores and maintains copies of all these historical reports. In 1994, responsibility for the Canadian Tuberculosis Reporting System (CTBRS) was transferred from Statistics Canada to Health Canada. In September 2004, TBPC became part of the PHAC and assumed responsibility for the annual reporting. Records of all new active and relapsed tuberculosis cases come to TBPC from the ten provinces and three territories on an annual basis.

This report contains the overall TB case counts and incidence rates as well as data on selected demographic and clinical characteristics. This report describes information on the following for TB cases:

- province/territory
- sex
- age
- birthplace
- new and relapsed cases³
- main diagnostic site
- bacterial status
- method of detection
- immigration status
- HIV status
- risk factors/markers for disease
- patterns of drug resistance
- treatment outcomes
- drug regimens

Appendices to the report include data tables (*Appendix II*), technical notes (*Appendix II*), population estimates for 2007 (*Appendix III*) and the World Health Organization (WHO) estimated incidence of TB in the 22 high burden countries, 2007 (*Appendix IV*). Further appendices include the WHO TB epidemiological regions and the member countries (*Appendix V*), the WHO reporting form for 2007 cases (*Appendix VII*), Canadian case and treatment outcome reporting forms (*Appendix VIII*) and the members of the Canadian Tuberculosis Committee (*Appendix VIII*).

These annual reports have undergone and will continue to undergo revisions in format and content from year to year. The goal is to continue to adapt and improve this publication in response to changes in the epidemiology and clinical management of TB. Comments on the content and/or format of this document are always welcome.

³ As of 2008, the CTBRS classifies all cases as new or re-treatment cases; see *Canadian Tuberculosis Standards*, 6th ed., Appendix C for complete definitions.

RESULTS

SECTION I - 2007 CASE REPORTING

NATIONAL TRENDS

Following a peak in the epidemic in the early 1940s, the reported incidence of tuberculosis (TB) has declined (Figure 1). Over the past two decades the number of reported cases and the corresponding incidence rate has generally continued to decrease (Figure 2; Table A), however the rate did stabilize at approximately 5.0 per 100,000 population between 2000 and 2006.

In 2007, a total of 1,548 incident cases of TB were reported to the CTBRS. The rate declined by 7% from 2006 to 4.7 per 100,000 population, the lowest rate recorded in Canada since reporting began in 1924. New active cases made up the majority of reported cases with a rate of 4.2 per 100,000 population; the rate for relapsed cases was 0.3 per 100,000 population.

Table A
Incidence rate of tuberculosis in Canada: 1997-2007

Year	Number of reported cases	Crude rate per 100,000	Three-year moving average
1997	1,994	6.7	
1998	1,810	6.0	6.2
1999	1,820	6.0	5.9
2000	1,724	5.6	5.8
2001	1,773	5.7	5.5
2002	1,666	5.3	5.4
2003	1,631	5.2	5.2
2004	1,613	5.0	5.1
2005	1,641	5.1	5.1
2006	1,652	5.1	5.0
2007	1,548	4.7	

GEOGRAPHIC DISTRIBUTION

Across Canada, TB incidence rates ranged from 0.0 (Prince Edward Island) to 99.2 (Nunavut) cases per 100 000 population (Table B, Figure 3). Two territories (Nunavut and Yukon) and six provinces (Alberta, British Columbia, Manitoba, Newfoundland and Labrador, Nova Scotia and Ontario) had lower rates in 2007 compared with their rates in 2006. Three regions (New Brunswick, Northwest Territories and Saskatchewan) had higher rates in 2007. For Quebec the rate in 2007 remained stable at 3.0 per 100 000 population and for the second consecutive year no cases were reported from Prince Edward Island.

Figure 1
Tuberculosis incidence and mortality rates – Canada: 1924-2007

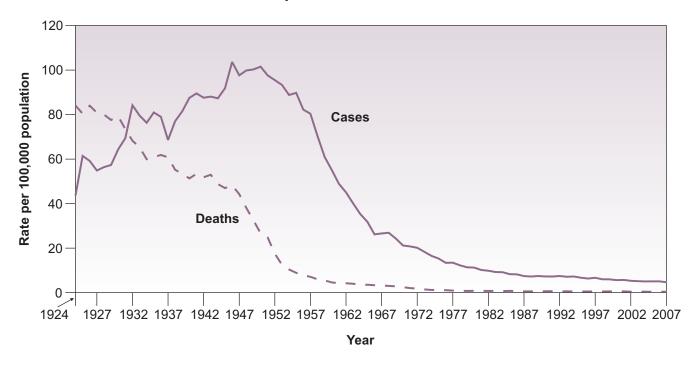


Figure 2
Tuberculosis cases and incidence rates – Canada: 1987-2007

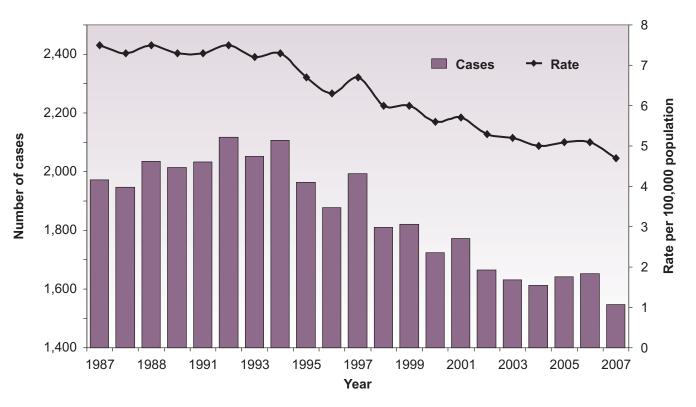
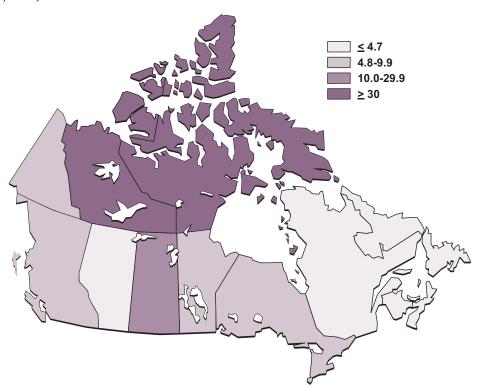


Table B
Ranked tuberculosis incidence in Canada – provinces/territories: 2007

Reporting province or territory	Abbreviation	Incidence rate per 100,000
Nunavut	Nvt.	99.2
Northwest Territories	N.W.T.	34.5
Saskatchewan	Sask.	10.6
Yukon	Y.T.	9.2
Manitoba	Man.	8.6
British Columbia	B.C.	6.4
Ontario	Ont.	5.1
Alberta	Alta.	3.2
Quebec	Que.	3.0
Newfoundland and Labrador	N.L.	1.4
Nova Scotia	N.S.	0.7
New Brunswick	N.B.	0.7
Prince Edward Island	P.E.I.	0.0
CANADA		4.7

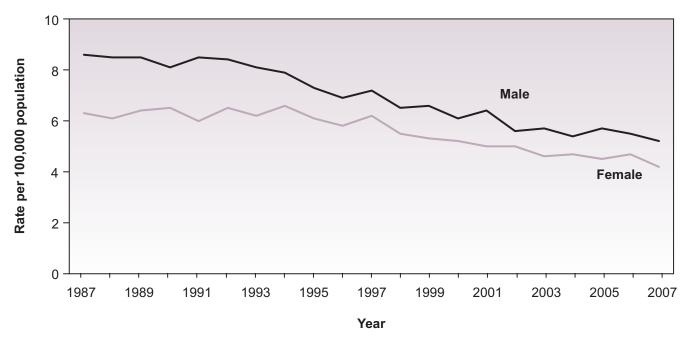
Figure 3
Tuberculosis incidence rate by province/territory as compared with national rate (4.7 per 100,000): 2007



SEX AND AGE GROUP DISTRIBUTION

Like the overall rate for Canada, over the past two decades, the incidence rates of TB in males and females have followed similar patterns of decline. While case reporting and incidence rates have always been higher in males, there has been a gradual decrease in the differential between males and females. However, in 2007 males continued to account for the larger number of reported cases (846 cases, 5.2 per 100,000 population), when compared with females (702 cases, 4.2 per 100,000 population) (Figure 4; *Appendix I*, Tables 2B and 2C).

Figure 4
Tuberculosis incidence rate by sex – Canada: 1987-2007



Individuals between the ages of 35 and 44 years of age made up the largest number of reported cases representing 18% of the total. The age-specific incidence rate of 10.1 per 100,000 for those in the 75 years and older remains the highest rate for all age groups. In the 65-74 year age group, the rate continues to remain higher relative to the younger age groups. However, the incidence per 100 000 population for this age group has been slowly declining over the past 5 years (Figure 5; *Appendix I*, Table 2A).

By age group and sex, the incidence rate of TB was similar in males and females for all age groups with the exception of the very young (< 1 year of age) and those aged 75 and older. The incidence rate for males in the youngest age cohort was 10 times higher than for the similar age cohort for females. This may be a reflection of the small number of cases reported. The incidence rate for the males 75 years and older was almost 2 times the rate for similarly aged females (Figure 6; *Appendix I*, Tables 5B and 5C).

BIRTHPLACE DISTRIBUTION

In 2007, foreign-born cases continued to represent the greatest percentage of the overall case count when compared with the Canadian-born non-Aboriginal and Canadian-born Aboriginal populations. A total of 1,042 TB cases were reported among the foreign-born, representing 67% of all cases. A total of 170 cases (11% of the total) were in the Canadian-born non-Aboriginal population and 307 cases (20% of the total) were diagnosed in the Canadian-born Aboriginal population. Origin was unknown for 2% of the cases (Figure 7; *Appendix I*, Table 3).

Figure 5
Tuberculosis incidence rate by age group – Canada: 2007

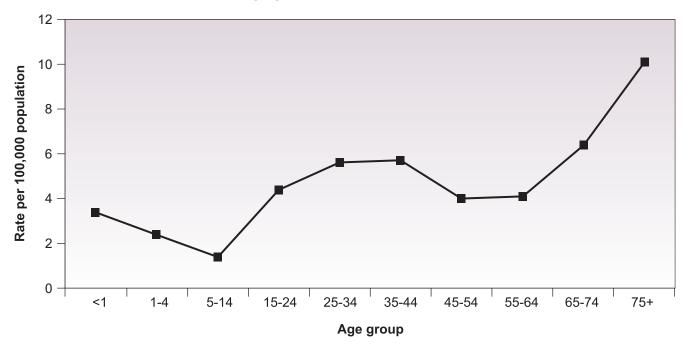
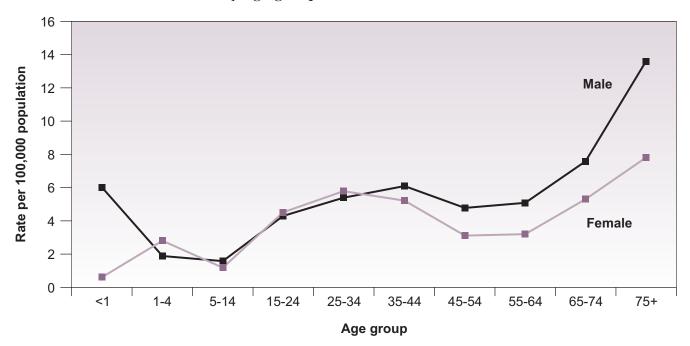
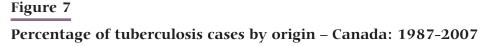
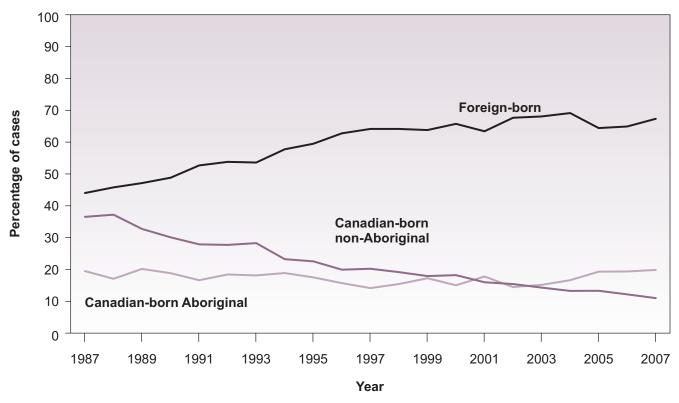


Figure 6
Tuberculosis incidence rate by age group and sex – Canada: 2007







Although the total number of reported cases of TB in Canada has shown a general decrease over the past decade, this decrease is mostly a reflection of a decreasing number of cases in the Canadian-born non-Aboriginal population. Between 1997 and 2007 there was an average annual decrease of 8% in the number of cases reported in the Canadian-born non-Aboriginal population. The number of cases in the foreign-born population also decreased annually but only by an average of 2%. In the Canadian-born Aboriginal population, however, the number of cases increased by an average of 2% per year over the past decade (Figure 8; *Appendix I*, Table 3).

The TB incidence rate has slowly declined among Canadian-born non-Aboriginal and foreign-born populations. However, no significant TB incidence rate change occurred in the Canadian-born Aboriginal population over the decade (Figure 9; *Appendix I*, Table 6).

The highest percentage of foreign-born cases (20%) was in the 35 to 44 age-group, slightly higher than the percentage of foreign-born cases between the ages of 25 and 34 (18%). For the Canadian-born non-Aboriginals, 20% of the cases were 75 years of age or older. For Canadian-born Aboriginal cases, 19% were between the ages of 15 and 24 and 19% were between the age of 35 and 44. A larger percentage of the Canadian-born Aboriginal cases were in the younger cohorts, 0 to 14 years of age, whereas a greater percentage of Canadian-born non-Aboriginals were in the older cohort 65 and over (Figure 10; *Appendix I*, Table 8). The median ages for Canadian-born non-Aboriginals, the foreign-born, and Canadian-born Aboriginals were 53 years, 45 years and 33 years, respectively.

In 2007 there were 19 Canadian born non-Aboriginal cases under the age of 15 years. Eight (42%) of these cases were born to parents who were foreign-born.

Figure 8
Number of tuberculosis cases by origin – Canada: 1987-2007

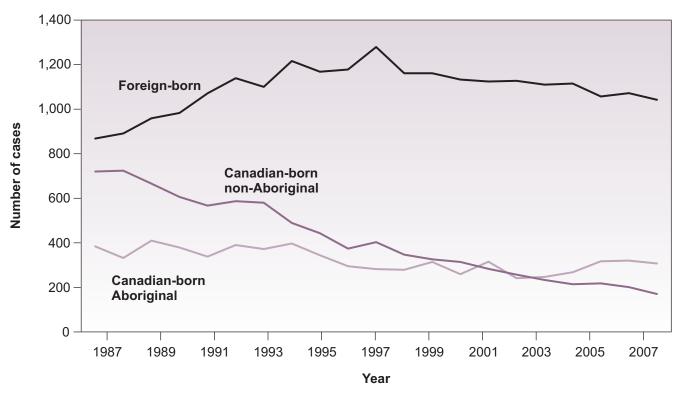


Figure 9
Tuberculosis incidence rate by origin – Canada: 1997-2007

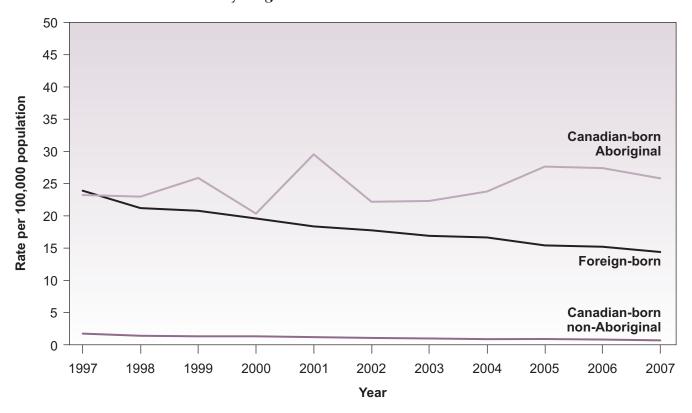
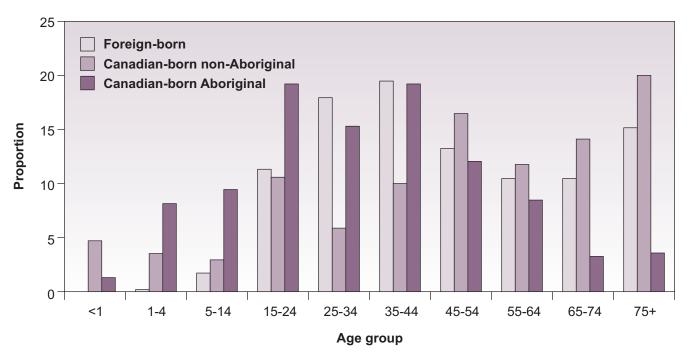


Figure 10
Proportion of tuberculosis cases by age group and origin – Canada: 2007



Among the foreign-born cases, when analyzed according to the STOP-TB Partnership/WHO TB epidemiological regions, 39% were in individuals originating from the Western Pacific Region with cases primarily from China, the Philippines and Viet Nam. The highest incidence rate (43.9 per 100,000 population) was found in individuals from the Africa, High HIV Prevalence region, (AFR-High). Table C shows the foreign-born TB incidence rate in Canada by WHO region of birth compared with the WHO estimated TB incidence rate for that region. Figure 11 shows the percentage of foreign-born TB by region, reported in Canada between 1997 and 2007.

Table C

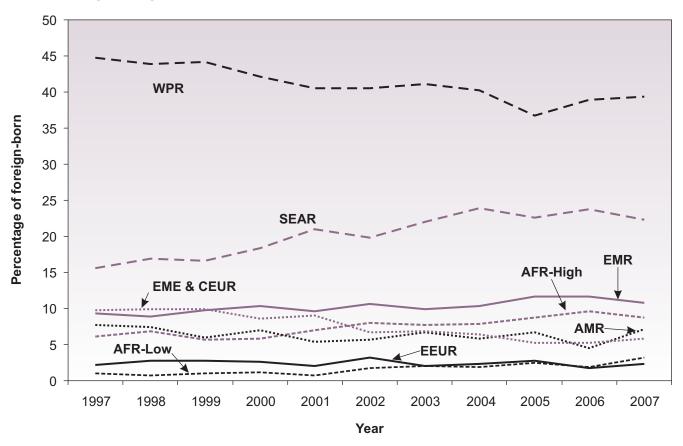
Comparison of the reported foreign-born tuberculosis incidence rate in Canada by STOP-TB Partnership/WHO TB epidemiological regions of birth (per 100,000 population) with WHO estimated tuberculosis incidence rate in the respective region

WHO regions*	Reported rate in Canada, 2007	WHO estimated TB incidence rate in regions, 2007**
Africa, High HIV Prevalence, (AFR High)	43.9	414
Africa, Low HIV Prevalence, (AFR Low)	29.7	217
American Region (AMR) - Latin American Countries (LAC)	9.4	56
Eastern Europe (EEUR)	7.2	91
Eastern Mediterranean (EMR)	15.7	104
Established Market Economies (EME) and Central Europe (CEUR)	2.3	12
South-East Asia (SEAR)	31.7	180
Western Pacific (WPR)	24.1	117
Overall	14.4	139

^{*} Source: The Stop TB Partnership and World Health Organization. *Global Plan to Stop TB 2006–2015*. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35).

Figure 11

Percentage of foreign-born tuberculosis cases by STOP-TB Partnership/WHO TB epidemiological regions – Canada: 1997-2007



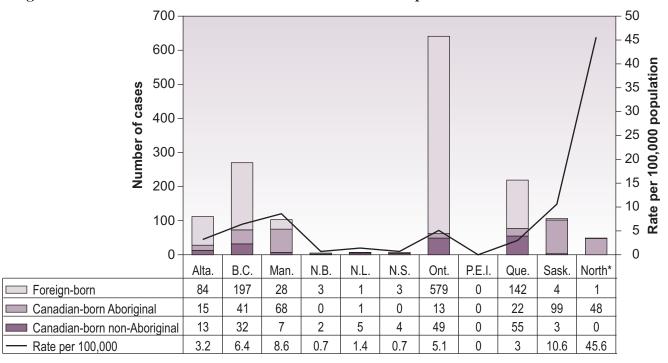
^{**} Source: Global tuberculosis control: surveillance, planning, financing, WHO report 2009. Geneva, World Health Organization (WHO/HTM/TB/2009.411).

Analyzing the duration of time between the arrival of foreign-born individuals into Canada to the time they were diagnosed with active TB disease, based on the year of arrival, 19% of the foreign-born cases were diagnosed in individuals arriving in Canada after January 1, 2006, (i.e. < 2 years after arrival). An additional 14% of the cases arrive between January 1, 2003 and December 31, 2005 (i.e. between 2 and 5 years after arrival) (*Appendix I*, Table 18).

Alberta, British Columbia and Ontario reported the highest percentage of foreign-born cases (75%, 71% and 89%, respectively). In Quebec foreign-born cases accounted for 62% of the reported cases. In New Brunswick 60% of the cases were foreign-born and in Nova Scotia, 43% of the cases were foreign-born. (Table 6). For the remaining provinces/territories foreign-born cases accounted for fewer than 30% of the total case count.

Canadian-born Aboriginal cases accounted for 20% of all cases reported in Canada. In Saskatchewan and the North (which includes Northwest Territories, Nunavut and Yukon), Canadian-born Aboriginal peoples accounted for over 88% of reported cases. In Manitoba, Canadian-born Aboriginals made up 66% of the cases (Figure 12; Table D; *Appendix I*, Table 6).

Figure 12
Origin of tuberculosis cases and overall incidence rate – provinces/territories: 2007



<u>Table D</u>

Percentage of tuberculosis cases in Canada by origin – provinces/territories: 2007

Reporting province or territory	Canadian-born non-Aboriginal	Canadian-born Aboriginal	Foreign-born	Unknown birthplace
Alberta	11.6	13.4	75.0	0.0
British Columbia	11.6	14.9	71.4	2.2
Manitoba	6.8	66.0	27.2	0.0
New Brunswick	40.0	0.0	60.0	0.0
Newfoundland and Labrador	71.4	14.3	14.3	0.0
Nova Scotia	57.1	0.0	42.9	0.0
North*	0.0	98.0	2.0	0.0
Ontario	7.5	2.0	88.5	2.0
Prince Edward Island	-	-	-	-
Quebec	24.0	9.6	62.0	4.4
Saskatchewan	2.8	93.4	3.8	0.0
Canada	11.0	19.8	67.3	1.9

Note: Totals may not always equal 100 due to rounding.

DIAGNOSTIC DISTRIBUTION

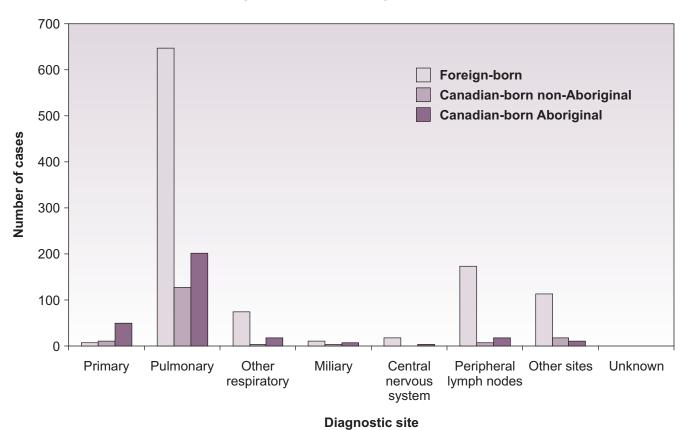
Pulmonary TB, including TB of the lungs and conducting airways (see Technical Annex for complete definition), was the most frequently reported diagnostic site, accounting for 65% of reported cases in 2007, followed by TB of the peripheral lymph nodes, which accounted for 13% of the reported cases. Nine percent of the cases were classified as "other", which included: TB of the intestines, peritoneum and mesenteric glands, bones and joints, genitourinary system, skin, eye, ear, thyroid, adrenal, and spleen (*Appendix I*, Table 4).

Pulmonary TB was diagnosed in 75% of Canadian-born non-Aboriginals, 66% of the Canadian-born Aboriginal cases and 62% of foreign-born cases. A greater percentage (17%) of the foreign-born cases was diagnosed with TB of the peripheral lymph nodes compared with 4% of the Canadian-born Aboriginal cases and 6% of the Canadian-born non-Aboriginal cases (*Appendix I*, Table 10).

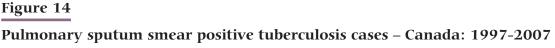
There were of 63 cases of primary TB. Seventy-six percent of these cases were reported in the Canadian-born Aboriginal population and represented 16% of the total number of Aboriginal cases. TB of the central nervous system (CNS) was rare, accounting for only 20 (1.3%) of all reported cases (Figure 13; *Appendix I*, Table 10).

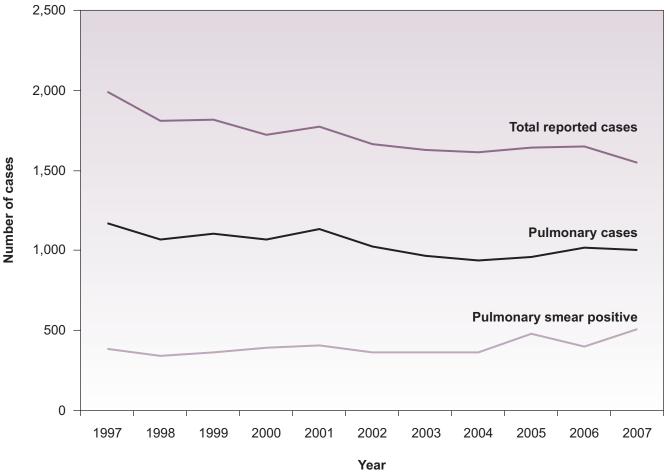
^{*}Includes Northwest Territories, Nunavut and Yukon Territory.

Figure 13
Tuberculosis cases by main diagnostic site and origin – Canada: 2007



Of the 1,002 cases of pulmonary TB reported, smear status was available for 909 cases. Of these, 56% (509 cases) were smear-positive (sputum was obtained from direct collection, through bronchoscopy or gastric aspirate). The percentage of pulmonary cases that were smear positive increased from 51% in 2006. A smear positive diagnosis denotes the most infectious form of pulmonary TB. Figure 14 shows the relationship between the total number of cases reported, the number of cases that were pulmonary and of those, the number that were pulmonary and smear-positive for the years 1997 to 2007.





CASE DETECTION

Seventy-four percent of the cases were diagnosed when the patient presented with symptoms to a medical professional. Of the 139 cases identified through contact tracing, 67% were in the Aboriginal population. Overall, 30% of all Aboriginal cases were detected through contact tracing compared with 12% for the non-Aboriginal cases and 2% of the foreign-born cases. For the foreign-born population, 7% were identified through immigration screening (*Appendix I*, Table 17).

DEATHS

For the 1,652 cases diagnosed in 2006 for which outcomes were reported as of June 30, 2008, 143 (9%) were reported to have died before or during treatment. Of these, TB was reported as the underlying cause of death for 23 cases (16%). TB contributed to death, but was not the underlying cause for 68 cases (48%). Cause of death was not reported for seven cases (*Appendix I*, Tables 21 and 22).

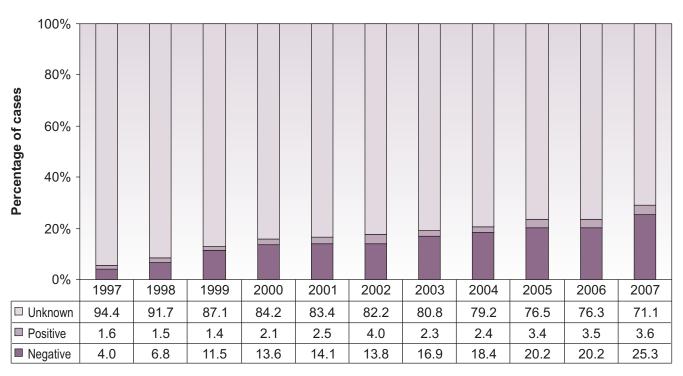
As of June 30, 2008, 124 (8%) of the 1,548 cases diagnosed in 2007 were reported to have died before or during treatment. Of these, TB was reported as the underlying cause of death for 28 cases (23%). TB contributed to death, but was not the underlying cause for 56 cases (45%). Cause of death was not reported for three cases (*Appendix I*, Tables 21 and 22). The number of deaths as reported for the 2007 cases will be updated in the 2008 report when all outcome data has been submitted for these cases.

HIV STATUS

Data on HIV status continues to be underreported at the national level. Of the 1,548 cases reported, 447 cases (29%) had an HIV test result reported (Figure 15). Across the provinces and territories, the percentage of cases for which HIV status was reported ranged from 0% to 96% of reported cases. (Appendix 1, Table 24).

Of the cases for which HIV status was known, 59% were male and the majority of cases were between 15 and 55 years of age. Forty-percent of the Canadian-born Aboriginal population had a result reported, whereas 31% of the Canadian-born non-Aboriginal population and 26% of the foreign-population were tested. Of the 447 cases with known HIV status, 55 (12%) were HIV positive. By origin group, of those with HIV status reported, 29% of the Canadian-born non-Aboriginal tested were HIV positive, compared with 11% of the Canadian-born Aboriginal and 11% of the foreign-born.

Figure 15
Percentage of tuberculosis cases by HIV status – Canada: 1997-2007



Year

PATTERNS OF DRUG RESISTANCE

Initial drug resistance

Of the 1,548 cases reported in 2007, 1,231 cases were culture positive. Of these, resistance information was available for 1,188 cases. Ninety-one percent of cases with reported drug sensitivity information showed no resistance to first-line anti-TB drugs (isoniazid, rifampin, ethambutol or pyrazinamide)^{4,5}, 8% percent were resistant to one drug and the remaining 1% showed patterns of resistance to two or more drugs prescribed.

For the 111 cases that were resistant to at least one drug, 85% were monoresistant with resistance to isoniazid accounting for 87% of all monoresistant cases. Nine percent of resistant cases were multidrug-resistant (MDR) defined as resistance to at least isoniazid and rifampin. One case was identified as being extensively drug-resistant (XDR-TB), which is resistance to any fluoroquinolone and at least one of three injectable second-line drugs: amikacin, capreomycin and kanamycin⁶. The remaining 5% of the resistant cases were poly-resistant, not including MDR-TB.

Foreign-born cases accounted for 81% of the 111 resistance cases and 90% of the MDR-TB cases. The one XDR-TB case was in a foreign-born patient who acquired resistance outside Canada.

The majority of cases, 84%, for which resistance was reported, were diagnosed with TB for the first time, 8% were relapsed cases and for the remaining 8% of cases, disease status was unknown (*Appendix I, Table 15*).

20

⁴ As of 2005, streptomycin was considered a second-line TB antibiotic in Canada, even though it may be used for initial treatment.

⁵ British Columbia and Manitoba do not routinely test resistance against PZA.

⁶ This case was reported in Tuberculosis Drug Resistance in Canada, 2008 as a 2008 case since drug susceptibility testing was performed in 2008.

SECTION II - 2006 TREATMENT OUTCOMES

Treatment outcome data for new active and relapsed cases reported in the previous year are submitted to TBPC using a separate reporting form (*Appendix VII* – Reporting forms). For the 1,652 cases reported in 2006, 1,541 (93%) had outcome data (partial and complete) available. Of these cases, 1,270 (82%) were reported as cured or had completed treatment, 143 (9%) died before or during treatment, 29 (2%) transferred out of Canada, 35 (2%) absconded before completion of 80% of treatment, and treatment was ongoing for 46 (3%) cases. For 129 (8%) cases, treatment outcome was not reported or was reported as "other".

The majority of individuals were reported to have received treatment as per the *Canadian Tuberculosis Standards*, 6th edition⁷. Drug regimen reporting was complete for 1,042 cases. Almost eighty percent of these cases received three or more anti-tuberculosis drugs (*Appendix I*, Table 25).

Of the 1,652 patients diagnosed in 2006 822 (49%) were on directly observed therapy (DOT). An additional 36% self-administered their medications and 4% were treated using another treatment regimen. Treatment regimen was not indicated for 11% of the cases. Eighty-six percent of those patients on DOT and 89% who self-administered were reported to have been cured or to have completed treatment (Figure 16).

PHAC provides treatment outcome data to the WHO on an annual basis. This reporting focuses only on pulmonary smear positive cases and the treatment outcomes of these cases by major mode of treatment (e.g., DOTS or non-DOTS). The WHO global targets for TB include 70% detection of all pulmonary smear positive cases and of these cases an 85% cure or treatment completion rate. Table E provides the reported treatment outcome data for laboratory confirmed pulmonary cases in Canada between 1998 and 2006, inclusive. Laboratory-confirmed cases include smear-positive cases plus any cases confirmed by additional laboratory methods.

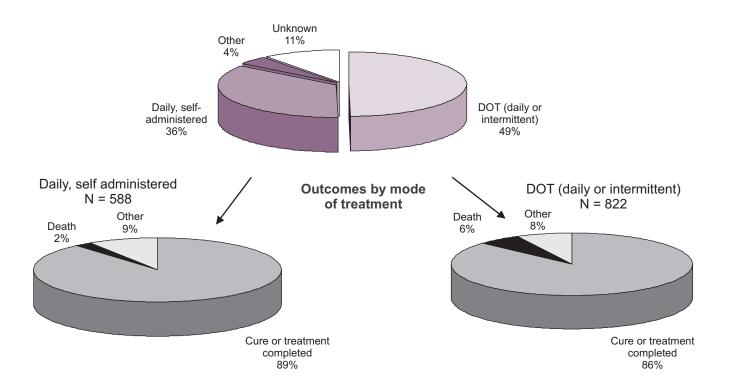
ACQUIRED DRUG RESISTANCE

Acquired drug resistance occurs when patients who initially had drug-susceptible TB bacteria later become drug-resistant as a result of inadequate, inappropriate or irregular treatment or, more importantly, because of non-adherence in drug taking. In 2006 there was 1 case of acquired resistance reported (*Appendix I*, Table 28).

⁷ Long R, Ellis E, editors, Canadian Tuberculosis Standards, 6th ed. Ottawa: Public Health Agency of Canada and the Canadian Lung Association/Canadian Thoracic Society; 2007.

Figure 16
Treatment outcome status of tuberculosis cases by major mode of treatment – 2006

Percentage of case by major mode of treatment



^{*} Other: absconded, transferred, treatment ongoing, unknown

Treatment outcome of laboratory confirmed pulmonary cases, Canada: $1998-2006^8$

Table E

	1998	86	1999	66	20	2000	2001	0.1	2002	02	2003	03	2004	04	2005*	.20	*5006	*90
Treatement outcome	DOTS	Non- DOTS	DOTS	Non- DOTS	DOTS	Non- DOTS	DOTS	Non- DOTS	DOTS	Non- DOTS	DOTS	Non- DOTS	DOTS	Non- DOTS	DOTS	Non- DOTS	DOTS	Non- DOTS
Total cohort registered for treatment	184	247	221	161	231	150	258	188	205	139	200	165	216	153	437	225	416	277
Cured	89	7.1	76	89	107	72	62	57	83	6	55	12	46	15	62	14	63	111
Completed	88	96	126	53	84	53	134	92	66	105	121	126	129	120	307	168	293	223
Cured or completed (% of total)	156 (85%)	167 (68%)	202 (91%)	121 (75%)	191	125 (83%)	213 (83%)	149 (79%)	182 (89%)	114 (82%)	176 (88%)	138 (84%)	175 (81%)	135 (88%)	369 (84%)	182 (81%)	356 (86%)	234 (84%)
Died	8	28	9	25	22	10	26	23	111	13	17	17	27	8	29	25	23	23
Failed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Defaulted	1	3	5	3	9	3	6	5	4	9	3	3	3	2	5	3	6	7
Transferred	2	20	2	5	1	8	3	10	2	4	2	5	5	3	6	7	7	9
Treatment ongoing	3	2	4	3	8	2	3	1	1	0	0	0	3	1	17	3	15	9
Unknown	14	27	7	4	3	2	4	0	5	2	7	2	3	4	8	5	9	1
* The cham increase in the mumber of ease registered between 2004 and 2005 is attributed to the culturiseions of automa data from Ontario	odt ni osco	niimhor,	of cases re	Saictored	hotmon)004 and	2005 is a	thributed	to the cu	hmission	of outco	mo data	from Ont	Oine				

^{*} The sharp increase in the number of cases registered between 2004 and 2005 is attributed to the submissions of outcome data from Ontario.

⁸ Numbers may differ from *Global Tuberculosis Control, WHO Report 2009* (which reports 2007 case data and 2006 treatment outcome data) due to late reporting of cases to the Public Health Agency of Canada.

SECTION III - MEASURING PROGRESS TOWARDS NATIONAL TARGETS

In 1997, the National Consensus Conference on Tuberculosis recommended that the Canadian goal of TB prevention and control should be to reduce the annual number of TB cases (new and relapsed) by five percent annually. The overall average rate of change for such cases between 1997 and 2007 was 3.3% (see Table F).

Table F

Average rate of change in the number of cases and in incidence rate for new and relapsed TB cases in Canada: 1997–2007

Damantin a vegan	Number of	Data	Rate of	change (%)
Reporting year	reported cases	Rate —	Cases	Rate
1997	1,994	6.7		
1998	1,810	6.0	↓ 9.2	↓ 10.4
1999	1,820	6.0	↑ 0.6	no change
2000	1,724	5.6	↓ 5.3	↓ 6.7
2001	1,773	5.7	^ 2.8	↑ 1.8
2002	1,666	5.3	↓ 6.0	↓ 7.0
2003	1,631	5.2	↓ 2.1	↓ 3.8
2004	1,613	5.0	↓ 1.1	↓ 2.0
2005	1,641	5.1	↑ 1.7	↑ 2.0
2006	1,652	5.1	↑ o.7	no change
2007	1,548	4.7	↓ 6.3	↓ 7.3
		Average rate of change	↓ 2.4	↓ 3 .3

In 2006, the Canadian Tuberculosis Committee⁹ (CTC) reviewed this national goal in view of the targets set in the *Global Plan to Stop TB 2006–2015*¹⁰ to reduce the global burden of TB disease in 2015 by 50% relative to 1990 levels. The CTC recommended a target to reduce the Canadian TB (new and relapsed) incidence rate to 3.6 per 100,000 population (or less) by 2015. This represents one half of the disease burden in Canada as compared to the 1990 incidence rate. Achieving this goal will require a 3.3% annual reduction in the incidence rate between 2007 and 2015.

⁹ For information on the membership and terms of reference for the Canadian Tuberculosis Committee please see http://www.phac-aspc.gc.ca/tbpc-latb/ctc-ccla/index.html.

¹⁰ Stop TB Partnership and World Health Organization. *Global Plan to Stop TB* 2006-2015. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35).

The *Canadian Tuberculosis Standards*, 6th edition has set program performance standards for the ideal anti-tuberculous drug regimen and its delivery. These standards require that, at a minimum, treatment:

- convert sputum cultures to negative after 4 months of treatment;
- achieve relapse (re-treatment) rates of less than 3% within 2 years following cessation of treatment;
- achieve acquired drug resistance rates of 0%;
- be cost-effective (since DOT is the optimal mode of drug delivery, intermittent regimens of 120 doses [9 months] or 95 doses [6 months] are recommended);
- be tolerated by the patient (< 5% of patients will discontinue or modify therapy because of adverse effects); and
- achieve at least a 90% cure (negative sputum culture at the end of treatment) or treatment completion (treatment completed but no sputum culture at the end of treatment) rate within 12 months of starting treatment for patients who did not die or transfer out during treatment.

The CTBRS contains data that can approximate measuring progress towards achieving some of these standards for the entire cohort of TB cases reported in Canada.

In 2006, after removing the patients who died or who transferred out of the region there were 1,270 patients who were deemed cured or completed treatment representing 86% of cases. There were 111 cases for which an outcome result was not reported.

Between 2001 and 2006 of the 9,976 TB cases reported in Canada, 750 (7% of all cases) were relapses. Of these relapsed cases, 327 (44%) were known to have been previously diagnosed in Canada and of these, 277 (85%) had a year of previous diagnosis recorded. Forty-two (16%) of the relapsed cases with a previous diagnosis in Canada were diagnosed with their current episode of TB within 2 years of the previous episode. The rate of relapse within two years of cessation of treatment, for cases previously diagnosed in Canada was therefore extremely low, averaging less than one percent of all reported cases for the last six years of reporting (2001 - 2006).

CONCLUSION

The total number of reported cases of TB in Canada has shown a general decrease over the past two decades. However, this decrease is mostly a reflection of a decreasing number of cases in the Canadian-born non-Aboriginal population. The number of cases in the Canadian-born Aboriginal population increased by an annual average of 2% over the past 10 years whereas there has been a minimal decrease in the foreign-born populations over the same time period.

Generally, the TB incidence rate has been slowly declining among Canadian-born non-Aboriginal and foreign-born populations, (the latter due to a significant increase in the total foreign-born population in Canada). However, no significant TB incidence rate change has occurred in the Canadian born Aboriginal population. The relatively high rate in the Aboriginal population continues to be a major concern.

Pulmonary tuberculosis makes up the majority of the cases reported in Canada. Of the pulmonary TB reported, 56% were smear-positive. The number of sputum smear positive cases, has decreased very little over the past ten years.

Determining the Canadian incidence rate of TB-HIV co-infection from this surveillance system is not yet possible. HIV status was reported for only 29% of cases, of which 12% were HIV sero-positive. This percentage is likely biased towards HIV testing in those with known risk factors for HIV infection. In the unlikely event that these were the only co-infected cases, the overall co-infection rate was 4%. The most recent report by the WHO has estimated HIV prevalence in incident TB cases in Canada in 2007 to be 5.7%. There are a number of important personal and public health reasons for screening for HIV in patients with TB and their contacts, as well as screening and prevention of TB in patients with HIV. Screening for HIV in TB cases and reporting of the results are essential activities for prevention and control of future TB cases in Canada.

Drug resistance has not yet emerged as a significant problem in Canada. Cases of MDR-TB represent less than 1% of the reported cases of drug resistance in this reporting system.

For the treatment outcome data received, the majority of TB cases were reported as cured or completed treatment. Analysis on the treatment outcome status of laboratory confirmed pulmonary cases indicates that 86% of DOTS and 84% of non-DOTS, (total 85%).

In keeping with the targets set in the *Global Plan to Stop TB 2006–2015*¹³ to reduce the global burden of TB disease by 50%, the Canadian tuberculosis incidence rate would have to be reduced to 3.6 per 100,000 by 2015 . Achieving this incidence rate will require an average per annum decrease in the number of reported cases of 3.3% between 2006 and 2015. This will require a concerted effort on behalf of all working on TB prevention and control in Canada.

As the epidemiology of TB in Canada and the world evolves, the CTBRS and the annual report, *Tuberculosis in Canada*, will continue to undergo improvements in the quality and nature of the data reported.

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¹¹ Global tuberculosis control: surveillance, planning, financing, WHO report 2009. Geneva, World Health Organization (WHO/HTM/TB/2008.393).

¹² Long R, Ellis E, editors, *Canadian Tuberculosis Standards*, 6th ed., Appendix G: Recommendations for the screening and prevention of tuberculosis in patients with human immunodeficiency virus (HIV) and the screening for HIV in tuberculosis patients and their contacts. Ottawa: Public Health Agency of Canada and the Canadian Lung Association/Canadian Thoracic Society; 2007.

¹³ Stop TB Partnership and World Health Organization. *Global Plan to Stop TB 2006–2015*. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35).

APPENDICES

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Appendix II – Technical notes

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 $Reported\ new\ active\ and\ relapsed\ tuberculos is\ cases\ and\ incidence\ rate\ per\ 100,000\ -\ Canada\ and\ provinces/territories:\ 1997-2007$

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Cases 1,613 7 1 8 10 219 700 144 70 109 299 4 Rate 5.0 1.4 0.7 0.9 1.3 2.9 5.6 12.3 7.0 3.4 7.2 12.7 7 Cases 1,641 9 1 7 6 255 643 114 139 146 265 3 4 7 12.7 3 Rate 5.1 1.7 0.7 0.7 0.8 3.4 67.1 134 8.8 3.8 7.5 9.3 Rate 5.1 2.4 0.7 0.3 3.0 5.3 11.3 8.8 3.8 7.5 9.3 Rate 4.7 1.4 0.7 3.0 3.0 5.1 9.2 9.2		Rate	5.2	1.3	2.2	9.0	1.6	3.4	5.7	10.9	9.1	3.5	7.4	3.2	28.2	23.9
Rate 5.0 1.4 0.7 0.9 1.3 2.9 5.6 12.3 7.0 3.4 7.2 12.7 12.7 Cases 1,641 9.7 1.6 255 643 114 139 146 265 3 Rate 5.1 1.7 0.7 0.8 3.4 5.1 9.7 14.0 4.4 6.3 9.4 Rate 5.1 0.7 0.7 0.8 3.4 5.1 9.7 14.0 4.4 6.3 9.4 Rate 5.1 0.7 0.1 0.3 3.0 5.3 11.3 8.8 3.8 7.5 9.3 Rate 4.7 1.4 0.7<	2004	Cases	1,613	7	1	8	10	219	200	144	70	109	299	4	10	32
Cases 1,641 9 1 7 6 255 643 114 139 146 265 3 Rate 5.1 1 1 0.7 0.7 0.8 3.4 5.1 9.7 14.0 4.4 6.3 9.4 Cases 1,652 12 0 10 2 228 671 134 87 131 320 3 Rate 5.1 2.4 - 1.1 0.3 3.0 5.3 11.3 8.8 3.8 7.5 9.3 Rate 4.7 1.4 0.7 0.7 3.0 5.1 8.6 10.6 3.2 6.4 9.2		Rate	5.0	1.4	0.7	0.0		2.9	5.6	12.3	7.0	3.4	7.2	12.7	23.1	107.2
Rate 5.1 0.7 0.0 <th>2005</th> <th>Cases</th> <th>1,641</th> <th>6</th> <th>1</th> <th>7</th> <th>9</th> <th>255</th> <th>643</th> <th>114</th> <th>139</th> <th>146</th> <th>265</th> <th>3</th> <th>8</th> <th>45</th>	2005	Cases	1,641	6	1	7	9	255	643	114	139	146	265	3	8	45
Cases 1,652 12 0 10 2 228 671 134 87 131 320 3 Rate 5.1 2.4 - 1.1 0.3 3.0 5.3 11.3 8.8 3.8 7.5 9.3 9.3 Cases 1,548 7 0 7 5 229 654 103 106 112 276 3 Rate 4.7 1.4 - 0.7 0.7 3.0 5.1 8.6 10.6 3.2 6.4 9.2		Rate	5.1	1.7	0.7	0.7	0.8	3.4	5.1	6.7	14.0	4.4	6.3	9.4	18.4	148.4
Rate 5.1 2.4 - 1.1 0.3 3.0 5.3 11.3 8.8 3.8 7.5 9.3 Cases 1,548 7 0 7 5 229 654 103 106 112 276 3 Rate 4.7 1.4 - 0.7 0.7 3.0 5.1 8.6 10.6 3.2 6.4 9.2	2006	Cases	1,652	12	0	10	2	228	671	134	87	131	320	3	6	48
Cases 1,548 7 0 7 5 229 654 103 106 112 276 3 Rate 4.7 1.4 - 0.7 0.7 3.0 5.1 8.6 10.6 3.2 6.4 9.2		Rate	5.1	2.4	I	1.1	0.3	3.0	5.3	11.3	8.8	3.8	7.5	9.3	13.9	155.8
4.7 1.4 - 0.7 0.7 3.0 5.1 8.6 10.6 3.2 6.4 9.2	2007	Cases	1,548	7	0	7	5	229	654	103	106	112	276	3	15	31
		Rate	4.7	1.4	ı	0.7	0.7	3.0	5.1	9.8	10.6	3.2	6.4	9.2	34.5	99.2

Table 1A

Table 1B

Reported new active tuberculosis cases and incidence rate per 100,000 - Canada and provinces/territories: 1997-2007

an Ladau							- I						- 1		
Year of		CANADA						Provi	Province/territory	tory					
diagnosis		COLVED	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
1997	Cases	1,764	13	4	5	9	322	682	98	110	150	360	2	24	I
	Rate	5.9	2.4	2.9	0.5	0.8	4.4	6.1	7.6	10.8	5.3	9.1	6.3	35.5	I
1998	Cases	1,607	7	2	16	7	263	631	104	91	146	306	2	32	I
	Rate	5.4	1.3	1.5	1.7	6.0	3.6	5.7	9.1	8.9	5.0	7.7	6.4	47.6	-
1999	Cases	1,623	11	2	12	13	278	296	123	110	141	304	1	17	15
	Rate	5.3	2.1	1.5	1.3	1.7	3.8	5.2	10.8	10.8	4.8	7.6	3.2	41.8	55.9
2000	Cases	1,540	10	2	3	8	297	299	88	100	120	264	2	7	40
	Rate	5.0	1.9	1.5	0.3	1.1	4.0	5.1	7.7	6.6	4.0	6.5	9.9	17.3	145.5
2001	Cases	1,576	17	2	5	10	235	610	108	104	106	337		8	34
	Rate	5.1	3.3	1.5	0.5	1.3	3.1	5.1	9.4	10.4	3.4	8.2	0.0	19.6	120.9
2002	Cases	1,487	9	1	7	10	258	631	92	83	121	252		4	22
	Rate	4.7	1.2	0.7	0.7	1.3	3.4	5.2	8.0	8.3	3.9	6.2	0.0	9.6	76.6
2003	Cases	1,472	4	1	5	11	242	613	118	82	104	275	1	6	7
	Rate	4.7	9.0	0.7	0.5	1.5	3.2	5.0	10.2	8.2	3.3	9.9	3.3	21.3	24.0
2004	Cases	1,469	4	1	8	6	204	634	132	63	100	277	4	6	24
	Rate	4.6	0.8	0.7	0.0	1.2	2.7	5.1	11.2	6.3	3.1	6.7	12.7	20.8	80.4
2005	Cases	1,491	8	1	7	9	223	586	105	127	131	247	3	8	39
	Rate	4.6	1.6	0.7	0.7	0.8	2.9	4.7	8.9	12.8	3.9	5.9	9.4	18.4	128.6
2006	Cases	1,459	6	0	6	2	207	266	125	29	123	287	3	5	44
	Rate	4.5	1.8	0.0	1.0	0.3	2.7	4.5	10.6	8.0	3.6	6.8	9.3	11.6	142.9
2007	Cases	1,398	7	0	9	5	210	583	96	96	106	250	2	14	23
	Rate	4.2	1.4	0.0	9.0	0.7	2.7	4.6	8.0	9.6	3.0	5.8	6.1	32.2	73.6

NB: Cases for which activity status is unknown are included in the total (Table 1A).

able 1C

Reporte	d relaps	Reported relapsed tuberculosis cases and	ılosis ca	ses and	·=	ncidence rate per 100,000 –	per 100	0000,	Canada	and pro	vinces/	Canada and provinces/territories: 1997-2007	ies: 199	7-2007	
Year of		CANADA						Prov	Province/territory	itory					
diagnosis		COUNTY	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
1997	Cases	197	2	1	2	1	34	70	10	11	16	43	0	7	I
	Rate	0.7	0.4	0.7	0.2	0.1	0.5	9.0	6.0	1.1	9.0	1.1	0.0	10.4	I
1998	Cases	153	1	0	2	2	22	99	12	7	12	23	0	9	I
	Rate	0.5	0.2	0.0	0.2	0.3	0.3	9.0	1.1	0.7	0.4	9.0	0.0	8.9	I
1999	Cases	158	1	0	2	1	33	69	6	9	8	23	0	9	0
	Rate	0.5	0.2	0.0	0.2	0.1	0.5	0.0	0.8	9.0	0.3	9.0	0.0	14.8	0.0
2000	Cases	147	0	0	0	1	18	70	10	4	13	21	1	8	9
	Rate	0.5	0.0	0.0	0.0	0.1	0.2	9.0	6.0	0.4	0.4	0.5	3.3	7.4	21.8
2001	Cases	152	2	1	3	0	17	59	5	10	10	39	0	0	9
	Rate	0.5	0.4	0.7	0.3	0.0	0.2	0.5	0.4	1.0	0.3	1.0	0.0	0.0	21.3
2002	Cases	137	3	0	2	1	19	56	9	9	7	32	0	0	5
	Rate	0.4	9.0	0.0	0.2	0.1	0.3	0.5	0.5	9.0	0.2	8.0	0.0	0.0	17.4
2003	Cases	105	3	1	1	1	15	35	6	6	9	22	0	8	0
	Rate	0.3	9.0	0.7	0.1	0.1	0.2	0.3	0.8	6.0	0.2	0.5	0.0	7.1	0.0
2004	Cases	120	3	0	0	1	15	42	12	7	6	77	0	1	8
	Rate	0.4	9.0	0.0	0.0	0.1	0.2	0.3	1.0	0.7	0.3	0.5	0.0	2.3	27.0
2005	Cases	106	1	0	0	0	12	33	6	12	15	18	0	0	9
	Rate	0.3	0.2	0.0	0.0	0.0	0.2	0.3	0.8	1.2	0.5	0.4	0.0	0.0	20.0
2006	Cases	130	3	0	1	0	20	44	6	8	8	32	0	1	4
	Rate	0.4	9.0	0.0	0.1	0.0	0.3	0.3	0.8	0.8	0.2	0.7	0.0	2.4	13.2
2007	Cases	109	0	0	1	0	10	39	7	10	9	26	1	1	8
	Rate	0.3	0.0	0.0	0.1	0.0	0.1	0.3	9.0	1.0	0.2	9.0	3.1	2.3	25.6
NIAL:	~f which	Note. Come of which activity atotals is surfaced and inclination	adan oi o	.;		dod in the total (Table 1A)	Toble 1 A)								

Note: Cases of which activity status is unknown are included in the total (Table 1A).

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by age group – Canada: 1997-2007 Table 2A

Cases 1,994 6.1 1-4 5-14 15-24 45-54 45-54 45-54 45-54 45-54 45-54 55-44 45-54 55-44 45-54 55-74 77 Cases 1,994 8 50 1.4 5.2 391 201 202 301 201 202 301 11.0 202 301 11.0 202 300 11.0 302 301 11.0 302 11.0 302 11.0 302 302 11.0 302 302 11.0 302	J / X								Age group	d				
Rate 6.77 3.2 3.9 3.9 3.2 3.2 3.9 3.2 3.9 3.2 3.4 3.5 8.4 3.7 3.5 3.4 3.7 3.9 3.9 3.2 3.4 3.5 8.4 3.7 3.5 9.0 3.0 3.2 3.4 3.5 3.4 3.7 3.4 3.7 3.8 3.9 3.8 3.8 3.8 3.9 3.8 3.9 3.8 3.9 3.8 3.9 3.8 3.9 3.8 3.9 3.8 3.9 3.8 3.9 </th <th>rear or diagnosis</th> <th></th> <th>TOTAL</th> <th></th> <th>1 - 4</th> <th>1</th> <th>7. </th> <th>5 -</th> <th>J.</th> <th>1</th> <th>5 -</th> <th>1</th> <th>75 +</th> <th>Age unknown</th>	rear or diagnosis		TOTAL		1 - 4	1	7. 	5 -	J.	1	5 -	1	75 +	Age unknown
Rate 6.7 3.2 1.4 5.5 8.4 5.7 5.5 9.0 1.1 Cases 1.810 2.0 6.0 72 187 314 5.7 184 5.7 9.0 174 5.0 Rate 6.0 5.8 3.9 1.8 4.6 7.0 5.9 4.5 6.6 174 5.0 Rate 6.0 9.2 3.7 1.5 5.0 4.6 6.0 173 173 6.6 173 173 5.0 4.5 6.6 173 5.0 4.5 5.0 4.7 5.0 5.0 4.5 6.6 173 5.0 4.8 5.0 4.8 6.0 173 173 173 173 173 173 173 173 173 173 174 174 178 173 174 173 173 174 174 174 174 174 174 174 174 174 174 174 <th>1997</th> <th>Cases</th> <th>1,994</th> <th>8</th> <th>20</th> <th>57</th> <th>222</th> <th>391</th> <th>291</th> <th>216</th> <th>232</th> <th>250</th> <th>277</th> <th>0</th>	1997	Cases	1,994	8	20	57	222	391	291	216	232	250	277	0
Rate 6.0 7.2 187 314 307 184 174 375 184 375 184 375 184 375 4.6 7.0 5.9 4.5 6.6 174 6.6 7.0 5.9 4.5 6.6 174 7.0 4.6 7.0 5.9 4.5 6.6 173 <td></td> <td>Rate</td> <td>6.7</td> <td>2.2</td> <td>3.2</td> <td>1.4</td> <td>5.5</td> <td>8.4</td> <td>5.7</td> <td>5.5</td> <td>0.6</td> <td>11.9</td> <td>17.9</td> <td>ı</td>		Rate	6.7	2.2	3.2	1.4	5.5	8.4	5.7	5.5	0.6	11.9	17.9	ı
Rate 6.0 5.8 3.9 1.8 4.6 7.0 5.9 4.5 6.6 1.8 Cases 1,820 3.2 5.5 6.1 204 339 2.54 193 173 6.6 173 173 5 6.6 173 173 5 6.6 173 173 173 173 173 173 173 173 173 174 176 6.3 173 173 173 173 173 173 174 174 173 174 174 207 173 4.8 4.6 6.3 174 175 174 176 173 173 174 <td>1998</td> <td>Cases</td> <td>1,810</td> <td>20</td> <td>09</td> <td>72</td> <td>187</td> <td>314</td> <td>307</td> <td>184</td> <td>174</td> <td>235</td> <td>256</td> <td>1</td>	1998	Cases	1,810	20	09	72	187	314	307	184	174	235	256	1
Cases 1,820 32 55 61 204 339 254 193 173 173 173 173 173 174 175 44 207 77 48 4.6 6.3 173 173 173 173 173 173 174 175 175 175 176 176 177 178 178 179		Rate	0.9	5.8	3.9	1.8	4.6	7.0	5.9	4.5	9.9	11.0	16.0	-
Rate 6.0 9.5 3.7 1.5 5.0 7.7 4.8 4.6 6.3 1.1 5.0 4.4 207 316 278 4.6 6.3 1.1 5.0 4.4 207 316 278 208 1.60 1	1999	Cases	1,820	32	55	61	204	339	254	193	173	244	265	0
Cases 1,724 17 50 44 207 316 278 160 3 Rate 5.6 5.0 3.4 1.1 5.0 7.3 5.3 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 184 5.7 5.8 4.8 5.7 184 5.7 5.2 4.8 5.7 4.8 5.7 4.8 5.7 4.8 5.7 5.8 4.8 5.2 1.6 5.2 4.4 5.2 4.4 5.2 4.4 5.2 5.2 4.4 5.2 4.4 5.2 5.2 4.4 5.2 5.2 4.4 5.2 5.2 4.4 5.2 5.2 4.4 5.2 5.2 4.4 4.7 5.2 5.2 5.2 5.2 5.2 5.2 5.2		Rate	0.9	6.5	3.7	1.5	5.0	7.7	4.8	4.6	6.3	11.4	16.1	-
Rate 5.6 5.9 1.1 5.0 7.3 5.3 4.8 5.7 Cases 1,773 11 33 70 180 322 290 208 184 5.7 Rate 5.7 3.3 2.3 1.7 4.3 7.5 5.5 4.6 6.3 184 5.2 Cases 1,666 10 42 4.5 210 312 26.3 201 161 161 Cases 1,666 10 3.3 1.1 4.9 7.2 5.0 4.4 5.2 161 161 161 161 161 4.9 7.2 5.0 4.4 5.2 161 161 161 4.4 5.2 162 162 162 162 162 162 163 162 163 164 4.7 163 162 163 162 162 163 164 167 163 164 164 164 164 164 <td>2000</td> <td>Cases</td> <td>1,724</td> <td>17</td> <td>50</td> <td>44</td> <td>207</td> <td>316</td> <td>278</td> <td>208</td> <td>160</td> <td>204</td> <td>239</td> <td>1</td>	2000	Cases	1,724	17	50	44	207	316	278	208	160	204	239	1
Cases 1,773 11 33 70 180 322 290 208 184 53 Rate 5.7 3.3 2.3 1.7 4.3 7.5 5.5 4.6 6.3 1.8 Cases 1,666 10 4.2 4.5 7.2 5.3 4.4 5.2 Cases 1,631 7 34 4.1 4.9 7.2 5.0 4.4 5.2 Rate 5.2 2.1 2.5 1.0 4.6 7.7 5.3 4.4 4.7 Rate 5.2 2.1 2.5 1.0 4.6 7.7 5.3 4.4 4.7 Rate 5.0 1.6 3.3 4.5 1.9 7.5 5.3 4.4 4.7 Rate 5.0 1.6 3.3 7.1 4.6 7.7 5.3 4.1 4.9 7.5 Rate 5.0 1.6 3.3 7.1 4.6 7.2		Rate	5.6	5.0	3.4	1.1	5.0	7.3	5.3	4.8	5.7	6.5	14.0	_
Rate 5.7 3.3 1.7 4.3 7.5 5.5 4.6 6.3 1.7 Cascs 1,666 10 42 45 210 312 2.63 201 161 Rate 5.3 3.0 3.0 1.1 4.9 7.2 5.0 4.4 5.2 Rate 5.2 1.63 2.1 2.5 1.0 4.6 7.7 5.3 4.4 5.2 Cases 1,613 6 3.3 4.5 1.9 3.4 4.7 4.7 5.3 4.7 4.7 5.3 4.7 5.2 1.5 4.7 5.2 1.5 4.7 5.2 1.5 4.7 5.2 1.5 1.4 1.5 1.4 <td>2001</td> <td>Cases</td> <td>1,773</td> <td>11</td> <td>33</td> <td>20</td> <td>180</td> <td>322</td> <td>290</td> <td>208</td> <td>184</td> <td>219</td> <td>255</td> <td>1</td>	2001	Cases	1,773	11	33	20	180	322	290	208	184	219	255	1
Cases 1,666 10 42 45 210 312 263 201 161 161 161 449 772 263 277 444 52 173 444 52 444 52 444 471 469 332 277 206 153 52 52 52 52 52 52 52 52 52 52 52 52 52 444 475 52 444 475 52 444 475		Rate	5.7	3.3	2.3	1.7	4.3	7.5	5.5	4.6	6.3	10.1	14.5	-
Rate 5.3 3.0 1.1 4.9 7.2 5.0 4.4 5.2 Cases 1,631 7 34 41 198 332 277 206 153 Rate 5.2 2.1 2.5 1.0 4.6 7.7 5.3 4.4 4.7 Rate 5.0 1.8 2.4 1.1 4.6 7.5 5.3 4.1 4.9 167 Rate 5.0 1.6 38 7.1 2.5 2.7 1.98 167 1.43 Rate 5.1 0.2 1.8 5.8 5.8 5.4 4.0 1.43 1.43 Rate 5.1 2.9 3.3 1.3 5.8 5.8 5.7 4.0 4.3 1.43 Cases 1,548 12 3.3 1.3 5.8 5.8 5.7 4.0 4.3 1.5 Rate 4.7 3.4 4.7 4.4 4.4 4.4	2002	Cases	1,666	10	42	45	210	312	263	201	161	199	217	9
Cases 1,631 7 34 41 198 332 277 206 153 Rate 5.2 2.1 2.5 1.0 4.6 7.7 5.3 4.4 4.7 7.5 Rate 5.0 1.8 2.4 1.1 4.6 7.5 5.3 4.1 4.9 167 Rate 5.0 1.8 2.4 1.1 4.6 7.5 5.3 4.1 4.9 167 Rate 5.1 2.9 2.8 1.8 5.8 6.4 5.4 4.3 4.0 Rate 5.1 2.9 1.8 5.8 5.8 5.4 4.3 4.0 Rate 5.1 2.9 3.3 1.3 5.8 5.8 5.7 4.0 4.3 5.8 Cases 1,548 1.2 3.3 1.3 5.3 1.3 4.0 4.3 4.0 4.3 4.0 Rate 4.7 3.4 4.4		Rate	5.3	3.0	3.0	1.1	4.9	7.2	5.0	4.4	5.2	9.2	11.9	1
Rate 5.2 1.0 4.6 7.7 5.3 4.4 4.7 4.6 7.7 5.3 4.4 4.7 4.6 4.7 5.0 4.4 4.7 4.6 7.7 5.3 4.1 4.6 7.5 5.3 4.1 4.9 7.7 7.5 7.5 1.6 7.7 4.0 7.7 4.1 4.0 7.7 4.1 4.0 4.1 4.0 4.1 4.0 4.1 4.0 4.1 4.0 4.1 4.0 4.1 4.0 4.1 4.0 4.1 4.0 4.1 4.0 4.1 4.0 4.1 4.0 4.1 <td>2003</td> <td>Cases</td> <td>1,631</td> <td>7</td> <td>34</td> <td>41</td> <td>198</td> <td>332</td> <td>277</td> <td>206</td> <td>153</td> <td>178</td> <td>203</td> <td>2</td>	2003	Cases	1,631	7	34	41	198	332	277	206	153	178	203	2
Cases 1,613 6 33 45 198 324 272 198 167 Rate 5.0 1.8 2.4 1.1 4.6 7.5 5.3 4.1 4.9 7.7 Cases 1,641 10 38 71 254 279 278 4.3 4.9 Rate 5.1 2.9 1.8 5.8 6.4 5.4 4.3 4.0 Rate 5.1 2.9 3.3 1.3 5.8 5.8 200 158 Cases 1,548 12 3.3 5.3 197 247 282 205 158 Rate 4.7 3.4 4.4 4.4 5.6 5.7 4.0 4.3 5.8		Rate	5.2	2.1	2.5	1.0	4.6	7.7	5.3	4.4	4.7	8.1	10.8	1
Rate 5.0 1.8 2.4 1.1 4.6 7.5 5.3 4.1 4.9 4.9 Cases 1,641 10 38 71 254 279 278 212 143 Rate 5.1 2.9 2.8 6.4 5.4 4.3 4.0 4.0 Rate 5.1 2.9 3.3 1.3 5.8 5.8 200 158 Cases 1,548 12 33 53 197 247 282 205 158 Rate 4.7 3.4 4.4 5.6 5.7 4.0 4.3 7	2004	Cases	1,613	9	33	45	198	324	272	198	167	177	193	0
Cases 1,641 10 38 71 254 279 278 212 143 Rate 5.1 2.9 2.8 1.8 5.8 6.4 5.4 4.3 4.0 4.0 Cases 1,652 10 46 51 261 253 286 200 158 Rate 5.1 2.9 3.3 1.3 5.8 5.8 5.7 4.0 4.3 5.3 Rate 4.7 3.4 2.4 4.4 5.6 5.7 4.0 4.1 4.1		Rate	5.0	1.8	2.4	1.1	4.6	7.5	5.3	4.1	4.9	8.0	10.0	ı
Rate 5.1 2.9 2.8 1.8 5.8 6.4 5.4 4.3 4.0 4.0 Cases 1,652 10 46 51 261 253 286 200 158 Rate 5.1 2.9 3.3 1.3 5.8 5.8 4.0 4.3 4.3 Rate 4.7 3.4 2.4 2.4 2.82 205 158 Rate 4.7 3.4 4.4 4.4 5.6 5.7 4.0 4.1	2005	Cases	1,641	10	38	71	254	279	278	212	143	168	188	0
Cases 1,652 10 46 51 261 253 286 200 158 Rate 5.1 2.9 3.3 1.3 5.8 5.8 5.7 4.0 4.3 4.3 Rate 4.7 3.4 2.4 247 282 205 158 5 Rate 4.7 3.4 4.4 4.4 5.6 5.7 4.0 4.1 4.1		Rate	5.1	2.9	2.8	1.8	5.8	6.4	5.4	4.3	4.0	7.5	9.5	1
Rate 5.1 2.9 3.3 1.3 5.8 5.8 5.7 4.0 4.3 4.3 Rate 4.7 3.4 2.4 4.4 5.6 5.7 4.0 4.1 4.1	2006	Cases	1,652	10	46	51	261	253	286	200	158	168	219	0
Cases 1,548 12 33 53 197 247 282 205 158 158 Rate 4.7 3.4 2.4 1.4 4.4 5.6 5.7 4.0 4.1 4.1		Rate	5.1	2.9	3.3	1.3	5.8	5.8	5.7	4.0	4.3	7.4	10.7	I
4.7 3.4 2.4 1.4 4.4 5.6 5.7 4.0 4.1	2007	Cases	1,548	12	33	53	197	247	282	205	158	149	212	0
		Rate	4.7	3.4	2.4	1.4	4.4	5.6	5.7	4.0	4.1	6.4	10.1	ı

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by age group – $\overline{\text{males}}$ – Canada: 1997-2007

Vear of								Age group	d				
diagnosis		TOTAL	< 1	1 - 4	5 – 14	15 – 24	25 – 34	35 - 44	45 – 54	55 - 64	65 – 74	75 +	Age unknown
1997	Cases	1,062	9	27	25	94	195	161	118	131	141	164	0
	Rate	7.2	3.3	3.4	1.2	4.5	8.3	6.3	0.9	10.3	14.5	28.5	1
1998	Cases	996	16	31	38	78	162	164	100	105	125	147	0
	Rate	6.5	9.1	4.0	1.8	3.7	7.1	6.3	4.9	8.0	12.6	24.7	1
1999	Cases	666	20	28	24	66	176	141	117	96	144	154	0
	Rate	9.9	11.5	3.7	1.1	4.7	7.9	5.4	5.6	7.1	14.4	25.0	1
2000	Cases	924	10	27	24	26	168	149	117	88	101	143	0
	Rate	6.1	5.8	3.6	1.1	4.5	7.7	5.6	5.4	6.3	10.0	22.3	I
2001	Cases	984	9	15	45	92	153	168	124	111	127	143	0
	Rate	6.4	3.5	2.1	2.1	4.2	7.0	6.3	5.5	7.7	12.5	21.5	I
2002	Cases	867	5	19	15	96	168	143	105	06	116	110	0
	Rate	5.6	3.0	2.7	0.7	4.4	7.7	5.4	4.6	5.9	11.3	15.9	ı
2003	Cases	968	3	21	14	102	162	161	128	87	105	113	0
	Rate	5.7	1.8	3.0	0.7	4.6	7.4	6.1	5.5	5.4	10.1	15.8	I
2004	Cases	848	5	22	23	85	146	147	104	66	110	107	0
	Rate	5.4	2.9	3.1	1.1	3.8	6.7	5.7	4.3	5.9	10.5	14.4	I
2005	Cases	606	9	20	33	128	142	154	124	83	26	122	0
	Rate	5.7	3.4	2.8	1.6	5.7	6.5	6.0	5.0	4.7	9.1	15.8	ı
2006	Cases	882	9	24	24	137	117	150	118	86	06	130	0
	Rate	5.5	3.3	3.4	1.2	6.0	5.3	5.9	4.7	4.7	8.3	16.2	ı
2007	Cases	846	11	14	31	66	120	154	124	96	84	113	0
	Rate	5.2	6.0	1.9	1.6	4.3	5.4	6.1	4.8	5.1	7.6	13.6	I

Table 2B

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by age group – $\underline{\text{females}}$ – Canada: 1997-2007

Table 2C

								Age group	d				
Year of diagnosis		TOTAL	\ \ \	1 - 4	5 - 14	15 – 24	25 – 34	35 - 44	45 – 54	55 - 64	65 - 74	75 +	Age
1997	Cases	932	2	23	32	128	196	129	86	101	109	114	0
	Rate	6.2	1.2	3.0	1.6	6.5	8.6	5.1	5.0	7.7	9.6	11.8	I
1998	Cases	844	4	29	34	109	152	144	84	69	110	109	0
	Rate	5.5	2.4	3.9	1.7	5.5	6.8	5.6	4.1	5.1	9.7	10.9	I
1999	Cases	821	12	27	37	105	164	112	92	77	100	111	0
	Rate	5.3	7.3	3.7	1.9	5.2	7.5	4.3	3.6	5.6	8.8	10.7	1
2000	Cases	800	7	23	20	110	148	130	91	72	103	96	0
	Rate	5.2	4.2	3.2	1.0	5.4	6.9	4.9	4.2	5.1	0.6	0.6	1
2001	Cases	788	5	18	25	88	171	121	84	7.7	62	112	0
	Rate	5.0	3.1	2.6	1.3	4.3	8.0	4.6	3.7	4.9	8.1	10.2	-
2002	Cases	797	5	24	30	115	145	121	26	71	83	106	0
	Rate	5.1	3.1	3.5	1.5	5.5	6.8	4.6	4.2	4.5	7.2	9.4	ı
2003	Cases	735	4	13	27	96	170	116	79	67	73	06	0
	Rate	4.6	2.5	1.9	1.4	4.6	8.0	4.5	3.3	4.1	6.3	7.8	ı
2004	Cases	765	1	11	22	113	178	125	94	68	67	86	0
	Rate	4.7	0.0	1.6	1.1	5.3	8.3	4.9	3.9	3.9	5.8	7.3	1
2005	Cases	732	4	18	38	126	137	124	88	09	71	99	0
	Rate	4.5	2.4	2.7	2.0	5.9	6.4	4.9	3.6	3.3	0.9	5.4	ı
2006	Cases	770	4	22	27	124	136	136	82	72	78	89	0
	Rate	4.7	2.4	3.3	1.4	5.7	6.3	5.5	3.2	3.9	6.5	7.2	ı
2007	Cases	702	1	19	22	86	127	128	81	62	65	66	0
	Rate	4.2	0.0	2.8	1.2	4.5	5.8	5.2	3.1	3.2	5.3	7.8	I

Table 3

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by birthplace - Canada: 1997-2007

I							;	;					
	Birthnlace						Year	Year of diagnosis	OSIS				
	on cubines		1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Canadian-	Aboriginal												
born	North American Indian	Cases	232	205	255	174	213	173	206	206	219	230	229
		Rate	-	-	_	_	29.9	23.8	27.8	27.2	28.4	29.3	28.6
	Status (registered)	Cases	212	191	247	167	199	165	204	202	213	223	225
	Indian	Rate	32.8	29.0	36.6	24.2	28.3	23.0	27.9	26.4	27.4	28.2	27.9
	Non-status Indian	Cases	20	14	8	7	14	8	2	4	9	7	4
		Rate	-	_	_	_	_	-	-	-	_	-	-
	Inuit	Cases	18	35	28	99	53	33	11	41	63	19	46
		Rate	30.9	58.7	47.0	6.68	111.4	8.29	22.1	80.4	120.7	114.3	84.2
	Metis	Cases	32	39	31	29	49	35	30	21	35	67	32
		Rate	1	I	I	_	16.0	11.3	9.5	9.9	10.8	8.8	9.6
	Total Aboriginal	Cases	282	279	314	259	315	241	247	268	317	320	307
		Rate	23.2	23.0	25.9	20.4	29.5	22.2	22.3	23.8	27.6	27.4	25.8
	Non-Aboriginal	Cases	403	347	326	314	283	257	233	214	218	201	170
		Rate	1.7	1.4	1.3	1.3	1.2	1.1	1.0	6.0	0.0	8.0	0.7
	Total Canadian-born	Cases	289	626	640	573	298	498	480	482	535	521	477
		Rate	2.8	2.5	2.6	2.3	2.4	2.0	1.9	1.9	2.1	2.0	1.9
Foreign-	Africa, High HIV	Cases	62	62	99	99	78	91	85	87	63	103	91
born	Prevalence (AFR-High)	Rate	-	-	-	-	49.5	54.1	48.1	48.1	49.3	51.9	43.9
	Africa, Low HIV	Cases	13	6	12	14	8	20	22	21	26	21	33
	Prevalence (AFR-Low)	Rate	-	-	-	-	11.3	25.8	26.0	23.7	27.6	20.5	29.7
	American Region - Latin	Cases	66	87	70	80	61	64	75	65	71	48	75
	American and Caribbean Countries (AMR)	Rate	1	I	I	ı	0.6	9.1	10.3	8.7	9.4	6.2	9.4

Table 3 Cont'd

keported	keporteu new active and relapseu tubercui	n tuber		dses an	a merae	nce rate	ber 10	a 000'0	osis cases and incidence rate per 100,000 by birtuplace –	Mace – C	Canada: 1997-2007	7-1661	/00
	Distanlaca						Year	Year of diagnosis	osis				
	birtiipiace		1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Foreign-	Established Market	Cases	124	115	115	26	101	92	92	71	26	57	09
(cont'd)	Europe (EME-CEUR)	Rate	I	ı	ı	ı	3.8	2.8	2.9	2.7	2.1	2.2	2.3
	Eastern Europe	Cases	28	33	32	30	23	36	23	26	29	18	25
	(EEUR)	Rate	1	-	_	-	0.6	13.2	7.9	8.6	9.1	5.4	7.2
	Eastern Mediterranean	Cases	119	104	113	117	108	120	110	115	123	125	113
	(EMR)	Rate	I	1	_	1	22.9	23.0	19.2	19.0	19.1	18.4	15.7
	South-East Asia	Cases	200	197	193	208	236	224	245	267	239	255	233
	(SEAR)	Rate	I	-	_	1	47.4	41.4	41.8	43.3	36.8	36.7	31.7
	Western Pacific Region	Cases	572	209	513	477	456	457	457	448	389	417	410
	(WPR)	Rate	1	-	_	1	34.7	32.8	31.1	29.4	24.6	25.3	24.1
	Unknown	Cases	45	28	47	44	53	39	17	15	31	28	2
		Rate	I	-	_	1	I	-	-	ı	I	1	1
	Total foreign-born	Cases	1,279	1,161	1,161	1,133	1,124	1,127	1,110	1,115	1,057	1,072	1,042
		Rate	23.9	21.2	20.8	19.6	18.4	17.8	16.9	16.6	15.4	15.2	14.4
Unknown		Cases	30	23	19	18	51	41	41	16	49	29	29
		Rate	-	_	_	_	-	_	_	-	_	_	_
TOTAL		Cases	1,994	1,810	1,820	1,724	1,773	1,666	1,631	1,613	1,641	1,652	1,548
		Rate	6.7	6.0	6.0	5.6	5.7	5.3	5.2	5.0	5.1	5.1	4.7

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by main diagnostic site - Canada: 1997-2007
 Fable 4

Modern Management	400						Year	Year of diagnosis	osis				
Main magnosuc suc	nostic site		1997	1998	1999	2000	2001	2002	2003	2004	2002	2006	2007
Respiratory	Primary*	Cases	131	130	154	66	121	88	62	94	106	91	63
		Rate	0.4	0.4	0.5	0.3	0.4	0.3	0.2	0.3	0.3	0.3	0.2
	Pulmonary**	Cases	1,171	1,071	1,105	1,068	1,134	1,023	696	935	096	1,017	1,002
		Rate	3.9	3.6	3.6	3.5	3.7	3.3	3.0	2.9	3.0	3.2	3.1
	Other	Cases	75	63	62	64	52	57	64	86	117	102	96
	respiratory ^r	Rate	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.4	0.3	0.3
Nonrespiratory	Miliary	Cases	20	30	25	26	14	18	20	30	24	22	22
		Rate	0.2	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1
	Meninges and	Cases	25	24	15	16	17	20	26	19	20	22	20
	CNS	Rate	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	Peripheral	Cases	268	276	244	258	235	242	249	251	246	240	202
	lymph node	Rate	6.0	6.0	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.7	9.0
	Other#	Cases	258	190	189	163	181	193	193	185	168	157	143
		Rate	6.0	9.0	9.0	0.5	9.0	9.0	0.0	9.0	0.5	0.5	0.4
Unknown		Cases	16	26	26	30	19	25	37	1	0	1	0
		Rate	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0
Total cases		Cases	1,994	1,810	1,820	1,724	1,773	1,666	1,631	1,613	1,641	1,652	1,548
		Rate	6.7	0.9	0.9	5.6	5.7	5.3	5.2	5.0	5.1	5.1	4.7

^{*} Primary includes primary respiratory tuberculosis and tuberculous pleurisy in primary progressive tuberculosis, (ICD-9 codes 010.0-010.9; ICD-10 A15.7 and A16.7).

tuberculous pneumonia, tuberculous pneumothorax, isolated tracheal or bronchial tuberculosis and tuberculous laryngitis; (ICD-9 codes 011-011.9, Pulmonary includes tuberculosis of the lungs and conducting airways which includes tuberculous fibrosis of the lung, tuberculous bronchiectasis, 012.2, 012.3, ICD-10 codes A15.0-A15.3, A15.5, A15.9, A16.0-A16.2, A16.4, A16.9).

[†] Other Respiratory includes tuberculous pleurisy (non-primary); tuberculosis of: intrathoracic lymph nodes, mediastinum, nasopharynx, nose (septum), and sinus (any nasal) (ICD-9 codes: 012.0, 012.1 and 012.8; ICD-10 codes: A15.4, A15.6, A15.8, A16.3, A16.5, A16.8).

[‡] Other includes tuberculosis of intestines, peritoneum and mesenteric glands, bones and joints, genitourinary system, skin, eye, ear, thyroid, adrenal and spleen.

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by age group – Canada and provinces/territories: 2007

Table 5A

province	ארנוזא /כ	provinces/ territorites: 2007													
Age								Provi	Province/territory	tory					
group		CANADA	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
<1	Cases	12	0	0	0	0	4	3	0	2	1	1	0	0	1
	Rate	3.4	0.0	0.0	0.0	0.0	4.8	2.2	0.0	16.1	2.2	2.4	0.0	0.0	134.6
1 – 4	Cases	33	0	0	1	0	7	4	1	14	1	2	0	0	3
	Rate	2.4	0.0	0.0	2.9	0.0	2.3	0.7	1.8	29.1	9.0	1.2	0.0	0.0	106.4
5 – 14	Cases	53	0	0	0	1	10	8	5	18	4	9	0	0	1
	Rate	1.4	0.0	0.0	0.0	1.2	1.2	0.5	3.2	13.9	6.0	1.3	0.0	0.0	15.0
15 - 24	Cases	197	1	0	1	0	33	74	18	24	16	24	1	0	5
	Rate	4.4	1.5	0.0	0.8	0.0	3.4	4.2	10.4	16.0	3.0	4.1	21.7	0.0	82.5
25 - 34	Cases	247	1	0	0	2	30	119	20	12	20	34	0	3	9
	Rate	5.6	1.7	0.0	0.0	2.2	2.9	7.0	13.0	9.6	3.7	6.1	0.0	41.7	119.3
35 - 44	Cases	282	2	0	2	1	34	123	21	18	16	52	1	5	7
	Rate	5.7	2.6	0.0	1.5	6.0	3.0	6.1	12.7	14.0	3.0	8.0	19.0	70.5	158.6
45 – 54	Cases	205	0	0	1	0	26	85	20	11	13	42	0	3	4
	Rate	4.0	0.0	0.0	0.7	0.0	2.1	4.3	11.2	7.4	2.4	6.1	0.0	45.9	134.8
55 - 64	Cases	158	0	0	1	0	16	70	8	9	14	38	0	3	2
	Rate	4.1	0.0	0.0	0.8	0.0	1.7	4.9	6.1	5.6	4.1	7.2	0.0	83.0	116.7
65 – 74	Cases	149	0	0	1	1	28	70	4	0	6	33	1	0	2
	Rate	6.4	0.0	0.0	1.3	1.7	4.7	7.9	5.0	0.0	4.6	10.2	64.8	0.0	332.8
75 +	Cases	212	3	0	0	0	41	86	9	1	18	44	0	1	0
	Rate	10.1	9.7	0.0	0.0	0.0	8.1	12.1	7.1	1.3	10.6	14.9	0.0	129.9	0.0
TOTAL	Cases	1,548	7	0	7	5	229	654	103	106	112	276	3	15	31
	Rate	4.7	1.4	0.0	0.7	0.7	3.0	5.1	8.6	10.6	3.2	6.4	9.2	34.5	99.2

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by age group – $\frac{\text{males}}{\text{c}}$ – Canada and provinces/territories: 2007

The state of the s															
Age		CANADA						Provi	Province/territory	tory		-			
group			N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
<1	Cases	11	0	0	0	0	4	3	0	2	0	1	0	0	1
	Rate	0.9	0.0	0.0	0.0	0.0	9.4	4.3	0.0	31.5	0.0	4.6	0.0	0.0	276.2
1 – 4	Cases	14	0	0	0	0	2	1	0	8	0	2	0	0	1
	Rate	1.9	0.0	0.0	0.0	0.0	1.3	0.3	0.0	32.4	0.0	2.3	0.0	0.0	68.8
5 – 14	Cases	31	0	0	0	1	ī	4	3	13	2	3	0	0	0
	Rate	1.6	0.0	0.0	0.0	2.4	1.1	0.5	3.7	19.6	6.0	1.2	0.0	0.0	0.0
15 – 24	Cases	66	1	0	0	0	18	3.7	7	12	11	10	1	0	2
	Rate	4.3	3.0	0.0	0.0	0.0	3.6	4.1	7.9	15.6	4.0	3.3	41.0	0.0	64.3
25 – 34	Cases	120	0	0	0	2	10	29	12	8	8	15	0	3	3
	Rate	5.4	0.0	0.0	0.0	4.4	1.9	7.0	15.3	12.7	2.8	5.4	0.0	82.5	116.9
35 – 44	Cases	154	1	0	1	1	18	99	15	8	6	27	0	5	3
	Rate	6.1	2.6	0.0	1.5	1.8	3.1	9.9	18.0	12.4	3.2	8.4	0.0	135.4	132.7
45 – 54	Cases	124	0	0	0	0	23	43	16	9	7	26	0	2	1
	Rate	4.8	0.0	0.0	0.0	0.0	3.7	4.4	17.6	8.0	2.5	7.7	0.0	58.6	63.1
55 – 64	Cases	96	0	0	0	0	6	38	5	5	8	27	0	2	2
	Rate	5.1	0.0	0.0	0.0	0.0	1.9	5.4	7.7	9.4	4.6	10.3	0.0	95.8	216.0
65 – 74	Cases	84	0	0	1	0	17	34	2	0	5	22	1	0	2
	Rate	9.7	0.0	0.0	2.8	0.0	6.1	8.1	5.3	0.0	5.3	14.0	118.3	0.0	602.4
75 +	Cases	113	1	0	0	0	25	49	2	0	7	29	0	0	0
	Rate	13.6	8.1	0.0	0.0	0.0	13.0	15.3	6.2	0.0	10.1	23.5	0.0	0.0	0.0
TOTAL	Cases	846	3	0	2	4	131	334	62	62	57	162	2	12	15
	Rate	5.2	1.2	0.0	0.4	1.1	3.4	5.3	10.4	12.5	3.2	7.6	12.0	53.0	93.2

Table 5B

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by age group – $\underline{\text{females}}$ – Canada and provinces/territories: 2007

Table 5C

אזוורג	א ובווור	provinces/ territorites: 2007													
Age		S. C. S. L. S. C.						Provi	Province/territory	tory					
group		CANADA	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
<1	Cases	1	0	0	0	0	0	0	0	0	1	0	0	0	0
	Rate	9.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.5	0.0	0.0	0.0	0.0
1 – 4	Cases	19	0	0	1	0	5	3	1	9	1	0	0	0	2
	Rate	2.8	0.0	0.0	5.9	0.0	3.4	1.1	3.6	25.7	1.2	0.0	0.0	0.0	146.3
5 – 14	Cases	22	0	0	0	0	5	4	2	5	2	3	0	0	1
	Rate	1.2	0.0	0.0	0.0	0.0	1.2	0.5	2.6	7.9	6.0	1.3	0.0	0.0	30.4
15 – 24	Cases	86	0	0	1	0	15	37	11	12	5	14	0	0	3
	Rate	4.5	0.0	0.0	1.6	0.0	3.1	4.3	13.1	16.4	2.0	5.0	0.0	0.0	101.7
25 – 34	Cases	127	1	0	0	0	20	09	8	4	12	19	0	0	3
	Rate	5.8	3.3	0.0	0.0	0.0	4.0	7.0	10.6	6.4	4.7	6.7	0.0	0.0	121.8
35 - 44	Cases	128	1	0	1	0	16	22	9	10	7	25	1	0	4
	Rate	5.2	2.5	0.0	1.4	0.0	2.9	5.7	7.4	15.6	2.7	7.7	37.0	0.0	185.7
45 – 54	Cases	81	0	0	1	0	3	42	4	5	9	16	0	1	3
	Rate	3.1	0.0	0.0	1.3	0.0	0.5	4.3	4.5	6.7	2.3	4.6	0.0	32.0	216.9
55 - 64	Cases	62	0	0	1	0	7	32	3	1	9	11	0	1	0
	Rate	3.2	0.0	0.0	1.6	0.0	1.4	4.4	4.5	1.9	3.5	4.1	0.0	65.5	0.0
65 – 74	Cases	65	0	0	0	1	11	36	2	0	4	11	0	0	0
	Rate	5.3	0.0	0.0	0.0	3.3	3.5	7.7	4.8	0.0	4.0	6.7	0.0	0.0	0.0
75 +	Cases	66	2	0	0	0	16	49	4	1	11	15	0	1	0
	Rate	7.8	10.8	0.0	0.0	0.0	5.1	10.0	7.8	2.1	10.9	8.7	0.0	243.3	0.0
TOTAL	Cases	702	4	0	ıC	1	86	320	41	44	55	114	1	3	16
	Rate	4.2	1.6	0.0	1.0	0.3	2.5	4.9	8.9	8.7	3.2	5.2	6.3	14.4	105.6

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by birthplace – Canada and provinces/territories: 2007 Table 6

CANADA N.L. P.E.I. N.S. Que. Ont. Man. Sask. Alta. B.C. 229.2 0.0 0.0 0.0 10. 12.9 6.8 59.2 64.8 11.6 28.2 229.2 0.0 0.0 0.0 12.9 6.8 59.2 64.8 11.6 28.2 229.2 0.0 0.0 0.0 12.9 6.8 59.2 64.8 11.6 28.2 227.9 0.0 0.0 0.0 12.9 6.8 59.2 64.8 11.6 28.2 4.5 0.0 0.0 0.0 10.0 10.0 10.0 0.0														
2.2.7.2.0. N.L. P.E.I. N.S. Oue. Ont. Men. Sask. Alta. B.C. 229 0.0 0.0 0.0 1.0 1.2 6.8 59.2 64.8 11.6 28.2 229.2 0.0 0.0 0.0 1.2 6.8 59.2 64.8 11.6 28.2 227.9 0.0 0.0 0.0 0.0 1.2 6.8 59.2 64.8 11.6 28.2 227.9 0.0 0.0 0.0 0.0 1.2 6.8 59.2 64.8 11.6 28.2 4.6 0.0	Birthu		 CANADA					Provi	nce/terr	itory				
229 0 0 10 12 68 70 13 292 0 0 0 0 12.9 6.8 59.2 64.8 11.6 22 225 0.0 0 0 0 12.9 6.8 59.2 64.8 11.6 22 225 0 0 0 0 0 0 12.9 6.8 59.2 64.8 11.6 22 225 0 0 0 0 0 0 0 0 0 12.9 6.8 59.2 64.8 11.6 23 11.6 23 12.	bumpiace		CANADA	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	North
299 0 0 10 12 68 59.2 64.8 11.6 22 29.2 0.0 0.0 0.0 12.9 6.8 59.2 64.8 11.6 22 22.2 0.0 0.0 0.0 0.0 12.9 6.8 59.2 64.8 11.6 22 27.9 0.0 0.0 0.0 12.9 6.8 59.2 64.8 11.6 12.3 6.8 11.6 12.3 11.6 12.3 6.8 12.0 12.3 6.8 12.0 12.3 6.8 12.3	Aboriginal													
29.2 0.0 0.0 0.0 0.0 12.9 6.8 59.2 64.8 11.6 2.2 225 0 0 0 0 0 10 12 68 70 13 27.9 0.0 0 0 0 0 0 0 13 68 70 12.3 12.3 2 4 0 <td< td=""><td>North American Indian Cases</td><td>Cases</td><td>229</td><td>0</td><td>0</td><td>0</td><td>0</td><td>10</td><td>12</td><td>89</td><td>70</td><td>13</td><td>41</td><td>15</td></td<>	North American Indian Cases	Cases	229	0	0	0	0	10	12	89	70	13	41	15
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Rate	Rate	29.2	0.0	0.0	0.0	0.0	12.9	8.9	59.2	64.8	11.6	28.2	9.69
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Status (registered) Cases	Cases	 225	0	0	0	0	10	12	89	70	13	28	15
0 0	Indian	Rate	27.9	0.0				13.8	6.7	51.6	53.7	12.3	29.0	57.5
- -	Non-status Indian Cases	Cases	4	0	0	0	0	0	0	0	0	0	4	0
11 0 0 12 1 0	Rate	Rate	I	I	-	_	_	1	-	I	_	_	_	1
19.3 0.0 0.0 106.2 54.6 0.0	Inuit	Cases	 46	1	0	0	0	12	1	0	0	0	0	32
0.0 0.0 <td>Rate</td> <td>Rate</td> <td>84.2</td> <td>0</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>106.2</td> <td>54.6</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>97.9</td>	Rate	Rate	84.2	0	0.0	0.0	0.0	106.2	54.6	0.0	0.0	0.0	0.0	97.9
0.0 0.0 0.0 0.0 0.0 57.6 2.6 4.5 0.0 0.0 22 13 68 99 15 4.5 0.0 0.0 20.8 5.6 37.8 62.4 7.9 2.9 5 0.0 0.0 0.0 20.8 5.6 37.8 62.4 7.9 2.9 1.1 0.0 4 2 55 49 7 3 13 13 6 0 4 2 77 62 75 102 2.8 1.2 0.0 4 2 77 62 75 10.0 2.8 0.0 0.0 0.3 1.2 0.7 7.4 10.9 1.0 0.0 0.0 0.0 149.9 18.2 35.0 245.6 0.0 25.0 0.0 0.0 0.0 0.0 18.2 0.4 4.7 0.0 4.4 1 <tr< td=""><td>Metis Cases</td><td>Cases</td><td>32</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>29</td><td>2</td><td>0</td><td>1</td></tr<>	Metis Cases	Cases	32	0	0	0	0	0	0	0	29	2	0	1
4.5 0.0 0.0 22 13 68 99 15 4.5 0.0 0.0 0.0 20.8 5.6 37.8 62.4 7.9 2 5 0.0 0.0 0.0 20.8 5.6 37.8 62.4 7.9 2 1.1 0.0 0.5 0.3 0.8 0.6 0.8 0.4 0.7 3 13 13 6 0 0 4 2 77 62 75 10.2 2.8 1.0 0.5 1.0	Rate	Rate	9.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	57.6	2.6	0.0	19.9
4.5 0.0 0.0 20.8 5.6 37.8 62.4 7.9 2 5 0 4 2 55 49 7 3 13 13 6 0 0 4 2 55 49 7 3 13 13 7 0 0 0 4 2 7 60 0.4 0.5 0.0 0 0 0 0 0 0 0 0 0 0 0 1 0	Total Aboriginal Cases	Cases	307	1	0	0	0	22	13	89	66	12	41	48
5 4 5 49 7 3 13 13 11.1 0.0 0.5 0.3 0.8 0.6 0.8 0.4 0.5 13 13 14 15 16 16 17 16 17 16 17 16 17 <th< td=""><td>Rate</td><td>Rate</td><td> 25.8</td><td>4.5</td><td>0.0</td><td>0.0</td><td>0.0</td><td>20.8</td><td>5.6</td><td>37.8</td><td>62.4</td><td>7.9</td><td>21.0</td><td>81.0</td></th<>	Rate	Rate	 25.8	4.5	0.0	0.0	0.0	20.8	5.6	37.8	62.4	7.9	21.0	81.0
1.1 0.0 0.5 0.3 0.8 0.6 0.8 0.6 0.8 0.6 0.8 0.6 0.6 0.6 0.6 0.6 0.6 0.7 77 62 75 102 28 0.6 28 1.0 28 1.0	Non-Aboriginal Cases	Cases	 170	5	0	4	2	55	49	7	3	13	32	0
6 0 4 2 77 62 75 102 28 1.2 0.0 0.5 0.3 1.2 0.7 7.4 10.9 1.0 0.0 0.0 131.4 92.0 51.9 44.4 29.4 0.0 58.2 2 0.0 0.0 131.4 92.0 51.9 44.4 29.4 0.0 58.2 2 0.0 0.0 131.4 92.0 51.9 44.4 29.4 0.0 58.2 2 0.0 0.0 149.9 18.2 35.0 245.6 0.0 55.6 0.0 0.0 0.0 33 31 1 0 25.6 0.0 0.0 0.0 18.5 6.4 4.7 0.0 4.4 1	Rate	Rate	0.7	1.1	0.0		0.3	0.8	0.6	0.8	0.4	0.5	1.1	0.0
1.2 0.0 0.5 0.3 1.2 0.7 7.4 10.9 1.0 0 0 2 1 16 47 2 0 15 0.0 0.0 131.4 92.0 51.9 44.4 29.4 0.0 58.2 2 0.0 0 0 1 11 11 13 5 0 3 0.0 0.0 149.9 18.2 35.0 245.6 0.0 55.6 0.0 0 0 0 33 31 1 0 2 0.0 0.0 0 0 33 31 1 0 2 0.0 0.0 0 0 0 4.4 4.7 0.0 4.4 1	Total Canadian-born Cases	Cases	477	9	0	4	2	77	62	75	102	28	73	48
0 0 0 11 16 47 2 0 15 15 0 0 131.4 92.0 51.9 44.4 29.4 0.0 58.2 2 0 0 0 1 11 11 13 5 0 3 3 0 0 0 149.9 18.2 35.0 245.6 0.0 55.6 3 0 0 0 0 33 31 1 0 2 2 0 0 0 0 18.5 6.4 4.7 0.0 4.4 1	Rate	Rate	1.9	1.2	0.0	0.5	0.3	1.2	0.7	7.4	10.9	1.0	2.4	48.0
0.0 0.0 131.4 92.0 51.9 44.4 29.4 0.0 58.2 2 0 0 0 1 11 13 5 0 3 3 0.0 0.0 149.9 18.2 35.0 245.6 0.0 55.6 0 0 0 0 33 31 1 0 2 0 0 0 0 18.5 6.4 4.7 0 4.4 1	Africa, High HIV	Cases	 91	0	0	2	1	16	47	2	0	15	8	0
0 0 0 1 11 13 5 0 3 0.0 0.0 0.0 149.9 18.2 35.0 245.6 0.0 55.6 0 0 0 0 33 31 1 0 2 0.0 0.0 0.0 18.5 6.4 4.7 0.0 4.4 1	Prevalence (AFR-High) Rate	Rate	43.9	0.0	0.0	31	92.0	51.9	44.4	29.4	0.0	8	25.7	0.0
0.0 0.0 0.0 149.9 18.2 35.0 245.6 0.0 55.6 0 0 0 0 33 31 1 0 2 0.0 0.0 0.0 18.5 6.4 4.7 0.0 4.4 1	Africa, Low HIV	Cases	33	0	0	0	1	11	13	5	0	3	0	0
5 0 0 0 33 31 1 0 2 4 0.0 0.0 0.0 18.5 6.4 4.7 0.0 4.4 15.	Prevalence (AFR-Low) Rate	Rate	29.7	0.0	0.0	0.0	149.9		35.0	245.6	0.0		0.0	0.0
.4 0.0 0.0 0.0 18.5 6.4 4.7 0.0 4.4 15.	American Region - Latin Cases	Cases		0	0	0	0	33	31	1	0	2	8	0
	Countries (AMR)	Rate	9.4	0.0	0.0	0.0	0.0	18.5	6.4	4.7	0.0	4.4	5.	0.0

 Table 6
 Cont'd

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by birthplace - Canada and provinces/territories: 2007

I L	L													
	Distance		KUKINKO					Provi	Province/territory	itory				
	birtiipiate		CANADA	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	North
Foreign-	Established Market	Cases	09	0	0	0	0	16	33	0	0	1	10	0
(cont'd)	Europe (EME-CEUR)	Rate	2.3	0.0	0.0	0.0	0.0	4.8	2.4	0.0	0.0	0.4	2.2	0.0
	Eastern Europe	Cases	25	0	0	0	1	5	13	2	0	I	3	0
	(EEUR)	Rate	7.2	0.0	0.0	0.0	169.2	7.1	6.4	17.0	0.0	4.1	8.9	0.0
	Eastern Mediterranean	Cases	113	0	0	0	0	11	80	5	0	6	8	0
	(EMR)	Rate	15.7	0.0	0.0	0.0	0.0	6.9	18.7	64.9	0.0	19.3	13.7	0.0
	South-East Asia	Cases	233	1	0	0	0	15	150	1	0	11	49	0
	(SEAR)	Rate	31.7	78.4	0.0	0.0	0.0	30.0	31.8	9.4	0.0	34.7	33.9	0.0
	Western Pacific Region	Cases	410	0	0	1	0	35	211	12	4	98	110	1
	(WPR)	Rate	24.1	0.0	0.0	12.3	0.0	28.2	26.0	25.4	29.1	21.9	21.0	63.4
	Unknown	Cases	2	0	0	0	0	0	1	0	0	0	1	0
		Rate	_	_	_	-	-	-	-	-	_	1	1	_
	Total foreign-born	Cases	1,042	1	0	3	3	142	579	28	4	84	197	1
		Rate	14.4	9.9	0.0	4.8	8.6	14.1	14.7	15.9	6.3	14.1	15.1	13.6
Unknown		Cases	29	0	0	0	0	10	13	0	0	0	9	0
		Rate	1	_	_	ı	ı	-	-	_	_	1	1	_
TOTAL		Cases	1,548	7	0	7	5	229	654	103	106	112	276	49
		Rate	4.7	1.4	0.0	0.7	0.7	3.0	5.1	8.6	10.6	3.2	6.4	45.6

Note: Rates with small case numbers may be unstable.

North includes Northwest Territories, Nunavut and Yukon Territory.

Fable 7

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by main diagnostic site – Canada and provinces/territories: 2007

L. C. L.	Landard Comment	; []														
Moiss A	100000000000000000000000000000000000000		S C S I S C S C S C S C S C S C S C S C						Provi	Province/territory	itory					
	Malli diagnostic site		CANADA	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Respira-	Primary*	Cases	63	0	0	0	3	1	8	5	34	5	1	0	2	4
tory		Rate	0.2	0.0	0.0	0.0	0.4	0.0	0.1	0.4	3.4	0.1	0.0	0.0	4.6	12.8
	Pulmonary**	Cases	1002	3	0	4	2	163	414	64	52	65	196	2	11	26
		Rate	3.0	9.0	0.0	0.4	0.3	2.1	3.2	5.4	5.2	1.9	4.5	6.1	25.3	83.2
	Other	Cases	96	1	0	1	0	7	41	12	4	5	23	0	1	1
	$\operatorname{respiratory}^{\scriptscriptstyleT}$	Rate	0.3	0.2	0.0	0.1	0.0	0.1	0.3	1.0	0.4	0.1	0.5	0.0	2.3	3.2
Non-	Miliary	Cases	22	1	0	0	0	2	8	7	1	3	0	0	0	0
respira- torv		Rate	0.1	0.2	0.0	0.0	0.0	0.0	0.1	9.0	0.1	0.1	0.0	0.0	0.0	0.0
	Meninges and	Cases	20	0	0	0	0	2	11	0	1	1	5	0	0	0
	CNS	Rate	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0
	Peripheral	Cases	202	1	0	0	0	30	103	8	8	18	32	1	1	0
	lymph node	Rate	9.0	0.2	0.0	0.0	0.0	0.4	0.8	0.7	0.8	0.5	0.7	3.1	2.3	0.0
	Other‡	Cases	143	1	0	2	0	24	69	7	9	15	19	0	0	0
		Rate	0.4	0.2	0.0	0.2	0.0	0.3	0.5	9.0	9.0	0.4	0.4	0.0	0.0	0.0
Unknown		Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL		Cases	1,548	7	0	7	5	229	654	103	106	112	276	3	15	31
		Rate	4.7	1.4	0.0	0.7	0.7	3.0	5.1	8.6	10.6	3.2	6.4	9.2	34. 5	99.2

* Primary includes primary respiratory tuberculosis and tuberculous pleurisy in primary progressive tuberculosis, (ICD-9 codes 010.0-010.9; ICD-10 A15.7 and A16.7).

tuberculous pneumonia, tuberculous pneumothorax, isolated tracheal or bronchial tuberculosis and tuberculous laryngitis; (ICD-9 codes 011-011.9, Pulmonary includes tuberculosis of the lungs and conducting airways which includes tuberculous fibrosis of the lung, tuberculous bronchiectasis, 012.2, 012.3, ICD-10 codes A15.0-A15.3, A15.5, A15.9, A16.0-A16.2, A16.4, A16.9). [†] Other Respiratory includes tuberculous pleurisy (non-primary); tuberculosis of: intrathoracic lymph nodes, mediastinum, nasopharynx, nose (septum), and sinus (any nasal) (ICD-9 codes: 012.0, 012.1 and 012.8; ICD-10 codes: A15.4, A15.6, A15.8, A16.3, A16.5, A16.8). ‡ Other includes tuberculosis of intestines, peritoneum and mesenteric glands, bones and joints, genitourinary system, skin, eye, ear, thyroid, adrenal and spleen.

Table 8

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-	35.41		H						Age group	dn				
-	ыгиріасе		IOIAL	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 +	Unknown
Canadian-	Aboriginal													
born	North American	Male	134	3	7	12	22	19	27	18	14	9	9	0
	Indian	Female	95	0	10	9	22	12	20	12	7	2	4	0
		Total	229	3	17	18	44	31	47	30	21	8	10	0
	Status	Male	130	3	7	12	21	18	26	17	14	9	9	0
	(registered) Indian	Female	95	0	10	9	22	12	20	12	7	2	4	0
		Total	225	3	17	18	43	30	46	29	21	8	10	0
	Non-status	Male	4	0	0	0	1	1	1	1	0	0	0	0
	Indian	Female	0	0	0	0	0	0	0	0	0	0	0	0
		Total	4	0	0	0	1	1	1	1	0	0	0	0
	Metis	Male	20	0	2	4	3	2	3	1	2	0	0	0
		Female	12	0	2	2	3	2	0	2	0	0	1	0
		Total	32	0	4	9	9	7	3	3	2	0	1	0
	Inuit	Male	26	1	2	3	9	4	5	1	2	2	0	0
		Female	20	0	2	2	3	5	4	3	1	0	0	0
		Total	46	1	4	5	6	6	9	4	3	2	0	0
	Total Aboriginal	Male	180	4	11	19	31	28	35	20	18	8	9	0
		Female	127	0	14	10	28	19	24	17	8	2	5	0
		Total	307	4	25	29	29	47	59	37	26	10	11	0
	Non-Aboriginal	Male	111	7	2	2	10	9	12	25	12	17	18	0
		Female	29	1	4	3	8	4	5	3	8	7	16	0
		Total	170	8	9	5	18	10	17	28	20	24	34	0
	Total Canadian-	Male	291	111	13	21	41	34	47	45	30	25	24	0
	born	Female	186	1	18	13	36	23	29	20	16	6	21	0
		Total	477	12	31	34	77	57	26	65	46	34	45	0

Table 8 Cont'd

	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	75 +	1	0	1	1	0	1	0	2	2	16	13	29	4	4	8	4	4	8	11	22	33	49	26	75
	65-74	2	1	3	0	0	0	2	5	7	3	4	7	0	1	1	8	5	13	11	17	28	29	21	50
	55-64	1	4	5	0	1	1	6	3	12	9	1	7	0	1	1	9	3	6	14	13	27	29	18	47
dı	45-54	6	4	13	3	2	5	8	3	11	9	1	7	0	1	1	8	7	15	13	11	24	30	31	61
Age group	35-44	12	8	20	10	1	11	7	6	16	3	2	5	5	3	8	9	3	6	28	20	48	34	52	98
	25-34	13	22	35	5	0	5	9	10	16	2	1	3	3	0	3	19	14	33	21	27	48	15	29	44
	15-24	7	4	11	9	2	8	5	5	10	1	1	2	2	1	3	7	17	24	8	10	18	22	20	42
	5-14	2	0	2	2	0	2	1	0	1	0	0	0	0	0	0	0	2	2	2	4	9	3	2	5
	1-4	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
	< 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E	IOIAL	48	43	91	27	9	33	38	37	75	37	23	09	14	11	25	58	55	113	108	125	233	211	199	410
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
140	birupiace	h HIV	Prevalence (AFR-High)		v HIV	Prevalence (AFR-Low)		- u	Latin American and Caribbean	Countries (AMR)	rket	Economies and Central Europe	(EME-CEUR)	ı Europe	(EEUR)			Mediterranean (EMR)		East Asia	(SEAR)		Western Pacific	Region (WPR)	
ř	PI	Foreign-	born																						

Reported new active and relapsed tuberculosis cases by birthplace, sex and age group - Canada: 2007 Table 8 Cont'd

		-				-		0	Age group	dr				
29	Birthplace		TOTAL	1 >	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 +	Unknown
Foreign-	Unknown	Male	1	0	0	0	0	0	0	0	0	0	1	0
born (cont'd)		Female	1	0	0	0	0	0	0	1	0	0	0	0
		Total	2	0	0	0	0	0	0	1	0	0	1	0
	Total foreign-	Male	542	0	1	10	58	84	105	77	65	55	87	0
	born	Female	200	0	1	8	09	103	86	61	44	54	71	0
		Total	1,042	0	2	18	118	187	203	138	109	109	158	0
Unknown		Male	13	0	0	0	0	2	2	2	1	4	2	0
		Female	16	0	0	1	2	1	1	0	2	2	7	0
		Total	29	0	0	1	2	3	3	2	3	9	6	0
TOTAL		Male	846	11	14	31	66	120	154	124	96	84	113	0
		Female	702	1	19	22	98	127	128	81	62	65	66	0
		Total	1,548	12	33	53	197	247	282	205	158	149	212	0

Reported new active and relapsed tuberculosis cases and incidence rate per 100,000 by age group and main diagnostic site – Canada: 2007

						Main diagnostic site	noctic site			
Адо споли		IOTAL		Respiratory			Nonrespiratory	iratory		
drogs say			Primary	Pulmonary	Other respiratory	Miliary	CNS	Lymph	Other	Unknown
> 1	Cases	12	ıc	7	0	0	0	0	0	0
	Rate	3.4	1.4	2.0	0.0	0.0	0.0	0.0	0.0	0.0
1 – 4	Cases	33	20	11	0	0	0	1	1	0
	Rate	2.4	1.4	8.0	0.0	0.0	0.0	0.1	0.1	0.0
5 – 14	Cases	53	23	20	2	0	0	9	2	0
	Rate	1.4	9.0	0.5	0.1	0.0	0.0	0.2	0.1	0.0
15 – 24	Cases	197	4	139	14	0	1	25	14	0
	Rate	4.4	0.1	3.1	0.3	0.0	0.0	9.0	0.3	0.0
25 – 34	Cases	247	2	149	18	9	9	44	22	0
	Rate	5.6	0.0	3.4	0.4	0.1	0.1	1.0	0.5	0.0
35 – 44	Cases	282	3	172	20	4	1	26	26	0
	Rate	5.7	0.1	3.5	0.4	0.1	0.0	1.1	0.5	0.0
45 – 54	Cases	205	0	133	6	4	4	34	21	0
	Rate	4.0	0.0	2.6	0.2	0.1	0.1	0.7	0.4	0.0
55 – 64	Cases	158	0	96	15	1	2	17	27	0
	Rate	4.1	0.0	2.5	0.4	0.0	0.1	0.4	0.7	0.0
65 – 74	Cases	149	4	108	9	1	2	11	17	0
	Rate	6.4	0.2	4.6	0.3	0.0	0.1	0.5	0.7	0.0
75 +	Cases	212	2	167	12	9	4	8	13	0
	Rate	10.1	0.1	7.9	9.0	0.3	0.2	0.4	0.0	0.0
Unknown	Cases	0	0	0	0	0	0	0	0	0
	Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	Cases	1,548	63	1,002	96	22	20	202	143	0
	Rate	4.7	0.2	3.0	0.3	0.1	0.1	9.0	0.4	0.0

Table 9

new active and relapsed tuberculosis cases by birthplace and main diagnostic site - Canada: 2007 Table 10

					Main diagnostic site	Main diagnostic site				
	Rirthplace	TOTAL		Respiratory			Nonrespiratory	iratory		
			Primary*	Pulmonary**	Other respiratory [†]	Miliary	CNS	Lymph	Other‡	Unknown
Canadian-	Aboriginal									
born	North American Indian	229	32	148	17	7	3	14	8	0
	Status (registered) Indian	225	32	145	17	2	2	14	8	0
	Non-status Indian	4	0	3	0	0	1	0	0	0
	Metis	32	10	17	0	1	0	3	1	0
	Inuit	46	9	38	2	0	0	0	0	0
	Total Aboriginal	307	48	203	19	8	3	17	6	1
	Non-Aboriginal	170	6	127	4	8	1	7	19	0
	Total Canadian-born	477	57	330	23	11	4	24	28	1
Foreign- born	Africa, High HIV Prevalence (AFR-High)	91	0	58	5	2	2	18	9	0
	Africa, Low HIV Prevalence (AFR-Low)	33	0	19	0	1	0	8	ις	0
	American Region – Latin American and Caribbean Countries (AMR)	75	1	47	3	2	1	12	6	0
	Established Market Economies and Central Europe (EME-CEUR)	09	0	39	3	2	1	5	10	0
	Eastern Europe (EEUR)	25	1	23	0	0	0	1	0	0
	Eastern Mediterranean (EMR)	113	0	61	6	0	1	25	17	0

 Table 10
 Cont'd

Reported new active and relapsed tuberculosis cases by birthplace and main diagnostic site – Canada: 2007

					M	Main diagnostic site	ic site			
	Birthplace	TOTAL		Respiratory			Nonrespiratory	iratory		
	J		Primary*	Pulmonary**	$\begin{array}{c} \text{Other} \\ \text{respiratory}^{\dagger} \end{array}$	Miliary	CNS	Lymph	Other‡	Unknown
Foreign-	South-East Asia (SEAR)	233	1	125	30	1	4	46	26	0
born (cont'd)	Western Pacific Region (WPR)	410	3	273	23	3	7	09	41	0
	Unknown	2	0	2	0	0	0	0	0	0
	Total foreign-born	1,042	9	647	73	11	16	175	114	1
Unknown		29	0	25	0	0	0	3	1	0
TOTAL		1,548	E9	1,002	96	22	20	202	143	0

* Primary includes primary respiratory tuberculosis and tuberculous pleurisy in primary progressive tuberculosis, (ICD-9 codes 010.0-010.9; ICD-10 A15.7 and A16.7).

tuberculous pneumonia, tuberculous pneumothorax, isolated tracheal or bronchial tuberculosis and tuberculous laryngitis; (ICD-9 codes 011-011.9, 012.2, Pulmonary includes tuberculosis of the lungs and conducting airways which includes tuberculous fibrosis of the lung, tuberculous bronchiectasis, 012.3; ICD-10 codes A15.0-A15.3, A15.5, A15.9, A16.0-A16.2, A16.4, A16.9).

⁺ Other Respiratory includes tuberculous pleurisy (non-primary); tuberculosis of: intrathoracic lymph nodes, mediastinum, nasopharynx, nose (septum), and sinus (any nasal) (ICD-9 codes: 012.0, 012.1 and 012.8; ICD-10 codes: A15.4, A15.6, A15.8, Å16.3, A16.5, A16.8). ‡ Other includes tuberculosis of intestines, peritoneum and mesenteric glands, bones and joints, genitourinary system, skin, eye, ear, thyroid, adrenal and

Reported new active and relapsed tuberculosis cases by birthplace and activity status - Canada: 2007

Table 11

weported men	including ment and results and results of on influer and activity	arons cases by partir	- 1	status – Camada. 2007	
	Diutha	IVEOL		Activity status	
	Birtipiace	IOIAL	New active cases	Relapsed cases	Unknown status
Canadian-born	Aboriginal				
	North American Indian	229	206	22	1
	Status (registered) Indian	225	203	2.1	1
	Non-status Indian	4	8	1	0
	Metis	32	29	3	0
	Inuit	46	37	6	0
	Total Aboriginal	307	272	34	1
	Non-Aboriginal	170	151	10	6
	Total Canadian-born	477	423	44	10
Foreign-born	Africa, High HIV Prevalence (AFR-High)	91	84	6	4
	Africa, Low HIV Prevalence (AFR-Low)	33	33	0	0
	American Region - Latin American and Caribbean Countries (AMR)	75	73	7	0
	Established Market Economies and Central Europe (EME-CEUR)	09	56	7	7
	Eastern Europe (EEUR)	25	23	2	0
	Eastern Mediterranean (EMR)	113	106	2	2
	South-East Asia (SEAR)	233	222	7	4
	Western Pacific Region (WPR)	410	363	38	6
	Unknown	2	2	0	0
	Total foreign-born	1,042	926	62	24
Unknown		29	19	3	7
TOTAL		1,548	1,398	109	41

Sable 12

Reported new active and relapsed tubercul	l relapsed	tubero		cases by	osis cases by bacterial status – Canada and provinces/territories: 2007	rial sta	tus – C	anada	and pro	ovinces,	/territo	ries: 2	200	
							Provi	Province/territory	itory					
Bacterial status	CANADA	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
1. Culture positive														
a. Microscopy positive	618	1	0	3	3	26	264	41	45	34	110	1	5	14
b. Microscopy negative	559	4	0	1	1	83	207	46	12	99	118	1	6	111
c. Microscopy unknown	54	0	0	1	0	18	29	0	4	0	2	0	0	0
Total	1,231	5	0	5	4	198	200	87	61	100	230	2	14	25
2. Culture negative														
a. Microscopy positive	22	1	0	0	0	1	12	1	0	0	5	0	1	1
b. Microscopy negative	135	0	0	1	1	16	62	6	14	0	30	1	0	1
c. Microscopy unknown	12	0	0	0	0	1	5	0	5	0	1	0	0	0
Total	169	1	0	1	1	18	62	10	19	0	36	1	1	2
3. Culture unknown														
a. Microscopy positive	19	1	0	0	0	1	16	1	0	0	0	0	0	0
b. Microscopy negative	12	0	0	0	0	9	9	0	0	0	0	0	0	0
c. Microscopy unknown	117	0	0	1	0	6	53	5	26	12	10	0	0	4
Total	148	1	0	1	0	13	75	9	26	12	10	0	0	4
TOTAL	1,548	7	0	7	5	229	654	103	106	112	276	3	15	31

Reported new active and relapsed tuberculosis cases by bacterial status and birthplace – Canada: 2007 Table 13

			Birthplace	lace	
Bacterial status	TOTAL	Canadian-born Aboriginal	Canadian-born non-Aboriginal	Foreign-born	Unknown birthplace
1. Culture positive					
a. Microscopy positive	618	122	88	395	13
b. Microscopy negative	559	101	41	409	8
c. Microscopy unknown	54	4	3	45	2
Total	1,231	227	132	849	23
2. Culture negative					
a. Microscopy positive	22	3	5	14	0
b. Microscopy negative	135	34	15	86	0
c. Microscopy unknown	12	5	1	5	1
Total	169	42	21	105	1
3. Culture unknown					
a. Microscopy positive	19	0	3	15	1
b. Microscopy negative	12	2	1	6	0
c. Microscopy unknown	117	36	13	64	4
Total	148	38	17	88	5
TOTAL	1,548	307	170	1,042	29

Table 14

Reported new active and relapsed tubercul	relapsed tu		cases by be	osis cases by bacterial status and main diagnostic site - Canada: 2007	us and mai	n diagnost	ic site – Car	nada: 2007	
					Main diagnostic site	ostic site			
Bacterial status	TOTAL		Respiratory			Nonrespiratory	oiratory		
		Primary	Pulmonary	Other respiratory	Miliary	CNS	Lymph	Other	Unknown
1. Culture positive									
a. Microscopy positive	618	5	523	11	6	0	34	36	0
b. Microscopy negative	526	6	345	44	6	6	100	43	0
c. Microscopy unknown	54	3	14	2	1	2	13	19	0
Total	1,231	17	882	22	19	11	147	86	0
2. Culture negative									
a. Microscopy positive	22	0	14	0	0	0	7	1	0
b. Microscopy negative	135	7	28	26	2	4	22	16	0
c. Microscopy unknown	12	5	4	0	0	0	0	3	0
Total	169	12	92	26	2	4	29	20	0
3. Culture unknown									
a. Microscopy positive	19	2	10	2	0	1	4	0	0
b. Microscopy negative	12	0	6	1	0	0	1	1	0
c. Microscopy unknown	117	32	25	10	1	4	21	24	0
Total	148	34	44	13	1	5	26	25	0
TOTAL	1,548	63	1,002	96	22	20	202	143	0

Table 15

Drug resistance at time of intial case reporting by origin and activity status – Canada: 2007

		odar acm	, a a	nusuu sus		ac data and		anaaa: 100					
							Activity status	atus					
			New				Relapse	e			Unknown	'n	
Drug pattern	Total	Canadian-born	ın-born		11	Canadi	Canadian-born		1	Canadia	Canadian-born		
		Aboriginal	Non- Aboriginal	roreign- born	un- known	Aboriginal	Non- Aboriginal	roreign- born	un- known	Aboriginal	Non- Aboriginal	roreign- born	un- known
Total postive culture	1,231	195	121	783	17	32	7	47	2	0	4	19	4
Resistance pattern unknown	43	3	3	50	0	2	0	3	1	0	0	2	0
No resistance	1,077	185	109	829	16	29	7	36	7	0	3	11	2
Resistance to one or more drugs	111	7	6	92	1	1	0	8	0	0	1	9	2
Monoresistance													
INH	82	7	5	19	0	1	0	4	0	0	0	2	2
EMB	9	0	1	4	0	0	0	0	0	0	0	1	0
RMP	1	0	0	0	0	0	0	1	0	0	0	0	0
PZA	5	0	2	2	1	0	0	0	0	0	0	0	0
Total monoresistance	94	7	8	29	1	1	0	2	0	0	0	3	2
Multidrug-resistance (MDR-TB)*													
INH & RMP	2	0	0	1	0	0	0	0	0	0	1	0	0
INH & RMP & EMB	9	0	0	8	0	0	0	1	0	0	0	2	0
INH & RMP & PZA	1	0	0	1	0	0	0	0	0	0	0	0	0
INH & EMB & RMP & PZA	1	0	0	0	0	0	0	1	0	0	0	0	0
Total MDR-TB	10	0	0	5	0	0	0	2	0	0	1	2	0
Extensively drug-resistant (XDR-TB) ⁺	$\Gamma \mathbf{B})^{\dagger}$												
INH & RMP & EMB & CAP & OFLOX	1	0	0	1	0	0	0	0	0	0	0	0	0
Total XDR-TB	1	0	0	1	0	0	0	0	0	0	0	0	0
Other patterns													
INH & EMB	9	0	1	4	0	0	0	0	0	0	0	1	0
Total other patterns	9	0	1	4	0	0	0	0	0	0	0	1	0

^{*} Multidrug-resistant TB (MDR-TB) is resistance to at least isoniazid and rifampin.

⁺ Extensively drug-resistant TB (XDR-TB) is MDR-TB plus resistance to any fluoroquinolone and at least one of three injectable second-line drugs: amikacin, capreomycin and kanamycin.

Table 16

Table 17

Reported new active and relapsed tuberculosis cases by method of detection and birthplace - Canada: 2007

					Birthplace			
;				Canadian-born				
Case finding	TOTAL	Status (registered) Indian	Non-status Indian	Metis	Inuit	Non- Aboriginal	Foreign- born	Unknown birthplace
Immigration	08	0	0	0	0	2	78	0
Symptoms/incidental findings	1,142	145	2	21	24	131	804	15
Post-mortem	14	2	0	0	0	2	9	4
Contact-investigation	139	99	2	8	17	20	26	0
Screening	58	10	0	3	3	5	35	2
Other	56	2	0	0	0	8	44	2
Unknown	59	0	0	0	2	2	49	9
TOTAL	1,548	225	4	32	46	170	1,042	29

Reported new active and relapsed foreign-born tuberculosis cases by birthplace and year of arrival in Canada: 2007

Table 18

		4	1	9	8		9	10		1	89
	Unk.	· 						1	31		7
	2007	19	7	6	1	4	10	19	15	0	0.4
	2006	6	3	8	0	2	19	30	30	0	101
	2005	ſζ	2	3	0	4	11	11	14	0	L
	2004	3	0	3	0	1	9	15	15	0	,
al	2003	9	2	2	0	0	5	16	21	0	Ĺ
Year of arrival	2002	4	5	1	1	П	9	13	17	0	
Yea	2001	11	3	3	3	7	9	9	11	0	ì
	2000	4	3	2	1	1	5	7	7	0	ć
	1990- 1999	13	9	13	ιC	7	26	63	128	1	1
	1980- 1989	8	1	10	4	3	6	31	69	0	6
	1970- 1979	3	0	15	10	0	3	10	38	0	0
•	< 1969	2	0	0	2.7	4	1	7	14	0	ì
	TOTAL	91	33	75	09	25	113	233	410	2	070
	birtnpiace (WHO region)	Africa, High HIV Prevalence (AFR-High)	Africa, Low HIV Prevalence (AFR-Low)	American Region - Latin American and Caribbean Countries (AMR)	Established Market Economies and Central Europe (EME-CEUR)	Eastern Europe (EEUR)	Eastern Mediterranean (EMR)	South-East Asia (SEAR)	Western Pacific Region (WPR)	Unknown	I V HOH

Table 19

Reported new active and relapsed foreign-born tuberculosis cases by immigration status – Canada and provinces/ territories: 2007

Immirror control	VANADA						Provi	Province/territory	tory					
minigration status	CANADA	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Canadian citizen/ permanent resident	444	0	0	2	1	0	161	28	2	80	169	1	0	0
Refugee claimant	46	0	0	0	0	0	43	0	2	0	1	0	0	0
Other temporary resident (visitor, student, foreign nationals without status in Canada)	23	1	0	1	2	0	0	0	0	4	15	0	0	0
Other	29	0	0	0	0	0	29	0	0	0	0	0	0	0
Unknown	200	0	0	0	0	142	346	0	0	0	12	0	0	0
TOTAL	1,042	1	0	3	3	142	579	28	4	84	197	1	0	0

Table 20

Reported relapsed tuberculosis cases by length of inactive interval – Canada and provinces/territories: 2007

			7						r	Local Comments of the Comments				
[Comp.]	KUKIKES						Provi	Province/territory	itory					
IIICETVAI	CANADA	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
0-2 years	6	0	0	0	0	4	0	1	0	1	2	0	0	1
3-5 years	10	0	0	0	0	0	0	3	1	0	9	0	0	0
6-9 years	ıC	0	0	0	0	0	0	1	0	3	0	0	0	1
10-19 years	12	0	0	0	0	1	0	1	4	0	5	0	0	1
20+ years	32	0	0	1	0	3	0	1	5	2	13	1	1	5
Unknown	41	0	0	0	0	2	39	0	0	0	0	0	0	0
TOTAL	109	0	0	1	0	10	39	7	10	9	26	1	1	8

Reported new active and relapsed tuberculosis cases who died, by cause of death - Canada and provinces/territories: 2007 Table 21

		CANADA						Provi	Province/territory	itory					
Cause of death	No.	Percent of total cases reported for year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Update on 2006 cases who died before or during treatment*															
TB was the cause of death	23	1.4	2	0	1	0	3	7	0	2	3	4	0	1	0
TB contributed to death but was not the underlying cause	89	4.1	0	0	0	0		27	0	7.2	11	18	0	0	0
TB did not contribute to death but was an incidental finding	45	2.7	0	0	1	0	8	17	7	2	3	5	0	1	1
Unknown	7	0.4	0	0	0	0	0	7	0	0	0	0	0	0	0
TOTAL	143	8.7	2	0	2	0	18	58	7	6	17	27	0	2	1
Cases reported in 2007 who died before or during treatment**															
TB was the cause of death	28	1.8	0	0	0	0	9	6	3	0	3	7	0	0	0
TB contributed to death but was not the underlying cause	26	3.6	7	0	0	0	7	24	rC	1	Ę	11	0	1	0
TB did not contribute to death but was an incidental finding	37	2.4	0	0	1	0	4	13	2	1	3	13	0	0	0
Unknown	3	0.2	0	0	0	0	0	3	0	0	0	0	0	0	0
TOTAL	124	8.0	7	0	1	0	17	46	10	7	111	31	0	1	0

 $^{^{\}ast}$ Updates include results from both case and outcome reports. ** Includes results from case reports only.

Table 22

Reported new active and relapsed tuberculosis cases who died, by age group and sex - Canada and provinces/territories: 2007

AC O	IVLOT					Age group	roup				
SEA	10101	< 1	1 – 4	5 – 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 – 74	75 +
Update on 2006 cases who died before or during treatment*											
Male	88	0	0	0	3	1	7	11	6	16	41
Female	22	0	0	1	0	2	2	4	7	11	28
TOTAL	143	0	0	1	3	3	6	12	16	27	69
Cases reported in 2007 who died before or during treatment**											
Male	48	0	0	0	0	5	7	10	5	17	43
Female	37	0	0	0	0	1	9	4	2	5	19
TOTAL	124	0	0	0	0	9	13	14	7	22	62

^{*} Updates include results from both case and outcome reports.

Table 23

Reported new active and relapsed tuberculosis cases by HIV status – Canada and provinces/territories: 2007

we positive men a composed the contraction of the section of the contract of t	dara rar	רם נמש		cano.	~ y	orara orara		an ana	Provin	177 / 177	110110			
W. total	AGAMADA						Provi	Province/territory	tory					
TIV Status	CANADA	N.L.	N.L. P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.S. N.B. Que. Ont. Man. Sask. Alta. B.C. Y.T. N.W.T.	Nvt.
Positive	55	0	0	0	1	0	19	9	3	10	16	0	0	0
Negative	392	1	0	3	3	0	0	51	0	26	198	2	13	24
Unknown	1,101	9	0	4	1	229	635	46	103	5	62	1	2	7
TOTAL	1,548	7	0	7	5	229	654	103	106	112	112 276	3	15	31

^{**} Includes results from case reports only.

Table 24
Treatment outcome status – Canada and provinces/territories: 2006

					Treatment outcome	toutcome			
	TOTAL	Cure	Treatment completed without culture	Death during treatment	Trans- ferred	Absconded	Treatment ongoing	Other	Unknown
CANADA	1,652	104	1,166	143	29	35	46	18	111
Province/territory									
Newfoundland and Labrador	12	3	9	2	0	0	0	1	0
Prince Edward Island	0	0	0	0	0	0	0	0	0
Nova Scotia	10	0	9	2	2	0	0	0	0
New Brunswick	2	0	0	0	1	0	0	0	1
Quebec	228	17	68	18	2	9	0	5	91
Ontario	671	0	527	58	12	9	45	4	19
Manitoba	134	5	119	7	2	0	0	1	0
Saskatchewan	87	4	70	6	0	4	0	0	0
Alberta	131	27	85	17	0	1	0	1	0
British Columbia	320	11	250	2.7	10	15	1	9	0
Yukon	3	0	3	0	0	0	0	0	0
Northwest Territories	9	3	1	2	0	0	0	0	0
Nunavut	48	34	10	1	0	3	0	0	0

Table 25
Treatment outcome status by treatment regimen – Canada: 2006

					Treatmen	Treatment outcome			
Treatment regimen	TOTAL	Cure	Treatment completed without culture	Death during treatment	Trans- ferred	Absconded	Treatment	Other	Unknown
Total	1,652	104	1,166	143	29	35	46	18	111
EMB	2	0	0	0	0	0	1	0	1
EMB & other $drug(s)$	5	0	3	0	1	0	1	0	0
EMB & PZA & other drug(s)	1	0	1	0	0	0	0	0	0
EMB & RMP	3	0	3	0	0	0	0	0	0
EMB & RMP & other drug(s)	13	0	6	4	0	0	0	0	0
EMB & RMP & PZA	18	2	13	1	0	0	1	1	0
EMB & RMP & PZA & other drug(s)	13	1	10	1	0	0	0	1	0
INH & EMB	4	0	2	2	0	0	0	0	0
INH & EMB & other drug(s)	12	0	6	0	0	0	3	0	0
INH & EMB & PZA	9	0	7	0	1	0	1	0	0
INH & EMB & PZA & other drug(s)	20	0	16	1	1	1	0	0	1
INH & EMB & RMP	20	9	38	5	1	0	0	0	0
INH & EMB & RMP & other drug(s)	9	3	2	1	0	0	0	0	0
INH & EMB & RMP & PZA	391	38	293	31	8	10	4	3	4
INH & EMB & RMP & PZA & other drug(s)	29	1	22	4	0	0	1	1	0
INH & other drug(s)	6	0	9	1	0	0	2	0	0
INH & PZA	2	0	2	0	0	0	0	0	0
INH & PZA & other drug(s)	4	0	3	0	0	0	0	0	1
INH & RMP	128	9	107	3	0	5	4	1	2
INH & RMP & other drug(s)	2	1	0	0	0	0	1	0	0
INH & RMP & PZA	240	28	190	9	2	6	2	2	1
INH & RMP & PZA & other drug(s)	9	1	4	0	0	1	0	0	0
RMP & other drug(s)	6	0	9	0	0	0	3	0	0 cont'd

 Table 25
 Cont'd

Treatment outcome status by treatment regimen – Canada: 2006

					Treatmen	Freatment outcome			
Treatment regimen	TOTAL	Cure	Treatment completed without culture	Death during treatment	Trans- ferred	Absconded Treatment ongoing	Treatment	Other	Unknown
RMP & PZA	7	0	2	0	0	0	0	0	0
RMP & PZA & other drug(s)	7	0	1	0	0	0	0	0	1
Other	3	0	1	0	0	0	2	0	0
No drugs prescribed	69	0	0	29	0	0	0	0	0
Unknown	610	17	416	24	15	6	20	6	100

Table 26

Treatment outcome status by major mode of treatment - Canada: 2006

ajor mode of treatment treatment TOTAL completed during without streatment Treatment completed during without treatment Treatment culture culture Treatment culture Treatment culture Treatment culture Absconded culture self administered 588 22 499 13 11 17 vn 176 2 10 11 35 2 2 vn 1652 104 1166 143 29 35						Treatment outcome	outcome			
self administered 822 76 636 48 10 self administered 588 22 499 13 11 on 66 4 21 35 2 vn 176 2 10 47 6 n 1.652 104 1.166 143 29	Major mode of treatment	TOTAL	Cure	Treatment completed without culture	Death during treatment	Transferred	Absconded	Treatment	Other	Unknown
self administered 588 22 499 13 11 self administered 66 4 21 35 2 vn 176 2 10 47 6 vn 1.652 104 1.166 143 29	DOT (daily/intermittent)	822	92	989	48	10	13	28	7	4
vn 176 4 21 35 2 vn 176 2 10 47 6 1.652 104 1.166 143 29	Daily – self administered	588	22	466	13	11	17	17	5	4
vn 176 2 10 47 6 6 11.652 104 1.166 143 29	Other	99	4	21	35	2	2	1	0	1
1.652 104 1.166 143 29	Unknown	176	2	10	47	9	3	0	9	102
	TOTAL	1,652	104	1,166	143	29	35	46	18	111

Table 27

Treatment outcome status by compliance estimate - Canada: 2006

110 0 0 111 Unknown 18 Other Treatment ongoing 0 28 46 15 10 14 4 Absconded Treatment outcome Transferred 0 13 13 29 Death during treatment 58 72 143 Treatment completed without culture 1074 1,166 7 31 59 0 104 4 66 Cure 63 23 1,269 297 1,652 TOTAL Compliance estimate Unknown 50-79% TOTAL < 50% %08 ≥

Initial and acquired drug resistance by origin and activity status – Canada: 2006 Table 28

minimi mini ucquirca ai ag i caisminc by origini mini activity simina		20 kg 22		1	y orace								
							Activity status	atus					
			New				Relapse	e			Unknown	vn	
Drug pattern	Total	Canadian-born	ın-born	Donoism	411	Canadian-born	ın-born	Longian	IIn	Canadia	Canadian-born	Lonoian	1 1
		Aboriginal	Non- Aboriginal	born	known	Aboriginal	Non- Aboriginal	born	known	Aboriginal	Non- Aboriginal	born	un- known
Initial drug resistance 2006													
Total Postive Culture	1,317	226	133	758	36	26	21	61	4	0	4	45	3
Resistance Pattern Unknown	54	1	2	36	2	0	0	2	1	0	1	6	0
No Resistance	1,151	220	119	649	34	25	19	47	2	0	3	31	2
Initial Resistance to one or more drugs	112	5	12	73	0	1	2	12	1	0	0	5	1
Monoresistance													
INH	75	2	8	48	0	1	2	6	1	0	0	3	1
EMB	3	1	0	2	0	0	0	0	0	0	0	0	0
RMP	4	1	0	3	0	0	0	0	0	0	0	0	0
PZA	12	1	4	9	0	0	0	0	0	0	0	0	1
Total monoresistance	94	5	12	59	0	1	2	6	1	0	0	3	2
Multi-drug resistance (MDR-TB)*													
INH & RMP	7	0	0	6	0	0	0	1	0	0	0	0	0
INH & RMP & EMB	3	0	0	2	0	0	0	1	0	0	0	0	0
INH & RMP & PZA	1	0	0	0	0	0	0	0	0	0	0	1	0
INH & EMB & RMP & PZA	1	0	0	1	0	0	0	0	0	0	0	0	0
Total MDR-TB	12	0	0	6	0	0	0	2	0	0	0	1	0
Other patterns													
INH & EMB	9	0	0	5	0	0	0	1	0	0	0	0	0
Total other patterns	9	0	0	5	0	0	0	1	0	0	0	0	0

 Table 28
 Cont'd

Unknown Un-known Aboriginal Aboriginal 0 0 Canadian-born 0 0 0 0 -Foreign-born 0 0 Activity status Initial and acquired drug resistance by origin and activity status - Canada: 2006 Aboriginal Aboriginal 0 0 Canadian-born 0 0 Un-known 0 0 Foreign-born 0 0 New 0 0 Aboriginal Aboriginal Canadian-born Total Acquired drug resistance 2006 Total acquired resistance Drug pattern Monoresistance INH

0

0 0

Unknown

Foreignborn

* Multidrug-resistant TB (MDR-TB) is resistance to at least isoniazid and rifampin.

APPENDIX II TECHNICAL NOTES

CONCEPTS, METHODS AND DATA QUALITY

The following information describes the strengths and limitations of the data in this report and how these data can be effectively used and interpreted. This information may be of particular importance when making comparisons with data from previous *TB* in *Canada* reports or other sources of *TB* information.

Data sources

The Canadian Tuberculosis Reporting System (CTBRS) is maintained by Tuberculosis Prevention and Control (TBPC), Public Health Agency of Canada. This surveillance system is derived from records of provincial/territorial tuberculosis registries that capture information on every new active and relapsed case of tuberculosis and on the treatment outcome for these cases.

All provinces/territories voluntarily submit their case and outcome data to TBPC. Case data for four of the thirteen provinces/territories (Alberta, Ontario, Quebec and Saskatchewan) are submitted electronically. The remaining provinces/territories submit paper reporting forms (See Appendix VII). Outcome data are submitted electronically from Alberta, Saskatchewan and Ontario. Quebec submits aggregated outcome data. The remaining provinces submit outcome results on paper forms.

Reference period

The information contained in this report reflects the number of new and relapsed cases diagnosed between January 1, 2007 to December 31, 2007. Outcomes are reported on patients diagnosed between January 1, 2006 to December 31, 2006. Tables 1 through 4 present historical counts and rates for the years 1997 to 2007 inclusive. The data in this report reflects the data submitted to the Public Health Agency of Canada as of March 31, 2009. Updates, because of late reporting, will be reflected in the 2008 report.

Data quality and validation

Before the analysis and publication, all data are reviewed for errors, inconsistencies and incomplete reporting. Follow-up is done with the reporting jurisdictions identifying any concerns or problems with the reported data. Previously reported data are also subject to revision in the event of late reporting or when revised information from the provinces/territories is received. Revisions are disseminated in subsequent reports.

Prior to the publication of *TB* in *Canada*, a pre-release containing selected tables is produced. The pre-release is sent to the provinces/territories for verification and is subsequently posted to the Public Health Agency of Canada website, http://www.phac-aspc.gc.ca/tbpc-latb/index.html.

Data accuracy

The methods used to collect and analyze the data in this report have been designed to minimize error. However, surveillance data are subject to certain types of error (e.g., coverage, measurement and processing error).

The accuracy of the data (including completeness and coverage of the population of interest) is partially a function of timely reporting/updates to TBPC from the provinces/territories. Some degree of lag does occur (i.e., reporting delay), almost exclusively affecting preliminary data and rarely the final data.

In general, the majority of data elements for case and outcome reports submitted to TBPC are complete. Reporting is less complete for some of the data elements introduced in 1997 such as HIV status. Historically, Ontario and Quebec have not had the capacity to report individual treatment outcomes. Prior to 2005 both Ontario and Quebec submitted outcome data in aggregated form only. In 2005 Ontario began submitting individual outcome data but Quebec continues to submit only aggregated outcome data.

Provinces/territories do not always report outcomes for all cases. However reporting is improving and the percentage of outcomes reported in 2007 for 2006 cases was 93% of all cases. Ongoing work with the provinces/territories will ensure that the data reported in the *TB* in Canada reports correspond with those reported at the provincial/territorial level.

The data reported may be subject to coding, reporting and processing errors that cannot be detected and are not corrected at the source. Not all provinces/territories use ICD 9 or ICD 10 coding systems for disease, which are used to classify patients according to the main diagnostic site (see Table 4). Efforts are made to work with those provinces/territories using alternate coding systems to ensure that diagnostic reporting is as accurate as possible.

Rates

Rates are expressed as the number of cases reported each calendar year per 100,000 population. The denominators used to calculate rates for total Canadian, provincial/territorial, total Canadian-born Aboriginal, Inuit and Métis were derived from official and custom census products from Statistics Canada, Demography Division. ¹⁴

The rates presented for the total Aboriginal population including Métis, Inuit and North American Indian (combining Status (registered) Indian and non-Status Indian counts) were derived from the 2001 Census data published in the *Projections of the Aboriginal populations, Canada, provinces and territories, 2001 to 2017.* ¹⁵

Current and historical incidence rates for the Status (registered) Indian population are based on population estimates from Indian and Northern Affairs Canada. These estimates are considered a more accurate reflection of the true counts of the Status Indian population. ¹⁶ However, using different sources does introduce possibility of conflicting numbers. As a result, caution should be observed when drawing comparative conclusions between the Status (registered) Indian and other origin groups.

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¹⁴ Statistics Canada, Demography Division, Demographic, Estimates Section, Population estimates 0-90+, July, Canada – Provinces/Territories 1971-2005, updated February, 2008.

Projections of the Aboriginal populations, Canada, provinces and territories 2001 to 2017 Demography Division, Statistics Canada Catalogue No. 91-547-XIE.

¹⁶ INAC, Registered Indian Population by Sex and Residence 2005. Available at: http://www.ainc-inac.gc.ca/pr/sts/rip/rip05 e.pdf.

Prior to 2003, in the annual *Tuberculosis In Canada* reports, the case counts for the Métis and non-Status Indians were combined into one aggregated number and because populations counts were not available, incidence rates were not calculated. In 2003 population estimates for the Métis were produced by Statistics Canada, Demography Division, enabling the reporting of rates for this population. Starting in 2003, case counts for the Métis were separated from those for non-Status counts and rates for the Métis were reported – accurate population counts for the non-Status Indian are not available and so incidence rates are not able to be calculated. Some jurisdictions have not been able to distinguish non-Status from the Métis cases due to constraints with their TB program's reporting system. National rates for the Métis may be over inflated and need to be interpreted cautiously. It is hoped that in working with the jurisdictions these data will become more accurate in future reports.

Incidence rates in the foreign-born population from 2001 forward are based on population estimates from the Canadian census, a Statistics Canada, Demography Division customized product.

Incidence rates in the foreign-born population are presented according to the eight Stop-TB /WHO TB Epidemiological Regions described in the *Actions for Life: Towards a World Free of Tuberculosis: The Global Plan to Stop TB, 2006 – 2015.* The eight TB epidemiological regions include: the Established Market Economies (EME) and the Central European countries (CEUR); African countries with high HIV prevalence (AFR High HIV); African countries with low HIV prevalence (AFR Low HIV); the American Region (AMR) – Latin America Countries (LAC); Eastern Europe Region (EEUR); Eastern Mediterranean Region (EMR); South-East Asia Region (SEAR); and the Western Pacific Region (WP). Because EME and CEUR have similarly high per capita income level and low tuberculosis incidence rates the results for these two regions are combined.

Population denominators for the Canadian-born non-Aboriginal population are derived using the following formula:

Canadian-born non-Aboriginal

=

Total Canadian Population (Statistics Canada)

– Foreign Born (Statistics Canada)

– Total Aboriginal persons (Statistics Canada)

Finally, the historical rates, presented in this and subsequent reports are updated periodically as new estimates become available, which may explain inconsistencies between rates in this report and in previous *TB* in *Canada* reports.

Deaths

Starting in 2005, the tabulation of the total number of deaths included cases that were diagnosed in the previous calendar year but who died at any time during their treatment. Prior to 2005 only deaths that occurred within the calendar year of the current report were counted and thus may not have included cases that died while still on treatment into the following calendar year. This enhanced method for determining the number of deaths will more accurately reflect the actual deaths.

Privacy and confidentiality

Tables reporting on provincial/territorial case counts and rates have been expanded to report on each province and territory as opposed to aggregate data for the four Atlantic provinces and three territories. However, to avoid any potential issues with confidentiality and privacy, tables where population counts become too small may be collapsed in regions (e.g. for the three territories into "North"). In general, data will be suppressed in all instances where population denominators fall below 40.

VARIABLES MEASURED

The statistical data presented in this report refer to cases and rates of new active or relapsed tuberculosis and treatment outcomes.

Case definitions in effect in 2005

I TB case definition in the Canadian Tuberculosis Reporting System (CTBRS)

a. Cases with *Mycobacterium tuberculosis* complex (i.e. *M. tuberculosis* [including subspecies *M. canetti*], *M. bovis* [excluding BCG strain], *M. africanum*, *M.caprae*, *M.microti* or *M. pinnipedii*) demonstrated on culture.

OR

- b. In the absence of bacteriological proof, cases clinically compatible with active tuberculosis that have, for example:
 - i chest x-ray changes compatible with active tuberculosis including idiopathic pleurisy with effusion
 - ii active extrapulmonary tuberculosis (meningeal, bone, kidney, peripheral lymph nodes etc.)
 - iii pathologic or post-mortem evidence of active tuberculosis

Note: Molecular biological techniques are research tools and are not included in the definition.

II Cases of tuberculosis diagnosed in Canada include all cases: Canadian born, immigrants, refugees, refugee claimants, students, visitors, migrant workers and illegal aliens.

Visitors = those non-Canadians traveling with or without a visa, stopping in Canada en route.

- III New and relapsed (reactivated) cases of tuberculosis¹⁷
 - a. New case: no documented evidence or history of previously active tuberculosis.
 - b. **Relapsed (reactivated) case:** documented evidence or history of previously active tuberculosis which became inactive.
 - c. Inactive tuberculosis:
 - i Cultures for *M. tuberculosis* negative for at least 6 months

OR

ii In the absence of cultures, chest (or other) x-rays, stable for a minimum of 6 months.

¹⁷ As of 2008, the CTBRS classifies all cases as new or re-treatment cases; see *Canadian Tuberculosis Standards*, 6th ed., Appendix C for complete definitions

IV Treatment outcomes

Cure – Negative culture at completion of treatment.

Treatment completed – Patient who has completed treatment without culture at the end of treatment.

Died - Death during treatment

- a. TB was the cause of death;
- b. TB contributed to death but was not the underlying cause; or
- c. TB did not contribute to death.

Transfer – Patient transferred to new jurisdiction and the outcome of treatment is unknown.

Failure – Culture positive at five months or more

Absconded – Patient was lost to follow-up before completion of 80% of doses, eight months after treatment started

Treatment ongoing – Treatment is ongoing at the time of the treatment outcome report

Other

Unknown

Diagnostic classification

The diagnostic classification of tuberculosis (TB) in Canada is based upon the International Classification of Diseases, 9th and 10th Editions. For each case of TB, up to five individual diagnoses are captured for reporting purposes. The main diagnostic sites were divided into two broad categories: respiratory and non-respiratory. Respiratory is further subdivided into primary, pulmonary and other respiratory.

Primary includes primary respiratory tuberculosis and tuberculous pleurisy in primary progressive tuberculosis (ICD-9 codes 010.0-010.9; ICD-10 A15.7 and A16.7).

Pulmonary includes tuberculosis of the lungs and conducting airways: tuberculous fibrosis of the lung, tuberculous bronchiectasis, tuberculous pneumonia, tuberculous pneumothorax, isolated tracheal or bronchial tuberculosis and tuberculous laryngitis (ICD-9 codes 011-011.9, 012.2, 012.3; ICD-10 codes A15.0-A15.3, A15.5, A15.9, A16.0-A16.2, A16.4, A16.9).

Other Respiratory includes tuberculous pleurisy (non-primary); tuberculosis of: intrathoracic lymph nodes, mediastinum, nasopharynx, nose (septum), and sinus (any nasal) (ICD-9 codes: 012.0, 012.1 and 012.8; ICD-10 codes: A15.4, A15.6, A15.8, A16.3, A16.5, A16.8).

Nonrespiratory tuberculosis includes miliary, central nervous system, lymph and other sites.

The table below summarizes the codes used by ICD system for each of the diagnostic categories.

Table G
ICD9 and ICD10 codes by diagnostic classification

ICD System	Primary	Pulmonary	Other Respiratory	Miliary	CNS	Peripheral Lymph Nodes	Other
ICD 9	010, 010.0, 010.1, 010.8, 010.9	011, 011.0, 011.1, 011.2, 011.3, 011.4, 011.5, 011.6, 011.7, 011.8, 011.9, 012.2, 012.3	012, 012.0, 012.1, 012.8	018, 018.0, 018.8, 018.9	013, 013.0, 013.1, 013.8, 013.9	017.2	all other ICD9 codes
ICD 10	A15.7, A16.7	A15, A15.0, A15.1, A15.2, A15.3, A15.5, A15.9, A16.0, A16.1, A16.2, A16.4, A16.9	A15.4, A15.6, A15.8, A16.3, A16.5, A16.8	A19, A19.0, A19.1, A19.2, A19.8, A19.9	A17, A17.0, A17.1, A17.8, A17.9	A18.2	all other ICD10 codes including

Cases are reported based on the following hierarchy:

- 1. primary respiratory TB;
- 2. pulmonary;
- 3. other respiratory TB;
- 4. miliary/disseminated;
- 5. meninges/central nervous system;
- 6. peripheral lymph node; and
- 7. other sites (includes tuberculosis of intestines, peritoneum and mesenteric glands, bones and joints, genitourinary system, skin, eye, ear, thyroid, adrenal and spleen).

For cases with multiple diagnostic sites, the placement of the case into a disease group is determined using the hierarchy above. As an example, a case may have been diagnosed with TB of the *peripheral lymph nodes* (*scrofula, scrofulous abscess, tuberculous adenitis*) (ICD-9 17.2) and *tuberculosis of lung, infiltrative* (ICD-9 11.0). Because pulmonary TB is above peripheral lymph TB in the hierarchy, this case would be classified as pulmonary TB.

CODE TABLE LISTING BY ICD-9 CODE FOR DIAGNOSIS

010	Primary	y Tuberculosis
	010.0	Primary tuberculous complex
	010.1	Tuberculous pleurisy in primary progressive tuberculosis
		This disease state is characterized by pleuritis and pleural effusion, usually in an adolescent or young adult, but possibly in any age group, due to recent (within the preceding 24 months) infection with <i>Mycobacterium tuberculosis</i> complex. If another site of tuberculosis disease, such as CNS or disseminated/miliary disease, is believed to have occurred as a consequence of recent infection (within the preceding 24 months), it ought to be referred to as primary CNS (etc.) disease.
	010.8	Other primary progressive tuberculosis (excl. tuberculous erythema nodosum {017.1})
		This is usually, but not always, in a child, and is due to infection within the preceding 24 months with <i>Mycobacterium tuberculosis</i> complex. It includes pulmonary (lung parenchyma) tuberculosis, as well as tuberculosis of the intrathoracic lymph nodes, larynx, trachea, bronchus, or nasopharyngeal sinuses
	010.9	Unspecified
011	Pulmon	ary Tuberculosis (with associated silicosis use code 502)
	011.0	Tuberculosis of lung, infiltrative
	011.1	Tuberculosis of lung, nodular
	011.2	Tuberculosis of lung with cavitation
	011.3	Tuberculosis of bronchus (excl. isolated bronchial TB {012.2})
	011.4	Tuberculous fibrosis of lung
	011.5	Tuberculous bronchiectasis
	011.6	Tuberculous pneumonia (any form)
	011.7	Tuberculous pneumothorax
	011.8	Other pulmonary tuberculosis
	011.9	Unspecified (respiratory tuberculosis NOS, tuberculosis of lung NOS)
012	Other R	espiratory Tuberculosis (excl. respiratory tuberculosis, unspecified {011.9})
	012.0	Tuberculous pleurisy
	012.1	Tuberculosis of intrathoracic lymph nodes
	012.2	Isolated tracheal or bronchial tuberculosis
	012.3	Tuberculous laryngitis
	012.8	Other (incl. tuberculosis of: mediastinum, nasopharynx, nose (septum), sinus (any nasal)
013	Tubercu	ılosis of Meninges and Central Nervous System
	013.0	Tuberculous meningitis (320.4) (excl. tuberculoma of meninges {013.1})
	013.1	Tuberculoma of meninges (349.2)
	013.8	Other (tuberculoma/tuberculosis of brain {348.8}, tuberculous abscess of brain {324.0}, tuberculous myelitis {323.4})
	013.9	Unspecified (tuberculosis of central nervous system NOS)

Tuberculosis of intestines, peritoneum and mesenteric glands

- 014.0 Tuberculous peritonitis Tuberculous ascites
- 014.8 Other Tuberculosis (of):

anus

intestine (large) (small)

mesenteric glands

rectum

retroperitoneal (lymph nodes)

Tuberculous enteritis

015 Tuberculosis of Bones and Joints

Incl. tuberculous: arthritis (711.4), necrosis of bone (730.8), osteitis (730.8), osteomyelitis (730.8), synovitis (727.01), tenosynovitis (727.01).

015.0 Vertebral column

Pott's: curvature (737.4), disease (730.4)

Kyphosis (737.4), spondylitis (720.8)

- 015.1 Hip
- 015.2 Knee
- 015.5 Limb bones
- 015.6 Mastoid
- Other bone (tuberculous dactylitis, mastoiditis {383.1})
- 015.8 Other joint
- 015.9 Unspecified

016 Tuberculosis of Genitourinary System

- 016.0 Kidney (tuberculous pyelitis {590.8}, tuberculous pyelonephritis {590.8})
- Other urinary organs (tuberculosis of bladder {595.4}, tuberculosis of ureter {593.8})
- 016.2 Epididymis (604.9)
- Other male genital organs (tuberculosis of: prostate {601.4}, seminal vesicle {608.8}, testis {608.8})
- 016.4 Female genital organs (tuberculous: oophoritis {614.2}, salpingitis {614.2})
- 016.9 Unspecified

017 Tuberculosis of Other Organs

017.0 Skin and subcutaneous cellular tissue

Lupus: NOS, exedens, vulgaris, Scrofuloderma

(excl. lupus erythrematosus {695.4}, disseminated {710.0})

Tuberculosis: colliquativa, cutis, lichenoides, papulonecrotica, verrucosa cutis

017.1 Erythema nodosum with hpersensitivity reaction in tuberculosis

Bazin's disease, Tuberculosis indurativa

Erythema: induratum, nodosum (tuberculous)

Excl. erythema nodosum NOS (695.2)

- 017.2 Peripheral lymph nodes (scrofula, scrofulous abscess, tuberculous adenitis)
- 017.3 Eye

Tuberculous: chorioretinitis, disseminated (363.1), episcleritis (379.0), interstitial keratitis (370.5), iridocyclitis (chronic) (364.1),

keratoconjunctivitis (phlyctenular) (370.3)

017.4 Ear
Tuberculosis of ear (382.3), otitis media (382.3) (excl. Tuberculous mastoiditis {015.7})

017.5 Thyroid gland

017.6 Adrenal glands (255.4), Addison's disease (tuberculous)

017.7 Spleen

017.8 Other

018 Miliary Tuberculosis

Incl.: tuberculosis: disseminated, generalized, miliary (whether of a single specified site, multiple sites or unspecified site), polyserositis

Tuberculosis of: endocardium [any valve] (424.-), oesophagus (530.1),

018.0 Acute
 018.8 Other
 018.9 Unspecified

137 Late Effects of Tuberculosis

137.0 Late effects of respiratory or unspecified tuberculosis
137.1 Late effects of central nervous system tuberculosis
137.2 Late effects of genitourinary tuberculosis
137.3 Late effects of tuberculosis of bones and joints
137.4 Late effects of tuberculosis of other specified organs

myocardium (422.0), pericardium (420.0)

Pneumoconiosis due to other silica or silicates (see Pulmonary Tuberculosis {011})

Pneumoconiosis due to talc Silicotic fibrosis (massive) of lung Silicosis (simple) (complicated)

CODE TABLE LISTING BY ICD-10 CA CODE FOR DIAGNOSIS

Source: ICD-10 CA/CCI Tabular List - CIHI, 2003

A15 Respiratory tuberculosis, bacteriologically and histologically confirmed

Includes: infections due to Mycobacterium tuberculosis and Mycobacterium bovis

Excludes: congenital tuberculosis (P37.0)

pneumoconiosis associated with tuberculosis (J65)

sequelae of tuberculosis (B90-)

silicotuberculosis (J65)

A15.0 Tuberculous of lung, confirmed by sputum microscopy with or without culture *Includes*:

Tuberculous:

bronchiectasis fibrosis of lung pneumonia pneumothorax

A15.1 Tuberculosis of lung, confirmed by culture only

Includes: Conditions listed in A15.0, confirmed by culture only

A15.2 Tuberculosis of lung, confirmed histologically

Includes: Conditions listed in A15.0, confirmed histologically

A15.3 Tuberculosis of lung, confirmed by unspecified means

Includes: Conditions listed in A15.0, confirmed but unspecified whether bacteriologically or histologically

A15.4 Tuberculosis of intrathoracic lymph nodes, confirmed bacteriologically and histologically

Includes:

Tuberculosis of lymph nodes:

hilar

mediastinal

tracheobronchial

Excludes: specified as primary (A15.7)

A15.5 Tuberculosis of larynx, trachea and bronchus confirmed bacteriologically and histologically

Includes:

Tuberculosis of:

bronchus glottis larynx trachea A15.6 Tuberculosis pleurisy, confirmed bacteriologically and histologically *Includes*:

This disease state is characterized by pleuritis and pleural effusion, usually in an adolescent or young adult, but possibly in any age group, due to recent (within the preceding 24 months) infection with *Mycobacterium tuberculosis* complex. If another site of tuberculosis disease, such as CNS or disseminated/miliary disease, is believed to have occurred as a consequence of recent infection (within the preceding 24 months), it ought to be referred to as primary CNS (etc.) disease.

- A15.7 Primary respiratory tuberculosis, confirmed bacteriologically and histologically This is usually, but not always, in a child, and is due to infection within the preceding 24 months with *Mycobacterium tuberculosis* complex. It includes pulmonary (lung parenchyma) tuberculosis, as well as tuberculosis of the intrathoracic lymph nodes, larynx, trachea, bronchus, or nasopharyngeal sinuses.
- A15.8 Other respiratory tuberculosis, confirmed bacteriologically and histologically

Includes: Mediastinal tuberculosis

Nasopharyngeal tuberculosis

Tuberculosis of:

nose

sinus [any nasal]

- A15.9 Respiratory tuberculosis, unspecified, confirmed bacteriologically and histologically
- A16 Respiratory tuberculosis, not confirmed bacteriologically or histologically
- A16.0 Tuberculosis of lung, bacteriologically and histologically negative *Includes*:

Tuberculous:

bronchiectasis

fibrosis of lung

pneumonia

pneumothorax

- A16.1 Tuberculosis of lung, bacteriological and histological examination not done

 Includes: Conditions listed in A16.0, bacteriological and histological examination not done
- A16.2 Tuberculosis of lung, without mention of bacteriological or histological confirmation Tuberculosis of lung

Tuberculous:

bronchiectasis fibrosis of lung pneumonia pneumothorax

NOS (without mention of bacteriological or histological confirmation)

A16.3 Tuberculosis of intrathoracic lymph nodes, without mention of bacteriological or histological confirmation

Includes:

Tuberculosis of lymph nodes:

hilar
intrathoracic
mediastinal
tracheobronchial

NOS (without mention of bacteriological or histological confirmation)

Excludes: when specified as primary (A16.7)

A16.4 Tuberculosis of larynx, trachea and bronchus, without mention of bacteriological or histological confirmation

Includes:

Tuberculosis of:

bronchus
glottis
larynx
trachea

NOS (without mention of bacteriological or histological confirmation)

A16.5 Tuberculous pleurisy, without mention of bacteriological or histological confirmation

This disease state is characterized by pleuritis and pleural effusion, usually in an adolescent or young adult, but possibly in any age group, due to recent (within the preceding 24 months) infection with *Mycobacterium tuberculosis* complex. If another site of tuberculosis disease, such as CNS or disseminated/miliary disease, is believed to have occurred as a consequence of recent infection (within the preceding 24 months), it ought to be referred to as primary CNS (etc) disease. *Excludes*: Primary respiratory tuberculosis, without mention of bacteriological or histological confirmation (A16.7)

A16.7 Primary respiratory tuberculosis without mention of bacteriological or histological confirmation

This is usually, but not always, in a child, and is due to infection within the preceding 24 months with *Mycobacterium tuberculosis* complex. It includes pulmonary (lung parenchyma) tuberculosis, as well as tuberculosis of the intrathoracic lymph nodes, larynx, trachea, bronchus, or nasopharyngeal sinuses. *Excludes*: Tuberculous pleurisy, without mention of bacteriological or histological confirmation (A16.5)

A16.8 Other respiratory tuberculosis, without mention of bacteriological or histological confirmation

Mediastinal tuberculosis
Nasopharyngeal tuberculosis

Tuberculosis of:

Nose
sinus [any part]

NOS (without mention of bacteriological or histological confirmation)

A16.9 Respiratory tuberculosis unspecified, without mention of bacteriological or

histological confirmation

Includes: Respiratory tuberculosis NOS

Tuberculosis NOS

A17 Tuberculosis of nervous system

A17.0 Tuberculous meningitis (G01)

Includes: Tuberculosis of meninges (cerebral) (spinal)

Tuberculous leptomeningitis

A17.1 Meningeal tuberculoma (G07)

Includes: Tuberculoma of meninges

A17.8 Other tuberculosis of nervous system

Includes:

Tuberculoma of:

brain (G07)

spinal cord (G07)

Tuberculosis of:

brain (G07)

spinal cord (G07)

Tuberculous:

abscess of brain (G07)

meningoencephalitis (G05.0)

myelitis (G05.0*)

polyneuropathy (G63.0*)

A17.9 Tuberculosis of nervous system, unspecified (G99.8)

A18 Tuberculosis of other organs

A18.0 Tuberculosis of bones and joints

Includes:

Tuberculosis of:

hip (M01.1)

knee (M01.1)

vertebral column (M49.0)

Tuberculous:

arthritis (M01.1)

mastoiditis (H75.0)

necrosis of bone (M90.0)

osteitis (M90.0)

osteomyelitis (M90.0)

synovitis (M68.0)

tenosynovitis (M68.0)

```
Tuberculosis of genitourinary system
A18.1
         Includes:
                   Tuberculosis of:
                        bladder (N33.0)
                        cervix (N74.0)
                        kidney (N29.1)
                        male genital organs (N51.-)
                        ureter<sup>†</sup> (N29.1)
                        Tuberculous female pelvic inflammatory disease (N74.1)
        Tuberculous peripheral lymphadenopathy
A18.2
         Includes: Tuberculous adenitis
         Excludes:
                   Tuberculosis of lymph nodes:
                        intrathoracic (A15.4, A16.3)
                        mesenteric and retroperitoneal (A18.3)
                        Tuberculous tracheobronchial adenopathy (A15.4, A16.3)
        Tuberculosis of intestines, peritoneum and mesenteric lymph nodes
A18.3
         Includes:
                   Tuberculosis (of):
                        anus and rectum (K93.0)
                        intestine (large) (small) (K93.0)
                        retroperitoneal (lymph nodes)
                   Tuberculous:
                        ascites
                        enteritis (K93.0)
                        peritonitis (K67.3)
A18.4
        Tuberculosis of skin and subcutaneous tissue
         Includes: Erythema induratum, tuberculous
                   Lupus:
                        exedens
                        vulgaris:
                                of eyelid (H03.1)
                   Scrofuloderma
         Excludes: lupus erythematosus (L93.-)
                   systemic (M32.-)
```

A18.5 Tuberculosis of eye

Includes:

Tuberculous:

chorioretinitis (H32.0) episcleritis (H19.0)

interstitial keratitis (H19.2)

iridocyclitis (H22.0)

keratoconjunctivitis (interstitial) (phlyctenular) (H19.2)

Excludes: lupus vulgaris of eyelid (A18.4)

A18.6 Tuberculosis of ear

Includes: Tuberculosis otitis media (H67.0) *Excludes:* Tuberculous mastoiditis (A18.0)

A18.7 Tuberculosis of adrenal glands (E35.1)

Includes: Addison's disease, tuberculous

A18.8 Tuberculosis of other specified organs

Includes:

Tuberculosis of:

endocardium (I39.8) myocardium (I41.0) oesophagus (K23.0)

pericardium (I32.0) thyroid gland (E35.0)

Tuberculous cerebral arteritis (I68.1)

A19 Miliary Tuberculosis

Includes:

Tuberculosis:

disseminated generalized

Tuberculous polyserositits

- A19.0 Acute miliary tuberculosis of a single specified site
- A19.1 Acute miliary tuberculosis of multiple sites
- A19.2 Acute miliary tuberculosis, unspecified
- A19.8 Other miliary tuberculosis
- A19.9 Miliary Tuberculosis, unspecified

APPENDIX III POPULATION ESTIMATES: 2007

Population estimates by gender and age group, Canada and provinces/territories: 2007

	CANADA	N.L.	P.E.I.	N.S.	N.B.	One.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
\ 1.	182,922	2,354		4,300	3,587	42,451	69,618	7,507	6,343	23,462	21,624	195	374	362
1 - 4	721,595	9,376	2,719	17,375	14,393	155,525	288,405	29,210	24,726	880'68	87,200	759	1,366	1,453
5 - 14	1,977,074	27,657	8,579	52,058	42,271	436,202	787,346	80,626	66,410	222,246	245,029	1,994	3,279	3,377
15 - 24	2,312,433	33,071	9,733	62,498	49,216	502,261	903,227	88,405	76,878	277,540	300,302	2,439	3,754	3,109
25 - 34	2,221,940	28,990	7,740	53,542	45,560	528,590	845,223	78,401	62,840	284,652	278,138	2,060	3,638	2,566
35 - 44	2,504,540	37,882	9,718	67,904	54,342	572,780	1,005,418	83,382	64,337	277,409	322,865	2,550	3,692	2,261
45 - 54	2,576,566	41,838	10,398	74,999	59,534	622,357	979,400	90,793	74,721	276,437	337,872	3,221	3,411	1,585
55 - 64	1,885,633	35,513	8,925	60,828	48,915	473,328	697,721	65,337	53,393	174,147	262,339	2,174	2,087	976
65 - 74	1,111,634	19,789	5,359	35,840	28,053	279,349	418,166	37,700	33,972	94,026	157,527	845	929	332
75 +	831,804	12,349	3,664	25,192	20,041	192,597	320,351	32,440	31,550	69,452	123,290	396	359	123
TOTAL	16,326,141	248,819	67,580	454,536	365,912	3,805,440	6,314,875	593,801	495,170	1,788,459	2,136,186	16,633	22,636	16,094
Female	ıle													
1 >	173,636	2,145	661	4,139	3,395	40,314	65,817	7,039	6,053	22,443	20,784	166	299	381
1 – 4	668'089	8,901	2,633	16,987	13,582	148,301	272,346	27,426	23,313	82,944	81,100	869	1,301	1,367
5 – 14	1,879,760	26,094	8,106	50,182	39,762	414,811	751,167	76,339	63,389	210,890	230,513	1,974	3,245	3,288
15 - 24	2,195,127	31,992	9,536	62,052	46,834	479,166	864,229	84,114	73,107	253,772	281,791	2,167	3,417	2,950
25 - 34	2,196,225	30,310	8,156	58,128	46,466	504,457	863,218	75,399	62,318	257,486	282,061	2,206	3,556	2,464
35 - 44	2,456,496	39,924	6,795	69,717	55,033	548,385	995,464	81,632	64,186	258,624	325,480	2,701	3,401	2,154
45 - 54	2,587,160	43,307	11,075	78,004	62,068	626,236	683,709	87,935	74,655	264,319	348,309	3,031	3,129	1,383
55 - 64	1,938,997	36,000	9,054	62,527	49,774	494,293	725,456	66,293	53,092	170,827	267,499	1,867	1,527	788
65 - 74	1,222,234	20,532	5,692	39,082	30,344	311,151	469,459	42,013	37,079	100,363	164,938	669	613	269
75 +	1,270,697	18,435	5,830	40,685	32,200	313,484	487,832	51,523	47,335	100,765	171,644	440	411	113
TOTAL	16,601,231	257,640	70,538	481,503	379,458	3,880,598	6,478,697	599,713	504,527	1,722,433	2,174,119	15,949	20,899	15,157
TOTAI	\T													
< 1	356,558	4,499	1,406	8,439	6,982	82,765	135,435	14,546	12,396	45,905	42,408	361	673	743
1 – 4	1,402,494	18,277	5,352	34,362	27,975	303,826	560,751	56,636	48,039	172,032	168,300	1,457	2,667	2,820
5 – 14	3,856,834	53,751	16,685	102,240	82,033	851,013	1,538,513	156,965	129,799	433,136	475,542	3,968	6,524	6,665
15 – 24	4,507,560	65,063	19,269	124,550	96,050	981,427	1,767,456	172,519	149,985	531,312	582,093	4,606	7,171	6'02
25 - 34	4,418,165	59,300	15,896	111,670	92,026	1,033,047	1,708,441	153,800	125,158	542,138	560,199	4,266	7,194	5,030
35 - 44	4,961,036	77,806	19,513	137,621	109,375	1,121,165	2,000,882	165,014	128,523	536,033	648,345	5,251	7,093	4,415
45 - 54	5,163,726	85,145	21,473	153,003	121,602	1,248,593	1,963,109	178,728	149,376	540,756	686,181	6,252	6,540	2,968
55 - 64	3,824,630	71,513	17,979	123,355	689'86	967,621	1,423,177	131,630	106,485	344,974	529,838	4,041	3,614	1,714
65 – 74	2,333,868	40,321	11,051	74,922	58,397	590,500	887,625	79,713	71,051	194,389	322,465	1,544	1,289	601
75 +	2,102,501	30,784	9,494	65,877	52,241	506,081	808,183	83,963	78,885	170,217	294,934	836	770	236
TOTAL	32,927,372	506,459	138,118	636,039	745,370	7,686,038	12,793,572	1,193,514	269'666	3,510,892	4,310,305	32,582	43,535	31,251

Population estimates by Canadian-born origin and foreign-born birthplace – Canada and provinces/territories: 2006

Nvt.		nce:			27,401	47	55,028	24,309	30,719		25	6	43	10	18	311	14	102	532	31,251
ź			3			4		-			1	9	5	2	1	9	1	7		
N.W.T.		23,524	17,743		5,087	4344	32,955	7,447	40,402		141	26	136	165	131	1,506	111	887	3,133	43,535
Y.T.		8,176	8,347		211	627	9,014	19,862	28,876		83	14	156	06	42	2,583	149	589	3,706	32,582
North#		59,280	26,090		32,699	5,018	266'96	3,000	266'66		249	29	335	265	191	4,400	274	1,578	7,371	107,368
B.C.		195,269	127,533		666	48,823	245,091	2,759,204	3,004,295		31,178	3,965	51,454	33,562	58,527	458,817	144,430	524,077	597,145 1,306,010	4,310,305
Alta.		190,526	105,592		1,273	77,415	269,214	2,644,533	936,361 2,913,747		25,759	5,394	45,163	24,327	46,681	236,617	48,971	164,233	597,145	999,697 3,510,892
Sask.		158,664	130,335		274	50,323	209,261	727,100	936,361		3,257	836	4,109	3,395	4,996	29,756	3,219	13,768	63,336	269'666
Man.		179,969	131,910		422	64,698	245,089	772,488	1,017,577		962'9	2,036	21,491	11,767	7,700	68,299	10,601	47,247	175,937	1,193,514
Ont.		234,078	178,080		1,831	55,267	291,176	8,560,767	8,851,943		105,888	37,101	487,766	202,396	428,642	1,394,956	472,229	812,651	3,941,629	12,793,572
Опе.		105,911	72,565		11,296	17,340	134,547	6,544,583	6,679,130		30,810	60,341	178,548	856'69	160,479	332,515	50,068	124,189	1,006,908	745,370 7,686,038
N.B.		19,596	33,645		179	4,750	24,525	686,012	710,537		1,087	299	1,975	591	2,218	22,018	1,500	4,777	34,833	745,370
N.S.		20,852			440	3,451	24,743	848,701	873,444		1,522	534	3,772	1,624	8,754	35,201	3,041	8,147	62,595	936,039
P.E.I.		1,825			31	255	2,111	129,846	131,957		107	48	312	107	429	4,227	153	778	6,161	138,118
N.L.		22,378			5,171	6229	33,778	457,466	491,244		269	171	849	621	1,337	7,902	1,276	2,490	15,215	506,459
CANADA		1,188,348	805,750	1	54,615	333,569	1,576,532	24,133,700	25,710,232		207,222	111,172	795,774	348,613	719,954	2,594,708	735,762	1,703,935	7,217,140	32,927,372
	Canadian-born	North American Indian	Status Indian*	Non-status**	Inuit	Metis	Total Aboriginal*	Non-Aboriginal‡	Total Canadian-born	Foreigh-born^	AFR High	AFR Low	AMR	EEUR	EMR	EME + CEUR	SEAR	WPR	Total foreign-born	Total population^^

^{*} Source: Registered Indian Population, Household and Family Projections 2004-2029, INAC, 2007.

^{**} No accurate population counts for non-Status Indian available.

Source: Statistics Canada: Projections of the Aboriginal populations, Canada, provinces and territories 2001 to 2017 Demography Division, Statistics Canada Catalogue No. 91-547-XIE.

[‡] Calculated: Non-Aboriginal = Total population - Total Aboriginal - Total Foreign-born.

Source: Statistics Canada: Demography Division, Custom Product.

Source: Statistics Canada, Demography Division, Demographic, Estimates Section, Population estimates 0-90+ July Canada - Provinces 1971-2006, updated Feburary 2009.

North includes Yukon, Northwest Territories, and Nunavut.

APPENDIX IV WHO ESTIMATED INCIDENCE OF TB, 22 HIGH-BURDEN COUNTRIES: 2007

			NUMBER ES	STIMATED		CUMULATIVE
COLINTERY	POPULATION	ALL CA	ASES	SMEAR-POSI	TIVE CASES	INCIDENCE (%) (REGIONAL
COUNTRY	(1000s)	NUMBER (1000s)	RATE PER 100,000	NUMBER (1000s)	RATE PER 100,000	PROPORTION OF GLOBAL TOTAL)
1 India	1,169,016	1,962	168	873	75	21.2
2 China	1,328,630	1,306	98	585	44	35.2
3 Indonesia	231,627	528	228	236	102	40.9
4 Nigeria	148,093	460	311	195	131	45.9
5 South Africa	48,577	461	948	174	358	50.9
6 Bangladesh	158,662	353	223	159	100	54.7
7 Ethiopia	83,099	314	378	135	163	58.1
8 Pakistan	163,902	297	181	133	81	61.3
9 Philippines	87,960	255	290	115	130	64.0
10 DR Congo	62,636	245	392	109	174	66.7
11 Russian Federation	142,499	157	110	68	48	68.3
12 Viet Nam	87,375	150	171	66	76	70.0
13 Kenya	37,538	132	353	53	142	71.4
14 Brazil	191,791	92	48	49	26	72.4
15 UR Tanzania	40,454	120	297	49	120	73.7
16 Uganda	30,884	102	330	42	136	74.8
17 Zimbabwe	13,349	104	782	40	298	75.9
18 Thailand	63,884	91	142	39	62	76.9
19 Mozambique	21,397	92	431	37	174	77.9
20 Myanmar	48,798	83	171	37	75	78.8
21 Cambodia	14,444	72	495	32	219	79.5
22 Afghanistan	27,145	46	168	21	76	80.0
Total, high-burden countries	4,201,760	7,422	177	3,245	77	80.0
Africa	792,378	2,879	363	1,188	150	31.0
Americas	909,820	295	32	157	17	3.2
East Mediterranean	555,064	583	105	259	47	6.3
Europe	889,278	432	49	190	21	4.7
South East Asia	1,745,394	3,165	181	1,410	81	34.1
Western Pacific	1,776,440	1,919	108	859	48	20.7
Global total	6,668,374	9,273	139	4,062	61	100.0

Source: Global tuberculosis control: surveillance, planning, financing, WHO report 2009. Geneva, World Heatlh Organization (WHO/HTM/TB/2009.411).

APPENDIX V STOP-TB PARTNERSHIP TB EPIDEMIOLOGICAL REGIONS AND MEMBER COUNTRIES¹⁸

Africa, High HIV Prevalence (AFR-High)

Botswana

Burundi

Cameroon

Central African Republic

Congo

Côte d'Ivoire

Democratic Republic of Congo

Ethiopia

Gabon

Kenya

Malawi

Mozambique

Namibia

Nigeria

Lesotho

Rwanda

South Africa

Swaziland

Uganda

United Republic of Tanzania

Zambia

Zimbabwe

Africa, Low HIV Prevalence (AFR-Low)

Algeria

Angola

Benin

Burkina Faso

Cape Verde

Chad

Comoros

Equatorial Guinea

Eritrea

Gambia

Ghana

Guinea

Guinea-Bissau

Liberia

Madagascar

Mali

Mauritania

Mauritius

Niger

Sao Tome & Principe

Senegal

Seychelles

Sierra Leone

Togo

¹⁸ Stop TB Partnership and World Health Organization. Global Plan to Stop TB 2006–2015. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35).

American region (AMR) - Latin American countries (LAC)

Guyana

Anguilla
Antigua & Barbuda

Antigua & Barbuda Haiti
Argentina Honduras
Bahamas Jamaica
Barbados Mexico
Belize Montserrat

Bermuda Netherlands Antillies

Bolivia Nicaragua
Brazil Panama
British Virgin Islands Paraguay
Cayman Islands Peru

Chile Puerto Rico

Colombia Saint Kitts and Nevis

Costa Rica Saint Lucia

Cuba St Vincent and the Grenadines

Dominica Suriname

Dominican Republic Trinidad and Tobago
Ecuador Turks & Caicos Islands

El Salvador Uruguay

Grenada US Virgin Islands

Guatemala Venezuela

Eastern Europe (EEUR)

Armenia

Azerbaijan Belarus

Bulgaria

Estonia Georgia Kazakhstan

Kyrgyzstan

Latvia Lithuania

Republic of Moldova

Romania

Russian Federation

Tajikistan Turkey

Turkmenistan

Ukraine Uzbekistan

Eastern Mediterranean (EMR)

Afghanistan

Bahrain

Djibouti

Egypt

Islamic Republic of Iran

Iraq Jordan Kuwait

Lebanon

Libyan Arab Jamahiriya

Morocco Oman Pakistan Qatar

Saudi Arabia

Somalia Sudan

Syrian Arab Republic

Tunisia

United Arab Emirates West Bank & Gaza Strip

Yemen

Established Market Economies (EME)

Monaco

Andorra Japan

Australia Luxembourg

Austria Malta

Belgium Canada Netherlands Czech Republic New Zealand

Denmark Norway Finland Portugal France San Marino Germany Singapore

Greece Spain Sweden Iceland Ireland Switzerland Israel United Kingdom

USA Italy

Central Europe (CEUR)

Albania

Bosnia and Herzegovina

Croatia

Cyprus

Hungary

Poland

Serbia and Montenegro

Slovakia

Slovenia

The Former Yugoslav Republic of Macedonia

South-East Asia (SEAR)

Bangladesh

Bhutan

Democratic People's Republic of Korea

India

Indonesia

Maldives

Myanmar

Nepal

Sri Lanka

Thailand

Timor-Leste

Western Pacific (WPR)

Nauru

Niue

Viet Nam

American Samoa

Brunei Darussalam New Caledonia

Cambodia

Micronesia

China Northern Mariana Islands

China, Hong Kong SAR Palau

China, Macao SAR Papua New Guinea

Cook Islands Philippines

Fiji Republic of Korea

French Polynesia Samoa

Guam Solomon Islands

Kiribati Tokelau
Lao People's Democratic Republic Tonga
Malaysia Tuvalu
Marshall Islands Vanuatu

Mongolia Wallis & Futuna Islands

APPENDIX VI WHO REPORTING FORM FOR 2007

	e between sheets using the tabs at the bottom, or click on a heading the heading of each section.	n the list below	. You can come back to this sheet by clicking on the "Mer
Throughout the fo	rm, "NTP" refers to the national tuberculosis control programme or ex	uivalent.	
This faces allows	WHO to collect data from over 200 diverse countries. It is NOT a reco		- and anticon format for a selected accommunity (Fig.
	ta collection forms see: http://www.who.int/tb/dofs/r and r forms/en/		a conection format for hazonal programmes. (For
		Status	
	C; complete, P	partially comp	elete, N; not started.
1. Identification		P	
2. Strategy		=	
	Political commitment Overview of services for diagnosis and treatment of TB	P	Please send your completed form to yo
	Overview of services for diagnosis and treatment of 18 Laboratory diagnostic services	P	local/regional WHO office NOT LATER
	Human resource development (HRD)	P	than Augsut 1st. 2008.
	Drug management	P	than Augsut 1st, 2006.
	Monitoring and evaluation system, and impact measurement	P	
	Collaborative TB-HIV activities	P	If you cannot reply to all of the question
	Management of drug-resistant TB	P	before the deadline, please fill in the for
	Special populations and other high-risk groups	P	much as possible and send it to us: you
	Health systems strengthening	P	provide the remaining data later on.
	Practical Approach to Lung Health (PAL)	P	
	Public Private and Public Public Mix (PPM) Advocacy, communication and social mobilization (ACSM)	P	We estimate that it will about two hours
	Advocacy, communication and social mobilization (AUSM) Community involvement in TB control	N	
	Patients' Charter for Tuberculosis Care	N N	answer the questions that ask for
	Operational research and retooling	P	information about the implementation of
	Optional (major achievements, major challenges, what's new?)	N	Stop TB Strategy in your country (shee
3. Notifications			Strategy"). The time required to fill in sh
	TB cases by history, site, smear result and strategy	N	3 and 4 will depend on how data are
	TB cases by age-sex	N	managed at national level.
	MDR-TB	N	managed at national level.
	TB/HIV	N	
	Outcomes of all cases	N	
	Outcomes of HIV-positive cases Outcomes of MDR-TB cases	N N	
4. Finance	COLUMNS OF MUN-10 CARRES	N	
4.11111100	Budget 2008	N	
	Budget 2009 (preliminary)	N N	
	Utilization of health services 2008	N	
	Expenditure 2007	N	

1.1 Country	Canada	
1.2 Date		
<u> </u>		
1.3 Name	nal TB control programme manager or equivalent:	
1.4 Functional title		
1.5 Address		
1.6 Telephone		
1.7 Fax		
1.8 E-mail		
<u> </u>		
1.9 Name		
1.10 Functional title 1.11 Address		
1.12 Telephone		
1.13 Fax		
1.14 E-mail		
age 1		
aye i		

use the department and interesting in the sign hand side of the lorsen. These will change according to the answers top provide, and will not apprint the form. Illical commitment (Illical commitment you have a national strategic plan for TB cortico?) Start year End year End year If yee, it which year was it established? If yee, it which year was it established? If no, in which year do you gain to establish one? which year on the year of the year of the year was it is the year of
Start year
Start year End year a mechanism for national interagency coordination? If yes, in which year was it established? If yes, in which year was it established? If no, in which year do you plan to establish one? If no, in which year do you plan to establish one? If no, in which year do you plan to establish one? If no, in which year do you plan to establish one? If no in which
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here a mediatriam for rational interagency coordination? If no, in which year do you plan to establish one? If no, in which year do you plan to establish one? Here a national bigs 'Ba Partnership') If no, in which year do you plan to establish one? If no, in which year do
If yes, in which year was it established? If no, in which year was it established? If yes, in which year was it established? If yes, in which year was it established? If yes, in which year was it established? If no, in which year was it established? If no, in which year was it established? If we will not not to the property of the property o
If no, in which year do you plan to establish one? There a national Sibp TB Partnership? If yes, it which year was it established? If no, in which year do you plan to establish one? If no, in which year do you plan to establish one? If no, in which year do you plan to establish one? writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of services for diagnosis and treatment of TB writer of the services for diagnosis and treatment of TB writer of the services for diagnosis and treatment of TB writer of the services for diagnosis and treatment of TB writer of the services for diagnosis and treatment of TB writer of the services for diagnosis and treatment of TB writer of the services for diagnosis and treatment of TB writer of the services for diagnosis and treatment of TB writer of the services for diagnosis and treatment of TB writer of the services for diagnosis and treatment of TB writer of
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If yes, in which year was it established? If no, in which year do you pain be established? If no, in which year do you pain be establish one? writers of services for diagnosis and treatment of TB writers of services for diagnosis and treatment of TB writers of services for diagnosis and treatment of TB writers of services for diagnosis and treatment of TB writers of services for diagnosis and treatment of TB writers of services for diagnosis and treatment of TB writers of the services for diagnosis for the services for
If no, in which year do you plan to establish one? arview of services for diagnosis and treatment of TB w many TB basic management units (BMUs) were there in 2007? basic management units defined in them of management, apportunit, and monitoring reasonability. They have several instituted facilities, one of the containing treatment of the phase several instituted facilities, one of the containing treatment of the phase several instituted facilities, one of the containing treatment of the phase several instituted facilities, one of the phase several instituted facilities, the several instituted facilities are necessarily and phase several instituted facilities.
erview of services for diagnosis and treatment of TB w many TB basic management units (BMUs) were there in 2007? basic management units (BMUs) were there in 2007? basic management units defined in terms of management, supervision, and monitoring responsibility. It may have several healthwart facilities, one outsides, and one or more hospitals. The differing aspects the presence of a manager or coordinator who overses TB control activities for the unit a frame are matter register of TB putters being brack units as extract or programme and report on indicators to higher levels. w many of these BMUs were considered "DOTS" units at the end of 20077
w many TB basic management units (BMLs) were there in 2007? basic management units defined in terms of management, supervision, and monitoring responsibility. It may have several treatment facilities, one opations, and one or more bengins. The address appears are presented of a manager or coordinate who oversees TB control advises for the unit a detailed to the presence of a manager or coordinate who oversees TB control advises for the unit a detailed to the present are another region of the TB posteries keep reached units as eather region of the TB posteries keep reached to the unit and the control and the contro
w many TB basic management units (BMLs) were there in 2007? basic management units defined in terms of management, supervision, and monitoring responsibility. It may have several treatment facilities, one opations, and one or more bengines. The defining aspect is the presence of a manager or coordinate who oversees TB control admitted for the unit a detailed to the presence of a manager or coordinate who oversees TB control admitted for the unit a detailed to the presence of a manager or coordinate who oversees TB control admitted to the unit a detailed to the presence of the unit and unit of the presence of the unit and unit of the unit and unit of the uni
habic management ont is defined in time of management, apportion, and morbitrop repositobility. They have several treatment facilities, one considers, and no or now habit positions for the presence of amonger or conditional consenses. This conditionalities for the unit a intakin a master register of all TB patients being headed, which is used to monitor the programme and report on indicators to higher levels. w many of these BMUs were considered "DOTS" units at the end of 2007?
habic management ont is defined in time of management, apportion, and morbitrop repositobility. They have several treatment facilities, one considers, and no or now habit positions for the presence of amonger or conditional consenses. This conditionalities for the unit a intakin a master register of all TB patients being headed, which is used to monitor the programme and report on indicators to higher levels. w many of these BMUs were considered "DOTS" units at the end of 2007?
outdoors, and one or more hospitals. The defining aspect is the presence of a manager or coordinator who oversees TB control activities for the unit a riteria as master region of all TB patients believable, which is used to monitor the programme and report on indicators to higher levels. we many of these BMUs were considered "DOTS" units at the end of 2007?
w many of these BMUs were considered "DOTS" units at the end of 2007?
nat proportion of the country's population was covered by BMUs defined as DOTS in 2007?
unit became a DOTS unit in October of 2007, then use only 1/4 of its population in your calculation; if in July, then use 1/2 of its population, etc. DOTS
erage is a cruse indicator of access to DOTs. The proportion of the population with access to DOTs services is lower than DOTs coverage in many courance are estimate of access to DOTs, please provide the estimate along with the definition of access and the method of estimation in the "Remarks lifton to answering this question.
nat is the main type of health-care facility through which the Rural
P provides TB treatment? Urban
w many of these types of health-care facility were there in the country at the end of 2007?
how many of these facilities was the NTP providing TB treatment services at the end of 2007?
these facilities part of the general primary health-care network?
thin the NTP, to which kind of health-care facility do pulmonary TB Rural
spects typically need to go for smear diagnosis? Urban
fiagnosis through the NTP free-of-charge?
as every dose of medication supervised at least during the initial phase (2–3 months) of treatment in treatment patients of treatment was supervised by the supervised of the supervised by th
DOTS units
non-DOTS units
the following groups provide treatment supervision (for patients treated through the NTP) in 2007?
Health-care worker Community member Family member
Initial phase
Continuation phase

	Laboratory diagnostic servi	ices					Menu
2.16	How many laboratories were include all laboratories contrib public health sector).	providing TB diagnosti outing to the diagnosis	c services in 2007 and of patients notified by	how many labora he NTP (including	stories will provide s g collaborating labo	ervices ratories	in 2008? Please within or outside the
			2007			20	108
		Number of laboratories at end of	Number of laboratories for which	Of labs for whi			Total number of
		2007	EQA was carried out	number that faile show adequa performance	ed to to be prov te services by	iding	laboratories for which EQA will be carried out
	Smear microscopy						
	Culture						
	Drug susceptibility testing	Martin de la companya	performance: one or mon	blak falor a salkin			This is a second of the second
2.17	Was second-line drug suscep				(HPP) or night saise is	dense (u	rn)
2.18	In 2007, how many of the lab working for TB only)?	oratories performing sr	near microscopy were	stand-alone TB la	boratories (i.e.		0
2.19	How many non-NTP laborato	ries were collaborating	with the NTP in 20071		Private secto		
					NGO secto		
					sity/medical college		
					insurance schemes y/police/paramilitar		
					s/detention centers		
			DOT non-DOT		suspects in all unit:	susp	ber of pulmonary TB ects for whom smear scopy was performed
					,	-	
2.21	Were there any stock-outs of				Central leve Peripheral leve		
2.22	Did you have a national refere			?			
	If there is no NRL, do	you plan to establish o	ine?				
	Human resource developm	ent (HRD)					Menu
2.23	At the central level of the NTF	, was there a member	of staff who was resp	onsible HRD in 20	107?		
	If yes, what percentage						
2.24	Have you completed a human		nt (HRD) needs assess	ment?			
	If yes, in which year w If no, when do you pla					<u> </u>	
2.25	Do you have a comprehensiv					-	
-	If yes, what time perio				Start yea		
	If yes, which of the fol	lowing are included in	the HRD plan?	_	End yea		0
	,		expansion and enhan	rement	aining needs		Staffing needs
			Management of M			1	
			Collaborative TB/HIV a				
		Public-Private an	d Public-Public Mix str			1	
	***		and manufacture of the				
Page 3			nd social mobilization (ACSM)		_	

2.26	Are job descriptions up control)?	o-to-date (i.e. d	they corresp	ond with the cur	rrent policies ar	nd recommenda	ations for TB	
2.27		NTP guidelin	es) formally inc	luded in the cur	ricula for basic	training of the t	following categ	ories of health-care worker
		-				-	Doctors	
							Nurses	
						Laboratori	es technicians	
2.28	For countries with NTF	staff in 2007:		How many po in the NTP to control	perform TB	How many o	f those posts filled?	Of those posts filled, hor many of these staff had be trained in TB control in the past 3 years?
			National level					
	Provinci	al/regional leve	BMU level					
		Health-ca	are facility level					
				L				1
	Drug management							Me
2.29	Was standardized, she patients except chroni	c and proven o			in 2007?	y to treat all TB		Number of new and re treatment patients receivi standardized, short-cour chemotherapy
	For WHO recommendation www.who.int/entity/tb/pub		313 chap4 rev	,	DOTS units			
	.pdf	_		no	on-DOTS units			
2.31	Were there any stock-	outs of TB dru	gs at any level		DOTS units on-DOTS units			treatment patients receivit reatment free-of-charge
2.31	Were there any stock- present for at least on	outs of TB drug e day)?	gs at any level		on-DOTS units	Stock-outs of	first-line drugs	treatment free-of-charge
2.31	Were there any stock- present for at least on	outs of TB dru e day)?	gs at any level	in 2007 (i.e. dru	on-DOTS units gs not Central level	Stock-outs of	first-line drugs	Stock-outs of second-lin drugs in MDR-TB
2.31	Were there any stock- present for at least on	outs of TB druj e day)?	(whic	in 2007 (i.e. dru F ch resulted in treat	on-DOTS units igs not Central level Peripheral level		first-line drugs	Stock-outs of second-lin drugs in MDR-TB
2.31	Were there any stock- present for at least on	outs of TB drui e day)?	(whic	in 2007 (i.e. dru	on-DOTS units igs not Central level Peripheral level		first-line drugs	Stock-outs of second-lin drugs in MDR-TB
2.31	present for at least one What are the NTP-rec Use the table provided to	e day)? ommended reg describe the reg e described usin	(whice	in 2007 (i.e. dru F th resulted in treat or delay in start of reatment?	con-DOTS units igs not Central level Peripheral level Intert interruption (treatment for TB patients)	dically in the grey	column, as show	Stock-outs of second-lin drugs in MDR-TB management units
	present for at least on What are the NTP-rec Use the table provided to regimen(s) used cannot be	e day)? ommended reg describe the reg e described usin	(whice the state of the state o	in 2007 (i.e. dru F th resulted in treat or delay in start of reatment?	con-DOTS units ags not Central level Deripheral level Interruption treatment for TB patients) Ill appear automa n one regimen in (part II - cat II	dically in the grey	column, as show	reatment free-of-charge Stock-outs of second-lin drugs in MDR-TB management units
	present for at least on What are the NTP-rec Use the table provided to regimen(s) used cannot be	ommended reg describe the reg e described usin is sheet. Initial	(whice the state of the state o	in 2007 (i.e. dru fr th resulted in treat or delay in start of reatment? Evalued regimen we out have more that Initial phase (con-DOTS units ggs not Central level Peripheral level inner lideruption treatment for in patients) till appear automa n one regimen in (part II - cat II (ty) Frequency	slically in the grey use for a given or Continuat Duration/	column, as show ategory of patient ion phase Frequency	Slock-outs of second-in- drugs in MDR-18 management units and be example. If the In these describe the regime
	what are the NTP-rec Use the table provided to and explain in the Remark	ommended reg describe the reg e described usin us sheet. Initial Duration/ drugs	(whice of the control	in 2007 (i.e. dru for resulted in treat or delay in start of reatment? eviated regimen w ou have more tha Initial phase (con-DOTS units Gentral level Central level Central level Central level Contral level	sically in the grey use for a given or Continuat Duration/ drugs	column, as show ategory of patient ion phase	Stock-cuts of second findings in MDR-TB management units in the control of the country to the co
	present for at least on What are the NTP-rec Use the table provided to regimen(s) used cannot be	ommended reg describe the reg e described usin is sheet. Initial	(whice the state of the state o	in 2007 (i.e. dru From the resulted in treatment? eviated regimen we use have more than the treatment on the treatment of the treatment on the treatment of t	con-DOTS units ggs not Central level Peripheral level inner lideruption treatment for in patients) till appear automa n one regimen in (part II - cat II (ty) Frequency	slically in the grey use for a given or Continuat Duration/	column, as show ategory of patient ion phase Frequency	Slock-outs of second-in- drugs in MDR-18 management units in the example. If the part of the example in the part of the example i
	What are the NTP-rec the the table provided to registericly last constitution and explain in the Remark Example Cat II Example Cat II Cat II	ommended rec describe the reg e described usin s sheet. Initial Duration/ drugs 2/HZ2E 2HZZES Select	(which is the state of the stat	in 2007 (i.e. dru F th resulted in treatment? resulted in treatment? resulted regimen w ou have more than Initial phase i Duration/ drugs 1HRZE	on-DOTS units gs not Central level Peripheral level intend international international treatment for large patients) ill appear automa n one regimen in (part II - cat II ly) Frequency (per week)	Continuat Duration/ drugs 4(HR) Select	column, as show tategory of pattern ion phase Frequency (per week) 3 6 Select	Slock-outs of second-in- drugs in MDR-18 management units in the example. If the part of the example in the part of the example i
	what are the NTP-rec Use the table provided to regimen(s) used cennot to and explain in the Remail Example Cat II Cat II Cat II Cat II	ommended reg describe the reg described usin ss sheet. Initial Duration/ drugs 2(HRZ)E 2HRZES Select Select	(which is a second of the seco	in 2007 (i.e. dru f the resulted in treatment? viviated regimen wou have more than a limited phase in on Duration/ drugs.	on-DOTS units ags not Central level Peripheral level intend intending the control of the contro	Continuat Duration/ drugs 4/HR Select Select	column, as show altegory of patient ion phase Frequency (per week) 3 6 Select Select	Slock-outs of second-in- drugs in MDR-18 management units and be described by the second in- terest of the seargle. If the It, please describe the regimen
	What are the NTP-rec Use the table provided or registration of the table provided or and explain in the Remark Example Cat II Example Cat II Cat II Cat II (if d any)	e day)? commended reg describe the reg describe the reg described usin to sheet. Initial Duration/ drugs 2/HRZJE Select Select Select	(white in the state of the stat	in 2007 (i.e. dru f hesuited in treatment? evaluate regimen w ou have more that Initial phase e Duration/ drugs IMRZE Select	on-DOTS units gs not Central level Peripheral level intend international international treatment for large patients) ill appear automa n one regimen in (part II - cat II ly) Frequency (per week)	vically in the grey use for a given cu Continuat Curatinon' drugs 4/HR) SHIRE Select Select	column, as sho obtagory of patient ion phase Frequency (per week) 3 6 6 6 8 6 8 6 8 6 8 6 8 6 8 6	Slock-outs of second-in- drugs in MDR-18 management units in the example. If the part of the example in the part of the example i
	what are the NTP-rec Use the table provided to regimen(s) used cennot to and explain in the Remail Example Cat II Cat II Cat II Cat II	ommended reg describe the reg describe the reg describe the reg describe the reg described usin ss sheet. Duration/ drugs 2/HRZES Select Select Select Select	(white in the above of the abov	in 2007 (i.e. dru th resulted in treated for delay in start of readment? svistated regimen w ou have more tha linitial phase i on Duration/ drugs Select	on-DOTS units ags not Central level Peripheral level Peripheral level Peripheral level Peripheral level Peripheral level III appear automo III appear autom III opart II - cat III III opart III - cat III III opart II	Continuate Continuate Uuration/ drugs 4/HR/ Select Select Select Select	column, as show altegory of pattern ion phase Frequency (per week) 3 6 6 Select Select Select Select	Slock-outs of second-in- drugs in MDR-18 management units in the example. If the part of the example in the part of the example i
	What are the NTP-rec Use the table provided to and epitan in the Remark Example Cat II Example Cat II Cat III Cat III (Cat III) Child (if any) Child (if any)	ommended reg describe the reg described usin ss sheet. Duration/ drugs 2(HR2)E Select Select Select Select Select Select	(white in the above in the abov	in 2007 (i.e. dru F the resulted in treatment? reatment? reatment? reatment in treatment in	on-DOTS units gs not Central level Peripheral level Peripheral level more interruption for adment for TB patients) fill appear automa n one regimen in (part II - cat II ily) Frequency (per week) 6 Select	Continuate Continuate Uuration/ drugs 4/HRI Select Select Select Select Select Select	column, as show to pattern of pat	Treatment free of change Stock-outh of second-in- drugs in MDCR-TB management units an for the example. If the places describe the regime Qenerated automatical 2019/22/E / 1498/2 2019/22/E / 1982/E / 544
2.32	What are the NTP-rec Use the table provided to regimen(s) used cannot to and explain in the Remail Example Cat II Example Cat II Cat III Cat III Cat III (if any) Thi indicases see If the recommended to intend to introduce II ² intends to introduce II ²	ommended re- describe the regi- describe the regi- describe the regi- describe the regi- described usins Unration- drugs 2(HRZ)E 2HRZ)E 2HRZ)E Select	(whint (w	in 2007 (i.e. dru the resulted in treatment? reatment? reatment? reatment? reatment? reatment initial phase on Duration/ drugs Initial phase Select Initial phase on Duration/ drugs	on-DOTS units ges not Central level Peripheral level manes information in the control patients (III appear automa on one regimen in (part III - cat III ill) Frequency (per week) Select Euclid: "Sr. strept riffampicin in the	Continuat Duration/ drugs 4/HR/ 5HRE Select Select Select Select comprin. Parenthe	column, as show to pattern of pat	Treatment free of change Stock-outh of second-in- drugs in MDCR-TB management units an for the example. If the places describe the regime Qenerated automatical 2019/22/E / 1498/2 2019/22/E / 1982/E / 544
2.32	What are the NTP-rec Use the table provided to and epitan in the Remark Example Cat II Example Cat II Cat III Cat III (Cat III) Child (if any) Child (if any)	e day)? commended re- describe the reg- describe the reg- describe the reg- described usin to sheet. Unitial Duration- drugs ZHRZIE ZHRZIE Select Select Select Select Select Install Select Sele	(white the state of TB to the st	in 2007 (i.e. dru th resulted in treatment? th resulted in treatment? reatment? viuted regimen w untave more that Initial phase i IMRZE Select Amazine continued to the	on-DOTS units gs not Central level Peripheral level internation internation (apart II - cat II by) Frequency (per week) Select Leutol, "5", strepto rifampicin in th for children in :	continuation Continuation Continuation Continuation Guration Gurati	column, as shown at a sport of the column as shown at a sport of the column at a sport of the co	Treatment free of change Stock-outh of second-in- drugs in MDCR-TB management units an for the example. If the places describe the regime Qenerated automatical 2019/22/E / 1498/2 2019/22/E / 1982/E / 544

	Monitoring and evaluation system, and in	npact measurement						Menu
2.36	At the central level of the NTP, were there m	embers of staff who wer	e responsible	for the follow	ing tasks in 200	7?		
				Da	ata management			
					Data analysis			
2.37	Did you keep (or have access to) data for inc	dividual TB patients at th	e NTP central	office in 200	7?			
	If not, what is the lowest administration	re level for which data ar	re available at	central level	?			
2.38	Are data at the NTP central office stored in a	relational database mar	nagement sys	tem (RDBMS	1)?	_		
	An RDBMS is an application or system that allows to several people at the same time and allows use analyses (e.g. tables and graphs) using these data IT team. It is usually operated using standard data!	s to enter/upload and edit/u at the click of a button. An I	pdate the data. RDBMS is usual	It also allows u ily purchased f Access, MySi	sers to produce st rom a software cor	andard ar ripany or	idior cus develops	tomized
					2007		20	
2.39	How many quarterly reports (or equivalent) v							
2.40	How many quarterly reports (or equivalent) fi	rom BMUs were missing	P					
2.41	Do you publish an annual report of the activi	ties of the NTP?						1
	If yes, in which year did you start pub							
2.42	Which of the following approaches have bee epidemiological burden of TB and the impact	n used, or will be used, t	to assess the					
	epidemiological burden of 1B and the impac	t of 1B control in your co	untry?		Year of most	recent		ar of next
	In-depth analysis of routine surveillance	data			assessm	ent	as	sessment
	Population-based prevalence of disease							
	Population-based prevalence of infectio							
	Population-based mortality survey (e.g.		-					
	Analysis of vital registration mortality da							
	,					_		
	Collaborative TB/HIV activities	See also Notifications s	heet question	s 3 35 to 3 4	3 and 3 59 to 3	36		Menu
2.43	Was there a national policy to offer HIV cour	selling and testing to all	TB patients in	2007?		г		
	If yes, is this policy for provider-initiat	ed testing?						
2.44	Was there a national surveillance system to	measure the prevalence	of HIV in TB;	patients in 20	07?			
								-
						Estin	nated	
2.45	If yes, what sources of data were used?		Number of		umber of TB tients HIV+ve	preva		Year of estimate
	Routine HIV testing of TB patients?		patients tes	ted pa	tients HIV+Ve	(9	b)	estimate
	Sentinel sites?							
	Prevalence surveys?						_	
	Prevalence surveys?			_				
2.46	Prevalence surveys? Was there a national body responsible for co	ordinating TB/HIV activit	ties in 2007?					
2.47	Was there a national body responsible for co	B/HIV activities in 2007?		/-positive TB	patients in			
2.46 2.47 2.48	Was there a national body responsible for or Was there a national plan for collaborative T Was there a national policy to offer co-trimos 2007?	B/HIV activities in 2007? azole preventive therap	y (CPT) to HIN					
2.47 2.48 2.49	Was there a national body responsible for or Was there a national plan for collaborative T Was there a national policy to offer co-trimos 2007?	B/HIV activities in 2007? azole preventive therapy diral therapy (ART) to HIV	y (CPT) to HIN V-positive TB					
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the NIP implement any specific activities for TB control for the following groups-shalations in 2007? ### Chine minorities #### Chine minorities ##### Chine minorities ##### Chine minorities ##### Chine minorities ###### Chine minorities ###################################		New cases Treatment failures	Contacts of MDR-1	B Cases	
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People who smoke behacco you routinely screen immigrants for TEP definition of an immigrant views among counties. In some counties, the definition a based on place of birth, in others on obsenting or residency. Whe entity the following two questions, please apply the definition used in your country. It is your policy for treatment of TB in immigrants? Children		Orphaned/homeless People with dishetes		Natural disaster	_
odiffiction of an inmigrant varies among countries. In some countries, the definition is based on place of birth, in others on dissentity or residency. Whe entity the following two questions, places pappy the definition used in your country. It is your policy for treatment of TB in immigrants? Children					
verting the following Navo questions: pileate apply the definition used in your country. It is your policy for treatment of TB in immigrants? Children	2.58	Do you routinely screen immigrants for TB?			
Children		The definition of an immigrant varies among countries. In some countries, the definition is based answering the following two questions, please apply the definition used in your country.	d on place of birth, in others on	citizenship or resi	dency. Who
		What is your policy for treatment of TB in immigrants?			
(< 5 years old) All ages	2.59		Childe	en	
	2.59				All ages
				s old)	
	2.60	How many contacts of smear-positive TB cases were screened for TB in 2007?		s old)	
r many contacts began IPT in 2007?		How many TB cases were identified among contacts in 2007?		s old)	

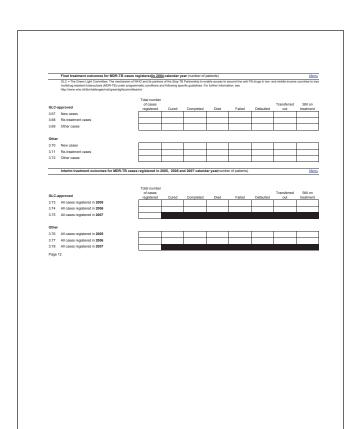
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Height administration department or equivalent Mentry of Education (p. p. moder colleges) Mentry of InteriorLandre (priconsidention centers) Mentry of Indexidation (p. moderne (p. p. p	2.63	Apart from the NTP, which of the following ha	sve taken part	in the planning	of TB control?					
Micraty of Execution (e.g. medical colleges) Micraty of Defence (amed force health facilities) Amenity of Defence (amed force health facilities) Drug regulatory body National health instance office National MOST programmes Other disease programmes Cull scorely (e.g. NIORs, planter groups) Professional associations 2.64 Which of the Griding resist in the country? Plant for national health instance office I specified to the Program and budget aligned (i.e. linked to and coordinated) with 67 Plant for national health sector development If yes, is the NITP plan and budget aligned (i.e. linked to and coordinated) with 67 Proverly Reduction Stolety Program of yes, is the NITP plan and budget aligned (i.e. linked to and coordinated) with 67 I yes, is the NITP plan and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes, is the NITP plan and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes, is the NITP plan and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes, is the NITP plan and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes, is the NITP plan and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes, is the NITP plan and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes, is the NITP plan and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes and budget aligned (i.e. linked to and coordinated) with 67 Reduction Stolety Program of yes and budget aligned (i.e. linked to and coordinated) w		MoH planning department								
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Doug regulatory body National AIDS programme Other desease programmes Other desease of the pro		Ministry of Interior/Justice (prisons/de	tention center	s)						
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Page 7 Military	2.66	Are you implementing PAL? If yes, since when? If yes, since when? If yes, since when? If we, when do you plan to introduce it. How many primary health care facilities injusted. Public-Private and Public-Public Mix (PPM Did the following private sector provides in y These data we colorated or Form 10 of the mean of the colorated or Form 10 of the Private positions. Private positions. Private foreigned NOOInstance land is accessed. Private foreigned Corporate (Quinces) Dot the following public-private foreigned Private medical college hospitals Out foreigned public medical college hospitals Was was also before a firm to fight a General public hospitals Public medical college hospitals Health reaction surgeant public hospitals Public medical college hospitals Health reaction surgeant public hospitals Reserved in surgeant public hospitals Reserve	I) including In our country or Number in country count	ut of how many international St bilaborate with t Number collaborating	andards for TB Care in the NTP in 2007? Number of TB suspects referred for diagnosis to NTP facilities NTP in 2007? Number of TB suspects referred for diagnosis to NTP in 2007? Number of TB suspects referred for diagnosis to NTP in 2007?	Number of classes of diagnosed access of NTP guide Number of classes of diagnosed access diagnosed a	B ording lines new B ording	Mensure of TB patients (new cases) treated following NT First State of TB patients of TB patients (new cases) patients feet cases (as a second of TB patients feet cases) patients feet cases (as a second of TB patients feet cases)		
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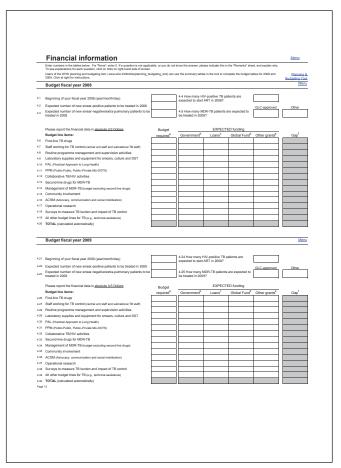
2.69	Were you using the ISTC to promote the involvement of non-NTP providers in TB control in 2007?	
2.70	Are the ISTC part of NTP training material?	
2.71	Are the ISTC included in the curriculum of medical schools?	
2.72	Have the ISTC been formally endorsed by any professional association(s) in the country?	
	If yes, please list the association(s), with the year of endorsement. Provide full names of associations, not abbreviate	tions.
	Advocacy, communication and social mobilization (ACSM)	
	Advocacy, communication and social mobilization (ACSM) is a term that describes a set of activities aimed at encouraging care-see education on the signs and symptoms of TB, providing education on where to go for TB testing and treatment, increasing innowledge education on where to go for TB testing and treatment, increasing innowledge combating stignars, providing a channel for affected individuals and communifies to voice needs and concerns, encouraging communincreased political and financial support for local, national and international action.	about risk factors for
2.73	Which of the following groups were targeted by ACSM activities implemented by the NTP in 2007?	
	General public (e.g. through encouraging health-care seeking behaviour, educating on symptoms of TB, combating	
	stigma) TB suspects and patients (e.g. providing information on where to go for TB testing and treatment)	
	Health-care providers	
	Policy-makers and planners (e.g. through calling for increased political and financial support)	
2.74	Have you conducted or do you plan to conduct a Knowledge, Attitudes and Practices (KAP) or similar survey on TR?	
	Most recent survey	
	Next planned survey	
2.75	How many patient-centred organizations or networks (with cured TB patients as members) were involved in TB advocacy activities and/or DOTS implementation in 2007?	
	Community involvement in TB control	
2.76	In how many BMUs were community members involved in referral of TB suspects for diagnosis in 2007?	
	Number of TB suspects referred by community memb	ers
2.77	In how many BMUs did community members supervise TB treatment in 2007?	
2.77	In now many basis did community members supervise i B treatment in 2007? Number of patients supervised by community members.	ers
2.77		pers
	Number of patients supervised by community memb Patients' Charter for Tuberculosis Care In how many health-care facilities was the Patients' Charter or similar code of conduct displayed or distributed	eers
2.77	Number of patients supervised by community memb Patients' Charter for Tuberculosis Care	eers

Operational reason's reporting areas of investoring references but result in improved policy making, state fraings and imprementation of Nearly systems, and reference related as face of others. Nor many operational research projects were implemented in collaboration with the NTP in the country in 2007? Please list provide the title of each study (or studies) in the box provided. DOTS implementation and enhancement Number of projects Collaboration TB-HIV activities Number of projects Number of projects PNL Number of projects PNL Number of projects Dots in mobilization and community involvement Number of projects Which of the following new technologies bit studies for TB diagnosis are used, or will be used, to diagnose patients notified by the NTP? Fluorescence microscopy Lind collaboration plant Line probe assay for defecting resistance to disreption and the patient probe assay for defecting resistance to disreption and collaboration. Line probe assay for defecting resistance to disreption and contracts Line probe assay for defecting resistance to disreption and contracts Line probe assay for defecting resistance to disreption and contracts Line probe assay for defecting resistance to infraprican and contracts Line probe assay for defecting resistance to infraprican and contracts Line probe assay for defecting resistance to infraprican and contracts Line probe assay for defecting resistance to infraprican and contracts Line probe assay for defecting resistance to infraprican and contracts Line probe assay for defecting resistance to infraprican and contracts Line probe assay for defecting resistance to infraprican and contracts Line probe assay for defecting resistance to infraprican and contracts Line probe assay for defecting resistance to infraprican and contracts Line probe assay for defecting resistance to infraprican and contracts.		Operational research and retooling	Menu
Number of projects		Operational research: research specifically aimed at developing interventions that result in improved policy-making, better design and	implementation of health
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	TB case notifications									
_	Enter numbers in the tables below. F	or "None", enter 0. If	a question is not	applicable, or you	a do not know the	answer, please	ndicate this in the	"Remarks" shee	t, and explain why	у.
_	TB cases by history, site, sm									
	Strategy applies to basic manageme DOTS cases.	nt units, not individual	patients. If a uni	t is a "DOTS" un	it, then all cases:	from that unit sho	uld be reported a			
3.1	New pulmonary smear-positive							DOTS	no	on-DOT
3.2	New pulmonary smear-negative									
3.3	New pulmonary smear-unknow									
3.4	New extrapulmonary									
3.5	Other NEW cases not in lines 3	.1-3.4								
3.6	Relapse (pulmonary smear and or									
3.7	Treatment after failure (pulmonar									
3.8	Treatment after default (pulmona		re-positive)							
3.9	Other re-treatment cases not in									
3.10	Other, not in lines 3.1-3.9 (i.e., I	history unknown). P	Sease specify who	if these cases an	e, in the "Remark	s" sheet				
3.11	New pulmonary lab-confirmed of methods.	ases. Lab-confirmed	includes all case	s confirmed by s	mear and/or cult.	ine, or by any oth	ir laboratory			
3.12	What is the total number of new citizens if that is the criterion us			ted among for	eign-born indiv	iduals in 2007	(or among no			
3.13	How many people with symptor were screened for TB in 2007?	ns and signs suggi	estive of pulmo	nary TB (e.g. c	ough of long d	uration; more t	nan 2-3 weeks			
3.14	Number of TB deaths registered in 2007?	d by the vital regist	ration system o	f your country	following the IO	CD-10 (or ICD-) codes for TE			
	New pulmonary smear-positive TB cases, 2007 calendar year(number of patients) If you have data by age and sex that do not fit this framework (e.g., different age groups), then you can provide the data that you have in the "Remarks" sheet.									
	If you have data by age and sex that	do not fit this framew	ark (e.g., differen	age groups), the	an you can provid	te the data that y	ou have in the "Ru	imarks" sheet.		
3 15	DOTS Male	0-4	5-14	0-14	15-24	25-34	35-44	45-54	55-64	66
	Male Female	-								
3.10	Non-DOTS	<u> </u>								
3.17	Male Male									
3.18	Female									
	New pulmonary smear-negati									
3 19	DOTS	0-4	5-14	0-14	15-24	25-34	35-44	45-54	55-64	65
3.19	Male									
	Female	ļ								
3.20				_			_	_	_	_
	Non-DOTS									
3.21	Male									
3.21							•			
3.21	Male	s, 2007 calendar	year(number o	f patients)						
3.21	Male Female	s, 2007 calendar	year (number o	f patients) 0-14	15-24	25-34	35-44	45-54	55-64	
3.21	Male Female New extrapulmonary TB case				15-24	25-34	35-44	45-54	55-64	65
3.21	Male Female New extrapulmonary TB case DOTS				15-24	25-34	35-44	45-54	55-64	65
3.21 3.22 3.23	Male Female New extrapulmonary TB case DOTS Male				15-24	25-34	35-44	45-54	55-64	65
3.21 3.22 3.23 3.24 3.25	Male Female New extrapulmonary TB case DOTS Male Female Non-DOTS				15-24	25-34	35-44	45-54	55-64	65
3.21 3.22 3.23 3.24	Male Female New extrapulmonary TB case DOTS Male Female Non-DOTS				15-24	25-34	35-44	45-54	55-64	65
3.21 3.22 3.23 3.24 3.25	Male Female New extrapulmonary TB case DOTS Male Female Non-DOTS Male Female	0-4	5-14		15-24	25-34	35-44	45-54	55-64	65
3.21 3.22 3.23 3.24 3.25	Male Female New extrapulmonary TB case DOTS Male Female Non-DOTS Male	0-4	5-14		15-24	25-34	35-44	45-54	55-64	65
3.21 3.22 3.23 3.24 3.25 3.26	Male Fernale New extrapolimonary TB case DOTS Male Fernale Non-DOTS Male Fernale MDR-TB, 2807 calendar year	0-4	5-14	0-14			35-44	45-54	55-64	65
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3.21 3.22 3.23 3.24 3.25 3.26 3.27 3.28 3.29	Male Female DOTS Male Female Non-DOTS Male Female Non-DOTS Male Female MDR-TB, 2007 callendar year How many non and re-least How many non and re-least How many MDR-TB cases (put How many MTR-TB cases (p	0.4 (number of patients of patients received ment patients tester sistem 3.28) received tolowing diagnosis of	5-14 diagnostic dru 1 (question 3.2: dd 2nd-line DST	g susceptibility 7), how many I in 2007?inclu	testing (DST) aboratory-conf de all MDR-TB or	in 2007? irmed cases of sises for which 2n	MDR-TB were	identified?		66
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3.21 3.22 3.23 3.24 3.25 3.26 3.27 3.28 3.29 3.30 3.31	Male Female DOTS Male Female Non-DOTS Male Female Non-DOTS Male Female MOR-10, 2007 calendar year How many peas and re-brain How many peas and re-brain How many peas and re-brain How many MOR-TIL cases (pix and re-brain How many many many many many many many many	0.4 number of patients of patients received not patients tester stion 3.28) receive slolowing diagnosis of g 2nd-line DST (qu ss new cases receive	5-14 i) i diagnostic drud (question 3.2: di 2nd-line DS1 MRR-TB: session 3.29), h ved diagnostic i	g susceptibility 7), how many in in 2007? Inclus ow many case DST in 2007?	testing (DST) aboratory-conf te at MDR-TB or	in 2007? irmed cases of sees for which 2n	MDR-TB were	identified?		66
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	TB/HIV, 2006 and 2007 calendar year (number of patients)							Men							
	Data on co-trimosazole preventive therapy and antiretrovinal therapy should be reported with the quarterly data on TB treatment outcomes and therefore final numbers for 2007 may not be available yet. However we request that you provide us with provisional numbers for 2007 as well as the final numbers for 2006.														
	aranacie yet. I coveren we request that you provide us with provisional ha	III DELENI AL		namenta for 2000.											
						2006		2007							
3.35	How many TB patients (new and re-treatment) had an HIV test should include those TB cases that were previously known as HIV-positiv														
3.36	the clinician (e.g. done in the last 3-6 months in a reliable laboratory)														
3.36	Of these (i.e. question 3.35), how many were recorded to be HI How many HIV-positive TB patients (question 3.36) started or o				i= 2005 ===d										
3.37	2007?	continued on co-di	moxazore pre	evenuve inerapy	El 2006 alliu	ļ									
3.38	How many HIV-positive TB patients (question 3.36) started or of	ontinued on antin	etroviral thera	ny (ART) in 200	6 and 20072										
	To answer questions 3.39-3.43, please consult with your colleagues in the national HIV programme (or equivalent) to obtain these data														
	2007														
3.39	How many people were registered as HIV-positive in 2007, regi	ardless of year of	diagnosis?(in	clude everyone in t	the HIV care and	Sfor ART register	1)								
3.40	How many of the people registered as HIV-positive (question 3.	How many of the people registered as HIV-positive (question 3.39) were screened for TB at least once during 2007?													
3.41	How many of the people registered as HIV-positive (question 3.	.39) started TB tre	atment durin	g 2007?											
3.42	How many of the people registered as HIV-positive and started	on TB treatment	guestion 3.4	1) were also on	ART (i.e. reco	rded in ART re	egister)								
	in 2007?														
3.43	How many of the people registered as HIV-positive (question 3.	.39) were given is	oniazid proph	ylaxis (treatmen	t of latent TB	infection) in 20	007?								
	T		nationts)												
	Treatment outcomes for cases registered in 2006 calendar If treatment outcomes for re-treatment cases cannot be separated into rel			Mana etanoa munio	la thaca a door	as is son Whee	en Impolement ^a con	Mens							
	"Remarks" sheet which types of re-treatment cases contributed in this rov	v.	AL MINIS - CRESCUE,	ween preside provid	e unese OUICOM	wa m roat Other	re-vessions and	o memoral in the							
3 44	If you are not able to report the treatment outcomes of pulmona	iry caseshy smear	r status only	nlease snerity w	hich method	of confirmation	is c	elect answer							
	used:	,		,, .			36	noct answer							
		Total number													
	DOTS	of cases registered	Cured	Completed	Died	Failed	Defaulted	Transferred out*							
3.45	New pulmonary smear-positive	10,000.00													
3.46	New pulmonary smear-negative/unknown/not done														
3.47															
	Relapse (pulmonary smear and/or culture-positive)														
	Treatment after failure (pulmonary smear and or culture-positive)														
3.50	Treatment after default (pulmonary smear and or culture-positive) Other re-treatment														
3.51															
	non-DOTS New pulmonary smear-positive	_				_	_	_							
	New pulmonary smear-negative/unknown/not done	\vdash													
	New extrapulmonary														
							_	_							
3.54	Relapse (outmonary amear and/or culture-positive)														
3.54 3.55	Relapse (pulmonary smear and/or culture-positive) Treatment after failure (pulmonary smear and or culture-positive)														
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3.54 3.55 3.56 3.57	Treatment after failure (pulmonary smear and or culture-positive) Treatment after default (pulmonary smear and or culture-positive)	oset of transfer patier	nts for whom th	outcome was not	evaluated.										
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454 Community involvement 455 ACSM (Advocacy, communication and social mobilization)
4.55 ACSM (Advacacy, communication and social mobilization)
4.55 Operational research
4.57 Surveys to measure TB burden and impact of TB control
4.50 All other budget lines for TB (e.g., technical assistance)
4.59 TOTAL (calculated automatically)
Please contact the following people for assistment if required fluid Lopes Claims, topecand@path.org (for AMR); Katherine Floyd, floyd@path.ord (for EUR; SSEAN; WPR); Andrea Plentos, porthopa@path.ord (for EUR; SSEAN; WPR); Andrea Plentos, porthopaware (for EUR; SSEAN; WPR); And

Remarks	Menu
Please include number of question to which remark applies	S.
Press ALT-RETURN to start a new paragraph.	
Thank you for completing the WHO annual data collection form.	
Please return it to your local/regional WHO office. Page 15	

Instru	ctions for sheet "4. Finance"
Please remi	ember that funding for TB control can only be improved if some attempt to describe the financial situation is made, even if data availability is limited. If
	office has no information on the exact amounts that peripheral governments make available for TB control, please try to estimate.
Budget	
4.2 8 4.22	The date of the beginning of your fiscal year (between 1 January and 31 December of the year indicated) The number of patients you expect to detect and treat – new smear-positive cases in all areas (DOTS and non-DOTS). It does NOT mean the total
	estimated incident number of cases in your country.
4.3 & 4.23	The number of patients that you expect to detect and treat – new smear-negative and extra-pulmonary cases in all areas (DOTS and non-DOTS). It is NOT mean the total estimated incident number of cases in your country.
4.4 & 4.24	The number of HIV+TB patients that you expect will start ART treatment in this year, either in the NTP programme or in the national AIDS programme patients are provided ART by the National AIDS programme please let us know in the remarks.
4.5 & 4.25	The number of MDR-TB patients that you expect to treat. Please report separately: a) patients treated in GLC-approved projects and b) other patients
4.6 & 4.26	Budget for anti-TB drugs, excluding drugs to treat multidrug-resistant (MDR) TB. If drugs are provided by the Global Drug Facility (GDF), please inclu- estimate of the value of these drugs. Please include the budget for all first line drugs used to treat category I, II and III cases, i.e. all new (including cl and re-treatment cases, and the budget for buffer slock (drugs).
4.7 & 4.27	Staff cost for staff working ONLY on TB activities at central and peripheral levels (for example provincial TB coordinators, district TB coordinators, etc NOT include, for example, primary health care nurses working on several diseases, including TB.
4.8 & 4.28	Budget for activities to manage and supervise the TB control programme. Examples are training, policy development, meetings, visits for supervision
	for supervision, purchase of office equipment/vehicles, construction of buildings for use by staff programme, recording and reporting, and drug manal and distribution.
	Budget for laboratory supplies and equipment for microscopy, culture and DST, including for external quality assurance.
4.11 & 4.31	Budget necessary to manage PAL, e.g. meetings related to PAL and development of guidelines. Budget necessary to manage PPM, e.g. meetings related to PPM, development of guidelines and any payment/contractual scheme that might exist.
4.12 & 4.32	Activities involving collaboration between TB and HM programmes aimed at reducing the impact of HM-related TB. These include TB.HM coordinate blooks, joint TB/HM training and planning. HM stering for TB plantine, among TB patients, TB screening for people living with HM/VI assoriand preventive therapy, joint TB/HM information/ducation/communication, artifertowinal treatment for TB patients, etc. For clarifications, please the WHO TB/HM interin policy or the Montoring and Evaluation guide.
	Budget for second-line drugs, include drugs procured through the Green Light Committee (GLC) and through other mechanisms.
	Budget for the management of MDR-TB (excluding anti-TB drugs for MDR-TB). Include all activities related to programme management not already included in 4.7 & 4.27.
	Budget for activities related community involvement, including policy development, incentives and enablers.
	Budget for activities related to advocacy, communication & social mobilization, and community-based care, including workshops to create awareness media campaigns or World TB Day.
	Budget for operational research. Please remember that OR studies are designed to answer specific questions arising from routine data and manager such as "Why do we have a high default rate?".
4.18 & 4.38	Budget for periodic surveys to measure burden of TB and impact of TB control, e.g. disease prevalence surveys, ARI surveys, surveys of TB mortalit drug resistance surveys.
4.19 & 4.39	Include in the "Other" category all other budget lines not included in previous budget lines. Examples are technical assistance, supplies and equipme X-rays, budget for high-risk groups, infection control and childhood TB.
Utilizatio	on of health services
4.41	The average number of virials per entemporative, since requirements pairmoning and MDR-TE platent to any health facility during TE bestarred, to complete for descend external (CDT), colorida of edugs, sincern inchrolling, due, after the platent has been disposed with TE, in view of your breat publishers. For example, if any possible platent receives deschy doctored research and only in the termination plane at chica and, in the continuation plane is descended from per month for coloridation of descip, the calls and and the CH-CR-E it months, places good and in the continuation plane is chica and in the continuation plane is chically as the chically as the chical plane is chically as the chical plane is chically as the chically as the chically as the chically as the chical plane is chically as the chically as the chi
4.42	The approximate percentage of smear-positive, smear-negative/exista-pulmonary and MDR-TB patients hospitalized for TB treatment (for any duratio stay), in view of your treatment guidelines. For example, if your policy or general practice is to admit all TB patients for 2 months, the figure will be 10 unsure, please give a range.
4.43	If smear-positive, smear-negative/extra-pulmonary and MDR-TB patient are hospitalized for TB treatment, the average number of days they would sp hospital. If unsure, please give a range.
4.44	Estimated number of beds in TB hospitals and in TB wards of other hospitals. Include sanatoria beds if these exist. If unsure, please give a range.
Expend	iture items
4.45-4.58	Report actual expenditures and funds received on line items. For explanations see 4.6–4.19 above.
Sources	of funding
a	The total budget required should be in line with your annual plan of activity. Indicate the total amount required to carry out all activities and NOT only amount you expect to receive.
b	Include funding from both the central and peripheral government sources (provinces, districts, etc.).
d	All loans for TB or amount for TB in an overall health sector-wide loan. Grants awarded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The amount for the relevant fiscal year only and NOT the amount of the orant.
	amount of the grant. All grants, excluding Global Fund grants. The amount should be for the relevant fiscal year and not the total amount of the grant.
f	All grants, excluding Global Fund grants. The amount should be for the relevant iscall year and not the total amount of the grant. The amount in this column should equal the "Total budget required" column MINUS the total of all expected funding columns (i.e. government, loans,
	excluding Global Fund, Global Fund grants, other). Report the amounts that were actually spent on each line item during your last fiscal year. The total in this column might be lower than the total funds
9	

APPENDIX VII CANADA - CASE AND TREATMENT OUTCOME REPORTING FORMS

Active Tuberculosis Case Report Form – New and Relapsed Cases

EFFECTIVE JANUARY 2007			CONFIDENTIAL WHEN COMPLETED
Province/Territory/Patie	nt ID		
1. Reporting province/	2. Register case number	3. Unique identifier	4. Date of birth 5. Sex
territory	_	-	Year Month Day Male Female
6. Usual residence City/	Town/Village		Postal code
· ·	nty and Health Unit		
	ity and risaliti Sili		
	Lives on First Nation's reserve mos	st of the time? 1 Yes 2 No 8	N/A 9 Unknown
Origin	<u>, </u>		
7. Canadian born?		6 Foreign-born Country of	of birth
1 Status Indian (Re	gistered) 2 Métis		Year Month Day
	er Aboriginal <i>(specify)</i>	Date of arrival in Canada	
3 Inuit 4 Oth	er Aboriginar (specify)	Immigration status at time of diagnosis	
5 Canadian born	Country of	1 Canadian citizen/Landed immig	rant 5 Work visa 6 Student visa
non-Aboriginal	Country of birth of mother	2 Refugee 1 Convention	on Refugee 7 Visitor visa 8 Other (specify)
age 15?	Country of birth of father	2 Refugee 2 Refugee	claimant 9 Unknown —
	Situr of faction		
Diagnosis			
8. Date of diagnosis	ICD 9		
Year Month Day	ICD 10		
9. Chest X-Ray 1 N	lormal 2 Abnormal 3	Not done 9 Unknown	If abnormal 1 Cavitary 2 Non-cavitary
Bacterial Status			
10. Microscopy		11. Culture	
Sputum Bronchial V	Wash GI Wash Node Biopsy Urine	CSF Other Sputum	Bronchial Wash GI Wash Node Biopsy Urine CSF Other
Negative Positive		Negative Positive	
Not done		Not done	
Unknown		Unknown	
Not Applicable		Not Applicable	
12. Case Criteria	Culture positive 2 0	Clinical diagnosis	
13 If initial positive cult	ure – Antibiotic resistance	?	
l	ure – Artiblotic resistance		
1st line Result		2nd line Result	Result 8 Other (specify)
DRUG Susceptible Resistant Not d	one Unknown DRUG Susc	eptible Resistant Not done Unknown DRUG	Susceptible Resistant Not done Unknown
1 INH		5 Ethionamide	
2 EMB	,	□ □ □ 6 PAS □ □ 7 Rifabutin	
4 PZA 🗆 🗆			
14. Genotyping results?	1 Yes 2 No 9	Unknown MIRU	
Treatment Details			
15. Date treatment starte	ed 16 Initial drugs pres	cribed (check all that apply)	
10. Date treatment start	1st line	2 nd line	6 No drugs prescribed
	II I INH 4 I BMB	1 Streptomycin 4 Ofloxacin	7 Rifabutin 8 Other (specify)
Year Month Day	3	2 Kanamycin 5 Ethionamid	e 8 🗀 Other
		3 Capreomycin 6 PAS	9 Unknown
17. Death before or duri	ng treatment?		1 TB was the cause of death
	• 🗆	Year Month Day	2 TB contributed but was not the cause of death
1 Yes 2 No	9 Unknown If yes, date of	or death	3 TB did not contribute to death
TB History/Case Finding	y/Disk Factors		
18. First episode of TB d		Day in the state of	and a second to
1 Yes 2 No	If no: Year of previous diagnosi	-	osis occured in:
103 2 104	ii iiu. Teat of previous diagnosi	1 Canada	2 Other country:
Previous treatment with (check a	all antibiotics used):	20. Risk factors	
1st	line	HIV 1 Positive 2 Negative	3 Test refused
1 INH 3 EMB	4 - RMP 5 - PZA		Year , Month , Day ,
200	line	If positive, date of 1st positive test If negative, date of most recent test	5 Unknown
1 Streptomycin 4	Ofloxacin 7 Rifabutin	Manual and and and advance above	
2 Kanamycin 5 3 Capreomycin 6	Ethionamide 8 Other	Known or suspected substance abuse	1 Yes 2 No 9 Unknown
3 Capreomyciii 6	FAS	Transplant related immunosuppression	1 Yes 2 No 9 Unknown
8 Other (specify)		Silicosis	1 Yes 2 No 9 Unknown
9 D Unknown		End-stage renal disease	1 Yes 2 No 9 Unknown
19. Case finding		Contact with person with active TB in past	1 Yes 2 No 9 Unknown
Symptoms compatible with site of disease	2 Incidental finding	2 years Previous abnormal chest x-ray	1 Yes 2 No 9 Unknown
3 Post-mortem	4 Contact	(Tibronodular disease)	
Immigration	Investigation	Diabetes mellitus type 1 or 2	1 Yes 2 No 9 Unknown
5 medical surveillance	screening	Long-term (≥ 1 month) corticosteroid use (prednisone ≥ 15 mg/day or equivalent)	1 Yes 2 No 9 Unknown
1 Initial immigration mexam done outside C		Lives in correctional setting at time of diag	nosis 1 Yes 2 No 9 Unknown
2 Initial immigration m	edical 8 Other (specify)	Homeless (at diagnosis or within the previous 12 mo	nths) 1 Yes 2 No 9 Unknown
exam done inside Car	naua	Other (specify)	1 Yes 2 No 9 Unknown
		This (openity)	
PHAC/ASPC 9012E (01-2007)			DISPONIBLE EN FRANÇAIS

Treatment Outcome of a New Active or Relapsed Tuberculosis Case

EFFECTIVE JANUARY 200	7						CONFIDENTIAL WHEN COMPLETED			
Reporting province/ territory	2. Register case number	3.	Unique identifier	4. Date	of birth Year	Month Day	5. Sex Male Female 1 2			
6. If transfer from diagn province/territory, please state treating province/territory	osing		ter case number erent from 2 above)		8. Unique identifier (if different from 3 above)					
9. Date of diagnosis Year	Month Day	10. Date	treatment started Year Month Day		11. Last day of treatment Year Month Day					
12. Initial drugs prescril 1 INH 3 EMI 6 No drugs prescribed	1st line	PZA	1 Streptomycin 3 2 Kanamycin 4	Capreom Ofloxacin		5 Ethionamid 6 PAS	8 Other			
13. Did resistance deve treatment? 1 Yes 2 No If yes, please check dru	lop during 3 Not tested)	14. What was the treatment outcome? (Check one only) 1							
1 NH 3 EMI	2 nd line Ofloxacin 7 R	PZA lifabutin	Year Month Day 2 the underlying cause 3 TB did not contribute to death 4 Transferred to new country – outcome of treatment unknown (specify new country) 5 Failure – continued or recurrent positive cultures after 4 or more months of treatment 6 Absconded (lost to follow-up before completion of 80% of doses)							
8 Other (specify) 9 Unknown			7 Treatment ongoing 8 Other (specify) 9 Unknown * if MDR-TB please see guidelines for definitions							
1 INH 3 EMI 1 Streptomycin 4 2 Kanamycin 5	Ist line 3 4 RMP 5 2nd line Ofloxacin 7 R	PZA sifabutin	16. Major mode of treatme 1	егару)	1	Modified Standard Enhanced				
3 Capreomycin 6 6 No drugs prescribed 8 Other (specify)		vn	17. Adherence estimate (% 1 80%+ 2 50-79% 3 < 50% 9 Unknow	%	cation re	ceived)				

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APPENDIX VIII THE CANADIAN TUBERCULOSIS COMMITTEE 2009

PROVINCIAL/TERRITORIAL TB CONTROL PROGRAM REPRESENTATIVES

Alberta British Columbia Manitoba
Dr. Geetika Verma Dr. Kevin Elwood Dr. Joel Kettner

New BrunswickNewfoundland and LabradorNova ScotiaMs. Eileen McQuadeMs. Marion YetmanMs. Dee Monbourquette

Northwest Territories Nunavut Ontario

Ms. Cheryl Case Ms. Elaine Randell Dr. George Samuel

Prince Edward IslandQuébecSaskatchewanDr. Heather MorrisonDr. Paul Rivest (Chair)Ms. Ruth Anne Appl

Yukon

Ms. Cathy Stannard

ABORIGINAL SCIENTIFIC SUBCOMMITTEE

Dr. Pamela Orr

ASSOCIATION OF MEDICAL MICROBIOLOGY AND INFECTIOUS DISEASE CANADA

Dr. Wendy Wobeser

CANADIAN LUNG ASSOCIATION/ STOP TB CANADA

Ms. Debbie Smith

CANADIAN THORACIC SOCIETY

Dr. Heather Ward

CANADIAN PUBLIC HEALTH LABORATORY NETWORK

Dr. Fran Jamieson

CITIZENSHIP AND IMMIGRATION CANADA

Dr. Lise Scott

CORRECTIONAL SERVICE CANADA

Ms. Teresa Garrahan

FIRST NATIONS AND INUIT HEALTH BRANCH, HEALTH CANADA

Dr. Lilian Yuan

IMMIGRATION SUBCOMMITTEE

Dr. Kevin Elwood

METROPOLITAN TB ISSUES SUBCOMMITTEE

Dr. Elizabeth Rea

NATIONAL REFERENCE CENTRE FOR MYCOBACTERIOLOGY, NATIONAL MICROBIOLOGY LABORATORY, PUBLIC HEALTH AGENCY OF CANADA

Ms. Joyce Wolfe

TUBERCULOSIS PREVENTION AND CONTROL, PUBLIC HEALTH AGENCY OF CANADA

Dr. Edward Ellis