

STRENGTHENING SCREENING, TREATMENT AND SURVEILLANCE

Towards Aligned Tuberculosis Infection Management in the Nordic and Baltic Sea countries and Ukraine



Northern Dimension
Partnership in Public Health
and Social Well-being

POLICY
BRIEF

Tuberculosis infection (TBI) continues to be a major public health concern in the Nordic and Baltic Sea countries despite the generally low TB incidence. Recent data from the NDPHS countries and Ukraine reveal considerable variation in screening, treatment, and surveillance practices. These inconsistencies, along with limited access to essential medicines and the impact of the war in Ukraine, jeopardise progress toward TB elimination goals. This brief summarises findings from the NDPHS collaborative study on TBI management and presents actionable policy recommendations to align national approaches, improve access to preventive treatments, and reinforce surveillance and cross-border coordination.

It is intended for all actors engaged in TB prevention, care, surveillance, and policy development at national and regional levels.



Introduction

While the WHO European Region accounts for only 2% of the global TB burden, the persistence of tuberculosis infection (TBI) among high-risk populations poses an ongoing challenge. TBI affects an estimated 14% of people in the region and remains a major driver of future TB disease.

In low-incidence settings, identifying, testing, and treating TBI in at-risk populations - such as contacts of TB patients, immunocompromised individuals, and individuals arriving from high-incidence countries - is critical for prevention.

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) Secretariat coordinated a multi-country study (2023–2024) that assessed TBI screening and treatment practices in 11 participating countries - Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, Sweden, and Ukraine - representing different parts of Europe. For clarity, these are hereafter referred to as the study countries: the Nordic-Baltic countries, and Ukraine. The goal was to identify strengths, gaps, and opportunities for improved TBI management through regional collaboration. The Norwegian Ministry of Health and Care Services provided funding for the study project.

FINDINGS AND ARGUMENTS

Variability and consistency in national practices

National guidance for TBI practices is included in the national TB guidelines in 6 countries or is under planning in 4 countries.

All study countries screen immunocompromised patients, and 10 out of 11 screen close TB contacts; however, their approaches to screening refugees and asylum seekers vary considerably.

People Living with HIV and people preparing for transplantation are routinely screened for TBI in 9 out of 11 countries.

Only two study countries (Norway and Latvia) have national registries for TBI surveillance.

The IGRA QuantiFERON® was documented as the primary method for detecting TBI in 10 of 11 countries, and Mantoux in two (with IGRA and Mantoux equally used in Ukraine).

TBI treatment regimens varied across 11 countries: the most common daily treatments were isoniazid (6–9 months) or isoniazid–rifampicin (3–4 months). Rifampicin alone was used in 8 countries, and rifapentine-based regimens in up to 5, although rifapentine was unavailable in 5 countries.

Limited surveillance and fragmented data

Most countries lack integrated TBI registries.

Inconsistent use of diagnostic and treatment coding (ICD) hampers data comparison.

Collecting data from TBI screening and treatment would allow evaluation of cost-effectiveness and management quality at both national and regional levels.

The Ukraine factor

Ukraine accounts for 89% of Multi Drug Resistant cases in the report (3549 MDR cases in Ukraine / 4196 all MDR cases) and for 46.8% of cases in NDPHS countries (187 Ukrainian MDR cases in NDPHS / 400 MDR cases in NDPHS excluding Denmark and Latvia)

Displacement caused by war has altered TB epidemiology in neighbouring countries, emphasising the importance of coordinated cross-border strategies and data sharing.

Systemic challenges

Barriers include medicine shortages, uneven laboratory capacity, lack of clinician training, and organisational fragmentation.

Strengths include established collaborations between TB specialists and other clinicians, and targeted screening for immunosuppressed patients.

Policy recommendations

Effective management of tuberculosis infection (TBI) in the Nordic-Baltic countries and Ukraine requires coordinated action at the national level, supported by regional and international collaboration. Based on the study findings and expert discussions, including opinions expressed at the project's Policy Symposium on 4 December 2025, the recommendations are organised into key and supporting recommendations.

Key recommendations address the most critical gaps related to surveillance, data collection, and integration of TBI into national monitoring systems, which are essential for evidence-based decision-making and evaluation.

Supporting recommendations focus on strengthening the broader system that enables effective implementation, including governance, capacity building, communication, and sustainable resourcing.

Together, these actions aim to support a coherent, country-led, and sustainable framework for TBI prevention and control across the region.

Key recommendations

Align national TBI screening and preventive treatment policies with WHO and ECDC guidance, with national decisions on priority risk groups, screening algorithms, and treatment regimens based on epidemiology, feasibility, and cost-benefit perspective.

1

Strengthen national TBI surveillance systems by establishing legal, organisational, and technical foundations required for systematic data collection on screening and preventive treatment initiation as part of existing national TB surveillance and registries.

2

Facilitate structured data flows from laboratories and clinicians, including indication(s) for testing, IGRA test results and tuberculosis preventive treatment (TPT) data based on an agreed minimum dataset to support national and regional analyses.

3

Supporting recommendations

Encourage governments to explicitly integrate TBI objectives into national TB elimination and health security strategies, recognising TBI as the reservoir for future TB disease.

Establish or strengthen national advisory groups to bridge policy, clinical practice, public health surveillance, and evidence generation, and to regularly assess benefits and risks at both population and individual levels. Make use of WHO tools for monitoring, modeling, planning and costing (PreventTB, ScreenTB, IHT)

Strengthen continuous education and training for healthcare workers, extending beyond TB specialists to include other relevant medical disciplines (e.g. HIV care, transplantation, immunosuppressive therapies, contact tracing, primary care), to improve screening uptake and support treatment decisions.

Enhance appropriate communication for at-risk populations, including migrants and refugees, to address stigma, improve understanding of TBI, and support adherence to preventive treatment.

Leverage WHO, ECDC, and EU technical support and funding mechanisms (e.g. EU4Health, Horizon Europe, Interreg) to back up surveillance development, digitalisation, training, and access to effective and shorter preventive treatment regimens.



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