Indicator 3.3.2

Indicator Name, Target and Goal

Indicator 3.3.2 Tuberculosis incidence per 100,000 population

Target 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Goal 3 Ensure healthy lives and promote well-being for all at all ages

Definition and Rationale

○ Definition

The tuberculosis incidence per 100,000 population is defined as the estimated number of new and relapse tuberculosis (TB) cases (all forms of TB, including cases in people living with HIV) arising in a given year, expressed as a rate per 100, 000 population.

○ Concepts

Tuberculosis is an infectious bacterial disease caused by Mycobacterium tuberculosis, which most commonly affects the lungs. It is transmitted from person to person via droplets from the throat and lungs of people with the active respiratory disease.

A tuberculosis case is defined as a patient in whom tuberculosis has been bacteriologically confirmed or diagnosed by a clinician.

○ Rationale and Interpretation

Detecting tuberculosis and curing it are key interventions for addressing poverty and inequality. Prevalence and deaths are more sensitive markers of the changing burden of tuberculosis than incidence (new cases), but data on incidence are more comprehensive and give the best overview of the impact of global tuberculosis control.

Incidence rates are important because they give an indication of the extent of TB in a population, and of the size of the task faced by a national TB control program. Incidence rates can be used to track changes in the rate at which people infected with *Mycobacterium tuberculosis* develop TB disease. Improvement in the quality of TB surveillance data result in reduced uncertainty about indicator values.

Data Sources and Collection Method

Results from recent TB case notification data（ Annual report for TB case notification date）.

Method of Computation and Other Methodological Considerations

○　Computation Method

Results from recent TB case notification data.

○　Comments and limitations

As the law requires immediate reporting by any physician when the diagnosis is made, the number of notifications is correspond to the one of patients. The Ministry of Health, Labour and Welfare publishes every year an outline of annual report on the website (see below, references 1). Detailed date is published by the Research Institute of Tuberculosis, Japan Anti-tuberculosis Association on their website (see below, references 2).

Data Disaggregation

Age group (in 5-year increments under the age of 20, 10-year increments over 20), sex, regions, place of birth (foreign-born), sputum smear status.

References

1. Annual report for TB case notification date URL

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou03/index.html

2. Tuberculosis in Japan URL

http://www.jata.or.jp/rit/ekigaku/toukei/

Custodian Ministries of Data

Ministry of Health, Labour and Welfare

National Institute of Infectious Diseases, Ministry of Health, Labour and Welfare

Custodian Ministries of Related Policies

Ministry of Health, Labour and Welfare, Japan

International Organizations

World Health Organization