Last update: 03/06/2026

Metadata – *Tuberculosis*

Description	Two indicators were considered: a) *Tuberculosis incidence*: the number of new cases of active tuberculosis occurring in one year in a population, expressed as a rate per 100,000 population. b) *Tuberculosis estimated incidence*: the estimated number of new and relapse 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.
Rationale	Tuberculosis is a major public health problem in low and middle-income countries [1] and a durable health problem in high-income countries, especially among vulnerable populations [2]. Ending tuberculosis (TB) epidemic by 2030 is one of the United Nations Sustainable Development Goals (SDGs) [3]. More especially, the World Health Organization (WHO) has developed a new post-2015 global tuberculosis strategy: The End TB Strategy [4]. This strategic goal is to end the global TB epidemic, including targets for 2035 (compared to 2015), i.e. a 90% reduction in TB incidence rate (less than 10 TB cases per 100,000 population). Tuberculosis incidence per 100 000 is one of the indicators allowing to monitor and evaluate progress towards achieving the target of SDGs and of The End TB Strategy.
Primary Data source	a) The Belgian Tuberculosis Registry b) Estimates of the TB disease burden, European Region
Indicator source	a) Fonds des Affections Respiratoires (FARES) [5] and Respiratoire Gezondheid – BELTA [6] formerly known as the Vlaamse Vereniging voor Respiratoire Gezondheidszorg en Tuberculosebestrijding (VRGT). b) European Center for Disease prevention and Control (ECDC)/ WHO
Periodicity	a) Annually since 2002 b) Annual
Calculation, technical definitions and limitations	a) The Belgian Tuberculosis Registry is a compilation of the registries of Flanders, Wallonia and Brussels-Capital Region. Each new case of active tuberculosis is notified by the medical practitioners via MATRA in Wallonia and Brussels and via a declaration form sent to the Agentschap Zorg en Gezondheid in Flanders. Case registration is made by the FARES/Repiratoire Gezondheid - BELTA and the Agentschap Zorg en Gezondheid and allows to produce crude number of new cases. The incidence rate is expressed in a number of new cases per 100,000 inhabitants and calculated as the number of new cases reported in the population (including non-residents people) for a given period divided by the population in the same period. b) Estimates of the TB disease burden are provided by WHO using a methodology developed by the Global Task Force on TB Impact Measurement [7] and are presented in the ECDC/WHO report “Tuberculosis surveillance and monitoring in Europe” [8].

		Estimates are based on annual notification data adjusted by a standard factor to account for underreporting, over-diagnosis and under-diagnosis, excepted for the Netherlands, the United Kingdom and France. For France, the adjustment was country-specific, based on results from studies on underreporting. For the United Kingdom and the Netherlands, WHO used a capture-recapture analysis combined with the results from national inventory studies measuring the level of underreporting. For more details, see the WHO Global Tuberculosis report technical appendix [9]. For the calculation of rates, ECDC used population denominators obtained from United Nations Population Division statistics [10]. A limitation is that the quality of reported data is depending on the quality and the coverage of the surveillance system.
International comparability	a) b)	Notifications of cases provide a good proxy of tuberculosis incidence if there is limited underreporting, under or over-diagnosis of cases. The international comparison must be interpreted with caution since there is a lot of variability in collecting methods and coverage standards depending the country. Country-specific estimates of TB disease burden published by WHO are generally consistent from year to year, and allow international comparison.

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