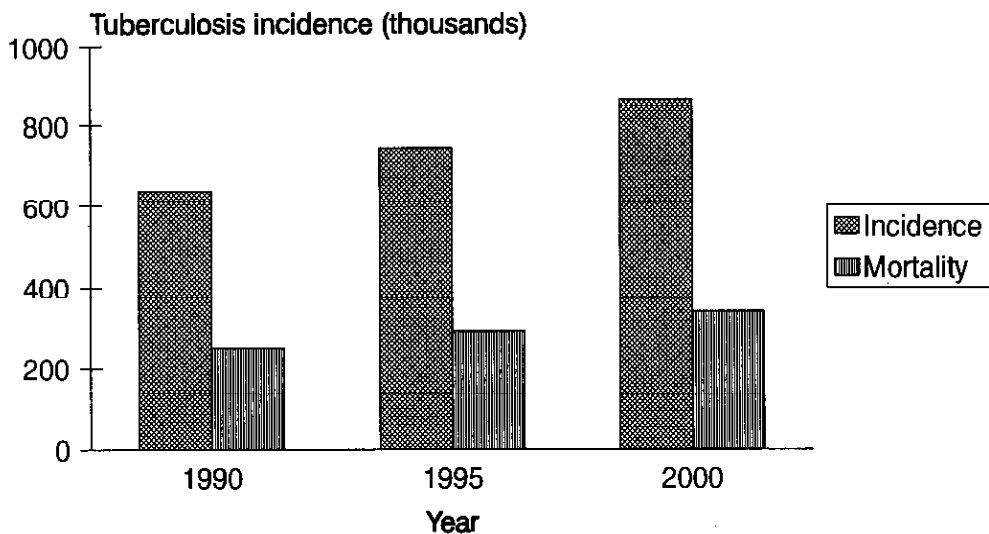


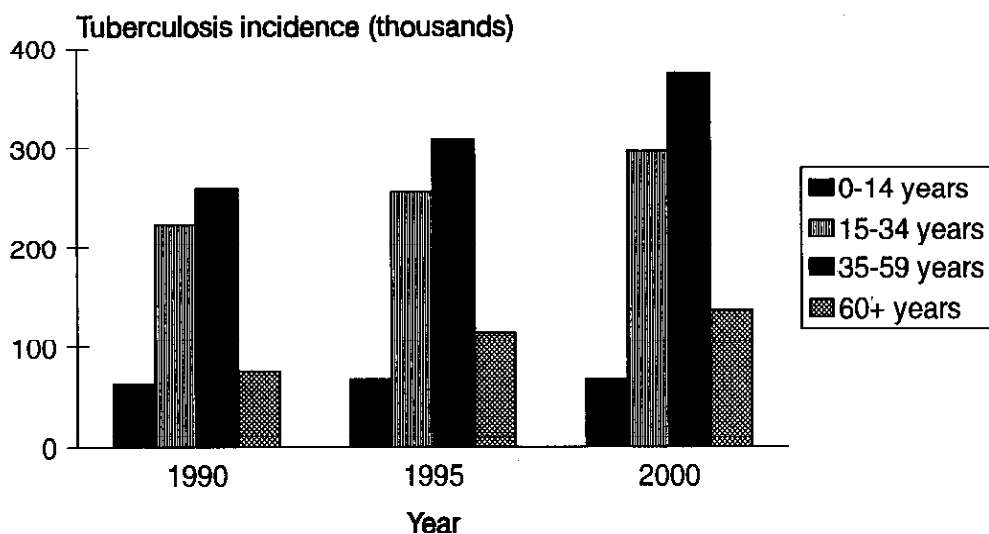
Regional epidemiological data on tuberculosis

*Source: Tuberculosis Control
World Health Organization
Regional Office for the Eastern Mediterranean*



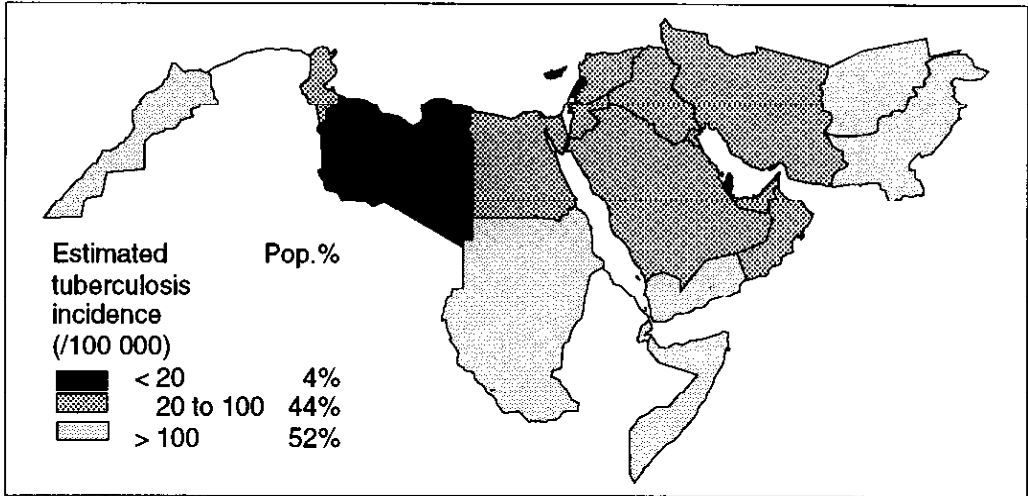
Estimated tuberculosis incidence and mortality in the WHO Eastern Mediterranean Region

Source: Dolin PJ et al. A review of current epidemiological data and estimation of future tuberculosis incidence and mortality. Geneva, World Health Organization, 1993. WHO/TB/93.173



Estimated tuberculosis incidence by age group in 1990, 1995 and 2000 in the WHO Eastern Mediterranean Region

Source: Dolin PJ et al. A review of current epidemiological data and estimation of future tuberculosis incidence and mortality. Geneva, World Health Organization, 1993. WHO/TB/93.173



Epidemiological classification of the countries of the WHO Eastern Mediterranean Region according to the estimated tuberculosis incidence (1995)

Tuberculosis control strategy: "DOTS"

The most cost-effective way to stop the spread of tuberculosis in communities with a high incidence is by curing it. The best curative method for tuberculosis is known as directly-observed treatment short course (DOTS), in which health workers ensure that tuberculosis patients take their full course of medicine by watching them swallow each and every dose. By guaranteeing that treatment regimens are completed, DOTS prevents the further spread of infection and development of multidrug-resistant

tuberculosis. Tuberculosis drugs or the treatment regimen recommended by WHO cost as little as US\$11 per person in some parts of the world. The medicines must be taken for at least six months. DOTS uses a combination of medicines that do not cause serious side effects in HIV-positive people and that are nearly 100% effective in curing tuberculosis in both HIV-positive and HIV-negative individuals.

From the Regional Director's Message, World Health Day, 1996
 Source: Fact Sheet No.104 (revised),
 March 1996