TUBERCULOSIS IN JAPAN



What is TB?

Tuberculosis (TB) is caused by bacteria called "Mycobacterium tuberculosis" and is spread from person to person mainly through air.

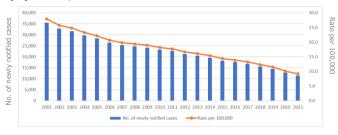
TB usually attacks the lungs, but it can also damage any part of the body, such as the lymph nodes, pleura, brain, kidneys, or spine. TB is curable and preventable, but a person with TB can die without appropriate treatment.

The symptoms of TB disease of the lungs include cough, chest pain, and sputum expectoration with or without blood. The general symptoms of TB disease also include feelings of sickness or weakness, weight loss, fever, and night sweats.

TB in Japan

The most recent data show that a total of **11,519 persons** with active TB disease were newly notified in Japan in 2021 (9.2 cases per 100,000 population). Both the number of newly notified TB patients and rates per 100,000 have continued to decline (Figure 1). The notification rate reached the national target of below 10 per 100,000 in 2021. However, the influence of the global epidemic of Covid-19 must be taken into account, as the number and proportions of patients detected via health screening at workplaces and schools have decreased dramatically, and it is probably too early to make conclusions regarding whether or not the decline in the notification would continue.

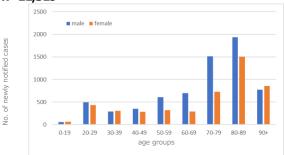
Figure 1. Number and notification rate per 100,000 population, 2001-2021



Sex and age distribution

In 2021, 58.4% of the 11,519 notified TB patients were males (n=6,726). The largest number of patients were diagnosed among those aged 80 to 89 years old (n=3,440). The number of patients was consistently higher among males than females in all age groups but 90+ years old (Figure 2).

Figure 2. Number of TB patients by age and sex, 2021 n=11,519



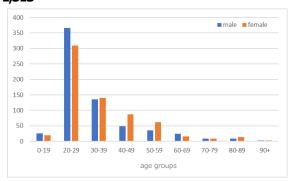
TB among the foreign-born

Information regarding place of birth (Japanborn or foreign-born) was known for 96.6% of the newly notified TB patients (11,122 / 11,519) in 2021. Of those, 11.8% was born outside Japan (n=1,313).

The number of foreign-born patients decreased by 98 from 1,411 (2020) to 1,313 (2021). However, the proportion of foreign-born patients was 13.4%, up from 11.1% in 2020, 10.7% in 2019.

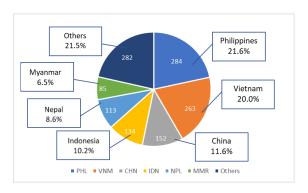
The largest number of foreign-born TB patients were diagnosed among those aged 20 to 29 years old (n=675), followed by those aged 30-39 years old (n=276). The proportion of foreign-born of the total newly notified TB patients was higher among the younger age group, with the proportion reaching 51.4% among those aged 20-29 years old (Figure 3).

Figure 3. Foreign-born TB patients by age and sex, 2021 n=1,313



The Philippines was the most frequent country of birth for foreign-born TB patients reported in 2021 (n=284), followed by Vietnam (n=263), China (n=152), Indonesia (n=134), Nepal (n=113), and Myanmar (n=85) (Figure 4).

Figure 4. Foreign-born TB proportion by county of birth, 2021 n=1.313



MDR-TB

Multidrug-resistant (MDR) TB is a TB disease that is resistant to at least isoniazid and rifampicin. MDR-TB accounted for 0.9% of culture-confirmed pulmonary TB cases with known drug susceptibility test results (41 / 4,551).

Proportions of those with resistance for INH, for RFP, and MDR were higher among retreatment than new cases.

HIV/TB

HIV is a significant risk factor for TB disease. In 2021, HIV test results were known only for 7.4% (847 / 11,519) of the newly notified TB patients. Of those 847 patients with known test results, 30 (3.5%) were HIV positive and 817 (96.5%) were HIV negative.

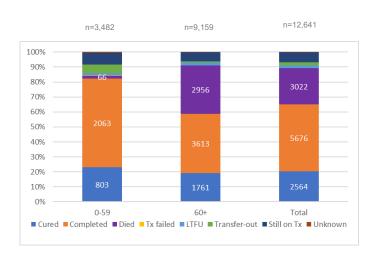
Latent TB Infection

Persons with latent TB infection do not have active TB disease and therefore do not present with any symptoms. About 5 to 10 percent of infected persons without treatment is estimated to develop active TB disease at some time in their lives. A total of 5,140 persons with latent TB infection applicable to the preventive TB treatment were newly notified in 2021 in Japan.

Treatment outcome

Treatment of TB disease requires multiple drugs that need to be taken at least for six to nine months. Among 12,739 active TB patients notified (including new retreatment) in 2020, treatment outcome was available for 12,641 patients (99.8%). those, 65.3% (n=8.240)Amona successfully completed the treatment and 24.0% (n=3,022) died during treatment course due to any cause. This high mortality rate is due to the high proportion of elderly TB patients in Japan (Figure 5). In fact, 82.3% of patients aged under 60 years old successfully completed the treatment.

Figure 5. Treatment outcomes by age, 2020, n=12,641



All data in the factsheet is based on the statistics published in The Tuberculosis Surveillance Center https://jata-ekigaku.jp/

The annual report of tuberculosis in Japan in 2022 will be also available soon.

For more information and inquiry, please contact: Tuberculosis Surveillance Center (TSC), The Research Institute of Tuberculosis (RIT), Japan Anti-Tuberculosis Association (JATA) Email: tbsur@jata.or.jp

Published in September 2022