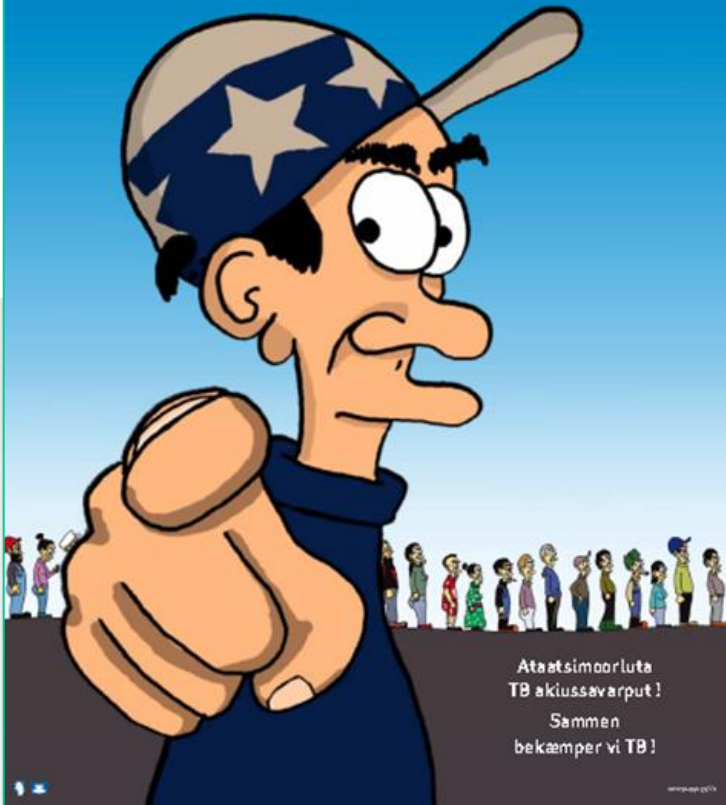




Illit aamma sakiallulersinnaavutit
Tuberkulose kan også ramme dig



TB can hit you too
Together we fight TB

The Arctic Health Workshop Århus, April 17-18, 2013 Chief Medical Officer Flemming Kleist Stenz

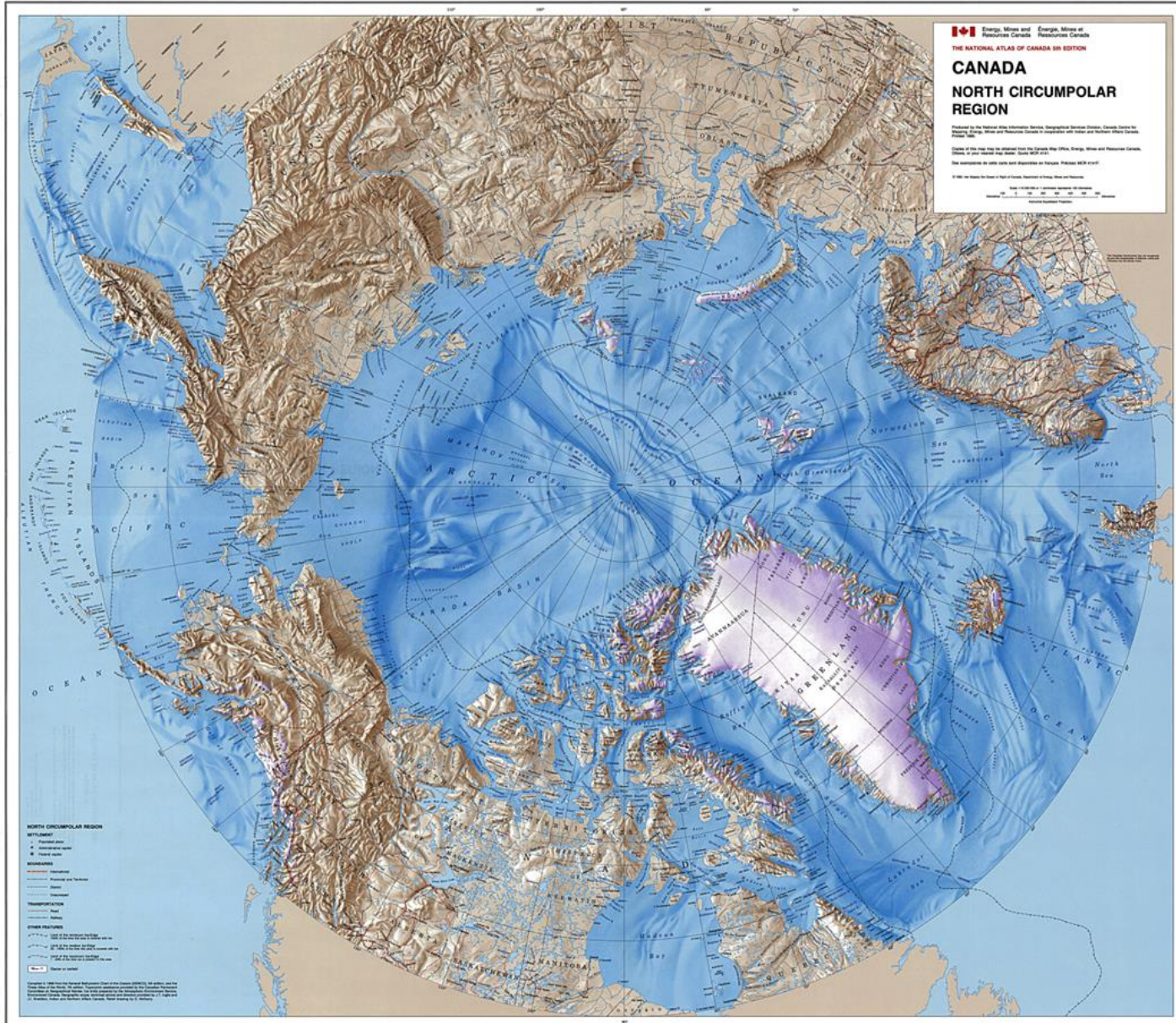
The National Board of Health and the
increasing co-operation with other regions
in the Arctic



The History of Greenland – The short version

- 1721 - 1953 Danish Colony
- 1742 The first doctor in Greenland
- 1838 2 doctors
- 1853 First hospital in Nuuk
- 1950'ies Hospital in all the distrikts, SANA in Nuuk
- 1953 - 1979 Danish County
- 1979 - 2009 Home Rule (Took over the responsibility for a number of public affairs)
- 1992 - The Government of Greenland took over the responsibility for the Healths Care System from the Danish Government
- 2009 – Self Government – but still part of the Danish Kingdom





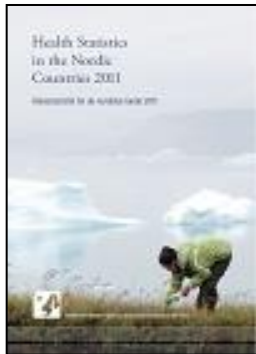


WHO-Europe region

low	260,42
Albania	13
Andorra	5,9
Austria	3,7
Belgium	8,1
Croatia	17
Cyprus	4
Czech Republic	6
Denmark	6,5
Finland	7,5
France	4,3
Germany	4,5
Greece	3,8
Hungary	18
Iceland	4,8
Ireland	7,5
Israel	5,8
Italy	2,8
Luxembourg	0,52
Malta	9,1
Monaco	3,2
Montenegro	17
Netherlands	6,8
Norway	6,1
San Marino	1,4
Serbia	16
Slovakia	7,2
Slovenia	9,3
Spain	15
Sweden	6,8
Switzerland	4,8
The Former Yugoslav Republic of Macedonia	20
United Kingdom of Great Britain and Northern Ireland	14

middle	222
Bosnia and Herzegovina	49
Bulgaria	35
Estonia	25
Latvia	42
Poland	23
Portugal	24
Turkey	24

high	1673
Armenia	55
Azerbaijan	113
Belarus	70
Georgia	125
Greenland	178
Kazakhstan	129
Kyrgyzstan	128
Lithuania	59
Republic of Moldova	161
Romania	101
Russian Federation	97
Tajikistan	193
Turkmenistan	74
Ukraine	89
Uzbekistan	101

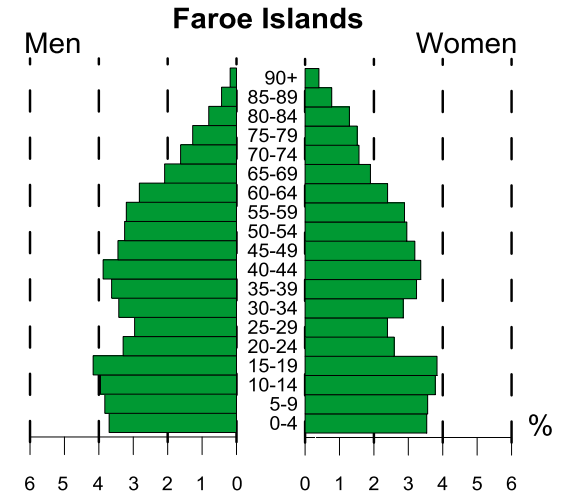
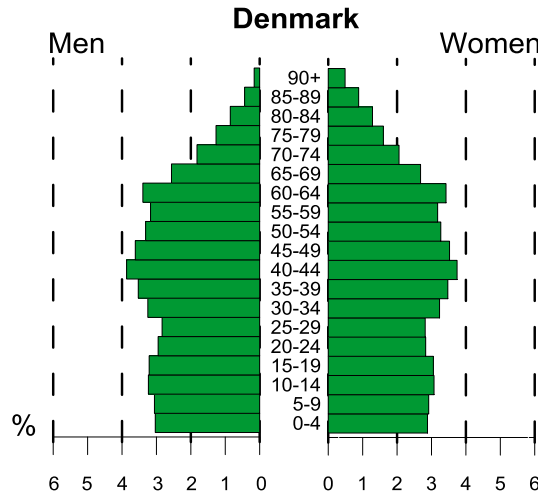
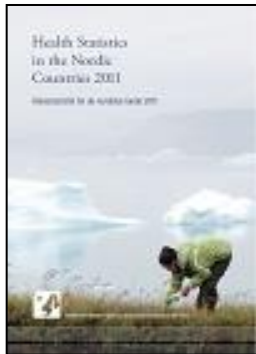


Since 1980, NOMESCO has annually published basic health statistical indicators in Health Statistics in the Nordic Countries, which is edited by an editorial board.

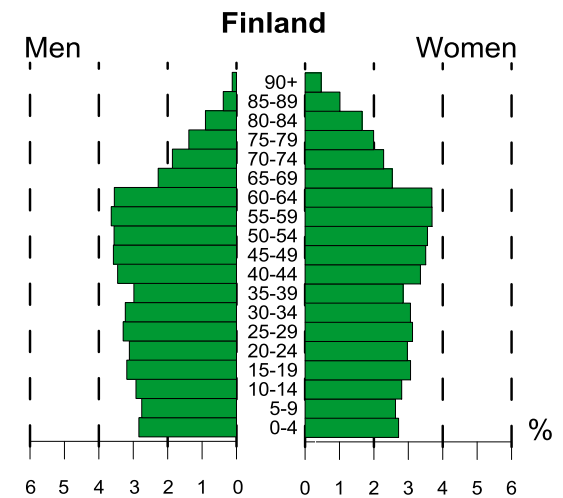
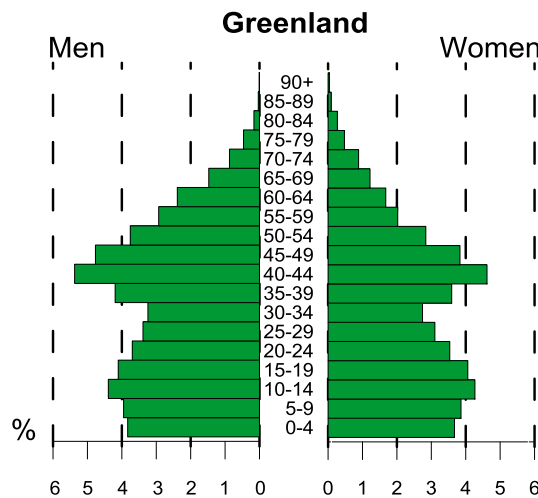
In connection with the publication, efforts are continually made to improve the statistical comparability between the countries.

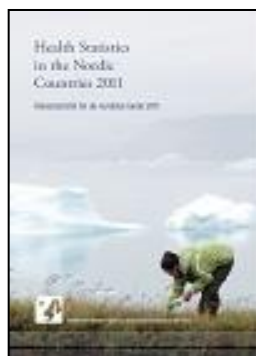
Since 1996, the publication has had a special feature section. The 2001 edition pays special attention to the use of and expenditure on medicine.

The publication has included statistics for both Greenland, the Faroe Islands and Åland since 1992.



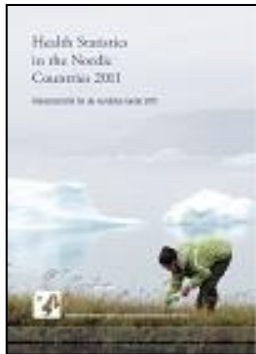
Mean population by sex and age



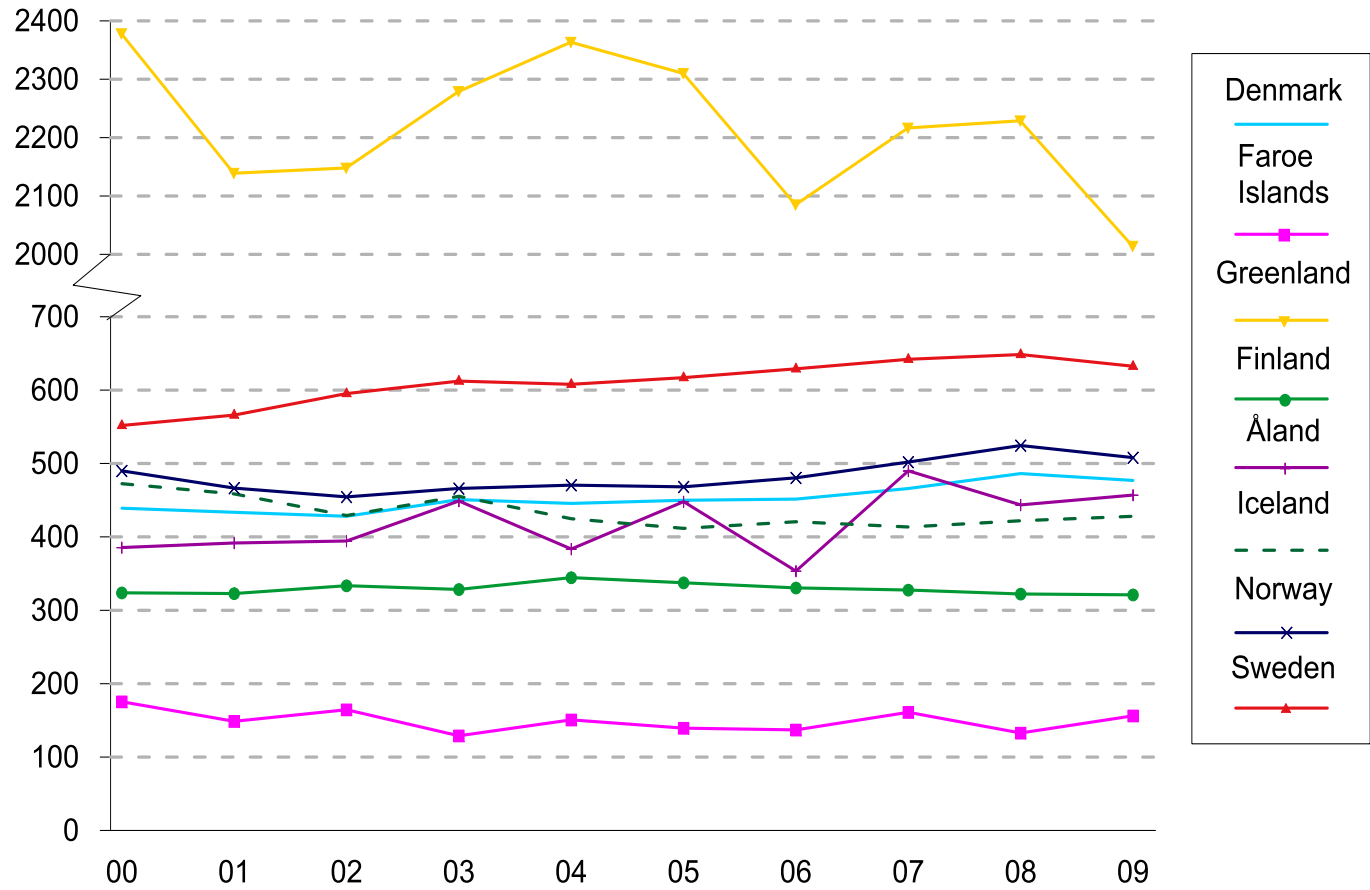


Average life expectancy

Alder	Men					Women				
	0	15	45	65	80	0	15	45	65	80
Danmark										
2000-04	74,7	60,3	31,7	15,3	6,8	79,4	64,9	35,6	18,3	8,5
2009	76,5	61,9	33,2	16,6	7,2	80,8	66,2	36,9	19,3	8,8
2010	77,1	62,4	33,5	16,9	7,4	81,2	66,6	37,2	19,6	9,0
Færøerne										
2001-05	76,9	62,4	33,7	16,9	7,7	81,4	66,6	37,5	19,5	8,7
2006-10										
Grønland										
2001-05	65,7	52,4	27,5	11,6	5,1	71,0	57,2	29,3	13,5	6,2
2006-10	67,8	54,6	28,6	12,4	5,2	72,8	59,0	31,1	14,9	6,6
Finland										
2000-04	74,8	60,2	32,1	15,9	6,9	81,6	67,0	37,8	19,8	8,5
2009	76,5	61,8	33,5	17,2	7,6	83,1	68,5	39,2	21,2	9,4
2010	76,7	62,0	33,7	17,3	7,6	83,2	68,5	39,2	21,2	9,4
Åland										
2001-05	77,6	63,4	34,7	17,1	7,3	83,6	69,1	39,8	21,4	9,6
2006-10										
Island										
2000-04	78,5	63,9	35,1	17,6	7,7	82,3	67,6	38,3	20,3	9,0
2009	79,7	65,0	36,1	18,3	8,1	83,3	68,5	39,0	20,6	9,3
2010	79,5	64,8	36,0	18,2	7,7	83,5	68,8	39,3	20,8	9,4
Norge										
2000-04	76,6	62,1	33,7	16,5	7,0	81,7	67,2	37,9	20,0	8,8
2009	78,6	64,0	35,3	17,8	7,7	83,1	68,4	39,0	20,9	9,4
2010	78,9	64,2	35,4	17,9	7,8	83,2	68,5	39,1	21,0	9,6
Sverige										
2000-04	77,8	63,2	34,3	17,0	7,3	82,3	67,6	38,3	20,2	9,0
2009	79,4	64,7	35,8	18,2	7,8	83,4	68,7	39,2	21,0	9,6
2010										



Total abortion rate



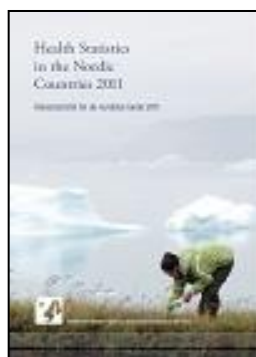


Table 3.1.5 Diagnosed cases of tuberculosis per 100 000 inhabitants 2000–2009
Diagnostiserede tilfælde af tuberkulose pr. 100 000 indbyggere 2000–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway ¹⁾	Sweden ¹⁾
Men					M+W			
Mænd								
2000	12.1	21.7	50.0	12.4	3.9	2.8	5.8	5.2
2005	9.5	-	178.1	8.0	3.8	5.4	6.2	6.8
2008	8.2	4.0	120.8	8.1	3.7	2.5	6.6	6.0
2009	7.1	4.0	137.5	9.4	-	3.1	8.8	7.3
Women								
Kvinder								
2000	8.5	4.5	111.0	8.5	.	6.4	6.2	5.2
2005	6.2	-	165.1	5.8	.	2.0	6.1	6.0
2008	5.3	4.3	87.2	4.9	.	1.3	6.7	6.1
2009	4.9	-	83.4	6.1	-	1.9	6.1	6.5

1 Including relapses

1 Inklusive tilbagefald

Sources: D: Statens SerumInstitut; FI: Chief Medical Officer; G: Chief Medical Officer; F & Å: THL; I: Directorate of Health; N: Norwegian Institute of Public Health; S: Swedish Institute for Infectious Disease Control

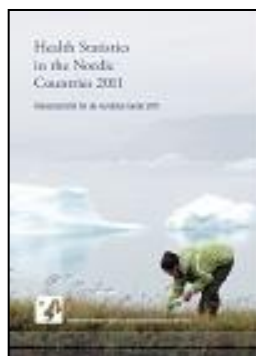


Table 3.1.7 Notified cases of gonorrhoea and syphilis per 100 000 inhabitants aged 15 years and over 2009

Anmeldte tilfælde af gonorré og syfilis pr. 100 000 indbyggere 15 år og derover 2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
<i>Gonorrhoea</i>								
<i>Gonorré</i>								
Men	21	-	2 150.6	7.3	7.2	18.8	15.8	10.2
Women	6	4	3 032.3	2.4	-	18.4	1.9	3.0
Total	13	2	2 558.6	4.8	3.6	18.6	8.8	6.6
<i>Syphilis</i>								
<i>Syfilis</i>								
Men	12	-	-	5.1	-	1.6	3.7	3.0
Women	1	-	10	2.8	-	-	0.2	0.9
Total	6	-	4.8	3.9	-	0.8	2.0	1.9

Sources: See Table 3.1.5

Kilder: Se table 3.1.5



Table 3.1.8 Diagnosed cases of Chlamydia per 100 000 inhabitants 2000–2009
 Diagnostiserede tilfælde af chlamydia pr. 100 000 indbyggere 2000–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland ¹⁾	Norway	Sweden ^{2,3)}
Men								
Mænd								
2000	165	.	2 789	180	.	479	.	187
2005	324	.	3 852	197	.	412	330	317
2008	396	256	3 579	218	.	431	380	398
2009	414	333	3 955	210	.	553	356	353
Women								
Kvinder								
2000	384	.	4 802	272	.	781	.	246
2005	554	.	5 797	287	.	643	524	411
2008	664	544	5 480	304	.	691	600	502
2009	665	583	6 310	289	.	865	583	459
Men and women								
Mænd og kvinder								
2000	276	79	3 727	226	152	647	326	217
2005	440	231	4 762	242	362	548	434	366
2008	..	408	4 472	262	203	558	493	457
2009	541	455	5 061	249	226	707	471	405

1 Notified cases. Since 1997 cases verified by laboratories. The total includes those with missing data about gender

2 A mutant chlamydia gene, which is not detected in Abbot's test system, has been identified in the county of Halland, and has become distributed over a wide area. Cases in 2006 (and probably in 2005) are underreported in most of the counties because of problems associated with diagnosis of chlamydia. Source: Swedish Institute for Infectious Disease Control

3 For 2008, gender is not known for 8 people

1 Anmeldte tilfælde. Fra 1997 er det tilfælde der er verificeret via laboratorier. Totalen inkluderer dem med uoplyst køn

2 Et muteret klamydiagen, som ikke bliver opdaget i Abbotts testsystem, er opdaget i landstinget i Halland og har formentligt større geografisk spredning. Det rapporterede antal i 2006 (og sandsynligvis også 2005) er underrapporteret i størstedelen af landstingene på grund af problemer med klamydiadiagnostikken. Kilde: Smittskyddsinstitutet

3 For 2008 er kønet ukendt for 8 personer

Sources: See Table 3.1.5

Kilder: Se tabel 3.1.5

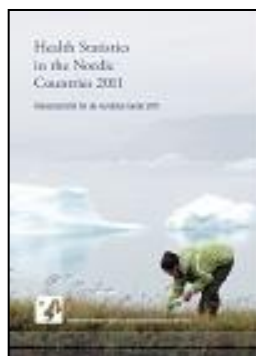
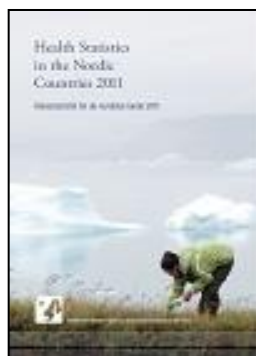


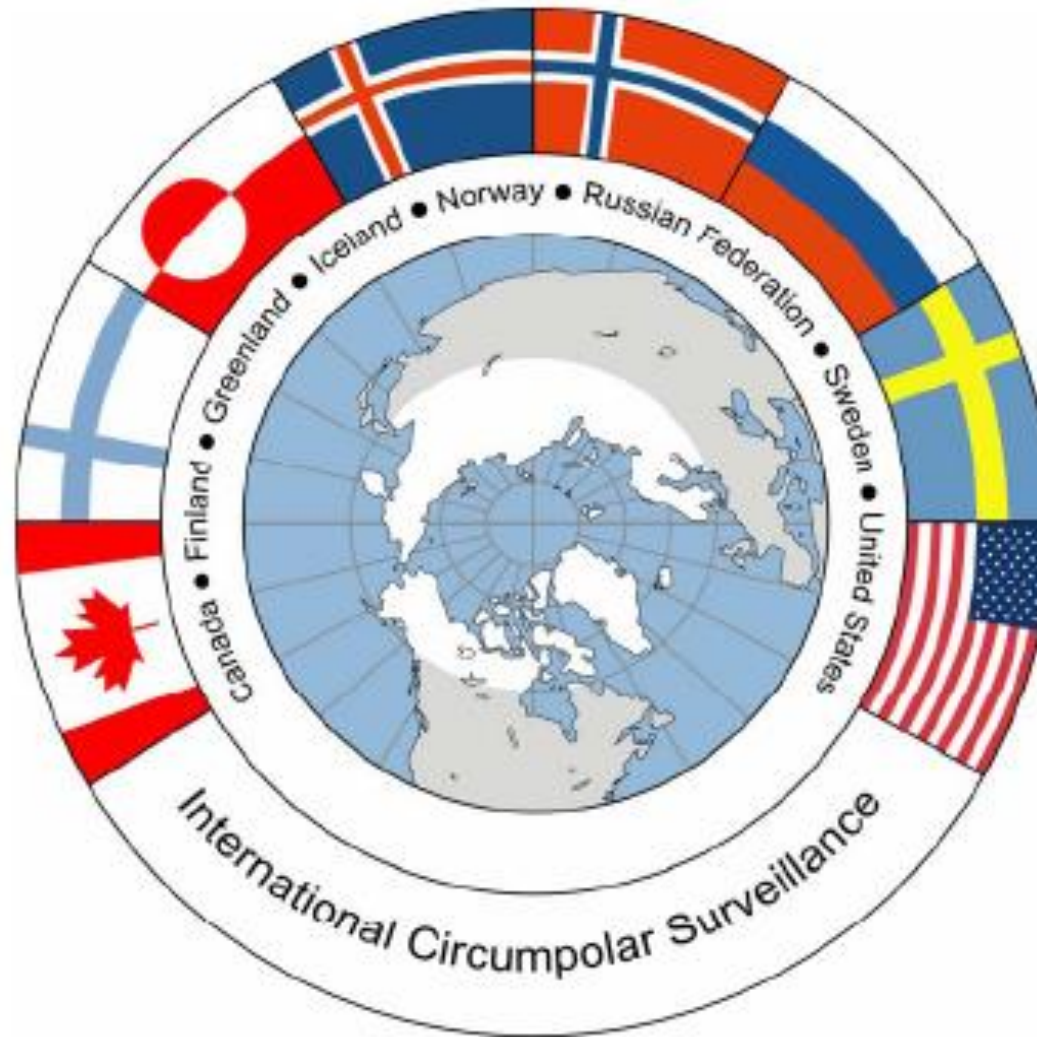


Table 4.1.6 Deaths from suicide per 100 000 inhabitants by sex and age 2000-2009
 Selvmord pr. 100 000 indbyggere efter køn og alder 2000-2009

	Men					Women				
	Total I alt	10-19	20-24	25-64	65+	Total I alt	10-19	20-24	25-64	65+
Denmark										
2000	23.3	4.4	16.0	23.8	41.8	8.3	2.5	1.2	8.2	15.0
2005	16.9	3.3	8.8	18.9	41.8	6.3	0.6	3.5	6.8	14.2
2008	15.3	2.8	13.4	17.9	31.2	6.6	1.5	3.3	7.9	11.3
2009	17.4	2.8	9.8	21.6	32.9	5.2	1.2	0.6	6.0	10.5
Faroe Islands										
2000-04	6.6	-	12.3	9.8	7.2	2.7	-	-	5.6	-
2005-09	8.8	5.1	-	15.5	-	0.9	-	-	1.8	-
Greenland										
2000-04	145	179	464	105	102	58	71	104	53	13
2005-09	109.9	124.7	344.0	112.9	35.1	39.8	84.8	79.9	36.1	-
Finland										
2000	34.6	10.5	41.8	46.6	36.8	11.0	4.1	9.4	15.5	17.5
2005	28.1	4.8	30.5	36.5	39.0	10.0	4.7	12.3	13.5	8.6
2008	30.7	7.3	35.3	41.0	33.9	8.6	5.4	6.9	11.5	7.6
2009	29.0	8.3	37.3	37.1	35.4	10.0	3.2	12.0	14.2	7.5
Åland										
2000-04	26.5	12.0	55.7	33.8	22.2	9.1	-	-	8.5	24.0
2005-09	11.9	-	-	8.1	48.6	13.2	-	33.0	13.5	23.2
Iceland										
2000	29.8	22.9	73.4	38.1	13.6	5.7	-	9.4	8.6	5.6
2005	16.2	8.7	9.2	27.2	-	6.1	-	-	12.0	-
2008	16.5	4.2	25.0	23.7	11.9	7.0	-	-	11.1	10.0
2009	18.0	4.3	8.5	27.8	17.5	4.4	-	-	8.6	-
Norway										
2000	18.4	11.3	29.9	22.5	22.6	5.8	3.0	4.4	7.9	6.3
2005	15.8	6.9	24.7	18.6	16.9	7.3	4.3	7.2	9.8	5.4
2008	14.6	5.5	21.0	19.1	16.6	6.6	3.9	6.3	8.9	6.0
2009	17.3	7.7	17.6	22.3	23.0	6.5	4.5	4.8	9.3	4.7
Sweden										
2000	18.3	4.0	15.9	21.2	36.0	7.3	3.2	3.9	9.2	10.1
2005	18.6	3.8	18.2	22.3	32.3	8.4	3.1	8.5	10.4	11.2
2008	18.7	6.3	19.9	22.0	30.4	6.8	4.2	7.2	8.2	8.2
2009	19.2	5.8	19.8	23.9	27.7	7.6	3.8	8.6	9.4	8.7

Sources: The national registers for causes of death ICD-10: X80-X84
 Kilder: De nationale dødsårsagsregistre
 G: Chief Medical Officer







- Through the nineties there was an increasing interest, both nationally and internationally, about the health advantages / disadvantages of living in the Arctic environment
- ICS was primarily a United States (Alaska) / Canada cooperation in CDC (Arctic Investigations Program (AIP), The National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Anchorage, Alaska) (1998-99):
- The purpose was to:
 - Look across borders in the Arctic
 - Investigate disease incidence among Arctic populations (geography, environment, socio-cultural)
 - Increase the understanding of the epidemiology of infectious diseases among indigenous populations in the Arctic
 - Build a circumpolar network of all the Arctic nations



- In November 2000, the initiative was approved as a project of the Arctic Council, under "The Sustainable Development Working Group"
- ICS is also a project of the "The International Union for Circumpolar Health Infectious Disease Working Group"
- The Mission of the cooperation:
 - The systematic collection, interpretation and dissemination of information on diseases of importance for human health, for use in epidemiological research and national health policy (programs, monitoring, evaluation)



■ Main activities:

- The occurrence of selected infectious diseases
- Trends in the development of resistance
- Attention to disease incidence and risk factors that require further monitoring or investigation
- Collect isolates
- Evaluate the effectiveness of current preventive measures concerning infectious diseases and new methods for monitoring / measurement
- Feedback to participants
- Broaden the spectrum (politics, culture, the environment and their health and social effects)



- Population-based surveillance of invasive infections:

- 1998-99: *Streptococcus pneumoniae*
- 2000: *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Neisseria meningitidis*, *Streptococcus* Group A, B

- Greenland:

- 1998-99: The National Board of Health began negotiations with ICS regarding the realistic possibilities of the participation of Greenland
- 2000: *Streptococcus pneumoniae*
- 2001: *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Neisseria meningitidis*, Group A, B *Streptococcus*



- ICS Steering Committee:

- Control activities and identify, prioritize and initiate new monitoring and research activities that will lead to better prevention and control of infectious diseases in the Arctic region

- Other ICS activities:

- Invasive Infections Working Group
- Tuberculosis Working Group
- Research / Interest groups:
 - Hepatitis B
 - HPV (Human Papilloma Virus)
 - Hp (Helicobacter pylori)
 - EBV (Epstein Barr Virus)



Membership

The principal members may include, but are not limited to representative(s) of:

- Government departments, Ministries and laboratories in:
 - Canada - Labrador (Newfoundland), Northwest Territories, Nunavut, Nunavik (Quebec), Yukon,
 - Finland
 - Greenland
 - Norway
 - Russian Federation
 - Sweden
 - United States - Alaska
- Arctic Investigations Program of the U.S. Centres for Disease Control and Prevention (CDC)
- International Union for Circumpolar Health (IUCH) and Canadian Society for Circumpolar Health (CSCH)
- First Nations Inuit Health Branch, Health Canada
- Quebec National Institute of Public Health
- National Reference Centre for Mycobacteriology, Public Health Agency of Canada (PHAC)
- Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada (PHAC)



ICS-TB Working Group

On February 1, 2006, representatives from several countries with territory in the circumpolar region met in Yellowknife, Northwest Territories, Canada, to establish a TB surveillance subgroup of the International Circumpolar Surveillance (ICS) network. As a result, a proposal was submitted to the ICS Steering Committee and on March 19, 2006 the Steering Committee unanimously approved the creation of a TB Working Group of the ICS (ICS-TB).

Mission

The mission of ICS-TB is the collaborative, systematic collection, interpretation and dissemination of information pertaining to tuberculosis in circumpolar populations for use in epidemiologic study, policy generation, program design and evaluation.

Mandate

To conduct surveillance for targeted public health action and to monitor trends in the demographic, clinical and laboratory characteristics of tuberculosis disease in northern circumpolar populations.



Activities

- Specific activities include, but are not limited to:
 - Maintaining a non-nominal database of cases of disease to use as a basis for further study
 - Identifying patterns of disease occurrence that require further investigation
 - Monitoring TB drug resistance trends
 - Providing feedback about the molecular epidemiology of TB in northern circumpolar regions through the use of DNA fingerprinting
 - Evaluating known risk factors for TB disease
- Further or future activities may include:
 - Evaluating and comparing the effectiveness of existing control measures (including use of BCG) in different jurisdictions
 - Demonstrating the feasibility and effectiveness of new targeted or universal control measures
 - Expanding the collaboration to include agencies which monitor political, cultural, and environmental factors in northern circumpolar regions and to expand the surveillance to include health and social effects related to these factors.
 - Evaluating the effectiveness of current tuberculosis prevention and control measures



Notified cases of tuberculosis per. 10.000 inhabitants

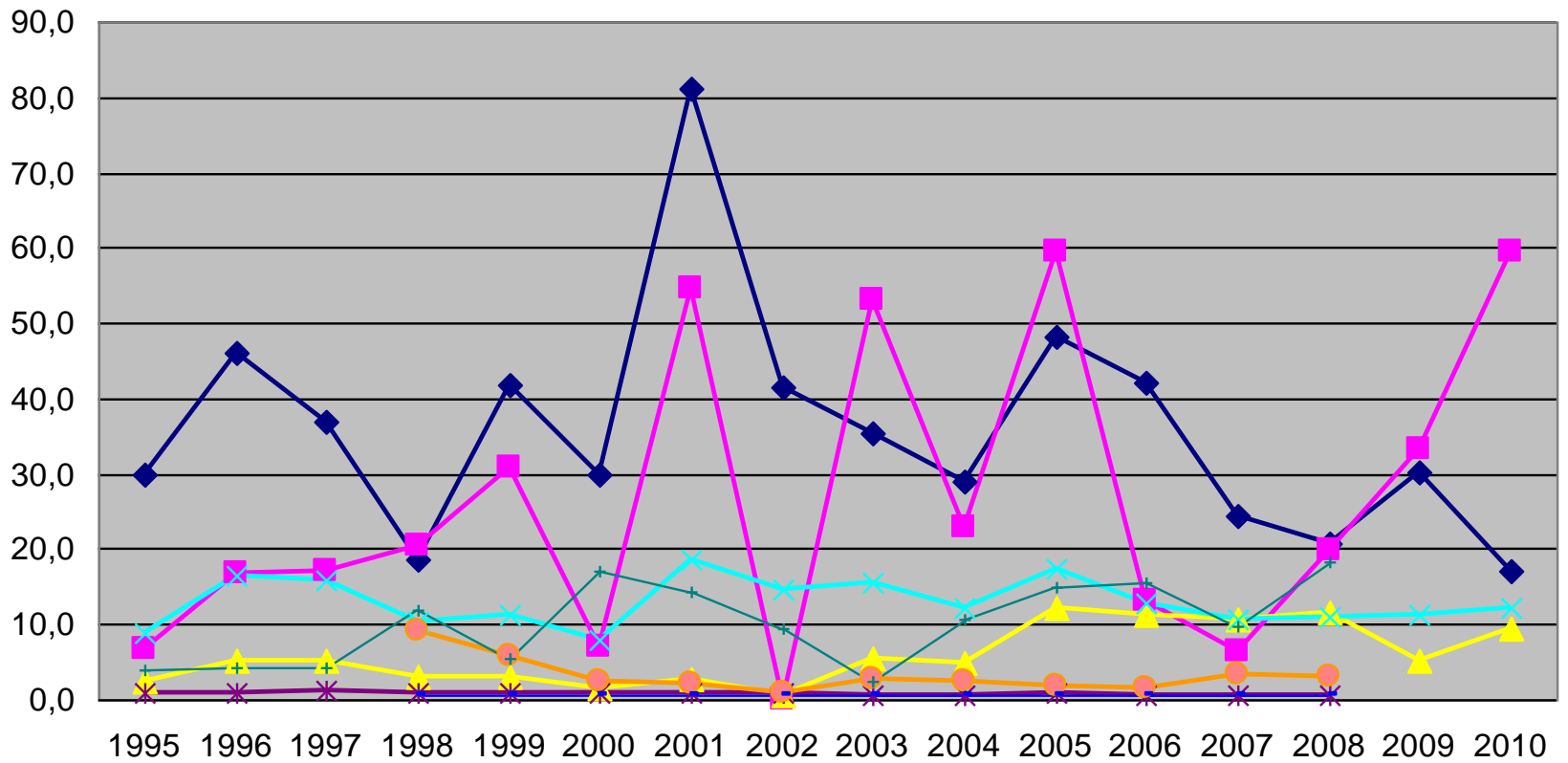
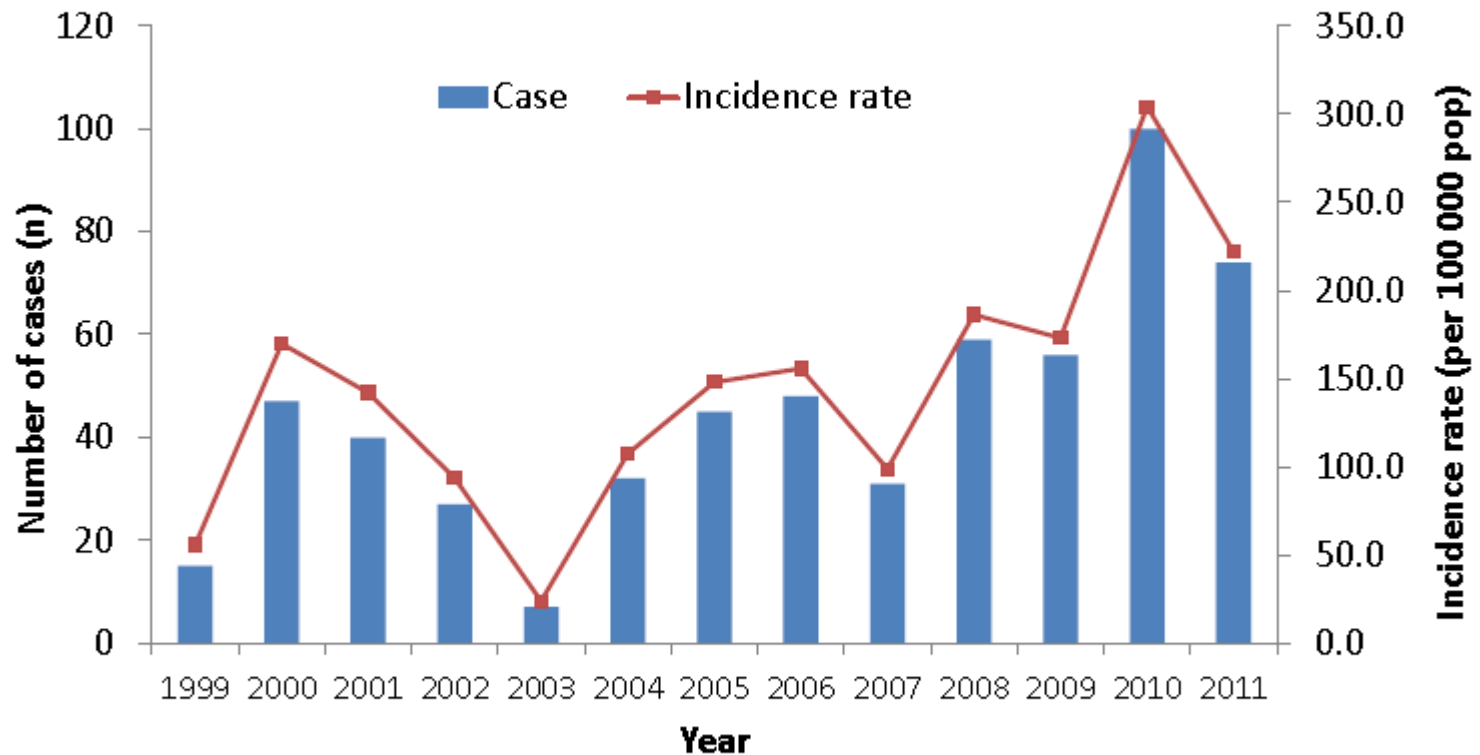


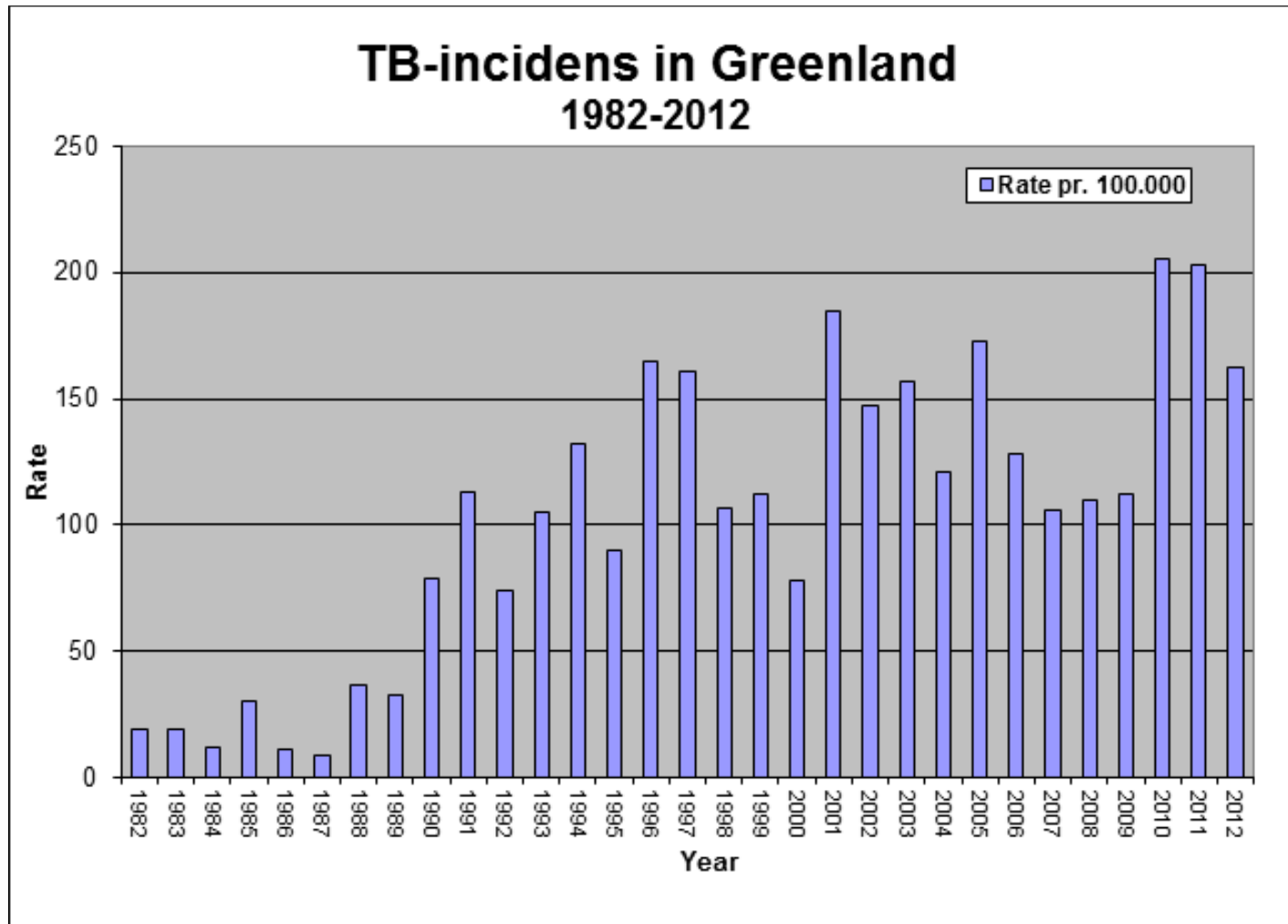




Figure 1: Epicurve of active TB cases and crude incidence rate, Nunavut, 1999-2011

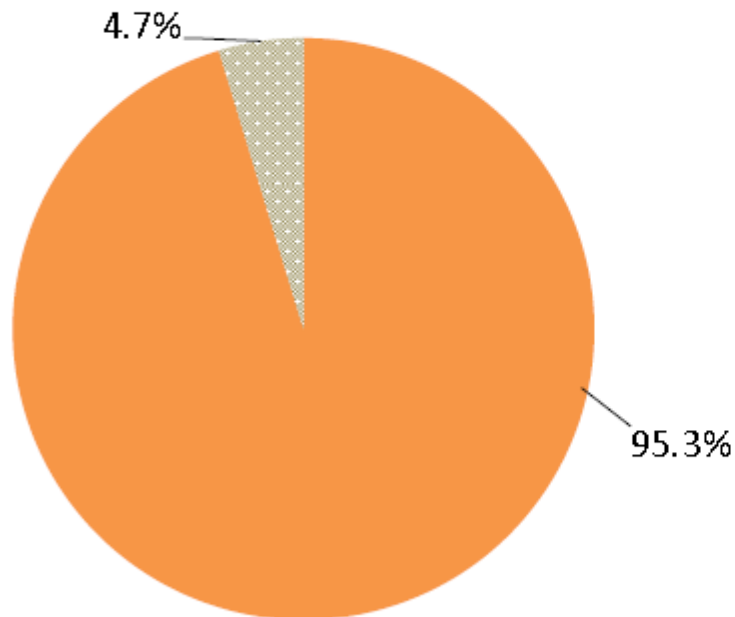


Total number of cases: 581
Average crude incidence rate: 147.6 cases per 100,000



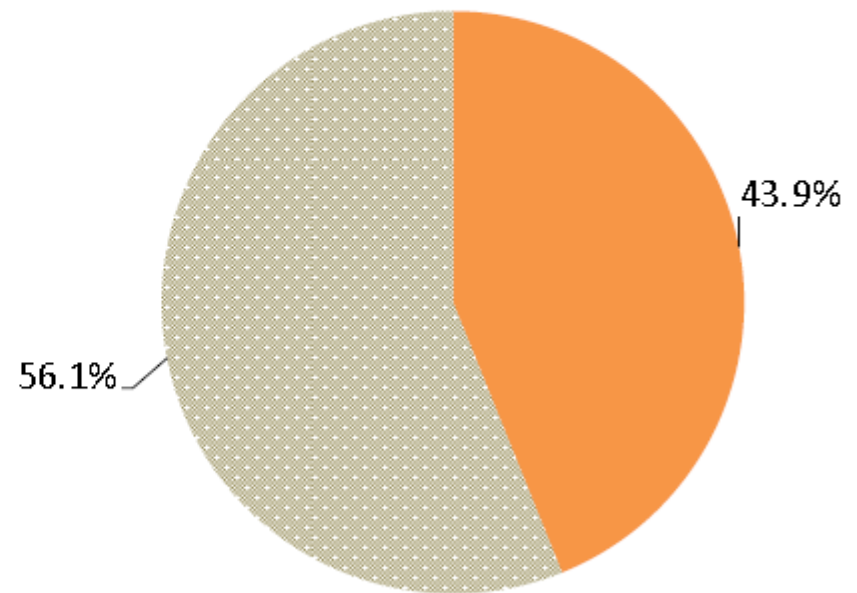
A disproportionate burden ...

Figure 4: Aboriginal representation in the general Canadian population



■ Canadian-born non-Aboriginal
■ Aboriginal

Figure 5: Distribution of active TB cases in Canada, by Aboriginal ethnicity



■ Canadian-born non-Aboriginal cases
■ Aboriginal cases



Figure 6: Distribution of Inuit people within the Canadian Aboriginal population

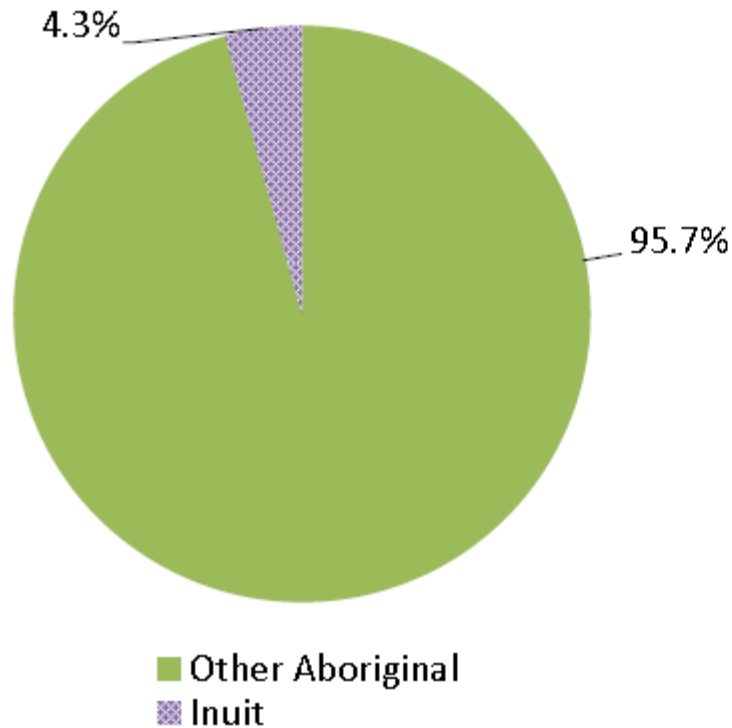


Figure 7: Distribution of active TB cases, by Aboriginal community

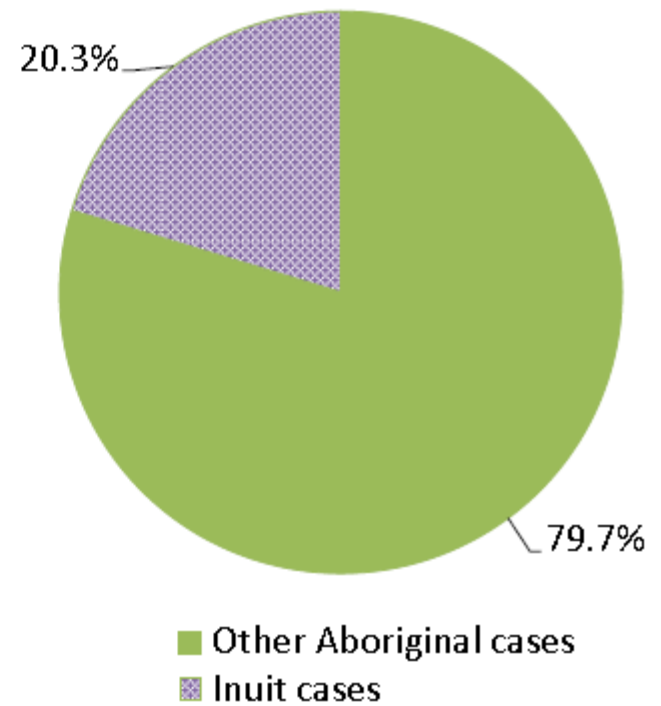
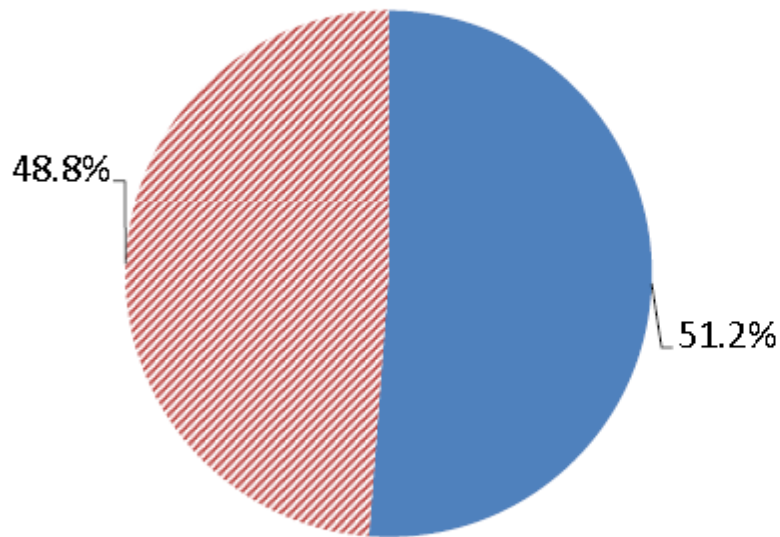


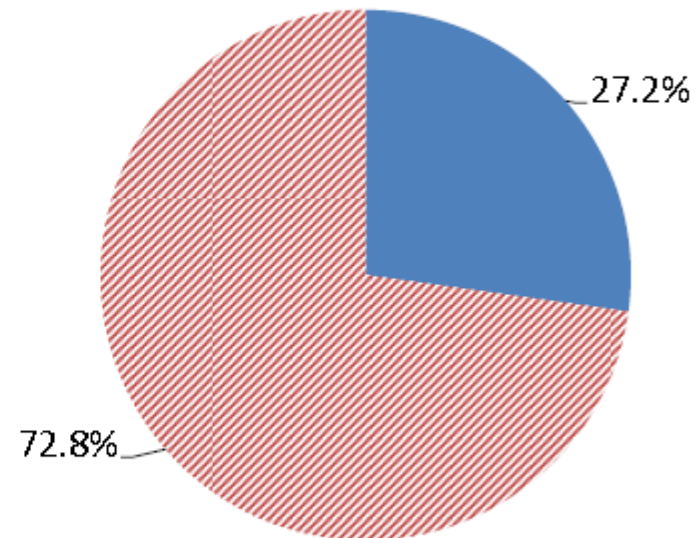


Figure 8: Distribution (%) of the Inuit population in Canada



■ Inuit in Canada (excluding Nunavut)
▨ Inuit from Nunavut

Figure 9: Distribution (%) of active TB cases among the Inuit population



■ Inuit cases in Canada (excluding Nunavut)
▨ Inuit cases from Nunavut



Conclusion:

- In years to come, Greenland in many ways will continue to be linked up to Denmark and Danish relations.
- In health care, especially specialist treatment, to the extent that it necessarily takes place outside Greenland, will take place in Denmark (Maybe some of it in Iceland).
- For the National Board of Health it is already clear that the relations with Denmark is decreasing, and that the relations with Canada / Nunavut and Alaska are developing.
- Especially for TB The National Board of Health look forward to working closely with Nunavut and ICS/Health Canada, supported by other international contacts.



Pisuinnaat aqqutaannut qiseqinak

Don't spit on the sidewalk