

Tajikistan

Human Papillomavirus and Related Cancers, Fact Sheet 2017 (2017-07-27)

I. Key data on HPV and HPV-related cancers



Tajikistan has a population of 2.76 millions women ages 15 years and older who are at risk of developing cervical cancer. Current estimates indicate that every year 301 women are diagnosed with cervical cancer and 132 die from the

disease. Cervical cancer ranks as the 4th most frequent cancer among women in Tajikistan and the 1st most frequent cancer among women between 15 and 44 years of age. Data is not yet available on the HPV burden in the general population of Tajikistan. However, in Asia about 3.4% of women in the general population are estimated to harbour cervical HPV-16/18 infection at a given time, and 68.9% of invasive cervical cancers are attributed to HPVs 16 or 18.

Table 1. Crude incidence rates of HPV-related cancers

| | Male | Female |
|---------------------------------|------|--------|
| Cervical cancer | - | 8.4 |
| Anal cancer | - | - |
| Vulva cancer | - | - |
| Vaginal cancer | - | - |
| Penile cancer | - | - |
| Pharynx (excluding nasopharynx) | 1.2 | 0.7 |

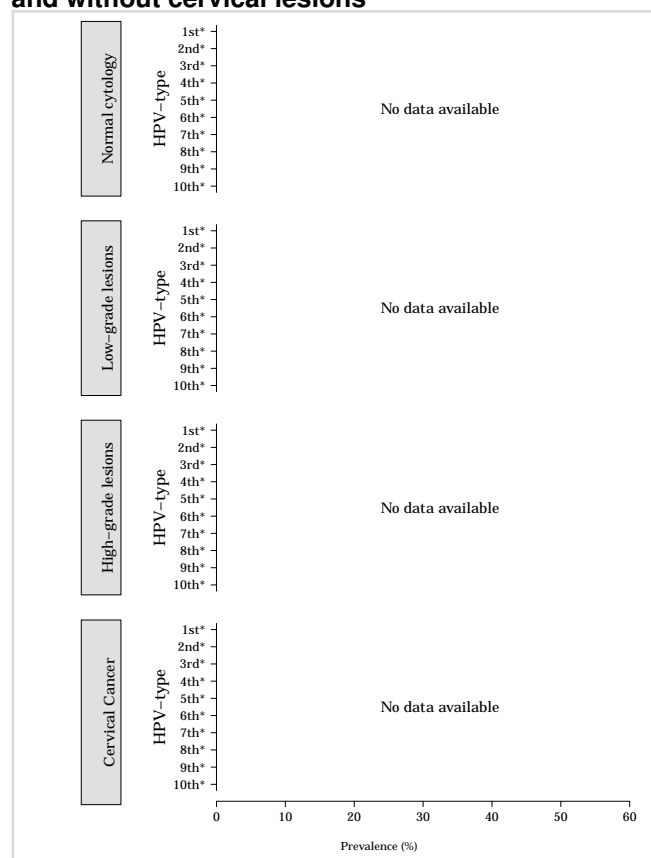
Table 2. Burden of cervical cancer

| | Incidence | Mortality |
|------------------------------------------|-----------|-----------|
| Annual number of new cases/deaths | 301 | 132 |
| Crude rate | 8.4 | 3.7 |
| Age-standardized rate | 9.9 | 4.9 |
| Cumulative risk 0-74 years (%) | 0.9 | 0.5 |
| Ranking of cervical cancer (all years) | 4th | 4th |
| Ranking of cervical cancer (15-44 years) | 1st | 2nd |

Table 3. Burden of cervical HPV infection Tajikistan

| | No. Tested | % (95% CI) |
|----------------------------------------------|------------|------------|
| HPV prevalence in women with normal cytology | - | -- |
| HPV 16/18 prevalence: | | |
| Normal cytology | - | -- |
| Low-grade cervical lesions | - | -- |
| High-grade cervical lesions | - | -- |
| Cervical cancer | - | -- |

Figure 1. Comparison of the ten most frequent HPV oncogenic types in Tajikistan among women with and without cervical lesions



*No data available. No more types than shown were tested or were positive.

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II. Complementary data on cervical cancer prevention

Table 4. Factors contributing to cervical cancer (co-factors)

| | |
|---------------------------------------------------------------------------|-----------------|
| Smoking prevalence (%), women | - |
| Total fertility rate (live births per women) | 2.8 |
| Hormonal contraception use (%) (pill, injectable or implant), among women | 4.3 |
| HIV prevalence (%), adults (15-49 years) | 0.3 [0.3 - 0.4] |

Table 5. Sexual behaviour

| | |
|-----------------------------------------------------------|-----------|
| MEN | |
| Percentage of 15-year-old who have had sexual intercourse | - |
| Range of median age at first sexual intercourse | - |
| WOMEN | |
| Percentage of 15-year-old who have had sexual intercourse | 0.1 |
| Range of median age at first sexual intercourse | 19.4-21.3 |

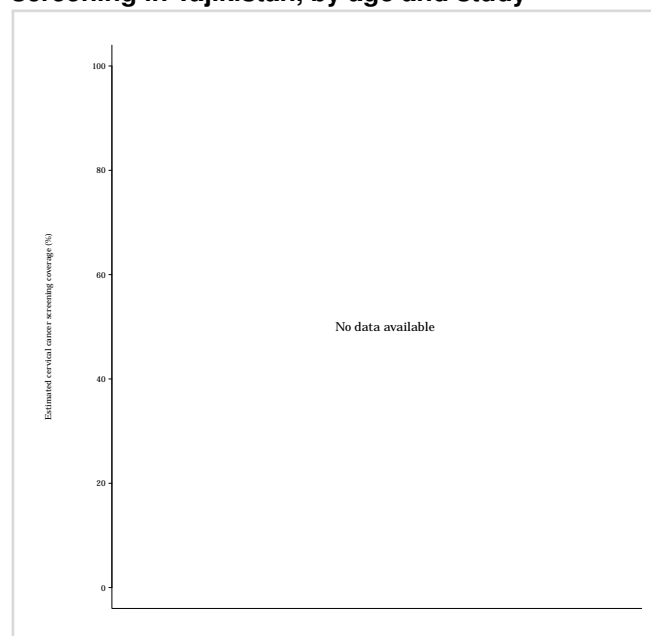
Table 6. HPV vaccine introduction

| | |
|--------------------------------------------------------------|------------|
| HPV vaccination programme | No program |
| Date of HPV vaccination routine immunization programme start | - |

Table 7. Cervical screening practices and recommendations

| | |
|-------------------------------------------------------------------------------|----------|
| Cervical cancer screening coverage, % (age and screening interval, reference) | - |
| Screening ages (years) | Above 20 |
| Screening interval (years) or frequency of screens | - |

Figure 2. Estimated coverage of cervical cancer screening in Tajikistan, by age and study



^a Proportion of women in the total sample of the mentioned age range in the country or region that reported having a Pap smear during a given time period (e.g., last year, last 2, 3, 5 years or ever).

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