



Public Health
England

Protecting and improving the nation's health

Why tuberculosis is still a public health challenge for local authorities

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What is tuberculosis?

- Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis complex* bacteria
- It most commonly causes respiratory illness first that is usually spread through the air by droplets when people with active tuberculosis cough or sneeze
- Unlike many other bacterial infections, tuberculosis has unusual features, which can make it challenging to manage:
 - There is often a 'latent' phase after initial infection
 - Treatment with antibiotics takes much longer than other respiratory infections – typically 6 months but can be as long as 24 months
 - Many of the bacteria are becoming resistant to antibiotics leading to multi-drug resistant TB (MDR-TB) and extra-drug resistant-TB (XDR-TB)

Collaborative TB Strategy for England 2015-2020

The TB Strategy recommended 10 areas for action:

1. improve access to services and ensure early diagnosis
2. provide universal access to high-quality diagnostics
3. improve treatment and care services
4. ensure comprehensive contact tracing
5. improve BCG vaccination uptake
6. reduce drug-resistant TB
7. tackle TB in under-served populations
8. systematically implement new entrant LTBI screening
9. strengthen surveillance and monitoring
10. ensure an appropriate workforce to deliver TB control.



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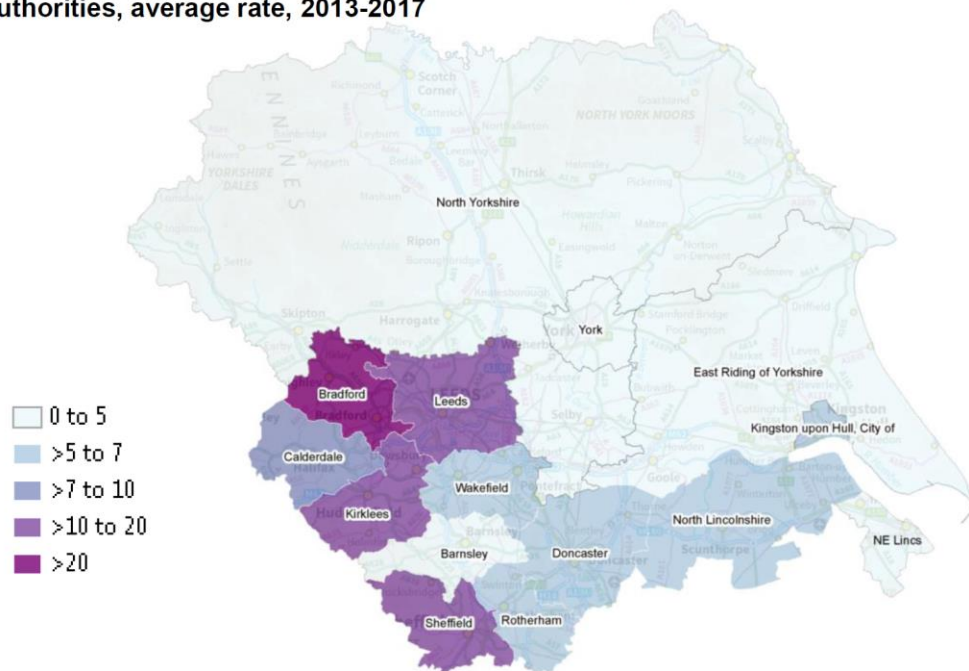
Collaborative Tuberculosis
Strategy for England

2015 to 2020



TB notifications and incidence

Figure 1.7: Tuberculosis incidence per 100,000 population for Yorkshire and Humber local authorities, average rate, 2013-2017



There were 345 cases of TB in Yorkshire and Humber in 2017 (rate 6.3 per 100,000), a reduction from 2016 (421 cases)



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Tuberculosis in Yorkshire and Humber:
Annual review (2017 data)

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Why should local authorities still be concerned about TB?

- The regional annual report found
 - Incident rates have decreased across local authorities in Yorkshire and Humber
 - Bradford and Kirklees have higher rates than the national average, both are decreasing
 - Small rises in Hull, North Lincolnshire and Doncaster
 - Complex incidents - issues around mobile student populations, limited English speaking, difficulties in engaging with employers, successive screening rounds
 - TB incidents consume a significant amount of resource for many agencies

Yorkshire and the Humber

**Under-served
groups are
most at risk
of TB**

Overall, the proportion of people with TB who had a social risk factor has increased

8.0%

12.9%

2013

2017

People with social risk factors:



are more likely to
have infectious TB



are more
likely to die

Why should local authorities still be concerned about TB?

- Cases of people with tuberculosis with no recourse to public funds have been very difficult to manage
 - complex treatment and accommodation pathways
 - high financial and time costs to local commissioners and the health service.
- Engagement process in 2017 found not having a pathway for people with TB and no recourse to public funds leads to:
 - A heightened clinical risk due to possible non-adherence to treatment regimen
 - Excessive costs of situational management over and above the costs associated with providing additional support to patients, which constitutes a poor use of public funds
 - A drain on the energy and resilience of the regional workforce (across multiple organisations)
 - A significant detrimental impact on patient and family experience

What can local authorities do to tackle TB?



Tackling tuberculosis

Local government's
public health role

1. Ensure a joined-up, multi-agency approach to TB patient care and support
2. Encourage local health and social service commissioners to prioritise the delivery of appropriate clinical and public health services for TB
3. Promote local leadership of TB at all levels
4. Encourage NHS commissioners, local authorities, housing departments and hostel accommodation providers to agree a process
5. Support where possible an individual's social needs
6. Invite a local TB nurse to raise awareness of TB among local authority staff.
7. Ensure information about TB is cascaded into key local authority teams

Guidance

What can local authorities do to tackle TB?



Tackling tuberculosis

Local government's
public health role

8. Facilitate appropriate access to information and advice on TB
9. Promote registration with GPs for new migrants, vulnerable or marginalised people
10. Work, via the DPH, with CCGs and NHS England to ensure that screening, immunisation and treatment services reach out to diverse populations
11. Consider how third sector organisations can help improve access to TB services and patient support,
12. Include TB in the local authority's Joint Strategic Needs Assessment
13. Encourage multi-agency working on TB via the HWB and health protection board
14. Consider undertaking a scrutiny committee review of TB

Guidance



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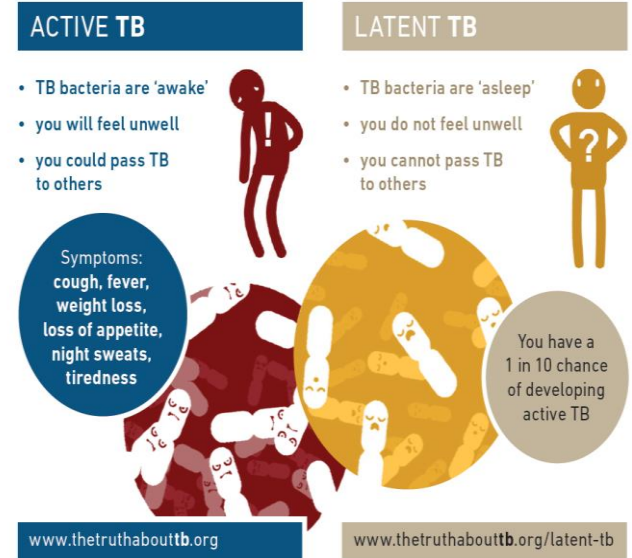
Screening for latent TB infection (LTBI) in Yorkshire & Humber

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LTBI screening for new entrants

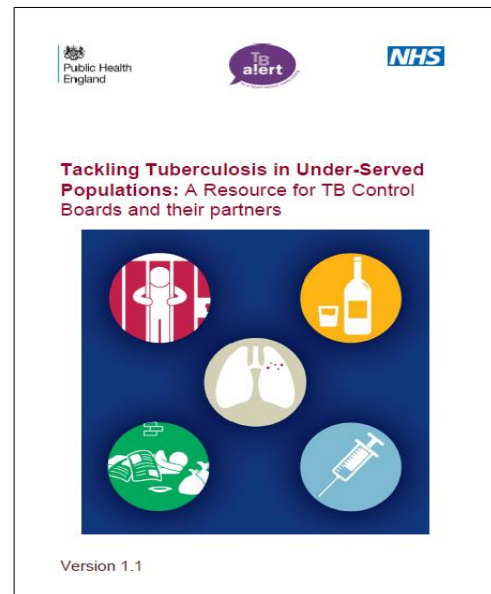
Rationale:

- Most active TB cases in the UK are reactivated latent TB cases
- There's evidence that screening new entrants from "high incidence" countries is effective and cost-effective
- Implementing systematic new entrant screening is part of the national TB strategy



LTBI screening for under-served populations

- Cuts across new (and not recent) entrants and UK-born populations
- Health inequalities issue: TB is 7x more common in the most deprived decile than the least
- Services vary around the region, but most areas don't commission a LTBI screening (test and treat) service for under-served populations
- As TB incidence falls across the UK and Y&H, approaching it from a health inequalities perspective might be an opportunity?



The issues:

- The NICE definition of a “high” incidence country is different to the national TB strategy definition which is confusing
- NHS England funds screening for new entrants aged 16-35 from (very) high incidence countries in 6 Y&H CCG areas
- Areas that aren’t funded through the national strategy tend to offer screening to a wider range of people, but it varies across the region
- The cost-effectiveness research is out of date



inequitable service

The opportunities:

- Encourage local health and social service commissioners to prioritise the delivery of appropriate clinical and public health services for TB
- Promote local leadership of TB at all levels
- Support where possible an individual's social needs
- Facilitate appropriate access to information and advice on TB
- Promote registration with GPs for new migrants, vulnerable or marginalised people
- Work, via the DPH, with CCGs and NHS England to ensure that screening, immunisation and treatment services reach out to diverse populations