



TB Strategy Update

This is a regular update that provides information on the progress of the **Collaborative TB Strategy for England 2015 - 2020**. To subscribe to future updates please [click here](#)

Good news - TB rates continue to decline in 2017!

Annual TB Report - September 2018

PHE's latest annual report on TB, "[Tuberculosis in England: 2018](#)" was published in September, coinciding with the UN high level meeting on TB in New York.

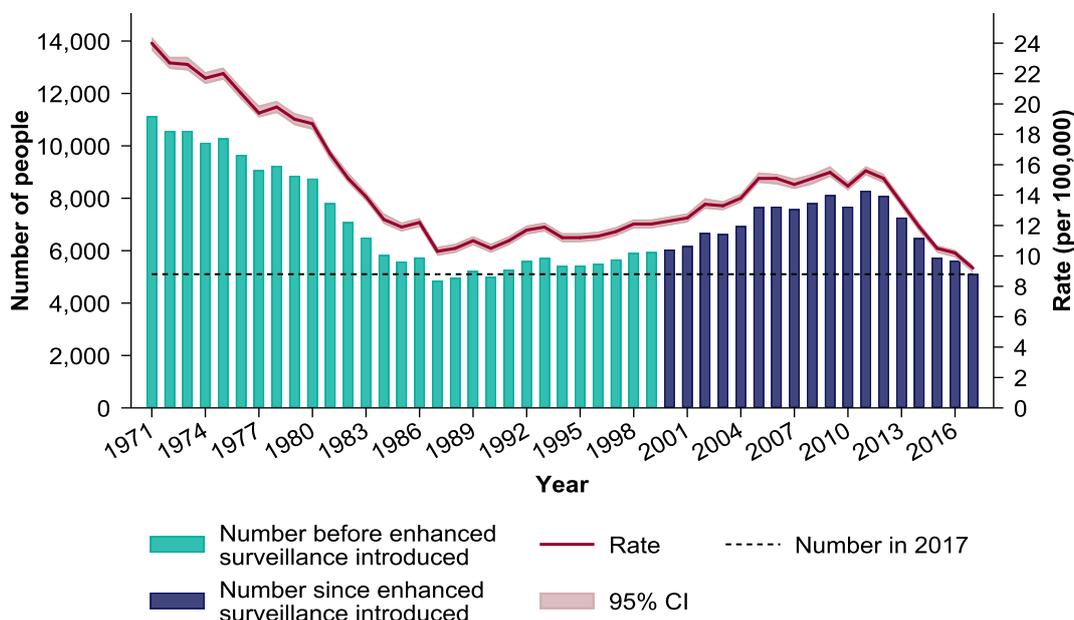
It is great to see a further 9% reduction in TB case numbers and rates in 2017. Thank you for all your hard work in helping to achieve this.

Since 2011, the number of people notified with TB has fallen by nearly 40% to 5,102 in 2017, the lowest number since 1990 (5,010). The TB incidence rate, now 9.2 per 100,000 population, is our lowest ever and for the first time England is considered to be a low incidence country under current World Health Organisation definitions.

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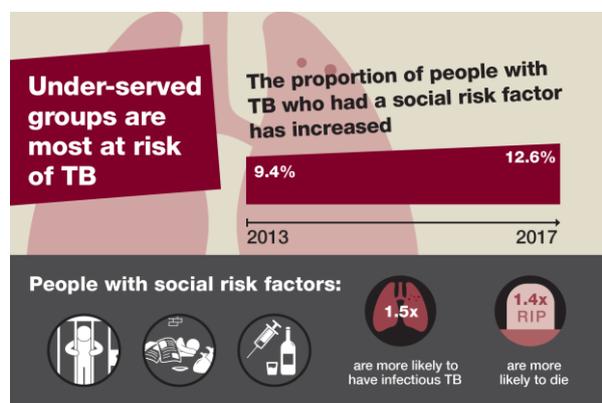
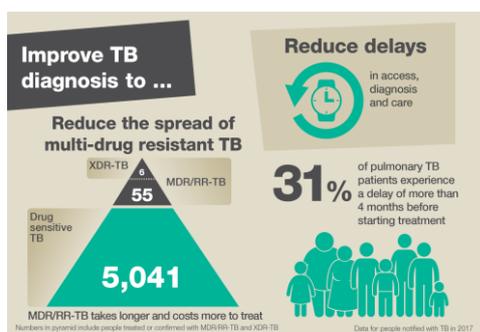
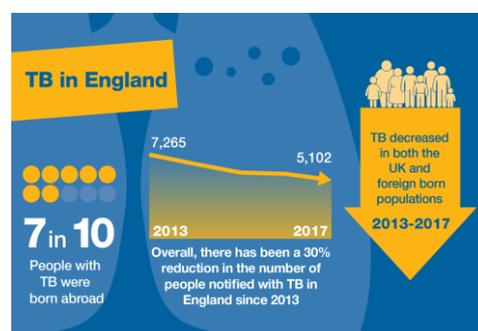
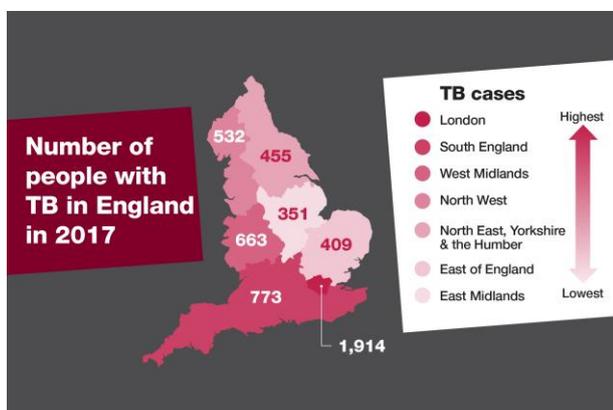
TB notifications and rates, England, 1971-2017



Key facts from the 2018 annual TB report

- in 2017, 5,102 people were notified with TB in England
- between 2011 and 2017, there has been a large decline in both the number of TB notifications (-38%) and the rate (-41%)
- people born outside the UK accounted for 71% of TB notifications in 2017. The rate of TB among this group was 13 times higher than among those born in the UK
- the number of people with confirmed MDR/RR-TB decreased between 2016 and 2017 (60 versus 55), but the proportion was similar (1.7% versus 1.8%).
- in 2017, 12.6% of people notified with TB had a social risk factor (SRF), the highest proportion since data collection began in 2010. The proportion of people with a SRF was higher in those born in the UK (21%) compared to those born outside the UK (9.4%). In addition, MDR/RR-TB was almost twice as common in people with a SRF (2.7%) compared to those without (1.5%)
- the rate of TB in the most deprived 10% of the population was 18.4 per 100,000, more than 7 times higher than in the least deprived (2.5 per 100,000)
- in 2016, the proportion of people notified with drug sensitive TB who completed treatment by 12 months rose from 83.7% in 2015 to 84.4% in 2016. The proportion who died at the last recorded outcome was 5.5%, lower than in 2015 (6.1%)
- 58% of the drug resistant cohort notified in 2015 completed treatment by 24 months, a higher proportion than for those notified in 2014 (52%)
- outcomes in people with drug sensitive TB who had a SRF were worse (6.3% died and 6.5% were lost to follow-up) compared to those without a SRF (4.6% and 3.3%, respectively)

A slideset and infographics linked to the annual TB report can be found [here](#)



United Nations High Levels Meeting on TB

FIRST UN GENERAL ASSEMBLY
HIGH-LEVEL MEETING ON TB IN 2018



In September World Leaders met at the first ever United Nations General Assembly high level meeting on TB and endorsed a [UN Political Declaration on TB](#). This Declaration aims to drive universal access, sufficient and sustainable financing, intensified research and innovation, and accountability across all sectors and all countries. It commits world leaders to:

- diagnose and successfully treat 40 million people with TB by the end of 2022
- provide 30 million people with preventive treatment by 2022
- secure US\$ 13 billion a year by 2022 to implement TB prevention and care, and US\$ 2 billion for basic science and public health research and to develop innovative products and approaches
- take firm action against drug-resistant forms of the disease
- build accountability and prioritise issues such as the stigma that still prevails around TB in many parts of the world.

For more information see the [WHO website](#)

The UK is working to support international partners to translate the political commitments made at the UN meeting into practical and tangible action. PHE / DHSC and DFID are inputting into the development of the WHO's Multisectoral Accountability Framework to strengthen countries accountability

There was a good UK presence at the UN high level meeting, with Jeremy Hunt Secretary of State for Foreign Affairs, DFID minister Penny Mordaunt, MP Nick Herbert, the CMO Sally Davies and a number of UK TB academics in attendance. Penny Mordaunt spoke and committed to the Political Declaration and announced that £7.5 million of UK Aid will go to *TB Alliance* to help develop three new TB drugs. This is in addition to the UK's current, extensive research portfolio.

To see Secretary of State, Penny Mordaunt's, speech at the UN HLM on TB, [click here](#)

To see MP Nick Herbert impassioned speech at the UN HLM [click here](#)

Nick is co-chair of the UK's All Party Parliamentary Group (APPG) on TB and of the Global TB Caucus of Parliamentarians

It is important to note that although we are now considered a 'low incidence' country we are the second largest government donor to the Global Fund to Fight AIDS, TB and malaria. The Global Fund provides the bulk of international funding to fight TB in

low and lower-middle income countries where the incidence and mortality of TB is highest.

The UN HLM on TB provided a unique opportunity to raise awareness of TB internationally and to obtain commitment from World leaders to End TB. We in the UK now need to work to support this both here and abroad. Among other things the National TB programme is starting to look beyond our current TB Strategy to see how we might align future work to that outlined in the UN Political Declaration to End TB.

New BCG Vaccine Supply

A UK-licensed BCG vaccine manufactured by AJ Vaccines (formerly the Statens Serum Institut (SSI)) is now available and has replaced the InterVax BCG vaccine for the national BCG programme.



- **[Vaccine Update: Issue 283 in August 2018](#)** provides comprehensive information on the new AJ vaccine with hyperlinks to some great resources for healthcare professionals and in particular a **[new training slide set for BCG](#)** written by Surinder Tamne (National TB Nurse Specialist)
- **[Vaccine Update: Issue 288 in November](#)** provides information that there are now no restrictions on order quantities for the AJ Vaccine BCG and asks that any remaining InterVax BCG should be disposed of safely
- Of note: NHS England commissioners, Screening and Immunisation Teams and CCGs are asked to work together to ensure that eligible children aged 1 to 5 years who missed out on BCG during the period of constrained supply are caught up as soon as is practicable

Now that there is a consistent BCG supply a TB Strategy national BCG tasks and finish group has been created to tackle the following actions - improve BCG uptake; strengthen pathways to deliver BCG vaccination; improve commissioning of BCG for 1-5 year olds and ensure low-incidence areas identify and offer BCG to children who are eligible.

Progress in new entrant LTBI programmes

To date, 42 CCGs have had LTBI programme plans agreed for 2018/19 and have received Q1 and/or Q2 funding. There are seven further CCGs submitting LTBI data, making a total of 49 active LTBI programmes as of September 2018. The NHS England team is working with CCGs who have not yet submitted plans to ensure LTBI testing and treatment programmes are implemented in all priority CCG areas.

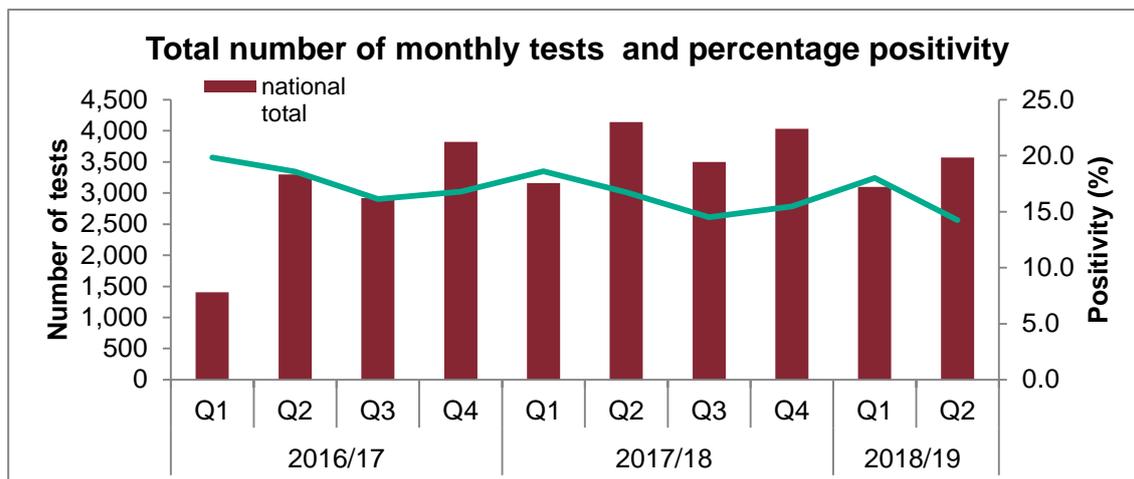


Since the programme commenced in 2015, 34,574 LTBI tests have been reported, with a test positivity rate of 17%. The number of tests processed have been steadily increasing year on year and 7,064 tests have been processed so are this year.

Current data collection processes will be replaced by an LTBI web-portal in the coming months. The new web-based system is currently being piloted, and, unless any major setbacks occur, we expect full roll out of the system in the New Year.

In 2018, Flag4 data has been provided by NHS Digital and shared with 23 CCG areas to identify eligible migrants. Data continues to be shared with CCGs on a quarterly basis.

Ongoing work planned for 2019 includes further development of the LTBI testing and treatment web-portal; improving sharing of LTBI data with TB Control Boards and FES teams; provision of LTBI testing and treatment information to migrants at pre-entry active TB screening appointments to improve uptake; and exploring presenting LTBI data on the PHE Fingertips website.

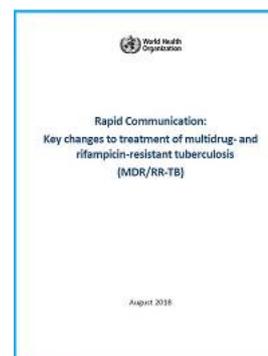


WHO revises its guidance on the treatment of MDR/RR-TB

In July 2018, the latest evidence on treatment of drug-resistance TB was reviewed by an independent panel of experts convened by WHO. Based on the latest evidence, these experts recommended significant changes to the design of longer MDR-TB treatment regimens.

In response, WHO issued a **Rapid Communication** on key changes to treatment of multi-drug and rifampicin-resistant TB (MDR/RR-TB) as a prelude to more formal guidance that they are currently preparing.

As such, the communication does not notify of decisions that have been taken or immediate changes in practice that are to be implemented, but of advice which health systems now need to use to plan for future changes in implementation.



The communication includes a new priority ranking of the available medicines for MDR-TB treatment, which has several major changes compared to the 2016 WHO MDR-TB guidance.

- Kanamycin and capreomycin are no longer in the regimen to treat MDR/RR-TB
- Bedaquiline and linezolid (together with levofloxacin or moxifloxacin) have been upgraded and prioritized in the regimen to treat MDR/RR-TB
- A new, all-oral, regimen for MDR/RR-TB treatment
- In the shorter regimen for MDR/RR-TB, kanamycin and capreomycin should be replaced with amikacin (or bedaquiline under operational research conditions).

This restructuring will limit the use of injectable drugs whilst prioritising the use of novel drugs including bedaquiline and linezolid.

NHS England are currently looking at the implications of the WHO 'Rapid Communication' and will advise further in due course. The British Thoracic Society has produced information to assist those managing patients with MDR/RR-TB in the light of the new WHO rapid communication and this can be accessed [here](https://mdrtb.brit-thoracic.org.uk).



TB Workforce Update

There has been **considerable local workforce activity in recent months** linking patient pathways and future proofing of services to ensure TB care and control is delivered by the right people, with the right skills, in the right place. Resources such as the National TB Service Specification and Clinical Policy, national review of the wider workforce, local workforce reviews, staff censuses and the national competency framework for TB nurses are being used to support and identify workforce priorities nationally and locally.

The **first ever national multi-disciplinary Non-Tuberculosis Mycobacterium (NTM) conference was held in Birmingham in November**. This highlighted the different approaches to the management of people with NTM and the need for further work in this area. Presentations on the role of the specialist nurse and the challenges of case managing people on treatment for NTM were given by TB nurse specialists Paula Ellis, Lusha Kellgren and Nuala Whitehead. They emphasised the level of expertise required and the hidden workload of nurses providing enhanced case management to people on treatment for NTM. During 2019, work regarding the nursing workforce and its involvement in NTM patient care will be undertaken via the national TB nurses network.



NHS England has agreed to support a fourth **TB Nurse and Allied professionals national conference in May 2019** co-ordinated by PHE. This will take place in Birmingham and a draft programme will be available in the New Year; to give you a taster it will include topic areas such as:

- A patient's experience
- TB and Stigma
- Facilitating access to care
- The use of Rifapentine in treatment of LTBI
- Clinical and management aspects of TB
- Housing pathways for the those who are homeless
- Modern slavery and human trafficking

- TB workforce and service delivery; the challenges, solutions, the future
- TB Strategy beyond 2020

World TB Day 2019 **IT'S TIME... to get ready!**

World TB Day (WTBD) on March the 24th 2019 will be one of the highlights of next year and a continuation of joint efforts by stakeholders to keep TB high on the global and national agenda. After the historic UN High-Level Meeting (UN HLM) on TB in September 2018 in New York, the WTBD 2019 theme will ensure the world is reminded of the commitments made and the timely need for action in scale up, research, funding, human rights and accountability.

The World TB Day 2019 Theme is:



The Stop TB partnership suggest things such as:

It's Time...

- ...for a world without TB
- ...to treat 40 million people affected by TB by 2022
-and one can think of many more

Early next year Stop TB partnership will be sharing a World TB Day toolkit full of more slogan suggestions, guidelines for interactive campaigns, merchandise and social media, eye-catching graphics and exciting ideas to help you engage with the public and focus everyone's attention on tuberculosis.

We will be encouraging TB Stakeholders to once again join the international initiative '**Light up the World for TB**' on World TB Day as so many regions did so successfully this year. Alongside this we'll be encouraging an idea raised by the North West TB Control Board asking people to "make a pledge for TB" on WTD. More on these ideas in due course.

Update on People

Huge thanks go to Lynn Altass who has done a fantastic job as the National TB Programme Manager since the start of the TB Strategy. She has now moved to a new job in NHS England to provide greater support to the NHS England related elements of the Strategy. Lynn's hard work supporting the national TB Programme, its work streams and in particular the TB control boards and their TBCB programme managers has been key to the delivery of so much of the Strategy to date. Thank you

We'd like to welcome **Olarotimi Oladoyinbo** our new National TB Programme Manager and **Vana Madelli** our new National TB Programme Executive Officer. Ola joins us from managing TB and HIV programmes in Southern Africa with USAID and Vana joins us fresh from a Masters in Health Administration in Australia.

Congratulations go to:

Deborah Fudge winner of the 2018 Nursing Times 'Infection Prevention and Control Award'. Deborah is a TB liaison Nurse with Solent NHS Trust. She won the award for her work on the new entrant LTBI programme where she supported testing for LTBI into GP surgeries and helped GPs to identify and test people who fit the programme's criteria. Debbie also published an article describing her work and the challenges to implementing LTBI testing in primary care and this can be found [here](#).



Newham CCG Latent TB infection Programme Team winners of the prestigious Health Service Journal Award for 'Community / Primary Care Services Redesign'. The Newham LTBI programme commenced in 2014 offers an exemplary LTBI testing and treatment programme in primary care which has contributed to the significantly reduced TB rates in Newham.



Surinder Tamne (Tammy) winner of the 'Achieving Together' PHEnominal Award at PHE. This annual award recognises "an individual who has brought together experts from different disciplines, to work together towards a common aim – to protect and improve the nation's health and wellbeing" As many of you know Tammy is a senior TB specialist nurse at PHE and this award is recognition of all her hard work supporting the TB nursing workforce across England, enabling TB nurses to drive forward better TB control and empower and encourage them to have a voice at regional and national level.



Thank you, to everyone involved with TB and working to improve TB control. Together we are making a difference and TB is moving up the political agenda.

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