



Tuberculosis update

SUMMARY

- 1.1 Tuberculosis (TB) is a significant issue for the population of Derby and the Health and Wellbeing Board have requested further information regarding the current situation and key actions being undertaken.
- 1.2 On average there are around 43 cases of TB in Derby each year and these cases tend to affect particularly vulnerable groups or those born abroad. These numbers are lower than some of our neighbouring cities but higher than average for England. TB related activity is much greater than this number suggests as it includes contact tracing, screening and preventative BCG vaccination.
- 1.3 Rates of TB are much higher in England than many other Western Countries and so Public Health England have developed a national strategy to tackle this. They have also established a regional TB Board to oversee the implementation of this strategy.
- 1.4 Public Health England and Southern Derbyshire CCG are working together to develop a screening programme for all newly registering with a GP who have recently entered the UK from Countries with high TB rates.
- 1.5 The Health Protection team are currently mapping the provision of preventative BCG vaccination to ensure that it is currently available to all who are eligible to receive it.

RECOMMENDATION

- 2.1 The Health and Wellbeing Board is asked to note the report.
- 2.2 Ensure the TB control board provide regular reports on progress to the Health and Wellbeing Board.
- 2.3 Support the East Midlands Control Board local strategy.
- 2.4 To ensure the inclusion of TB into the JSNA. To request that a representative from Public Health England attend a future Board meeting to update on the implementation of the strategy.

REASONS FOR RECOMMENDATION

- 3.1 To ensure that the Health and Wellbeing Board is informed of the issues around Tuberculosis affecting residents of Derby City.

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| SUPPORTING INFORMATION |
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The burden of tuberculosis

- 4.1 The incidence of tuberculosis (TB) in England is higher than most other Western European Countries. TB has been identified as a priority by Public Health England (PHE) and indicators for incidence and treatment outcomes are included in the Public Health Outcomes Framework. A recent TB collaborative strategy produced by PHE set actions to support and strengthen local services in tackling TB.
- 4.2 TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. The bacterium that causes TB can lie dormant for many years and this is termed latent TB. Persons with latent TB infection (LTBI) do not feel unwell, do not show clinical symptoms and are not infectious to others. Overall, without treatment, about 5 to 10% of infected persons will develop TB disease at some time in their lives. About half of those people who develop TB will do so within the first two years of infection. Latent TB can be detected through a positive reaction to the tuberculin skin test or TB blood test.
- 4.3 Specialist treatment services for TB are provided by Royal Derby Teaching Hospitals Foundation Trust. Derby City sees an average of 43.3 cases of TB annually (17.4 per 100,000). TB is however unequally distributed with certain sub-groups such as new migrants and those with social risk factors being disproportionately affected. Those at highest risk of TB include people living in very close contact with infectious people, homeless populations, people with a history of imprisonment, people who are dependent on drugs or alcohol and those born or having lived in a country with a high incidence of TB.
- 4.4 Nearly three quarters of all TB cases occur in those born abroad, with 85% of these occurring in those settled migrants who have been in the country for more than two years. The majority of cases are due to reactivation of latent TB infection.
- 4.5 Table 1 provides an overview of the type and level of activity related to TB undertaken by the Royal Derby Hospitals TB nursing service (data reflects service activity and therefore includes City and County residents).

Table 1 2014 Royal Derby Hospitals TB nursing service activity

| Activity | Number |
|----------------------------------|--------|
| New Entrants | 273 |
| High Risk Infant BCGs | 1135 |
| TB Contacts | 470 |
| Caseload on full treatment | 52 |
| Chemoprophylaxis | 33 |
| Occupational requests | 43 |
| School age BCGs | 13 |
| Medical requests i.e. diagnostic | 90 |
| Telephone contact | 6069 |

| Activity | Number |
|---|--------|
| Total numbers seen by TB nurses in clinic | 2569 |
| Home visits over 16s | 666 |
| Home visits under 16s | 91 |
| Patients seen on Wards | 188 |

- 4.6 TB has major health and social implications for those affected. TB also contributes to increasing health inequalities in already deprived populations. Each infectious case represents a risk of onward transmission and the need to protect communities. The majority of TB cases are curable, however, the increasing numbers of drug resistant cases nationally present a particular challenge.
- 4.7 TB prevention, control and its eventual elimination would result in savings to the NHS, CCGs and public health, from avoidable costs associated with diagnosis and treatment of drug-sensitive and resistant forms of TB, (*Collaborative TB Strategy for England, PHE*).
- 4.8 Further information on TB can be found within Tackling Tuberculosis; Local government's public health role
<http://www.local.gov.uk/documents/10180/5854661/Tackling+Tuberculosis+-+Local+government%27s+public+health+role/20581cca-5ef1-4273-b221-ea9406a78402>

Strategic TB control

- 4.9 Tackling TB requires the co-ordinated action of many partners, working together across local authority and NHS boundaries and across a larger footprint than provided by Health and Wellbeing boards. Public Health England have therefore established an East Midlands TB control board to include representation from PHE, NHS England, CCGs, local authority directors of public health and social care, the NHS (primary and secondary care, adult and paediatric TB specialists and front line nursing representation), patient advocates and the third sector. The board will work with the national TB programme, oversee local TB issues, and hold stakeholder organisations to account to ensure improved TB control.
- 4.10 Key objects of the board include;
- Develop clear, evidence-based model service specifications of the clinical and public health actions required to control TB.
 - Assess local services against the service specifications and develop plans to secure improvements.
 - Provide assurance and co-ordination for TB control activities.
 - Establish arrangements to cover the cost of additional services to address specific gaps in current TB control arrangements
 - Strengthen national support for local TB control arrangements.

Local TB actions

- 4.11 Public Health England East Midlands are currently working with Southern Derbyshire CCG commissioners and primary care leads to establish an incentivised scheme for latent TB infection (LTBI) screening for new entrants from high risk countries. The scheme will be initially funded by Public Health England. The proposal plans to permanently embed questions around country of origin for those entering the UK into new registrations into a number of practices in the City with the highest TB incidence, predominately in the Osmaston, Arboretum and Normanton areas. For those meeting the LTBI screening criteria testing in the form of a blood test will be offered as part of their initial appointment during the registration process. Positive tests will be referred to secondary care as per existing protocols. Costing's and protocols are currently being developed as part of a working group between Public Health England and Southern Derbyshire CCG.
- 4.12 In line with Joint Committee on Vaccination and Immunisation (JCVI) recommendations, NICE and Department of Health guidance, BCG vaccination is offered to certain population sub-groups in Derby City through a targeted programme commissioned by NHS England for those 0-12 months and CCGs for those over 12 months of age. Identification of those at risk is also included within the Healthy Child programme commissioned by the Local Authority.
- 4.13 The Derby City Council Public Health team are currently undertaking a mapping exercise for BCG vaccination services to ensure all eligible groups have access to appropriate BCG vaccination services and that robust commissioning arrangements are in place. It is proposed that once completed a working group will be established to review and improve BCG vaccination pathways.

OTHER OPTIONS CONSIDERED

- 5.1 Not Applicable

This report has been approved by the following officers:

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| Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s) | Dr Robyn Dewis, Acting Director of Public Health |
| For more information contact: Background papers: List of appendices: | Jane Careless 01332 643109jane.careless@derby.gov.uk None |

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| IMPLICATIONS |
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Financial and Value for Money

- 1.1 Prevention and early intervention for TB will lead to a reduction in transmission and secondary consequences of infection. This will in turn ensure a reduction in health and social care costs in the future.

Legal

- 2.1 None

Personnel

- 3.1 None

IT

- 4.1 None

Equalities Impact

- 5.1 TB affects some of the most vulnerable and disadvantaged in society. Prevention and early diagnosis of TB will have the greatest impact on these groups and a positive effect on inequalities.

Health and Safety

- 6.1 None

Environmental Sustainability

- 7.1 None

Property and Asset Management

- 8.1 None

Risk Management

- 9.1 None

Corporate objectives and priorities for change

- 10.1 None