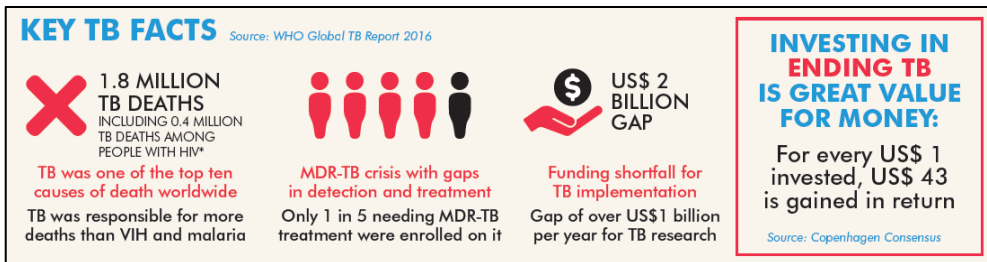




# TB Strategy Update

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](#)

## 1 TB on the International Agenda



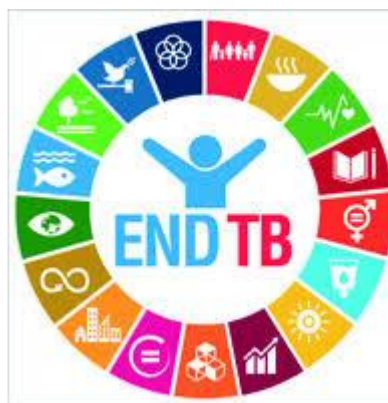
In November, Sarah Anderson (Head of the National TB Office) and John Watson (Consultant in Global Public Health) from PHE, with colleagues from DFID (UK Department for International Development), TB Alert and MP Nick Herbert, attended the **WHO Global Ministerial Conference on TB in Moscow**. This meeting resulted in a collective international commitment to ramp up action to End TB.

The conference brought together over 1,000 people from around the world, including 75 Health Ministers, and is seen as a stepping stone to this year's United Nations High-Level meeting on TB that Heads of State will attend.

### Exciting times as TB moves up the international agenda!

The international community realises it needs to address the gaps in access to care and create a step-change in its efforts to control TB otherwise we will be unsuccessful at ending the Global TB epidemic. Research shows that universal access to existing technologies will not be enough to reduce TB incidence and mortality to end TB.

The conference culminated in a signed political declaration '*The Moscow Declaration*' committing Ministers of Health and other agencies to work together and within their governments to end the TB epidemic by 2030, as defined in the UN Sustainable Development Goals (SDGs) and the WHO End TB Strategy.



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*The Moscow Declaration* committed Health Ministers to take action on four fronts:

1. to achieve universal health coverage by strengthening health systems and improving access to people-centred TB prevention and care
2. to mobilise sufficient and sustainable financing through increased domestic and international investments
3. to advance research and development of new tools to diagnose, treat, and prevent TB
4. to build a multi-sectoral accountability framework to track and review progress on ending TB

The conference advocated 'only coordinated and consistent actions will help us achieve a final victory over TB'. The UK is doing just this, both at home via implementing the Collaborative TB Strategy for England and overseas, via the UK government's large contribution to the Global Fund supporting TB programmes internationally.

Factsheet for the conference

<http://www.who.int/conferences/tb-global-ministerial-conference/factsheet-russia-ministerial-conference.pdf?ua=1>

## 2 Preparations for World TB Day - 24 March 2018

World TB Day is an opportunity for people everywhere to join the fight to help educate others about TB and urge governments to take action. Now is the time to join the global movement in making a powerful statement and show solidarity.

**There is a lot to do in preparation for the United Nations High-Level meeting later this year and as part of this the National TB Programme would like to encourage you to raise awareness of TB on World TB Day.** For more information please contact your local TB Control Board or look at:  
[http://www.stoptb.org/news/stories/2017/ns17\\_082.asp](http://www.stoptb.org/news/stories/2017/ns17_082.asp)

**TB Alert**, the UK's national TB charity, has substantial resources such as posters and leaflets that can be ordered via their web-site in readiness for World TB Day events (<https://www.thetruthabouttb.org/professionals/patient-support/>) and by 1 March 2018 will develop online banners and infographics with facts, quotes and awareness messages for use by statutory and non-statutory organisations.

A full set of campaign materials and social media content will also be available on the Stop TB Partnership's website on 1 March 2018 (<http://www.stoptb.org/>).

*Join the Stop TB Partnerships yearly campaign to 'Light up the World for TB'*  
Together we can turn the world **RED** on World TB Day to shine a light on TB. Across England the National TB Office and TB Control Boards are working with partners to get as many landmarks, public building and monuments lit up for World TB Day. This is a world wide initiative which started two years ago with cities and landmarks such as Barcelona, Rio, Karachi, Budapest and Niagara Falls participating. Watch the video **here** and see here for a **full list of the cities**. We hope that your world-famous landmark/city will join us for World TB Day 2018.

The 2018 World TB Day Theme is:



**World TB Day - Royal Society of Medicine (RSM) TB meeting  
Thursday, 22 March 2018**

This year’s RSM TB meeting is devoted to the development and implementation of whole genome sequencing (WGS) of TB isolates in routine practice. The UK is the first country in the world to implement this technology for routine diagnosis, antibiotic resistance profiling and surveillance. The day will focus on clinical, epidemiological and logistical advantages and implications of WGS.

To view the full programme online please click here:  
[www.rsm.ac.uk/events/rmk02](http://www.rsm.ac.uk/events/rmk02)

This year RSM are offering bursary places to nurses –full details of this on the website  
[www.rsm.ac.uk/events/rmk02](http://www.rsm.ac.uk/events/rmk02)

ORGANISED BY THE RESPIRATORY MEDICINE SECTION

# TB control enters the genomic area:

A world first for UK public health

**Thursday 22 March 2018**  
CPD: Applied for

Book online at:  
[www.rsm.ac.uk/events/rmk02](http://www.rsm.ac.uk/events/rmk02)

Venue  
Royal Society of Medicine,  
1 Wimpole Street, London W1G 6AE

The ROYAL SOCIETY of MEDICINE

@RoySocMed | RoyalSocietyofMedicine | Royal Society of Medicine

### 3 British Thoracic Society MDR-TB Clinical Advice Service

Reducing drug resistant TB is area for action 6 in the Collaborative TB Strategy. To help meet this area for action the BTS, with the support of Public Health England and NHS England, has redeveloped and improved its MDR-TB Clinical Advice Service, which provides advice and support to clinicians treating patients with MDR-TB.

The new and improved service is open to all clinicians and provides expert advice from a multi-disciplinary panel of formally appointed expert Clinical Service Advisers. To use the service please register here: <https://mdrtb.brit-thoracic.org.uk/>



MDR-TB Clinical Advice Service

British Thoracic Society

**BTS MDR-TB Clinical Advice Service**

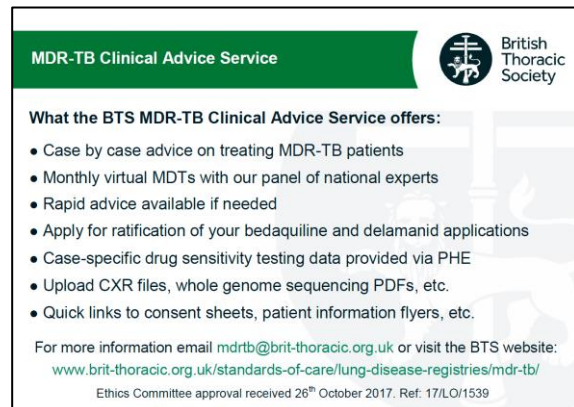
**Now Available**

Expert advice on treating MDR-TB patients

<https://mdrtb.brit-thoracic.org.uk>

Contact [mdrtb@brit-thoracic.org.uk](mailto:mdrtb@brit-thoracic.org.uk)

RESPIRATORY QUALITY



MDR-TB Clinical Advice Service

British Thoracic Society

**What the BTS MDR-TB Clinical Advice Service offers:**

- Case by case advice on treating MDR-TB patients
- Monthly virtual MDTs with our panel of national experts
- Rapid advice available if needed
- Apply for ratification of your bedaquiline and delamanid applications
- Case-specific drug sensitivity testing data provided via PHE
- Upload CXR files, whole genome sequencing PDFs, etc.
- Quick links to consent sheets, patient information flyers, etc.

For more information email [mdrtb@brit-thoracic.org.uk](mailto:mdrtb@brit-thoracic.org.uk) or visit the BTS website: [www.brit-thoracic.org.uk/standards-of-care/lung-disease-registries/mdr-tb/](http://www.brit-thoracic.org.uk/standards-of-care/lung-disease-registries/mdr-tb/)

Ethics Committee approval received 26<sup>th</sup> October 2017. Ref: 17/LO/1539

More information is available on the BTS website at [www.brit-thoracic.org.uk/standards-of-care/lung-disease-registries/mdr-tb/](http://www.brit-thoracic.org.uk/standards-of-care/lung-disease-registries/mdr-tb/) or by email from [mdrtb@brit-thoracic.org.uk](mailto:mdrtb@brit-thoracic.org.uk)

As the new BTS MDR-TB Clinical Advice Service is now available, the previous BTS MDR-TB Clinical Advice Service is no longer open to new cases. Cases already registered on the previous BTS MDR-TB Service may continue to be discussed on that platform until the end of March 2018. From April 2018 onwards the previous BTS MDR-TB Service will no longer be available and data will not be retained.

### 4 TB Alert - supporting communities to increase the uptake of LTBI testing and treatment

One of the challenges facing the new entrant LTBI testing and treatment programme is low levels of awareness among eligible new entrants, both about the nature of latent TB infection and the offer of free testing and treatment. The latent TB **toolkit published by TB Alert** includes guidance on how CCGs, local authorities, public health teams and the voluntary sector could work



Public Health England

TB alert

developed in collaboration with and with partner funding from NHS England

**Access, testing and treatment**

**A toolkit for new entrant latent tuberculosis programmes**

together to increase awareness of LTBI using a range of resources and social marketing techniques.

To help CCGs and their partners implement the guidance in the toolkit, NHS England is funding TB Alert to provide guidance and technical support to CCGs in ten of the 59 priority CCGs/localities. TB Alert will support and work with these CCGs to identify the most appropriate channels and approaches and will provide training, campaign resources and arm’s length support to enable CCGs and their local partners to deliver their awareness programmes. Learnings, outputs and outcomes will be documented and disseminated nationally, mindful of the need to build the case for local commissioning after 2020.

TB Alert has written to the 59 CCGs inviting them to submit expressions of interest by 26 January to receive support through this new programme. There will be two ‘intakes’ of CCGs, with five joining in early 2018 and the other five in autumn 2018. TB Alert’s support will initially run until March 2019 but may be extended. If you have not received information, which is also being cascaded by regional TBCB Programme Managers, or would like to know more about the programme please contact Mike Mandelbaum at TB Alert, 01273 234865, [mike.mandelbaum@tbalert.org](mailto:mike.mandelbaum@tbalert.org) . Some of the materials already developed by TB Alert include:

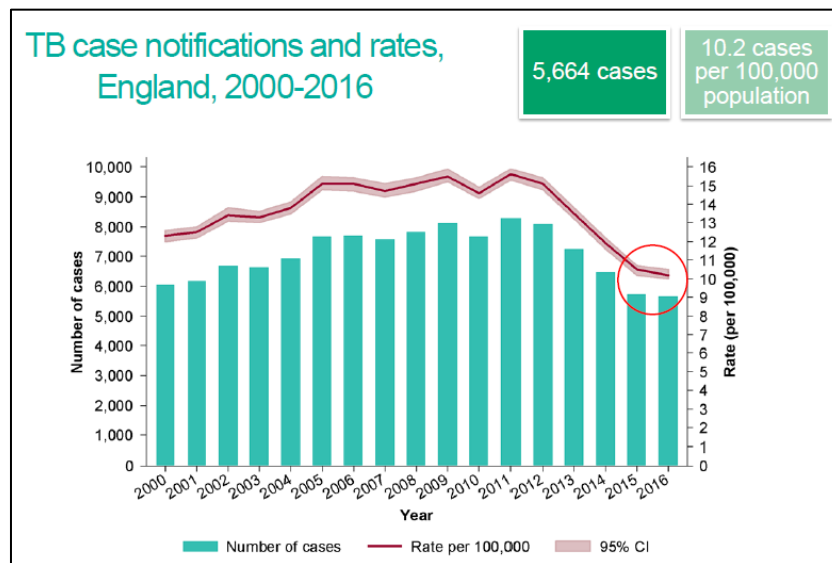
The collage features several informational cards and a group photo. The top-left card is titled 'What do I need to know about latent TB?' and provides details on the 1 in 4 chance of latent TB, treatment options, and further information resources. The bottom-left card, titled 'THE TRUTH ABOUT TB', lists eligibility criteria for a free blood test and includes a world map highlighting high-prevalence regions. The right side of the collage shows a group of diverse people smiling in a circle, with the NHS Public Health England logo and the 'THE TRUTH ABOUT TB' logo at the top. A blue banner at the bottom of the collage reads 'About your treatment for LATENT TB'.

## 5 Highlights from the 2017 Annual TB Report

Presenting data to the end of 2016

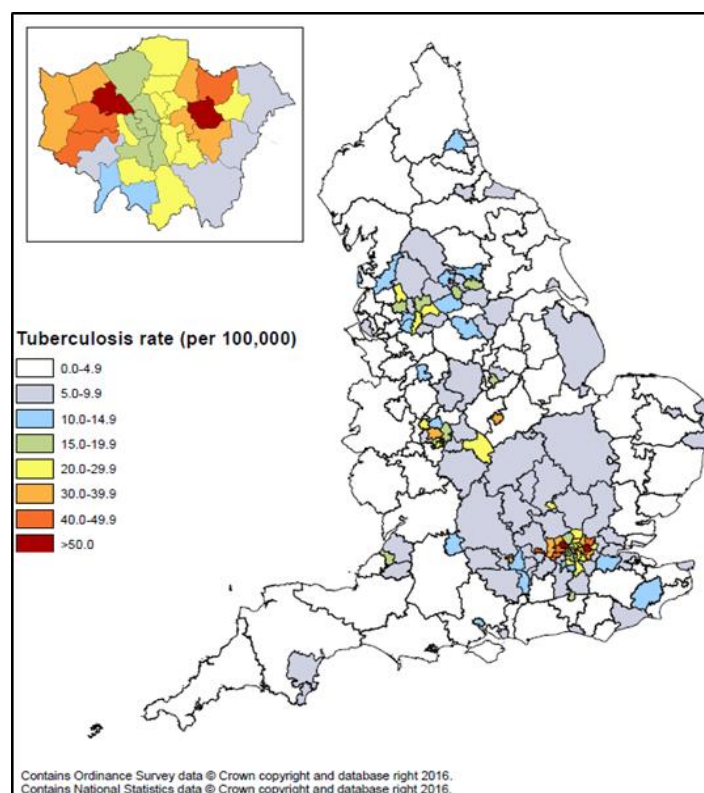
<https://www.gov.uk/government/publications/tuberculosis-in-england-annual-report>

In 2016, there were 5,664 cases of TB notified in England, a rate of 10.2 per 100,000 population. Between 2015 and 2016, there was a small reduction in the number of cases, while the rate of TB remained stable. The number of cases and rate in 2016 were the lowest since 2000.



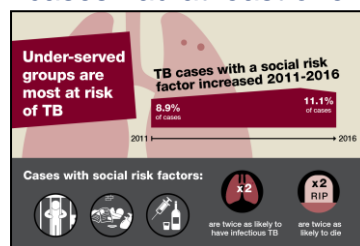
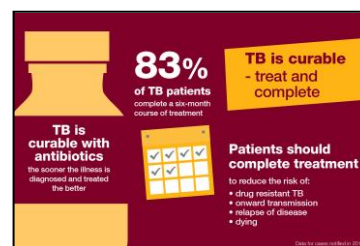
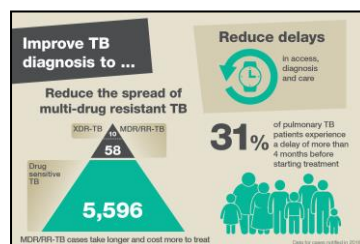
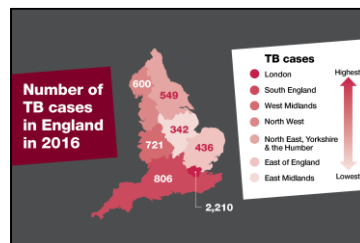
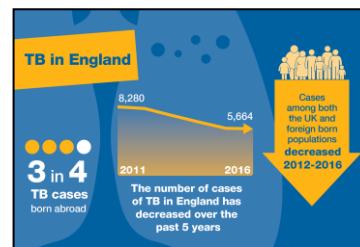
### Three-year average TB rates by clinical commissioning group, England, 2014 – 2016

40% of CCGs had a 3-year average rate of <5.0 per 100,000



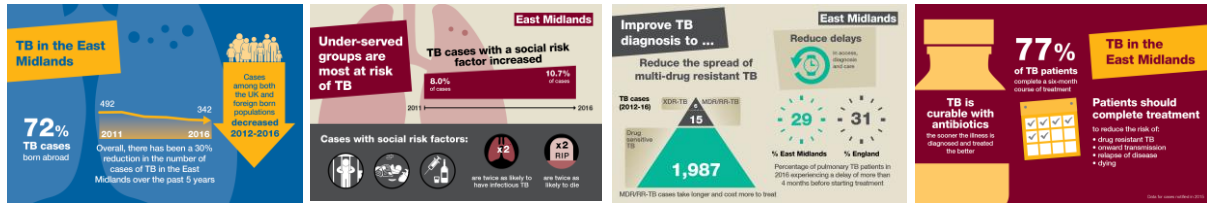
**Key points and national infographics** (based on 2016 data in the 2017 Annual TB Surveillance Report)

- following a sustained annual decline of at least 10% in the number of TB cases since 2012, the decline slowed to 1% in 2016
- the incidence rate of TB was 10.2 per 100,000 in 2016, compared with 10.5 per 100,000 in 2015, the lowest rate since 2000
- the rate of TB in the UK born population in 2016 remained low at 3.2 per 100,000, compared with 3.3 per 100,000 in 2015
- between 2015 and 2016 there was no decline in the number of cases among the non-UK born population (4,096 in both years), in contrast to the approximately 10% annual decline in the previous three years
- the rate of TB in the non-UK born population in 2016 was 49.4 per 100,000, compared with 51.3 per 100,000 in 2015, and remained 15 times higher than in the UK born population, with 74% of TB cases born abroad
- the number of TB cases confirmed or treated as MDR/RR-TB (the drug resistant cohort) remained fairly stable in the last three years, with 68 cases in 2016; however the number (59) and proportion (1.7%) of TB cases with initial MDR/RR-TB has increased slightly compared with 2015 (53, 1.5%)
- the proportion of TB cases co-infected with HIV in 2015 was 3.8%, compared with 3.3% in 2014. The majority of TB-HIV co-infected cases were born in countries with high HIV prevalence
- in 2016, long delays between symptom onset and treatment start continued, with 31% of pulmonary TB cases experiencing a delay of more than four months, compared with 28% in 2015 following a year-on-year improvement between 2006 and 2013, there was a second consecutive year of a small reduction in the proportion of drug sensitive TB cases completing treatment within 12 months, from 85.6% in 2013 to 83.4% in 2015
- the proportion of all drug sensitive cases reported to have died at the last recorded outcome increased from 4.7% in 2013 to 6.1% in 2015; most of these deaths occurred in those aged 65 and older in 2016, 11.1% of TB cases had at least one social risk factor; only a small decrease since 2015 (11.7%). TB cases with at least one social risk factor are more likely to have drug resistant TB, have worse TB outcomes and are approximately twice as likely to have been lost to follow-up or died
- BCG vaccination coverage was lower in 2016/17, compared with coverage in 2015/16 in each local authority with TB incidence >40 per 100,000 and a universal policy
  - in local authorities with TB incidence <40 per 100,000 and universal coverage of BCG, coverage varied from 5% to 92% in 2016/2017



# 6 TB infographics by PHE Centre illustrate how TB varies across England and it's regions

## East Midlands



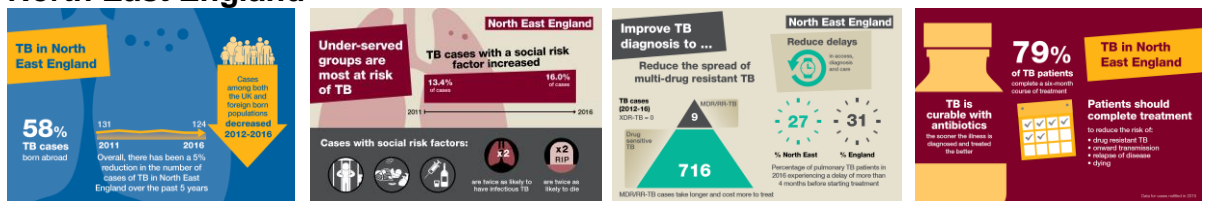
## East of England



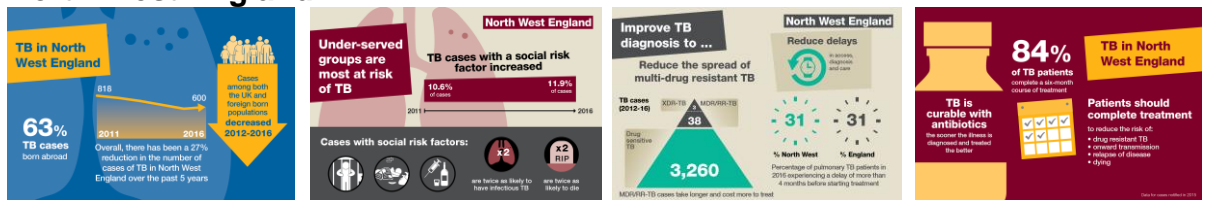
## London



## North East England



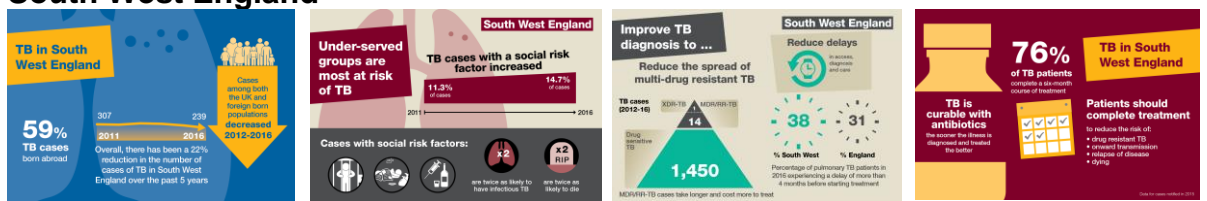
## North West England



## South East England

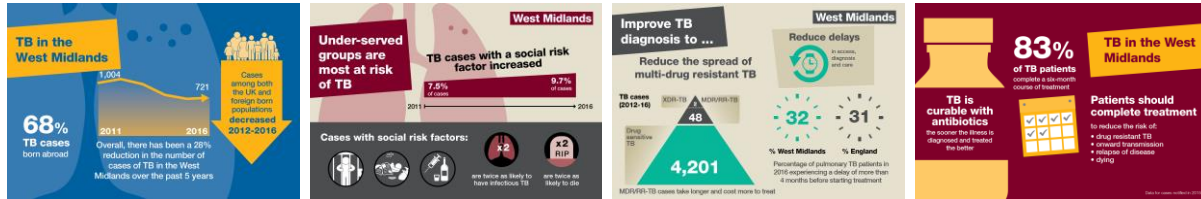


## South West England

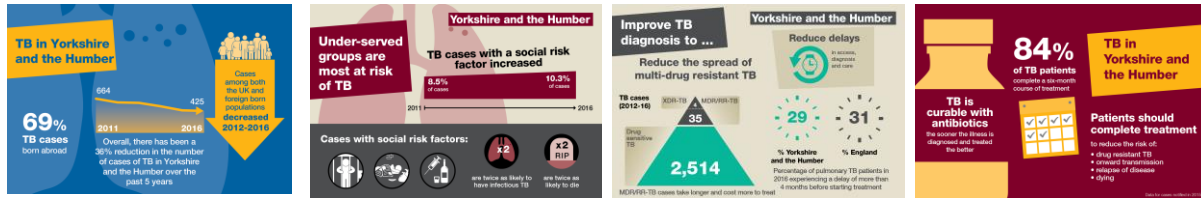




**West Midlands**



**Yorkshire and Humber**



**7 The All-Party Parliamentary Group – Tuberculosis**



The APPG would like to remind you of the upcoming deadline for the All Party Parliamentary Group on Global TB’s inquiry into the **Collaborative TB Strategy for England 2015 - 2020**.

**The deadline for written submissions is the 15 February 2018.**

On the 19 of January 2015, the then Public Health Minister Jane Ellison MP, launched the five year Strategy jointly with Public Health England and NHS England.

The APPG welcomed the Strategy’s introduction, having called for coordinated efforts to end TB as a public health problem and is committed to monitoring its implementation.

On World TB Day 2017, the APPG launched an inquiry into the Strategy. The APPG invites written submissions into all aspects of the Strategy and its implementation, and is particularly interested in the following:

- The overall effectiveness of the Strategy
- The Strategy’s ten evidence-based areas for action and the resources allocated to these areas
- Accountability mechanisms introduced by the Strategy to monitor and evaluate progress made

Written submissions must not be longer than 1,500 words and should include numbered paragraphs.

*Submissions should be emailed as an attachment to:*

***janika.hauser@appg-tb.org.uk*** with the subject heading ‘**TB APPG Inquiry**’  
**To subscribe to future updates please [click here](#)**