

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. Tuberculosis in England: 2019 report

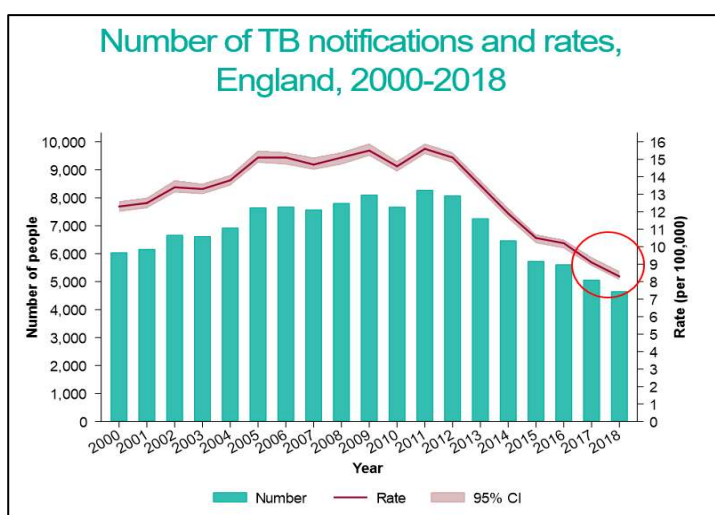
Public Health England (PHE) has published its annual tuberculosis (TB) report for England (containing data to the end of 2018). The report also presents data on the UK pre-entry screening programme as well as latent TB infection (LTBI) testing and treatment (see details in the link below)

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

The TB report has been released almost 2 months earlier than in previous years and, together with the accompanying monitoring indicator data displayed on [Fingertips](#) (released on 6 August 2019), will support timely actions to achieve the aims set out by the [Collaborative Tuberculosis Strategy for England 2015 to 2020](#).

Epidemiology

There were 4,655 people diagnosed with TB in England in 2018, an 8.2% decline from the previous year. The rate of TB reached an all-time low of 8.3 per 100,000 population and has now been below the 10 per 100,000 World Health Organization (WHO) definition of a low incidence country since 2017 (see figure below).



People born outside the UK continued to account for the most notifications in 2018 (72%) and, with a TB incidence rate of 39.0 per 100,000, remained 14 times greater than the rate among people born in the UK (2.8 per 100,000). Between 2017 and 2018 there has been a decline in the number and rates of TB among both people born outside the UK (number: -8.1%, rate: -5.3%) and in the UK (number: -9.0%, rate -9.7%).

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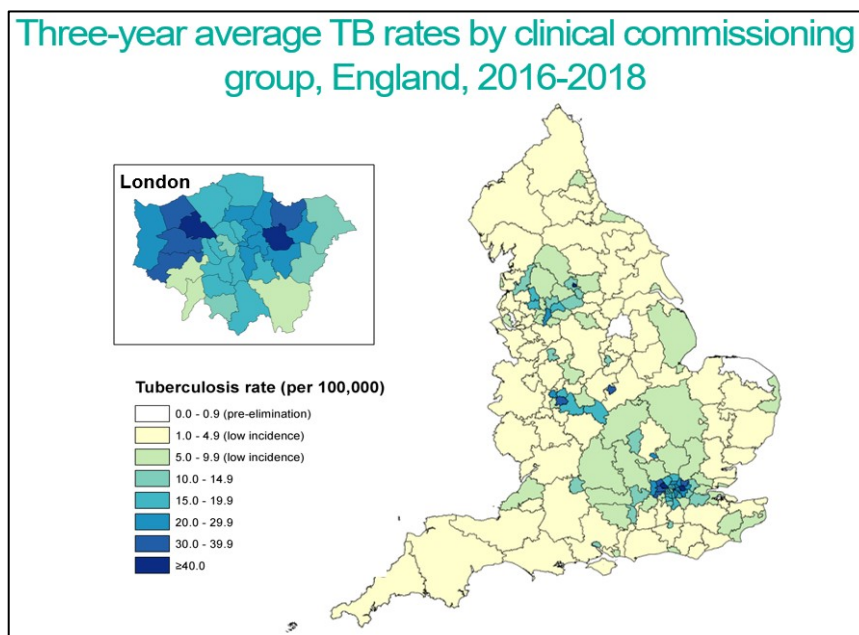
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In England, almost half of clinical commissioning groups achieved a 3-year average TB incidence of less than 5 per 100,000 between 2016 and 2018, and 3 of these reached the WHO End TB Strategy’s pre-elimination target rate of less than 1 per 100,000.



Treatment outcomes in drug sensitive cohort

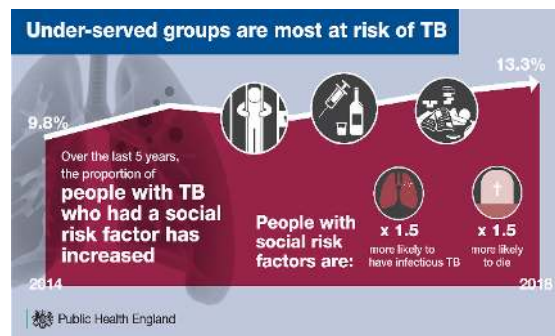
The overall proportion of people with drug sensitive TB (with an expected treatment duration of less than 12 months) who completed treatment by 12 months remained unchanged in 2017 (84.7%) compared to 2016 (85.0%). The overall proportion of people who died (5.3%) or were lost to follow-up (4.2%) at the last reported outcome was comparable to previous years.

Antimicrobial resistance

The proportion of people with initial isoniazid resistance without multi-drug resistant TB (MDR-TB) in 2018 increased to 6.6%, after remaining relatively consistent at an average of 5.4% over the past 10 years. The number of people with multi-drug/rifampicin resistant TB (MDR/RR-TB) however decreased between 2017 (54) and 2018 (44).

TB in under-served populations

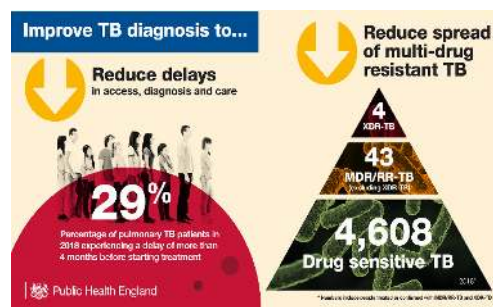
In 2018, 13.3% of people diagnosed with TB who were aged 15 years or older had a social risk factor (SRF) – including drug or alcohol misuse, homelessness or imprisonment, the highest proportion since data collection began in 2010. This proportion was highest among people born in the UK (20.7%) compared to those born outside the UK (10.6%). People with a SRF were more likely to have pulmonary disease and worse treatment outcomes: 6.2% died and 9.2% were lost to follow-up compared to those without a SRF 4% and 3.1%, respectively.



Other key points and national infographics (based on 2018 data in the 2019 Annual TB Report)

- the rate of TB in children born in the UK, a proxy for recent transmission in England, was 1.2 per 100,000; a 64.7% reduction from the peak of 3.4 per 100,000 in 2007

- in 2018, 2.7% of people with TB were co-infected with HIV; the lowest proportion since data became available in 2001. The majority (82%) of people with TB-HIV coinfection were born outside the UK, 73% of whom originated from sub-Saharan Africa
- the median time between symptom onset and treatment start for people with pulmonary TB in 2018 was 75 days. Almost 30% of people with pulmonary TB experienced a delay of more than four months between symptom onset and treatment start; with no improvement observed over time (2011: 26%)



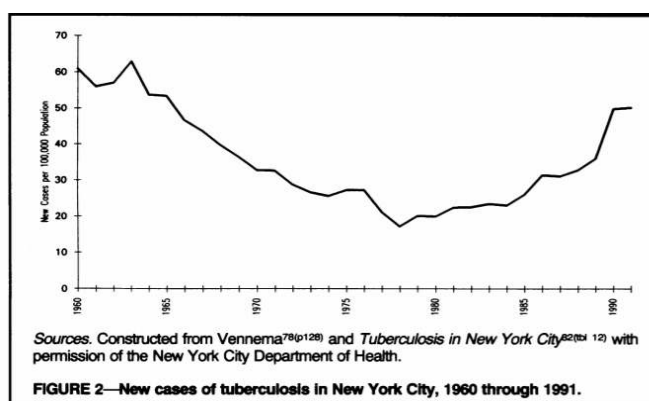
2. Update on a New TB Action Plan for England (2020-2025)

TB notifications and rates in England have declined for the seventh consecutive year. Since 2014, the last year before the launch of the Collaborative Strategy, England has seen an almost 28% reduction in TB incidence. However, further work is needed to improve the outcomes for those most at risk of TB, reduce in-country TB transmission and maintain the decline in TB incidence and numbers.

Work is now focusing on preparing a 5-year TB Action Plan (2020 to 2025) to move England towards TB elimination. This plan will build on the work carried out during the current Strategy period. Specifically, it will refocus any outstanding areas-for-action, consider new ideas, technologies and research, and continue coordinated, multi-stakeholder working to deliver improved TB control across England. We must now work collectively to maintain and extend the downward trend in TB incidence and move England toward TB elimination by 2035, the goal of the WHO internationally.

With the decline in England’s TB rates, there is a potential risk of deprioritising TB and reducing fiscal and strategic investment in TB control efforts. We need to avoid the New York experience where disinvestment in TB control in the late 1970’s led to a dramatic scaling back of New York’s TB Control Programme, which in turn led to rising TB rates through the 1980’s which required large financial investment to bring TB back under control (see graph below).

The potential effect of deprioritising TB – as exemplified by TB case rates in New York City from 1960 to 1991 per 100,000 population

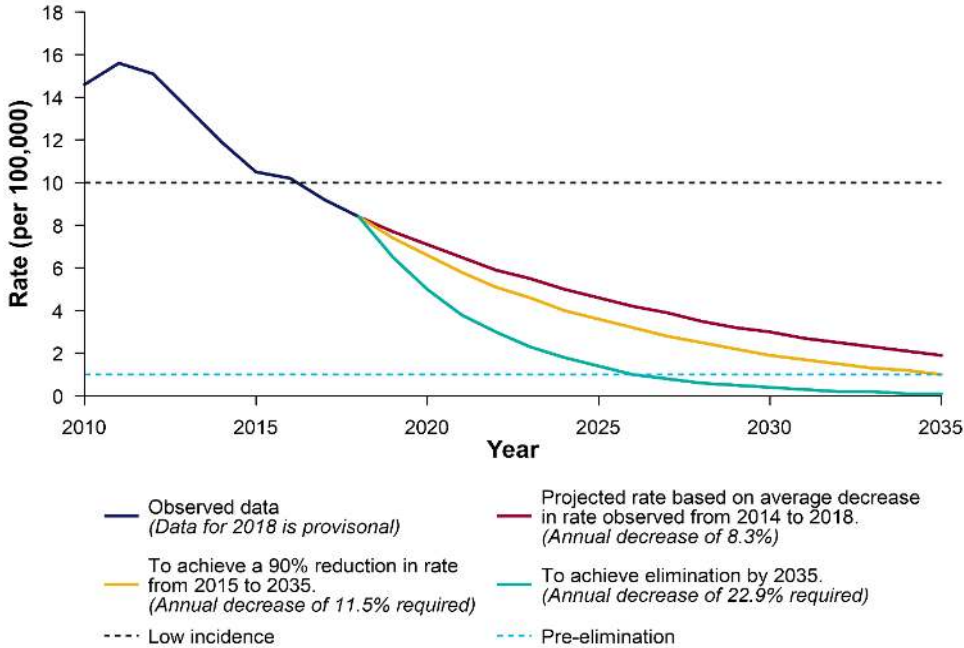


Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1694703/pdf/amjph00529-0136.pdf>

Disinvestment now and complacency to maintain our organised and effective UK TB control efforts could lead to a resurgence in TB and a loss of control.

Ending the global TB epidemic is a target under the UN Sustainable Development Goals. With a key goal of the WHO’s End TB Strategy being a 90 per cent reduction in TB incidence by 2035 it seems appropriate that this should be the aim of a future TB Action Plan for England. To achieve a 90 per cent reduction in TB incidence and pre-elimination of less than 1 case per 100,000 population by 2035, England will need to deliver an annual decline in TB incidence of 11.5%. The graph below, shows observed and projected rates of TB notifications in England, 2010-2035.

Graph showing observed and projected rates of TB notification in England



If we continue at the current projected rate of decline, based on the average decrease seen from 2014-2018 (annual decline of 8.3%) we will not quite achieve the WHO pre-elimination target of less than 1 case per 100,000 by 2035. However, with a new TB Action Plan refocusing TB control and prevention to where it has the greatest impact, England could aim for an annual decline of 11.5%.

Over the next few months the PHE and NHSE national TB Strategy team will continue to engage with the seven TB Control Boards, the five task and finish groups, TB Services and other stakeholders linked to the National TB Programme to develop a draft 15-year TB Vision document and a 5-year TB Action Plan. Consultation on these documents is planned for the autumn with development of final documents in early 2020 ready for launch at the start of the new financial year 2020-2021.

A roadmap for the next step’s is outlined below:

- an online stakeholder survey to review the current Strategy & understand stakeholder needs for a future TB Action Plan
- a brainstorm with lead clinicians and lead TB nurses
- consultation with TB Control Boards and their members
- engage with UK academics, local authorities, third sector and patients
- identify a ‘lead’ for each TB Action Plan intervention and through these prepare an evidence-based list of activities to deliver these interventions
- undertake a review of resource needs
- draft a 15-year TB Vision and 5-year TB Action Plan using information gathered

3. All Party Parliamentary Group (APPG) on Global TB: inquiry report on the national TB Strategy

Ahead of World TB Day 2019, the All-Party Parliamentary Group (APPG) on Global TB launched a report reviewing the national TB response.

The Inquiry was particularly interested in:

- the overall effectiveness of the Strategy
- the Strategy's ten 'areas for action' and the resources allocated to these
- accountability mechanisms introduced by the Strategy to monitor and evaluate progress

Based on the Inquiry conducted over the last year, the report praised the overall success of the Collaborative TB Strategy. Recognising, however, that progress still needed to be made to 'bend the curve' of TB in England and in the context of the recent UN High-Level Meeting on TB, the Members of Parliament called on the Government to ensure a post-2020 Strategy for tackling TB in England was developed and fully funded.

The report synthesised written and oral evidence received from the NHSE, PHE and a number of external stakeholders. The APPG raised a number of specific recommendations in relation to each of the Strategy's areas-for-action, with particular areas of concern being effective accountability mechanisms, the work among under-served populations and in tackling diagnostic delay. To read the full report and list of recommendations, click [here](#).

To find out more about the APPG and to join its mailing list, please click [here](#).

4. GP registration for the homeless or new migrant

In 2017, we shared via TB Control Boards two pieces of information on eligibility for accessing primary care and a free online training module: 'homeless health' for GP receptionists with the TBCBs. This information is particularly relevant to clinicians, TB case managers and GP practices. We are resending and sharing this information again to try and further increase GP registration of your most vulnerable TB patients.

1. Eligibility for accessing primary care

A leaflet was published in 2017 on "How to register with a doctor (GP)" this explains how to register with a GP and what to do if there are problems registering. The bottom line is: there is no regulatory requirement to prove identity, address or immigration status to register at a GP surgery and patients do not need to provide an NHS number. Information available on the [NHS Choices website](#) (towards the bottom of the page) as it may be useful to your TB nurses who are looking to register TB patients who have no GP and particularly if they are homeless.

2. A free online training module on 'homeless health' for GP receptionists

The *Healthy London Partnership* and homeless health charity *Pathway* have developed a free online training module on 'homeless health' for GP receptionists in London. The training module can be found on the [Healthy London Partnership website](#); it includes a film, training pack and quiz and highlights the issues faced by people who are homeless and the ways that GP receptionists can help them to register and receive treatment.

5. Workforce update and national TB nurses and allied professional conference

The Public Health England and NHS England National TB Nurses and Allied Professionals Conference, 20th September 2019, Birmingham

On Friday 20 September 2019 we celebrate the 4th annual conference since the launch of the Collaborative TB Strategy in 2015, this networking event will bring together TB nurse and allied professionals from across the country to learn and share their experience and expertise. The experience and knowledge that can be gained from attending this event can be applied across the range of day-to-day TB care, treatment and prevention as well as planning for population and person-centred service development activities. For full programme details and to book a place please visit www.phe-events.org.uk/ntbnpc19

There has been excellent take up for the conference and places are now limited, if you are interested, please do apply soon so as not to miss out!

From TB Administration role to Nurse Associate role – a case study

In 2017-18, as part of the TB Strategy workforce development work, a national review of the wider TB workforce was undertaken and a report was published. Two of the reports recommendations were:

- *support greater recognition of the TB administrator and TB support worker roles and enable more opportunities to hear the “voice” of the wider TB workforce*
- *explore collaborative working with the wider workforce in other organisations and the third sector to meet the needs of the local TB population*

Here we share a case study from Leeds Community TB Service that demonstrates one way to provide person-centered care through supporting continued professional development with career progression, from admin to nurse associate role, as well as working together with the wider workforce within their community based assets. We share this, to encourage other TB Services to consider building support workers into their TB nursing teams.

‘Alison is on a journey, a journey that is inspiring and motivating, she is constantly working hard to strengthen her role as a key player in the field of TB, it is a pleasure to work alongside her’

Alison started as the administrator for the Leeds Community TB Service and worked in this role for several years. Her passion for person-centred care and working with vulnerable groups become evident and soon she was setting up community activities to raise TB awareness. Her interest in person-centred care led her to enrol onto a health care support worker apprenticeship training scheme. After successfully becoming a health care support worker she continued to work in this role in the hospital setting for six months, then, an opportunity arose to return to the TB Service as a TB support worker.

In the two years working as a TB support worker, Alison has been instrumental in developing the role, working with people from the most vulnerable groups. She has connected with community-based assets, for instance, the Citizen Advice Bureau, local employment centres, Salvation Army to assist the TB Service to provide a person-centred, holistic approach to patient care, particularly for under-served populations. Alison has also demonstrated how this role supports the wider working of the TB Service as she has been eager to learn and has been supported to develop skills to carry out clinical tasks within the TB screening clinics. Alison is a strong advocate for her support worker colleagues and is actively involved in our organisation’s ‘Support Worker Network’.

She is always looking for ways to improve, with the support of her peers Alison is now progressing towards a Nursing Associate role.

Jayne Burnett, Clinical team manager for the Leeds Community TB Service.

'My commitment is to take every opportunity to work with other members of the team and services in the community to help in delivering, compassionate, holistic and person-centred care'

My role as a TB support worker has enabled me to develop my knowledge base and skill set to support the TB nurses and wider TB Service in providing holistic person-centred care. I have a frontline, hands-on role supporting many individuals from the most vulnerable groups in our community. One situation I was involved with, was with an individual who had been a victim of modern day slavery and through this had become institutionalised. It was so important to build a trusting relationship with him to enable Direct Observed Therapy for his TB and for him to feel confident enough to allow me to support him to register with a GP as well as assisting him to register with local job employment agencies, fill in various forms and applications and also help with housing related issues. I was able to accompany him to a local community centre which offered English classes and the opportunity to interact with other people; and after initial support he was able to access this independently.

I am delighted to say that he has completed treatment successfully and is doing well, the latest news is that he has now been granted 'leave to remain' in the UK and has secured employment.

The role of the TB support worker is interesting, exciting and very rewarding, it has led to personal and professional development and inspiration to progress further into the Nurse Associate role.

Alison Wright, Clinical TB support worker

If anyone is interested in getting involved with a TB support worker national network please contact: surinder.tamne@phe.gov.uk

Queen Mary, University of London (QMUL) are now offering a Post Graduate Certificate in Tuberculosis as a 1 year part-time online/distance learning course

The QMUL post graduate certificate in TB is a web-based, distance learning programme. It is aimed at medical trainees and consultants in infection specialties and respiratory medicine, TB nurses, public health workers and practitioners with experience in TB.

The programme starts with a compulsory module that will provide a comprehensive overview of TB with an emphasis on prevention, diagnosis and management of drug-susceptible TB. Attendees will then continue with an additional 2 compulsory modules, and 1 elective module. The aims of these modules are:

- to provide a comprehensive overview of the public health aspects of TB with an emphasis on theory & guidelines followed by exercises used to practise the taught concepts
- to provide a more in-depth review of specific and challenging aspects surrounding the clinical management of TB
- to provide a comprehensive overview of multi-drug resistant TB
- to provide preparation for undertaking research in TB

The programme will be co-led by Simon Tiberi, an Infectious Diseases Consultant and R&D Lead for the Department of Infection at Barts Health NHS Trust, and Dr David Wareham, Clinical Senior Lecturer within the Blizard Institute at Barts and the London School of Medicine and Dentistry.

If you are interested and would like more information please go to:

<https://www.qmul.ac.uk/postgraduate/taught/coursefinder/courses/201572.html>

or visit the QMUL stand at the National TB Nurses and Allied Professionals Conference on the 20th September in Birmingham.

First International Blizard/Queen Mary Tuberculosis Symposium

The Blizard Institute and Queen Mary, University of London held an international TB Symposium on 26 and 27 June 2019. It was very well attended by people from all over Europe and the UK. Topics presented included:

- Global perspective of TB
- Preventing TB
- The milestones of TB management
- Managing TB and MDR-TB
- Challenges of TB in children
- Global experiences of managing TB
- Looking to the future
- Access to health services and social determinants of health

The mix of topics was really interesting, leading to challenging discussions and new perspectives on old issues. We look forward to the next Symposium led by the Blizard Institute and Queen Mary University of London – hopefully in two years' time!

6. First Middle East TB experts meeting: 'Preventing TB to End TB'

Lynn Altass, the NHS England National TB Strategy Implementation Manager attended the first Middle East TB Experts meeting in April 2019 organised by the Harvard Medical School.

Harvard Medical School have a 'Center for Global Health Delivery' based in Dubai and the Center led a Middle East regional meeting in Muscat, Oman in June to look at 'Preventing TB to End TB' and Lynn was invited to present on the new entrant LTBI testing and treatment programme in England. This was an opportunity to meet with other presenters, especially those from the USA, to better understand common issues and those that are more country specific.

Nearly 100 people attended the Dubai meeting, representing the Stop TB Partnership, USA, Korea, Oman, UAE, Saudi Arabia, IOM, Lebanon, Iraq, Jordan, Pakistan, Dubai and Qatar.

Key messages from the meeting included:

- most Middle East countries are low incidence for TB
- most of their TB is in migrant communities and as most Middle East countries are dependent on migrants for health care and construction work they are looking at how to improve the care of migrants including LTBI testing and treatment
- the focus was on LTBI testing and treatment and the magnitude of their programmes was huge – thousands of LTBI tests a day!
- political and human rights aspects of TB were discussed quite openly

One of the most charismatic presentations was by Hamidah Hussein of Pakistan which looked at stopping the spread of TB in local families in Karachi, Peshawar, Quetta and 32 districts through active case finding. This programme was supported by the Global Fund - \$80 million over five years! The magnitude of TB in Pakistan and the programme is difficult to comprehend – the TB incidence rate is estimated to be 267/100,000 population. The programme to date has included:

- 1,200+ staff
- more than 3 million people screened for active TB
- more than 950,000 chest X-rays undertaken
- 55 mobile X-ray vans
- more than 61,000 people notified with TB

The programme works across public health, the not for profit private sector and private health care using outreach camps (GP and mobile X-ray vans), walk-ins, provincial TB programmes, TB treatment centres and drug resistant TB management sites with free diagnosis, referral and treatment. Contact tracing, counselling and paediatric TB were important themes of the programme. The programme utilises celebrities to lead the campaign, media such as TV and radio and political will.



Challenges for this programme included:

- poor access and health infrastructure
- hard to reach and vulnerable communities
- high prevalence of TB in young women

The important message of this presentation was that a better understanding of TB in Pakistan is helpful to understand its impact on TB in England.

We'd like to thank all stakeholders working to improve TB control in England; TB rates continue to decline and together we are making a difference. However, we must not become complacent as there is still much to do! Thank you for your continued support.

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A sample of new national TB infographics using 2018 data

These infographics can be downloaded from [here](#):

