



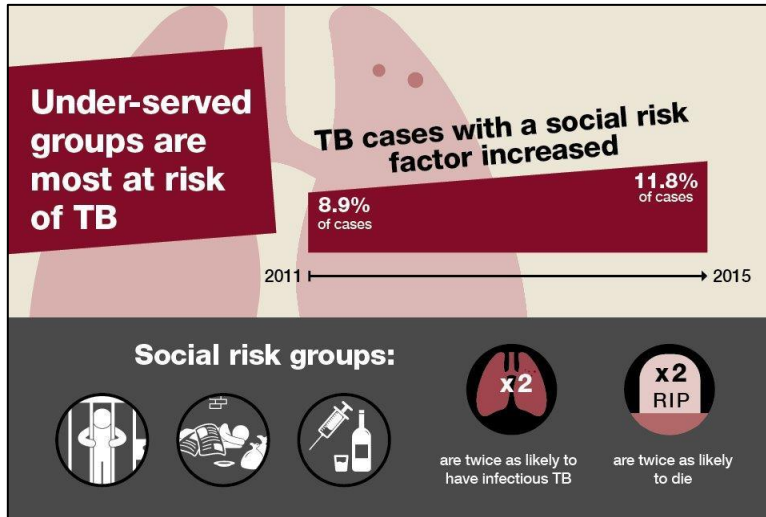
# TB Strategy Update

Issue 6, March 2017

World TB Day edition – 24 March



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](#)



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**Tackling Tuberculosis in Under-Served Populations: A Resource for TB Control Boards and their partners**

Version 1.1

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## 1 - World TB Day WHO annual message

The theme of this year's World TB Day is: **Unite to End TB: Leave no one behind**

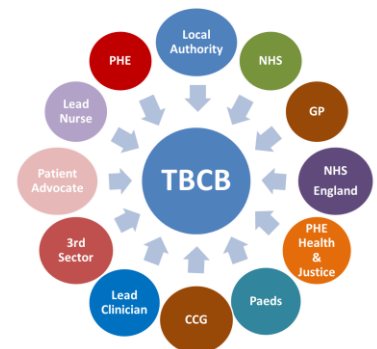


World TB Day, falling on **March 24th** each year, is designed to build public awareness that tuberculosis today remains an epidemic in much of the world, causing the deaths of nearly one-and-a-half million people each year, mostly in developing countries. It commemorates the day in 1882 when Dr Robert Koch astounded the scientific community by announcing that he had discovered the cause of tuberculosis, the TB bacillus. At the time of Koch's announcement in Berlin, TB was raging through Europe and the Americas, causing the death of one out of every seven people. Koch's discovery opened the way towards diagnosing and curing TB.

## 2 - TB Strategy progress

*How is implementation of the Strategy going and what are its achievements two years since its launch?*

- a National TB Office and seven TB Control Boards (TBCBs) established
- five 'task and finish' groups taking forward key 'areas for action' - diagnostics, LTBI, USPs, drug resistant TB and TB workforce
- *TB Strategy Update* newsletter published three times a year



### Area for Action 1 - Improve access to services and early diagnosis

- TB Alert's *The Truth About TB* website expanded to include more on latent TB infection (LTBI) in new entrants, a new section for professionals and updated awareness raising literature which can be accessed through the link, see section 5 and <http://www.thetruthabouttb.org/resource/overview/>
- professional education resources for primary care updated - TB nurse slide set and Royal College GPs TB e-learning modules



### Area for Action 2 - Provide universal access to high quality diagnostics

- national laboratory audit to assess TB diagnostic capability with TB laboratory standards expected May 2017
- Mycobacterium Reference Laboratories rationalised to two sites
- Whole Genome Sequencing (WGS) for TB introduced in 2016/17 with full rollout in 2017/18

### Area for Action 3 - Improve treatment and care services

- National TB Service Specification for commissioners issued
- TBCBs assessed local services against the National TB Service Specification and have developed workplans to secure local improvements
- updated NICE guidance published 2016

### Area for Action 6 - Reduce drug resistant TB

- PHE has been supporting the British Thoracic Society in enhancing and updating its MDR-TB Clinical Advice Service
- national 'needs assessment' of facilities for MDR-TB cases undertaken by PHE to support NHS England specialised commissioning review

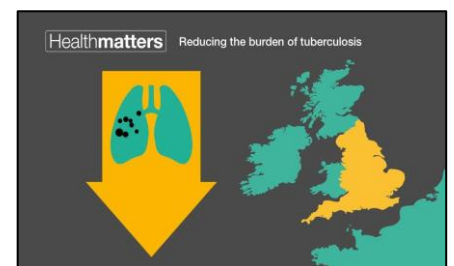


### Area for Action 7 - Tackle TB in under-served populations

- **priority work stream for 2017**
- resource to tackle TB in under-served populations launched in January 2017
- TBCBs to run workshops with local stakeholders to share and implement best practice using the USP resource in 2017

### Area for Action 8 - Systematically implement new entrant latent TB (LTBI) screening

- 58 new entrant LTBI testing and treatment programmes rolled out
- NHS England funding for LTBI programme recurrent for 3 years - 2015/16, 2016/17 and 2017/18
- LTBI programme toolkit and other support materials published in 2016

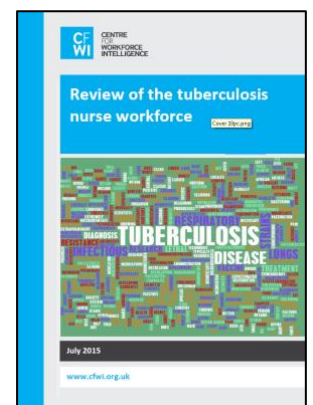


### Area for Action 9 - Strengthen surveillance and monitoring

- TB Strategy monitoring indicators now available using PHE Fingertips tool (for local authorities and CCGs)
- *Healthmatters - reducing the burden of TB* launched in October 2016 - included TB infographics, blogs, a slide set and a video. See pages 16 and 17 for more local TB infographics by PHE Centre

### Area for Action 10 - Ensure an appropriate workforce to deliver TB control

- TB Nursing Workforce Review and recommendations published 2015
- TB nurse competency framework developed in 2016 and generic TB nurse job descriptions being prepared
- national TB nurse conferences - June 2016 and June 2017
- national wider TB workforce and support staff conference in February 2017



### Priorities for 2017:

- **tackling TB in under-served populations**
- strengthening and supporting TB control boards
- support roll out of WGS and improve TB diagnostics
- raise awareness of TB in HCWs and at-risk populations
- embed new entrant LTBI testing and treatment programmes
- work to improve treatment and care services using the National TB Service Specification
- further develop the TB workforce

### 3 - Tackling TB in Under-Served Populations: A Resource for TB Control Boards and their partners

<https://www.gov.uk/government/publications/tackling-tuberculosis-in-under-served-populations>

One of the three aims of the Strategy is to reduce health inequalities. In 2016 the Under-Served Populations (USPs) Task and Finish Group worked to provide a practical and comprehensive resource to support and enable TBCBs, their partners and TB stakeholders to better understand and tackle the needs of USPs with TB.

The following sections outline some of the content of the USP resource. **To make best use of the resource please read the document.** We recommend you read all chapters but if you have limited time we suggest you read the chapters relevant to you. Each chapter contains **hyperlinked information** and **exemplars of good practice**.

#### *Why do we need a focus on Under-Served Populations (USPs) with TB?*

In 2015, in England:

- 12% of all TB cases had at least one social risk factor (SRF)
- 70% of those with SRF had pulmonary TB
- 2.6 times more TB was seen in the UK born with SRFs than in the non-UK born
- 2 times higher risk of being lost to follow-up and 2 times higher risk of death

Percentages of people with TB and a SRF in 2015



#### *Purpose of the USP resource*

- to improve our understanding of the health needs of USPs with TB
- to provide a resource to help tackle TB in USPs
- to support the design and delivery of multi-agency programmes to better meet the needs of USPs
- ultimately, to contribute to TB control in the wider population

#### *Who are the under-served with TB?*

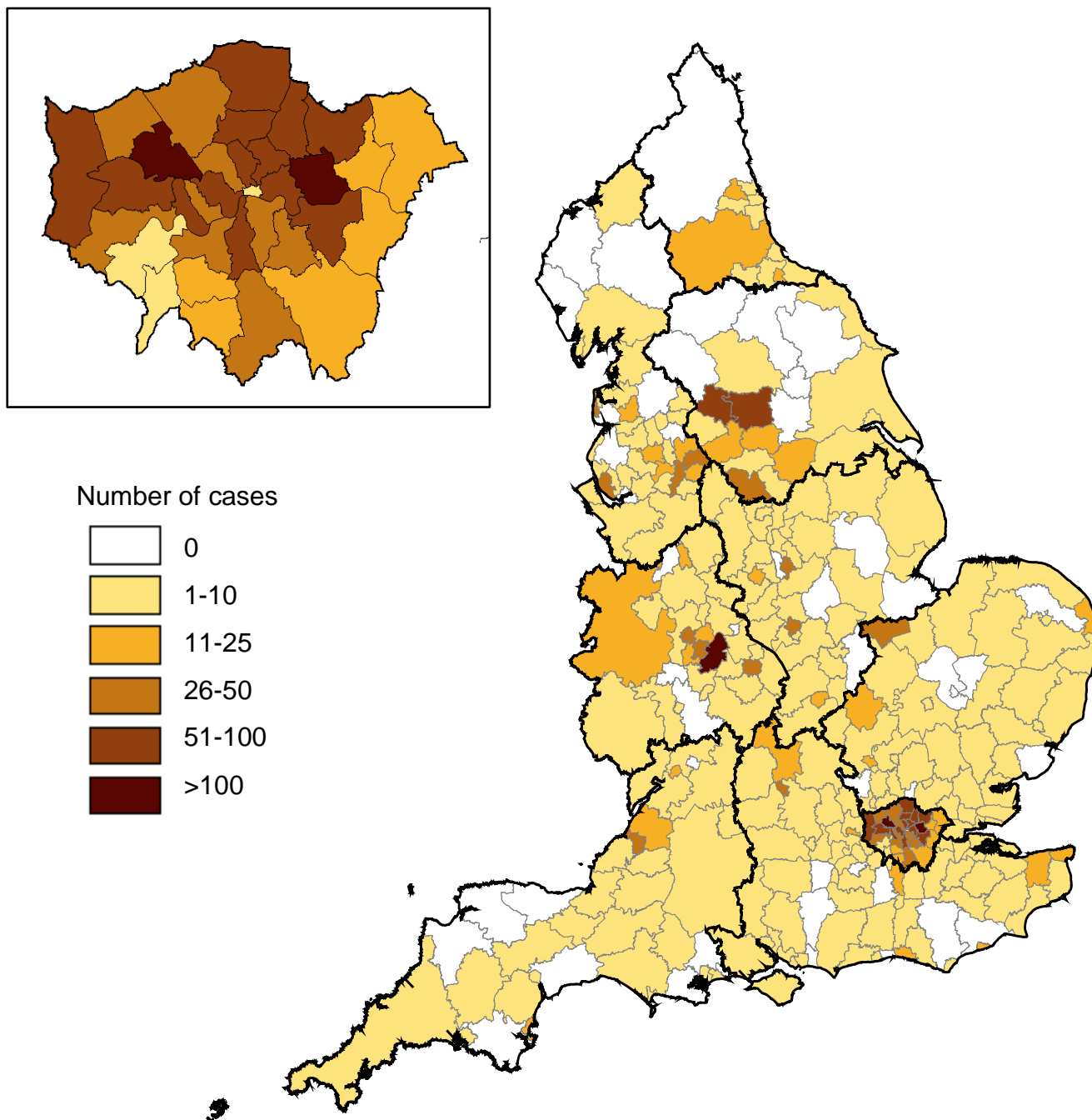
- people who are homeless
- people who misuse drugs or alcohol
- people in contact with the criminal justice system
- people with mental health needs
- some migrants groups, including asylum seekers, refugees and those in immigration detention

The resource consists of 10 chapters and the next section briefly outlines what each chapter covers.

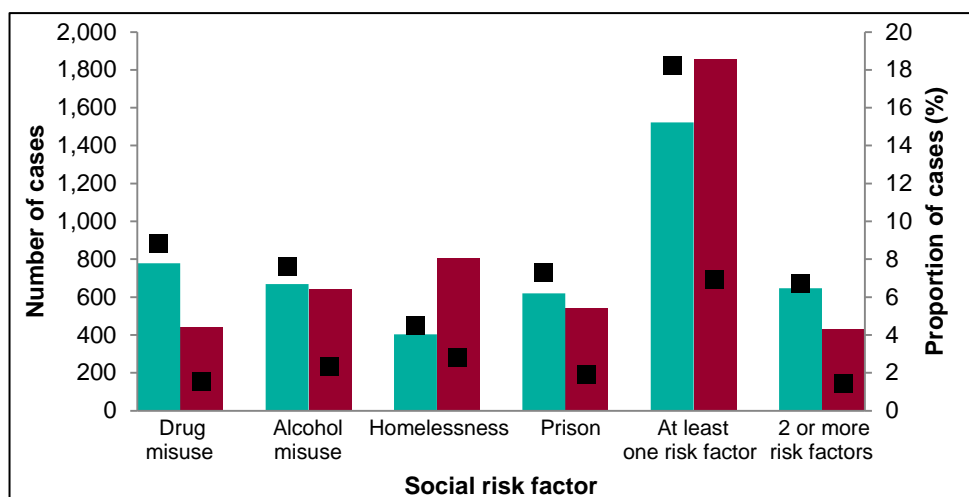
**Chapter 1: Burden of TB in USPs**

This chapter defines USPs including key messages on the issues for USPs and TB. It outlines the burden of TB in these groups and the overlapping groups of USPs with complex needs. It includes what data is collected on USPs and their demographic and clinical characteristics, TB treatment outcomes, challenges and how to measure success for TB control in USPs and is described in maps and graphs.

*Map - Number of TB cases with at least one SRF by local authority, England, 2010 - 2015 (box shows enlarged map of London)*



Number and proportion of TB cases with SRFs by place of birth, 2010 - 2015



## Chapter 2: Under-served migrants in the UK

This chapter includes the terminology describing migrant populations in the UK. It looks at active TB disease in this group, outlines new entrant LTBI infection testing, the challenges and recommendations and resources for TB Control Boards and their partners working with under-served migrants.

An exemplar from this chapter is the excerpt below:

### E2.4 The Doncaster health bus - reaching refugees and asylum seekers

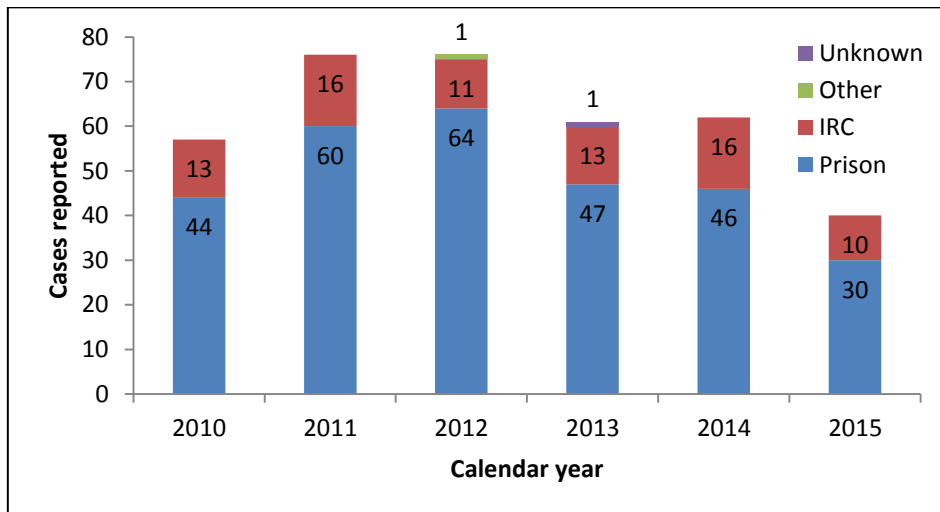
The health bus in Doncaster is managed by Rotherham, Doncaster and South Humber NHS Trust and is used by different health teams. The local TB team started to use the bus in 2015 and visit the 'Conversation Club'. This is a weekly group for refugee and asylum seekers who want to practice their English and get more support.

Doncaster is not a 'high-incidence' TB area so has not attracted funding as part of the national LTBI programme. However, it does have areas of high TB incidence which the TB team are trying to address. The health bus is parked outside the 'Conversation Club' on a bi-monthly basis and the TB team test refugees and asylum seekers who may find accessing health care difficult. The team use IGRA tests to test for LTBI and during April 2015 to March 2016 (6 sessions) tested 104 individuals finding an overall IGRA positivity rate of 27%. Of the 28 positive tests 82% have completed or are currently undergoing treatment.

## Chapter 3: People in contact with the criminal justice system

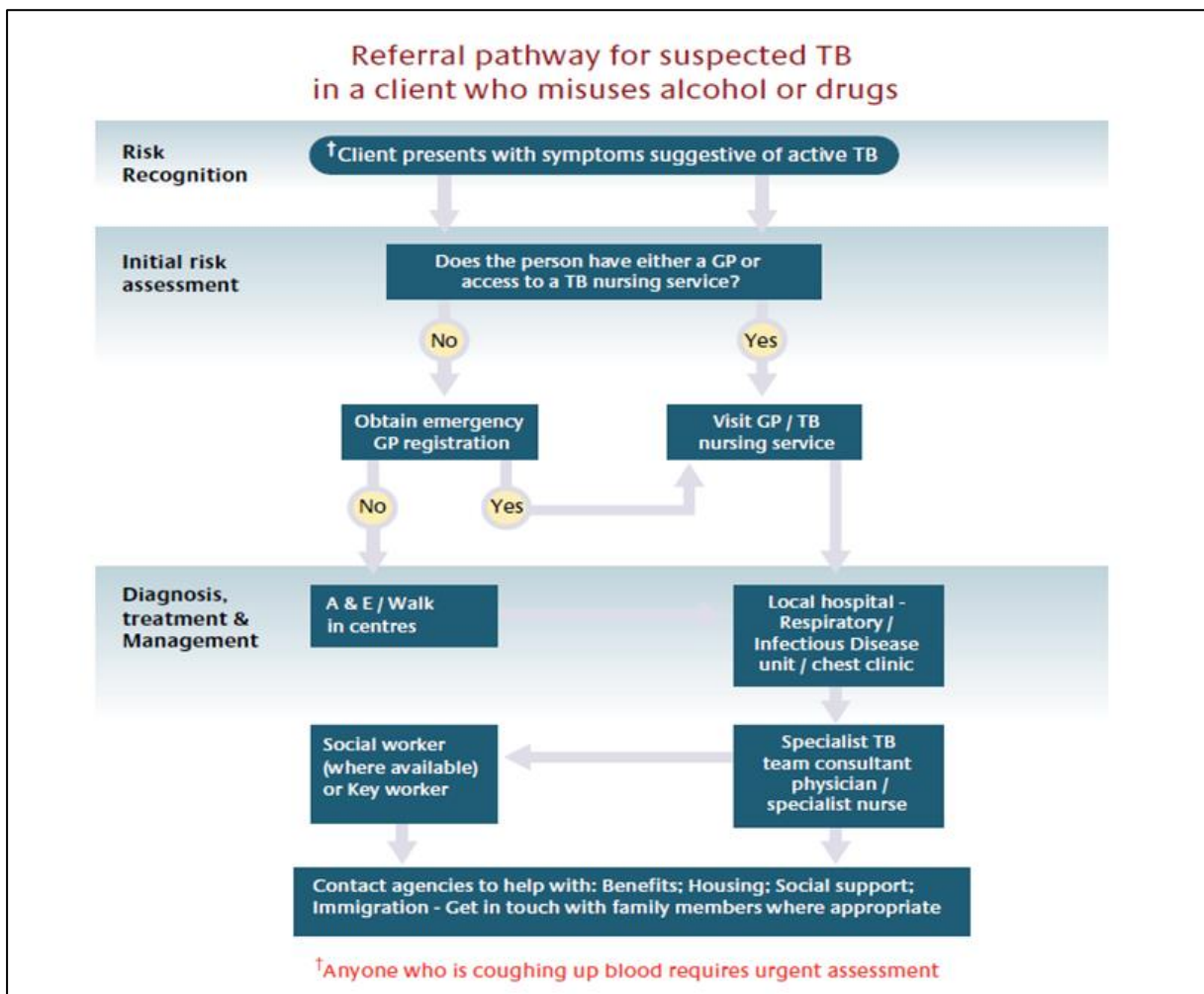
People in contact with the criminal justice system includes people across a wide range of custodial settings such as prisons and Young Offenders Institutions and those in the community subject to supervision by probation services or in contact with the police. This chapter describes TB in places of detention, the age and sex profiles of TB cases with history of imprisonment, place of birth and ethnicity, overlapping risk factors, diagnosis and management of TB in prisons and other prescribed places of detention and diagnosis of latent TB infection among prisoners and immigration detainees. The chapter includes the challenges, recommendations and exemplars for best practice to support meeting the needs of this group.

TB cases in prescribed places of detention reported to PHE, 2010 - 2015



**Chapter 4: People who misuse drugs or alcohol**

The national TB surveillance system records information on SRFs including drug and alcohol misuse. This chapter describes the burden of TB in this population and includes include the referral pathway below for clients of the drugs and alcohol services with suspected or having TB.



Below are a couple of abbreviated exemplars of good practice on working with people who misuse drugs or alcohol

**Bradford and Airedale integrated care plan**

In order to ensure that treatment interventions for TB and substance misuse are fully aligned in Bradford and Airedale the TB service in 2015 developed an integrated care plan for TB positive substance misuse service users. Service providers use their formal and informal networks to create and agree a single integrated care plan with consent to share data established with the service user.

At the start of the project the TB service agreed a template “Integrated care plan for TB and substance misuse patients” which is adapted to meet the needs of each TB patient. For more details [see chapter 10 - Models of Care](#)

**Reaching out to drug and alcohol users in Leicester**

Inclusion Healthcare, a social enterprise that offers primary care services to vulnerable groups, and local TB services have combined forces in Leicester to screen street drug and alcohol users for TB.

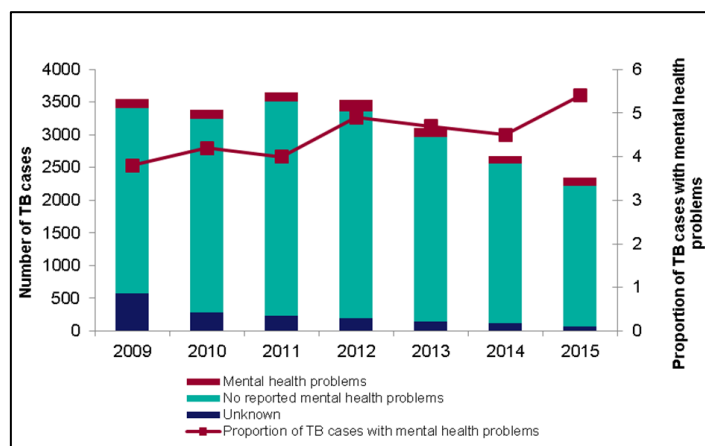
A dedicated clinical service has been commissioned by the CCG to provide screening, assessment and follow-up for cases of latent and active TB. Screening clinics and DOT are provided by a team of specialist TB nurses and substance misuse nurses. The clinics are run from the inner city homeless shelter and Inclusion Healthcare’s inner city GP surgery. Nurses work with a multi-agency task force to identify and trace those who should be offered screening. Using the homeless centre and other healthcare services which are familiar to the clients increases their willingness to be screened and referred for treatment.

Regular follow up and completion of treatment is a challenge in this client group and are improved because of the multiagency approach and the co-location of essential parts of the screen and treat service.

**Chapter 5: People living with a mental health problem**

This USP group includes those living with or recovering from a mental health problem and this chapter includes definitions of mental health problems.

*Number and proportion of TB patients treated in London with reported mental health problems, 2009 - 2015*





The challenges for TB Control Boards and others for this group are briefly outlined below including ones that cross cut to other USP issues:

- recognising the needs of people with a mental health problem
- the multiple complex needs among people with a mental health problem
- no recourse to public funds
- homelessness / insecure accommodation / houses of multiple occupancy
- late presentation of illness and poor treatment adherence

The recommendations in this chapter centre on working with mental health services around patient centred plans and engagement with other health and non-health support services for this USP and include:

- TB clinical teams to consider greater use of mental health services as DOT compliance support workers
- TBCBs to encourage primary care as well as mental health service providers to promote physical health checks for people living with, or recovering from, a mental health problem, and use any appropriate opportunities to increase awareness of TB
- TBCBs are encouraged to explicitly recognise the needs of people with mental health problems in their work plans

### **Chapter 6: Homelessness and TB**

Unstable housing and homelessness can make it more difficult for patients to complete TB treatment regimens, thereby increasing the risk of transmission and poor treatment outcomes. Non-completion of treatment can contribute to drug resistance, relapse and onward transmission of the disease.

Data shows that between 2010 and 2015 the proportion of TB cases with a current or history of homelessness increased from 3.0% to 4.4%. This chapter looks at the challenges from the perspective of the housing sector and TB control boards and covers in detail information, recommendations and exemplars to solving the issue of homelessness and TB. Solving housing issues can take considerable time.

The chapter includes a patient's pathway into accommodation to help TB staff navigate the many steps to accommodate TB patients.

In addition the chapter contains 12 exemplars from around England of innovative work tackling TB in the homeless. For example E6.2 (page 77) outlines a checklist to help accommodate TB patients with no recourse to public funds and is shared in full in **Appendix 3**.

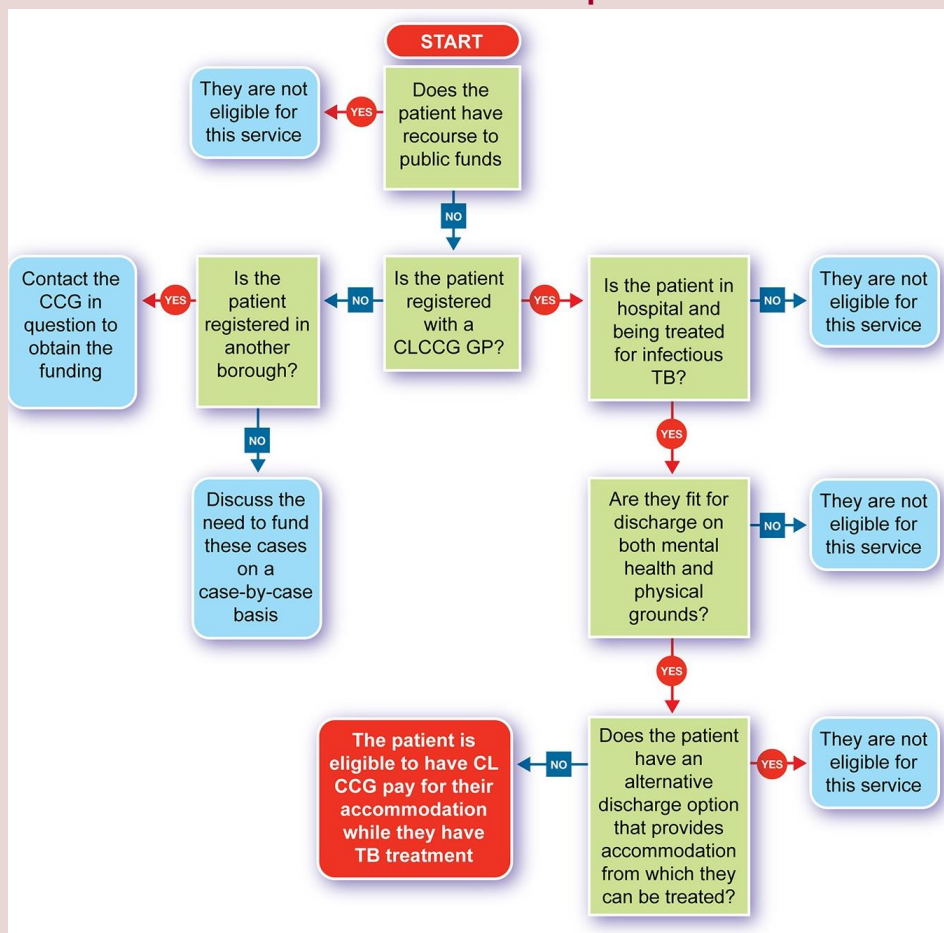
#### **E 6.2: London checklist to help accommodate TB patients with NRPFs**

A checklist has been developed in London with a view to reduce some of the delays in finding accommodation for patients who have NRPF by identifying the main steps of the process and with whom each responsibility lies.

The checklist establishes from the outset who takes overall responsibility for co-ordinating the process of accommodating TB patients with NRPFs up until a case conference is held. This checklist has been developed in collaboration with the NRPF network; Find and Treat, TB Reach, Imperial College Healthcare Trust TB services and Discharge team, the Whittington Hospital TB Social Care team and Islington NRPF Team.

Exemplar 6.3 (page 78) shares a flow chart developed by CCGs to determine eligibility for accommodation for patients with no recourse to public funds.

### E 6.3 Central London CCGs (CLCCGs) flowchart to determine eligibility for accommodation of those with no recourse to public funds



Other exemplars include:

- homeless healthcare teams, E6.4 (page 79)
- specialist GPs for destitute and homeless refugees, E 6.5 (page 79)
- the Find and Treat specialist outreach team tackling TB and blood-borne viruses in the homeless and other underserved groups in London, E6.10 (page 82)
- details of a residential unit for destitute TB patients in London, E 6.7 (page 80)
- a number of funding mechanisms to accommodate TB patients for the course of the treatment including E6.12 (page 84), a CCG risk share arrangement to fund accommodation for TB patients with no recourse to public funds in London

### E 6.12 A CCG risk share arrangement to fund accommodation for TB patients with NRPFs in London

To date in London the funding of accommodation for TB patients who are homeless and have no recourse to public funds (NRPFs) has predominantly been managed in an ad hoc manner. This has required a business case to be developed each time accommodation is needed, along with evidence of the Public Health rationale for providing accommodation.

The London Clinical Leadership Group (a subgroup of the London TB Control Board) advocated for a more efficient and equitable way to manage these

cases. The London TBCB engaged with the TBCB Lead CCG and the Office of CCGs in London to progress this. A business case for a risk share arrangement between all London CCGs to fund accommodation for TB patients who are homeless and have NRPFs was developed and accepted by all of London's CCGs. Chief Officers from London's 32 CCGs. See the USP Resource, page 84 for contact details of the project contacts and an operational policy and governance structure has been developed.

All patients will require a full assessment of their eligibility for housing and other benefits and only those who have NRPFs, are on treatment for TB and currently homeless will be referred for funding. Accommodation will be linked to treatment compliance and is only for the duration of treatment.

Fundamental to the development of this business case was gathering data to quantify the scale of the problem. This demonstrated that, although the numbers of patients with TB and NRPFs were small each year, it was unpredictable; with almost all CCGs affected over a period of three years, not just high incidence areas. Additionally, the advice and support of the commissioning representatives on the TBCB was vital to progress the business case through the appropriate channels.

### **E 6.10 The Find and Treat Service, London**

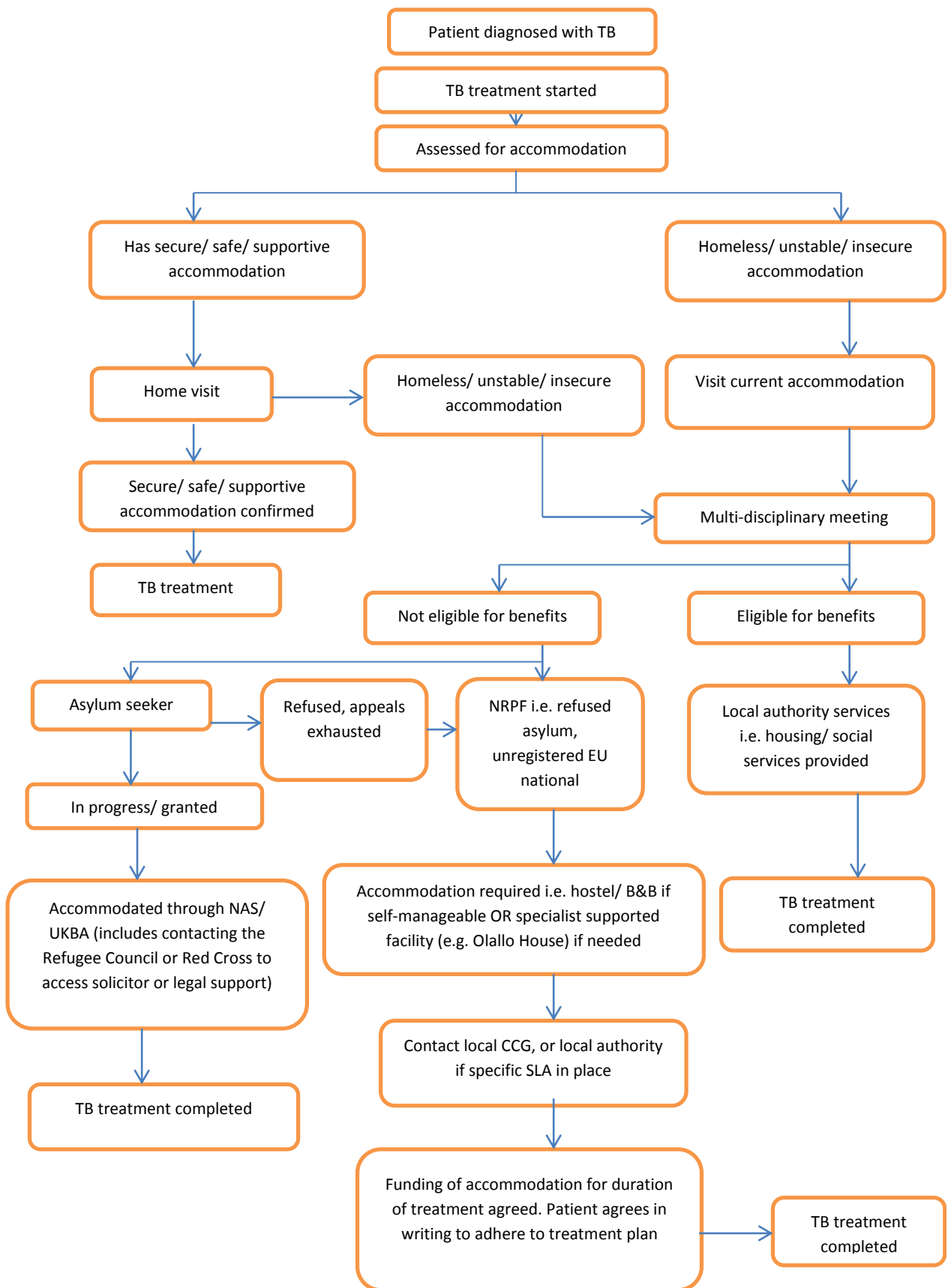
Find and Treat are a specialist outreach team that work alongside over 200 NHS and third sector front-line services to tackle TB and blood borne viruses (BBV) among homeless people, high risk drug or alcohol users, vulnerable migrants and people in contact with the criminal justice system.

Find and Treat outreach to almost 10,000 people across London annually and support referral and onward care to ensure access to and engagement with TB treatment services. Additionally the service provides training, advice and practical assistance to frontline TB services and allied health and social care services. The outreach team includes clinical nurse specialists, social and workers, substance misuse professionals, radiographers, expert technicians and former patients who work as peer advocates. Peers are recruited from the client group and work both on the MHU and directly supporting patients in the community. The service operates in every London Borough and regularly supports PHE and local providers to respond to incidents and outbreaks nationally. UCLH host the service on behalf of London CCGs and are working with PHE and local partners in the West Midlands to create a national outreach service as recommended by NICE and the National Collaborative TB Strategy.

Find and Treat take TB control into the community, find active TB cases early and support patients complete a full course of treatment. See chapter 11, 'Models of Care' for further details.

Overall, what this chapter tries to do is encourage TB control boards and their partners to develop streamlined accommodation pathways to help support TB services find solutions for homeless patients, particularly those who have no recourse to public funds. There are a number of recommendations on how to do this and exemplars. Additionally the chapter contains a **number of awareness raising materials for the homeless, staff who work with this group and also service managers**.

The TB patient's journey to accommodation



### ***Chapter 7: Local government and its role in tackling TB in USPs***

This chapter outlines the responsibilities of local government, the impact of the Health and Social Care Act (HSCA12) and the role of the Director of Public Health.

The generic role of local government is covered including its strategic role, direct and frontline roles including housing for vulnerable clients, social workers and assistance tools.

There are useful sections on 'What can local authorities do for USPs with TB?', 'Is there a role for Council Scrutiny of TB?' and recommendations on how TB Control Boards can work with their local Authorities and their officers.



### ***Chapter 8: TBCBs, CCGs and USPs - roles and responsibilities***

#### **TB Control Boards (TBCBs)**

This chapter includes the generic responsibilities of TB Control Boards as laid out in the Collaborative TB Strategy for England and expands how this can work with, and engage local partners.

#### **Clinical Commissioning Groups (CCGs)**

This section outlines the commissioning responsibilities of CCGs regarding the treatment and care of people with TB and how they can be encouraged to improve access to TB services for USPs.

### ***Chapter 9: Community, Voluntary Sector and Programmes of Work***

This chapter emphasises the importance of the voluntary, community and social enterprise (VCSE) sector or third sector and how integral to the wider health and social care system these organisations are. The VCSE is recognised for its diversity and flexibility and the added social value and impact it brings.

There are a number of resources, links and VCSE organisations highlighted in this chapter that could be of use in a range of circumstances.

#### **E 9.2 TB Awareness raising sessions for those working with USPs in Shrewsbury and Telford**

For VCSEs: In 2013, a gap in knowledge around TB was noted in agencies that engage with USPs such as people with a history of drug or alcohol misuse or the homelessness. To improve the lack of knowledge the local TB team proactively approached the agencies offering TB awareness sessions. A number of awareness sessions for agencies in Shrewsbury and Telford have now been delivered through the Telford and Wrekin homelessness partnership, housing trusts and similar relevant organisations e.g. [Telford After Care Team](#) (TACT).

The aim of the sessions was to both inform and supply information on TB the disease and on how the TB team can be accessed directly for any enquiries, direct referrals including self-referral.

For General Practitioners: In 2013, the TB team initiated an awareness raising campaign among GPs about TB and under-served groups as well as new entrants from high incidence countries. Initially they tried to infiltrate the Certificate of Personal Effectiveness (CoPE) training days in the county but this did not prove successful. However, provision via a general GP newsletter of TB information has been well received. This enabled the team to update the GPs about the services

available and contact details. Since 2015 the team have targeted GP practices where large numbers of immigrant population are registered.

For Practice Nurses/ local Community Nurses and Prisons: The TB team have been actively involved via the education facilitator with the practice nurse forum and community infection control nurses on raising awareness of TB. These teaching sessions have been well received and improved direct referral of patients. They have also enabled the TB team to build a good working relationship, especially successful with the local prison service.

### ***Chapter 10: Models of care for USPs***

This chapter draws together different models of care for USPs, so that those working with USPs can review how they might locally meet the needs of USPs and consider local use of these models. Models include:

- diagnosis, treatment and social care integration: Find and Treat Service
- a 'One Stop' service – Olallo House offering accommodation and social support to improve TB treatment completion
- The Housing First Model
- integrated care plans for TB services and substance misuse services
- pharmacies providing DOT
- Video Observed Therapy
- London TB Extended contact tracing (LTBEx) model
- low cost solutions to support treatment adherence

### ***Overarching recommendations for those working with USPs:***

The USP resource provides a number of overarching recommendations on how to tackle TB in USPs alongside many useful recommendations in individual chapters.

#### **1. Raise awareness of TB in USPs and those who work with them**

This could include:

- TB awareness raising sessions, run by local TB nurses using the nationally developed TB nurse resource pack, with primary care, community groups working with new migrants, drug and alcohol misusers, the homeless and local authority housing departments
- involve the third sector in reaching out to USPs
- encourage greater use and dissemination of TB awareness raising materials e.g. those of **TB Alert** and **National Knowledge Service** for drug and alcohol misusers, prisons, the homeless, new migrants and their key workers (see relevant chapters for hyperlinked resources)

#### **2. Work to provide more integrated services for USPs**

TB Control Boards, CCGs and partners to develop integrated, patient centred services and pathways with strong links to primary care and existing health and social care services. Consideration to be given to:

- specialised primary care or community based services to support refugees and asylum seekers (Chapter 2)
- 'one-stop shops' and 'outreach services' for people with TB who have mental health, drug or alcohol problems or who are homeless (Chapters 4, 5, 6)

- improving treatment completion by developing patient pathways using pharmacies or mental health support workers as DOT providers (Chapter 5) or encouraging concomitant prescribing of opiate substitute therapy and TB medication by TB and substance misuse services (Chapter 4)
- 3. Work to address the issues of homelessness and TB**
- TB Control Boards, working with their partners, develop streamlined accommodation pathways:
    - to help house homeless TB patients
    - to help house TB patients ineligible for local authority funded accommodation (those with NRPFs) (Chapter 6)
  - TB Control Boards, working with CCGs and local authorities, to agree the best way to fund temporary housing for homeless TB patients, until treatment is completed (Chapter 6)
- 4. Consider using holistic mobile X-ray unit to visit homeless hostels on a periodic basis (Chapter 6)**



- 5. Ensure USPs, and their needs, are recognised and considered in local Joint Strategic Need Assessments, Joint Health and Wellbeing Strategies and Sustainability and Transformation Plans (Chapter 7)**
- 6. Encourage the prison estate to prioritise and embed approaches to detect and treatment infectious TB (Chapter 3)**
- 7. CCGs, primary and secondary care providers to work to increase the uptake of latent TB testing and treatment among new migrants (Chapter 2)**

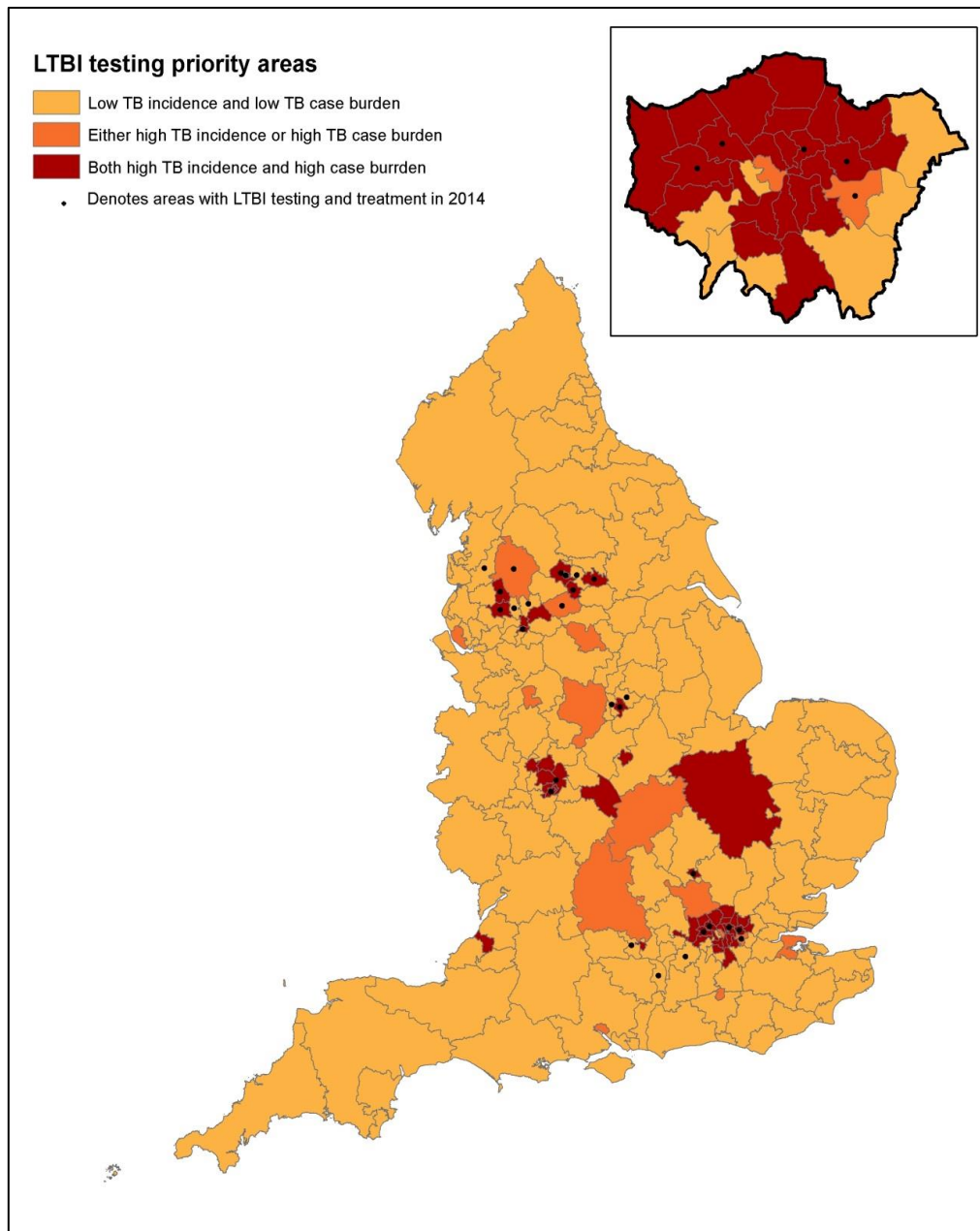
Relevant exemplars of innovations and good practice to meet these recommendations appear in each chapter.

## 4 - LTBI testing and treatment programme progress

Fifty-nine high TB burden CCGs were identified in England with 58 submitting LTBI testing and treatment plans in 2015/16 which were rolled forward into 2016/17. NHS England funding has been agreed for 2017/18 with CCGs submitting updated programme plans that reflected the experience and progress made in 2015/16 and 2016/17.

LTBI testing and treatment is coordinated through the TB Control Boards, together with local LTBI task and finish groups. The national TB screening team recommends that all TB Control Boards have a local LTBI task and finish group which meets regularly and links into the national LTBI implementation group which reports to the national TB delivery board.

A total of 54 CCGs (93% of 58 priority CCGs) had started LTBI testing by January 2017. The remaining CCGs have started LTBI programme preparatory work and are expected to commence testing spring 2017.



Progress to complete the LTBI database functions is on track after the successful recruitment of a database developer in December 2016. Priority has been given to the completion of the LTBI web-interface which will primarily be used by secondary care providers to enter treatment outcome information.

28 of the 54 CCGs systematically testing patients have submitted data to PHE as of January 2016. PHE is receiving laboratory data for LTBI tests and PHE and NHS England will be asking all laboratory service providers for regular reports.

NHS England has approved funding for Flag4 data extraction of potential LTBI tests eligible migrants. PHE is working with NHS Digital for the extraction to include a one-off data extraction for the time periods 2012 - 2016 (5 years) with a repeat, and ongoing quarterly extraction for all new registrants. The proposed data flow is from NHS Digital to PHE and to CCGs or CCG area representatives.



## 5 - TB Alert update

TB Alert is continuing to expand its range of awareness, education, patient support and advisory resources. These are all available through **The Truth About TB website's 'Professionals'** tab and have also been summarised on the last page at of this newsletter which TB Alert are asking TB Control Boards to circulate to all stakeholders in their region.

TB Alert's resources are designed to support clinicians, public health teams, programme managers, and community and outreach workers. They cover the full pathway from raising awareness and improving access to services, through to diagnosis and treatment. Resources can often be adapted with information about local services or to meet the needs of specific demographics, whilst a wide range of translations are already available.

A number of new resources have been developed to accompany the 'Access, testing and treatment' toolkit for new entrant latent TB programmes. These include the attached latent TB awareness leaflet, first produced for Newham CCG, which includes space for the inclusion of local branding and contact details. **Please contact TB Alert to find out more about customising resources.**

The summary (see page 17) can be printed or used electronically to take advantage of the embedded hyperlinks. TB Alert plan to update it a couple of times a year, so if there is any different or additional informal you would like on it please let TB Alert know.

## 6 - Upcoming events

### ***28 March 2017 - All-Party Parliamentary Group on Global TB***

The All-Party Parliamentary Group on Global TB is holding an APPG event on Global TB to mark World TB Day. The discussion will be on **UK leadership on TB and AMR particularly focussing on research and development** and is on **Tuesday, 28 March from 2.30pm to 3.30pm in the IPU Room, off Westminster Hall, Parliament.**

The UK has led on creating the Ross Fund, investing in research and development for infectious diseases and commissioning the independent Review on Antimicrobial Resistance (AMR). The Government recently stated that TB and AMR will be two of its top priorities for engaging with the World Health Organisation (WHO) in 2017.

Ahead of November's WHO Ministerial Conference on TB and next year's UN High Level Meeting on TB - and following last year's landmark UN High Level Meeting on AMR and G20 discussions on stimulating research and development to address AMR at a global level – this discussion will be a timely opportunity to discuss the UK's leadership on these crucial issues.

### ***23 June 2017 - National TB nurse conference, London***

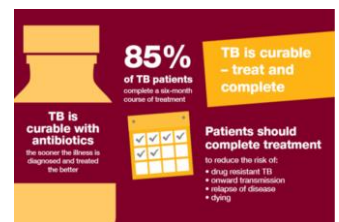
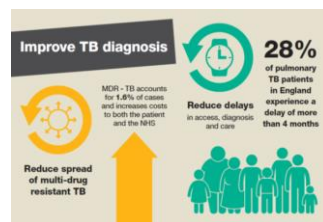
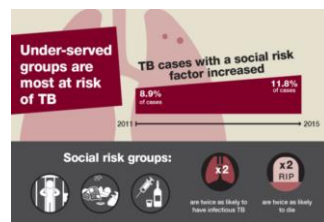
Early notification, building on the success of last year's national TB nurse conference, of the 2017 national TB nurse conference. Information on this event will be circulated in early April 2017 – book the date in your diary now and let us know you are interested – please email [poonam.dave@phe.gov.uk](mailto:poonam.dave@phe.gov.uk) to ensure you are on the circulation list to receive further information on this event.

## TB infographics

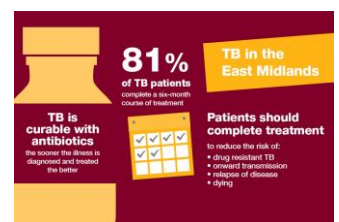
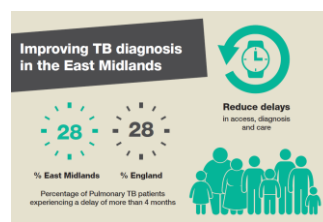
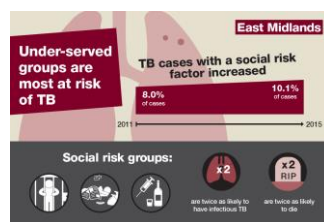
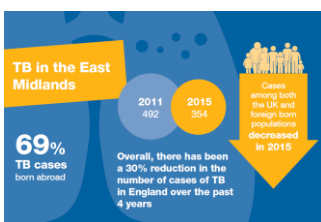
In October 2016 PHE launched *Healthmatters - reducing the burden of TB*. Within this suite of materials were eight national TB infographics based on 2015 data from the **2016 Annual TB Surveillance Report**. For World TB Day 2017 we have chosen four infographic slides from the national set to be reproduced with regional level information for local use. These infographics illustrate really well how TB varies across England.

### TB infographics by PHE Centre

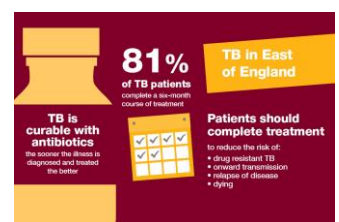
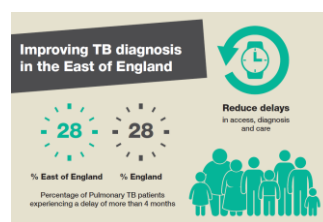
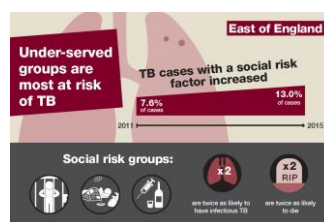
#### England



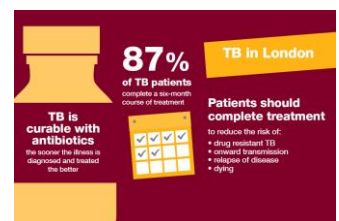
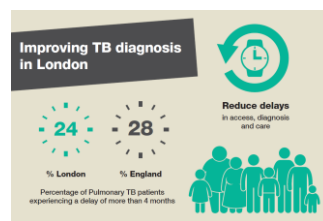
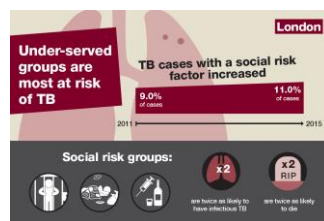
#### East Midlands



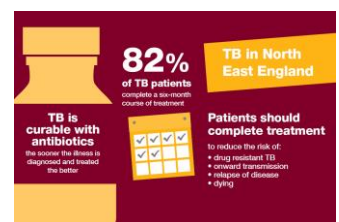
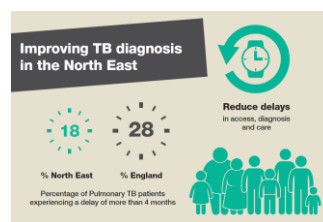
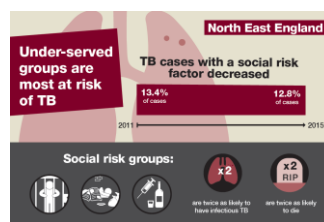
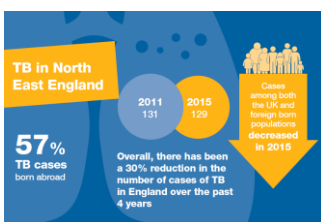
#### East of England



#### London

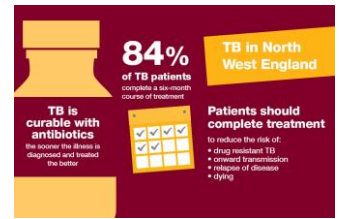
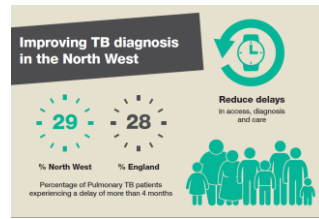
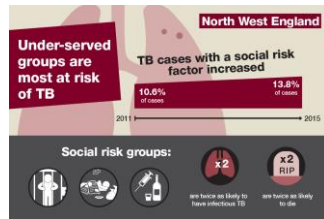
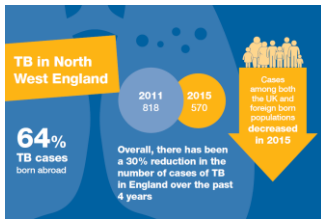


#### North East England

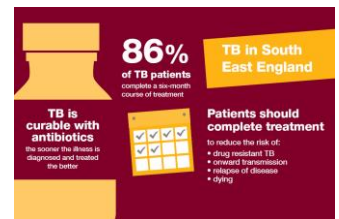
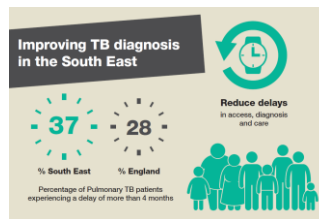
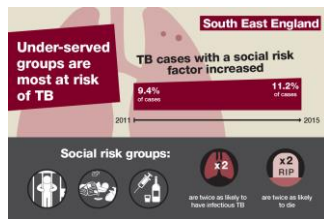
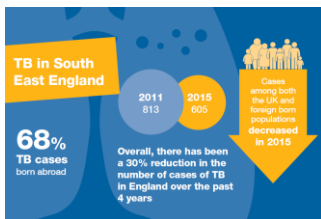


TB infographics by PHE Centre

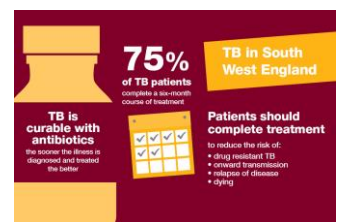
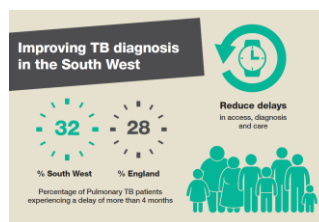
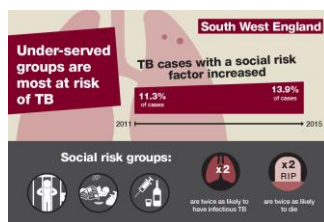
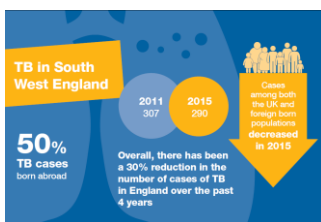
North West England



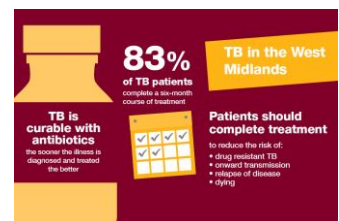
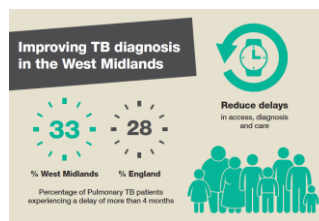
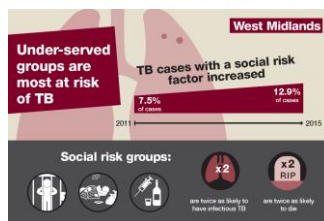
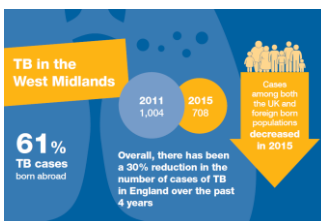
South East England



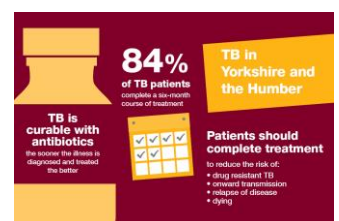
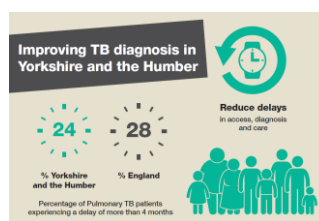
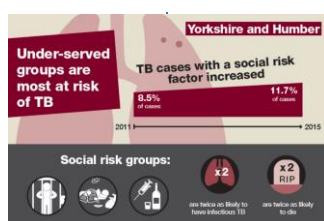
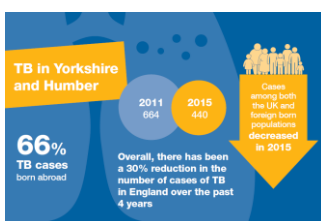
South West England



West Midlands

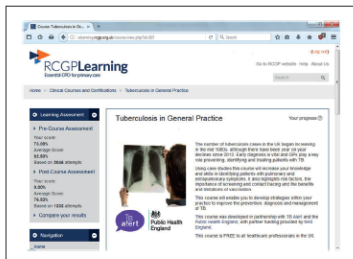


Yorkshire and Humber



**Public awareness, professional guidance and patient support resources from TB Alert the UK's national tuberculosis charity**

Our resources support public health, clinical and social care staff to meet the needs of people and communities affected by TB. They cover the full patient pathway from raising awareness and improving access to services, through to diagnosis and treatment. All materials can be accessed through the Professionals tab of *The Truth About TB* website ([www.thetruthabouttb.org](http://www.thetruthabouttb.org)) – where you can search by keyword, language or resource type. The site also contains information, advice and support for the public. Our resources are available in a range of languages and can often be adapted for specific localities. For more information, contact Helen Clegg: [helen.clegg@tbalert.org](mailto:helen.clegg@tbalert.org), 01273 234030.



**Leaflets to support patients during treatment**

Information to reinforce the advice and support given by TB Nurses and other professionals.

- *TB: your questions answered*
- *TB and the BCG vaccination*
- *Contact tracing and screening*
- *TB and its diagnosis*
- *An important test (TB and HIV)*
- *TB treatment*
- *About Your TB Drugs*
- *About your treatment for latent TB* **NEW**
- *Multi-drug resistant TB*

**Professional awareness and education resources**

**UPDATED** *Tuberculosis in General Practice*: open access through the RCGP Online Learning Environment to help clinicians identify signs and symptoms of all forms of TB, refer patients to specialist services and provide appropriate case management. ([www.elearning.rcgp.org.uk/tb](http://www.elearning.rcgp.org.uk/tb))

*TB Specialist Nurse Resource Pack*: support for TBSNs to train primary care staff on TB through GP practice meetings and lunch time talks. Includes a comprehensive presentation on TB and detailed speaker's notes.

TB Alert also offers bespoke in-house training for statutory and third sector organisations. Contact Helen Clegg: [helen.clegg@tbalert.org](mailto:helen.clegg@tbalert.org), 01273 234030.

**Resources for public awareness and health promotion**

- *What should I know about TB?* Information leaflet covering symptoms, transmission, risk factors and an explanation of latent and active TB
- Tailored information for TB-affected communities: *South Asian, Somali, sub-Saharan African, and people who misuse drugs or alcohol*
- *'Teeby' symptoms animation and screensaver*: cartoon depictions of the main symptoms of TB
- *TB symptoms card*: wallet sized card detailing common TB symptoms and where to get help
- *The Real Story*: a 10 minute film featuring five people talking about their experiences of TB – plays in 10 languages.
- *What do I need to know about latent TB?* Leaflet introducing latent TB and who may benefit from testing and treatment

**Posters**

- *Don't pass it on*
- *The sooner the better*
- *Multi-lingual symptoms*
- *Latent TB testing and treatment*

**Guidance and advocacy**

*Access, testing and treatment*: A toolkit for new entrant latent tuberculosis programmes by Public Health England, NHS England and TB Alert. How to maximise the uptake of latent TB testing and treatment and make programmes patient-focused to ensure maximum retention of patients along the pathway.

A suite of resources have been developed to accompany this toolkit, including template invitation and results letters.

*Tackling TB in Under-Served Populations*, by Public Health England, NHS England and TB Alert, provides a framework and practical examples to help TB Control Boards and their partners build collaborative TB services to work with under-served groups: homeless people; people who misuse drugs and/or alcohol; people in contact with the criminal justice system; migrants from high-incidence countries – particularly refugees, asylum seekers and those in immigration detention – and some people living with mental health problems.



The Truth About TB is a national programme from TB Alert that raises public and professional awareness of tuberculosis.

[www.thetruthabouttb.org/professionals](http://www.thetruthabouttb.org/professionals)

March 2017

This is the link to the resources summary for the World TB Day newsletter <http://www.thetruthabouttb.org/resource/overview/>

To subscribe to future updates please [click here](#)