



TB Strategy Update

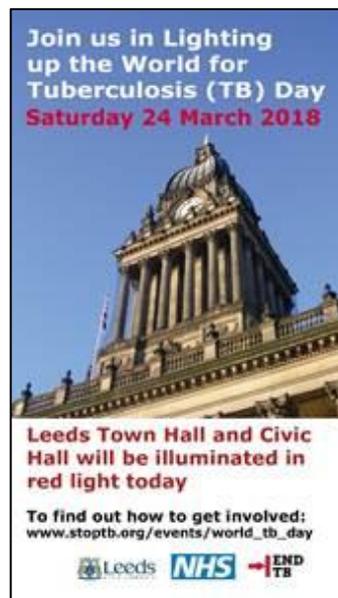
This is a regular update that provides information on the progress of the **Collaborative TB Strategy for England 2015 - 2020**. To subscribe to future updates please [click here](#)

1 World TB Day - 24 March 2018

Each year we commemorate World TB Day on March 24 to raise public awareness about the devastating health, social and economic impact of tuberculosis (TB) and urge acceleration of efforts to end the global TB epidemic.

This year, on World TB Day, the Stop TB Partnership is continuing the yearly global initiative '**Light up the World for TB**'. Across England a number of landmarks and public buildings will be lit up in red on either 23 or 24 or 25 March 2018 to support World TB Day. These include:

The Spinnaker Tower in Portsmouth



In addition please look out for local promotions or raising awareness TB events as well as 'spot' the illuminated telephone kiosks and bus shelters in Leeds; Bradford City Park, Mirror Pool and Fountains, Margaret McMillan Tower (Bradford Council offices) and Bradford Forster Square Railway Station Arches; Castle Hill monument near Huddersfield; Batley Town Hall in North Kirklees; Christchurch pedestrian bridge in Reading; Wilkins Building, University College London; Bridge Street trees in Peterborough, Godiva Statue and Broadgate in Coventry; and the Curve building in Slough.

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In 2017 landmarks lit up across the world included Brasilia, our very own Gateshead Bridge in Newcastle, the UN in Copenhagen, Niagara Falls, Jet d'Eau in Geneva, Barcelona Town Hall and the Toronto Tower.



This year's campaign focuses on building commitment to end TB, not only at the political level with Heads of State and Ministers of Health, but at all levels from Mayors, Governors, parliamentarians and community leaders, to people affected with TB, civil society advocates, health workers, doctors or nurses, NGOs and other partners.



The 2018 theme - **Wanted: Leaders for a TB-free world. You can make history. End TB** - is critical for 2018 in light of the planned United Nations General Assembly High-Level Meeting on TB that will be held at the UN in New York 26 September 2018. The upcoming meeting will follow the Ministerial Conference on Ending TB held in Moscow on 16 - 17 November 2017 which resulted in high-level commitments to accelerate the response to End TB as expressed in the **Moscow Declaration to End TB**.

Please see PHE's World TB Day Blog at: <https://publichealthmatters.blog.gov.uk/>

2018 is the 136th anniversary of Dr Robert Koch's announcement in 1882 of his discovery of the TB bacillus, the cause of TB. His ground-breaking research opened the way toward diagnosing and curing this disease.



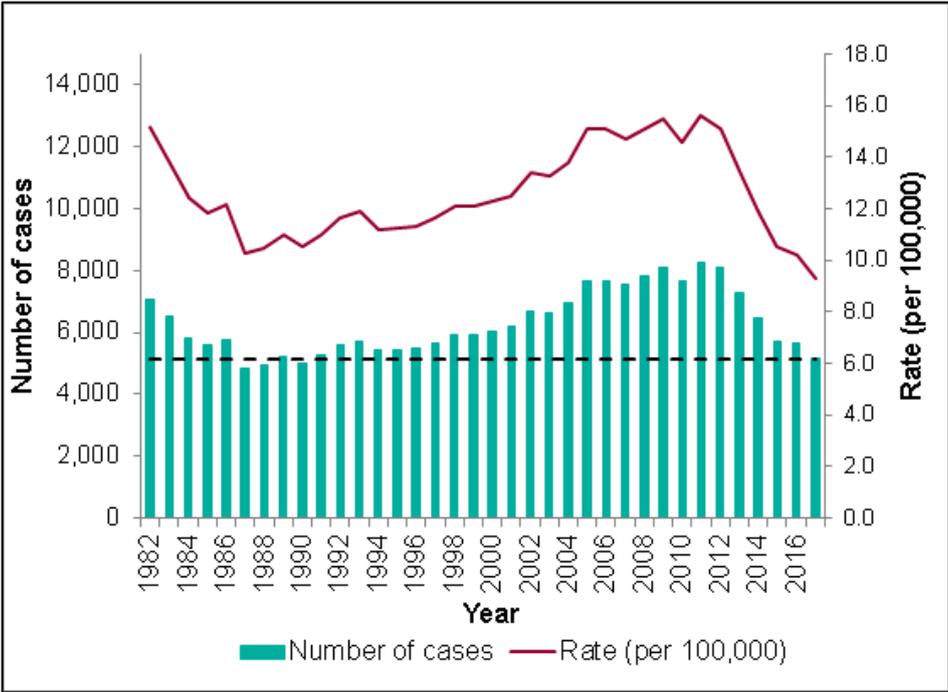
2 Good news – TB rates and numbers decreased again in 2017!

Provisional data for 2017 shows a further decline in TB case notifications and rates. A total of 5,137 TB cases were notified in 2017, a rate of 9.3 per 100,000.

This is the lowest number of TB cases since 1990 and the lowest TB rate in the last 30 years! Note: this is no time to be complacent as there is still much to do to sustain the decline and particularly meet the needs of the most vulnerable patients.

The annual decline in the number of cases (9.3%) and the rate (8.8%) between 2016 and 2017 were similar to those seen between 2013 and 2015. The total decline since 2011 is 38% over the last six years. The dotted black line in the graph below compares the case numbers for 2017 across previous years.

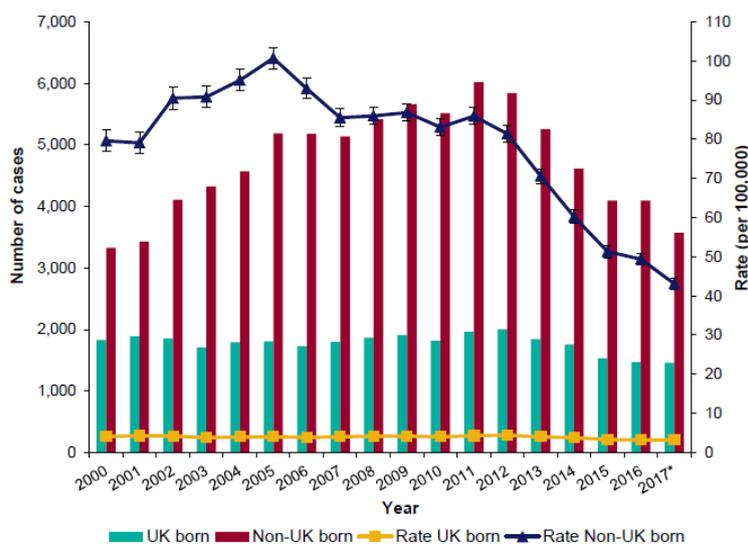
TB in England – 1982 - 2017 – TB case notifications and rates per 100,000 population*



*Provisional data. Data from 1982 - 1999 is from NOIDS and data from 2000 - 2017 is from ETS. The rate of TB for 2017 has been calculated using 2016 population estimates.

The number of case notifications (1,460) and the rate (3.2 per 100,000) in the UK born population in 2017 remained similar to that in 2016, with an annual decline in case numbers of 0.6% and no decline in the rate. In contrast, both the number of cases and rate (43.1 per 100,000) in the non-UK born population declined by 12.8%.

The graph overleaf shows TB case notifications and rates by place of birth, England, 2000 - 2017* shows the trend in the number of TB case notifications and rates in England by place of birth (UK or non-UK born) between 2000 and 2017. Of all TB cases notified with known place of birth, 71.0% (3,571/5,031) were born outside the UK in 2017, a similar proportion to 2016.



Full results for the period 2000 - 2017 will be published in the 2017 annual report *Tuberculosis in England* in September 2018. The most recent annual report covering the period 2000 - 2016 was published in October 2017.

Please note data for 2017 are provisional and may be different to that presented in the official statistic and annual report in September 2018 when data have been cleaned and validated. No further breakdowns or analysis of TB data will be released before September 2018.

3 National TB Strategy – Areas for Action update

For any queries about items in this section please email TBStrategy@phe.gov.uk

Area for Action 1: Improve access to services and early diagnosis

The charity, TB Alert, was supported by the national TB Office to:

- update awareness raising literature, videos and animations
- expand **The Truth About TB website** by developing a section on latent TB covering new entrants and other scenarios (contacts, occupational, immunity/etc)
- provide a new platform on the **TB Alert website for professionals** that includes health promotion, professional education, patient information and support, guidance and advocacy, professional events
- provide updated professional education resources for primary care and others including:
 - TB nurse slide set and speaker notes
 - Royal College of General Practitioners (RCGP) TB e-learning modules revised www.elearning.rcgp.org.uk/tb



To raise awareness and improve communications to communities and people at risk NHS England has backed:

- a programme to support LTBI programmes in selected clinical commissioning groups (CCGs) and communities at risk of developing TB

- TB Alert to develop innovative approaches that include social and digital media, social marketing, radio, local libraries and other community access points
- an animation video for communities eligible for LTBI testing and treatment to raise awareness of TB and encourage uptake of the LTBI test

Area for Action 2: Provide universal access to high quality diagnostics

- TB is a priority for Whole Genome Sequencing (WGS) technology for both PHE and NHS England and WGS for TB has been rolled out country wide in 2017/18. It is producing vital diagnostic and public health information to support TB services in cluster investigations and speciation quicker than traditional techniques and predicting drug sensitivities more rapidly for first line drugs
- in 2016/17, PHE assessed TB diagnostic capability and reviewed TB laboratory services provision nationally. Outputs from this audit are being used locally to improve laboratory provision for TB and ensure universal access to high quality diagnostics
- laboratories that met specific quality standards were selected through a national procurement process to provide the LTBI test analysis for the LTBI testing and treatment programme

Area for Action 3: Improve treatment and care services

- TB Control Boards, supported by the National TB Office, have enhanced local TB networks and clinical services e.g. via expansion of TB networks, strengthening nurse networks and increasing uptake of cohort review
- a national TB clinical policy and a service specification were developed by the National TB Office. These set out more clearly and robustly what best practice for TB services should look like. These documents have been circulated and shared for local adaptation and use by TB service providers and commissioners
- clinical teams are encouraged to use the **2016 NICE TB guidance** and **2017 NICE TB quality standards**

Area for Action 4: Ensure comprehensive contact tracing

- greater clarity was provided in the national TB clinical policy and service specification updated for 2017/18 and 2018/19 and the 2016 NICE TB guidance
- contact tracing work is undertaken by NHS TB services in partnership with PHE health protection teams and, when needed, by national PHE experts
- the roll out of WGS technology will support more focussed contact tracing

Area for Action 5: Improve Bacillus Calmette-Guerin (BCG) vaccination uptake

- PHE and NHS England have secured an alternative supply of InterVax BCG vaccine for use in 2018
- BCG uptake is now reported in the official COVER (cover of vaccination evaluated rapidly) statistics
- BCG is a priority work stream in 2018 aiming to improve BCG uptake and ensure low-incidence areas identify and provide BCG to children in high risk groups

Area for Action 6: Reduce drug resistant TB

- PHE published in 2017 a national 'needs assessment' for Multi-drug resistant TB

(MDR-TB) patients to contribute to the NHS England Specialised Commissioning review of the Infectious Diseases Service Specification in 2018

- PHE and NHS England have supported the **British Thoracic Society** (BTS) to develop and enhance the BTS MDR-TB Clinical Advice Service which provides advice to clinicians caring for TB patients with MDR-TB and complex TB. The service can be accessed via:
<https://mdrtb.brit-thoracic.org.uk/WebPages/Login/frmLogin.aspx> and we would encourage all clinicians to use it to support their care of MDR-TB patients

Area for Action 7: Tackling TB in under-served populations (USPs)

- a comprehensive **USP Resource** was launched in January 2017 to support TB Control Boards and partners tackle the needs of USPs
- TB Control Boards have run workshops with local stakeholders to share and implement best practice using the USP Resource
- slide sets for each chapter of the Resource have been made available for use at TB clinical and nurse network meetings and have been widely used locally
- based on the USP Resource, TB Control Boards have developed, or are developing, streamlined accommodation pathways for homeless people with TB
- TB Control Boards, working with Clinical Commissioning Groups (CCGs) and local authorities have agreed, or are looking to agree, funding mechanisms for homeless people with TB. A successful example is that of the London TB Control Board that helped establish a pan-London CCG risk-share to provide accommodation for homeless TB patients with no recourse to public funds
- London's CCGs supported a London-wide service to use the novel video observed therapy (VOT) in 2017/18. This service is provided by the UCLH based Find and Treat Service and is a model for VOT provision outside of London

'Tackling TB in under-served populations: a resource for TB control boards and their partners' has been published in the *Journal of Public Health*, March 2018. For further information on this publication please contact tbstrategy@phe.gov.uk or it can be accessed *Journal of Public Health* (2018) doi.org/10.1093/pubmed/fdy036 published by Oxford University Press on behalf of the Faculty of Public Health online at:
<https://academic.oup.com/jpubhealth/advance-article/doi/10.1093/pubmed/fdy036/4917536>

Area for Action 8: Implement new entrant latent TB testing and treatment

- a LTBI testing and treatment programme for new migrants from high incidence countries is funded by NHS England as part of their commitment to the Strategy. Funding has been made available annually since 2015/16 for this programme. This evidence-based key intervention area of the Strategy is aimed at preventing reactivation to active TB and thereby reduce TB incidence
- the LTBI testing and treatment programme is being implemented in 59 eligible, high TB burden CCG areas in England. As of January 2018, nearly 25,000 LTBI tests have been reported since the programme commenced in 2015 with an LTBI positivity rate of 20% (PHE monitoring data)
- LTBI testing acceptance by individuals invited for a LTBI test varies widely by CCG from 8.5% to 83.7%. Improving awareness and test acceptance has been made a priority for 2018/19

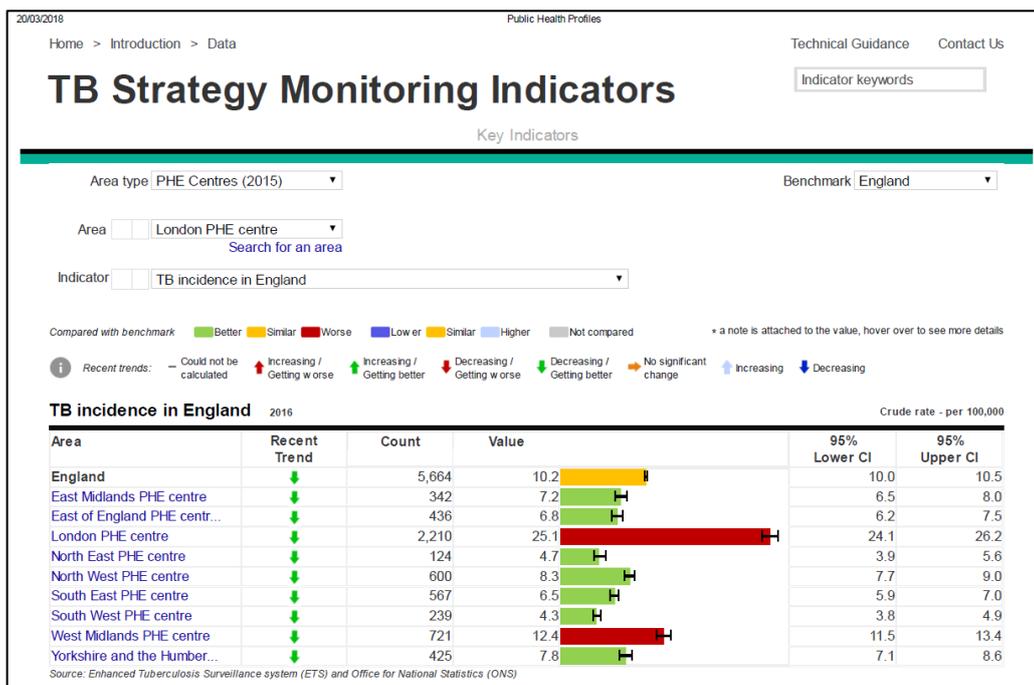
- together NHS England, PHE and TB Alert launched a **toolkit** in 2016 to support localities improve their LTBI testing and treatment pathway
- a TB awareness animation video - **latent tuberculosis (TB): animated into action** will be launched for World TB Day 2018 as a new health promotion tool for CCGs running latent TB testing and treatment programmes. This was developed with TB patients and migrants supported by NHS England and PHE
- LTBI testing and treatment activities have been reported in the PHE Annual TB report for the last two years



Area for Action 9: Strengthen surveillance and monitoring

- TB Strategy monitoring indicators were released on World TB Day 2015 and are viewable using the **PHE Fingertips** tool (see below) which enables interactive interrogation of data at local authority and CCG level

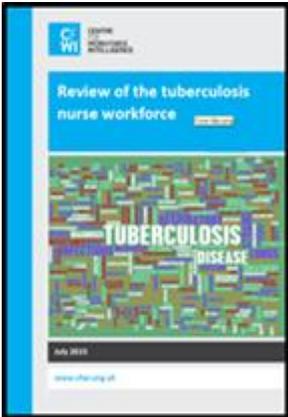
PHE Fingertips example showing TB incidence by PHE Centre



- Strategy progress measures have been developed to monitor implementation of the ten ‘areas for action’ at a national and TB control board level. This was necessary as indicators such as those in ‘Fingertips’ do not directly measure progress of each of the ‘areas for action’. Nine of twenty-three progress measures were met two years into the Strategy in 2017 with all twenty three expected to be met by the end of the Strategy
- **Infographics**, based on information in the national Annual TB report, have been prepared and are now available at national and TB Control Board level on the **Annual TB report website**
- work has commenced on the development and procurement of a new national TB surveillance system

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

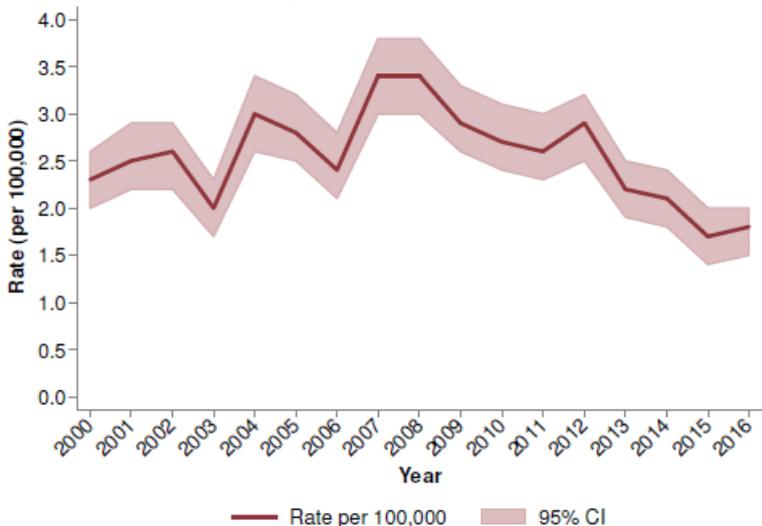
- a review of the TB nursing workforce was commissioned by PHE, Department of Health and Social Care and Health Education England and published by the Centre for Workforce Intelligence (CfWI), in July 2015
- a TB nurse competency framework, which aligned Agenda for Change bandings to the Knowledge and Skills Framework dimensions and outlined the roles and responsibilities of TB nurses, was developed in 2016 in response to the CfWI review. Building on this work outline job descriptions have been drafted for use by TB service providers. The TB nurse competency framework has been endorsed by Royal College of Nursing and is available on the [RCN website](#)
- a review of the wider TB workforce was reported on in 2017 and its recommendations will be used to build a multidisciplinary approach to improve the care of people with TB
- a review of the ‘medical’ workforce is planned for 2018
- annual national TB nurse conferences have been held in 2016 and 2017 with one planned for 22 June 2018 in Birmingham. These conferences have been supported by NHS England and over 50% (200) of all TB nurses have attended each conference



4 A focus on Paediatric TB

The 2017 TB Annual Report, 2016 data, reported 207 cases of TB in children, 3.6% of total TB cases. The rate of TB in UK born children in England, was 1.8 per 100,000; a 47% reduction from the peak of 3.4 per 100,000 in 2008. This is similar to 2015 where the rate of TB in children was 1.7 per 100,000.

Rate of TB in UK born children*, England, 2000 - 2016



* Aged less than 15 years

The report noted that 10% (7/68) of drug resistant TB cases were children aged less than 15 years, the highest proportion since 2000.

While TB in children is a small proportion of the total burden of TB in England they are usually seen as indicative of recent TB transmission and very young children are at greater risk of primary progressive disease and more severe disease such as disseminated TB or TB meningitis.

To support the best care for children with TB two recent initiatives are described below. They are the British Association for Paediatric tuberculosis and the North West England Paediatric Pathway.

British Association for Paediatric tuberculosis

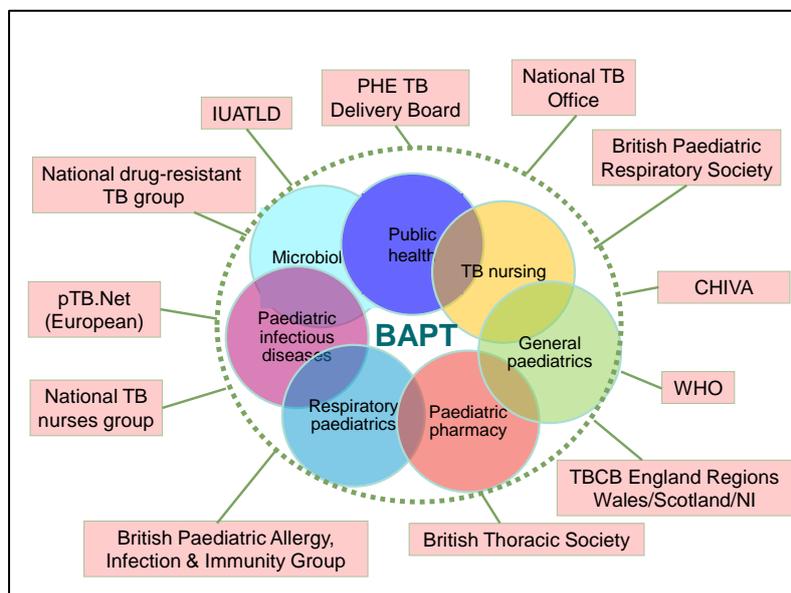
In 2017 paediatricians across England set up the British Association for Paediatric tuberculosis (BAPT). This is a multidisciplinary organisation to promote the health of children with TB disease and LTBI in the UK, strengthen networks and improve care of children with TB. The inaugural meeting, chaired by Jonathan Cohen and Elizabeth Whittaker, was held in January 2018.

The multidisciplinary membership, in addition to paediatricians, includes others caring for children with TB such as respiratory and infectious diseases physicians, nurses, pharmacists and microbiologists.

BAPT’s objectives are:

- to advocate for excellence in the provision of clinical services
- to advocate for equity of access
- to promote evidence-based standards of care
- to foster co-operation, friendship and mutual support between all those involved in the care of children with TB
- to promote education and training in paediatric TB
- to provide expert advice to clinicians and other bodies involved in the care of children with TB and LTBI
- to promote and facilitate research into paediatric TB and its treatment

BAPT recognises that networks are wider than just paediatric TB services and the diagram below illustrates the range at a national and international level.



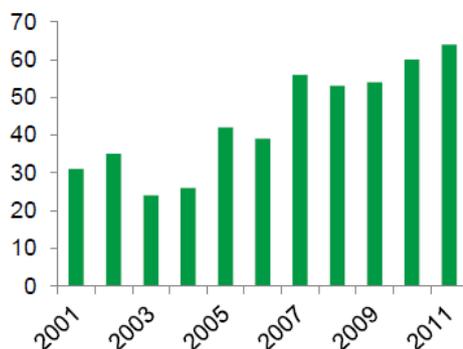
The meeting in January 2018 focussed on a range of issues in TB that impact on children and included:

- TB outbreaks
- household transmission of TB and children
- case presentations
- children and young people with MDR-TB and access to anti TB drugs including the procurement of fixed dose combinations (FDCs)
- surveying use of Ethambutol
- impact of NICE guidelines
- unaccompanied asylum seeking children and young people
- improving TB nursing
- building networks for better care
- developing a paediatric TB pathway in North West England

For further information please email BAPT contactbapt@gmail.com

The North West England paediatric pathway

The development of the North West England paediatric pathway has been led by Fran Child, paediatrician at the Royal Manchester Children's Hospital. This work was triggered by an increasing incidence of TB in children in North West England (see the graph below), 3 deaths, 8 cases of TB meningitis, questions from the coroner and negative publicity.



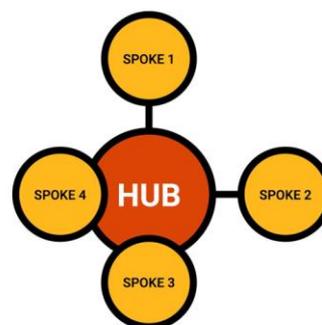
The graph above shows the number of notified TB cases in those aged under 16 years resident in North West England

An audit of 205 children with TB disease, seen at the Royal Manchester Children's Hospital between 2003 – 2013, highlighted the issues around prevention, assessment and follow-up, standards of care, delays in diagnosis and treatment and patients travelling long distances for care. This audit also raised questions around quality and patterns of care, clinical outcomes, under-reporting of TB in children, resources, capacity, knowledge and can cohort review help.

The next step was to carry out a service mapping exercise with stakeholder meetings for TB nurses, adult physicians and paediatricians of all DGHs, Public Health / Health Protection Agency (now PHE), microbiologists, epidemiologists, primary care and commissioners. This was supported by a workforce and activity survey using the national surveillance system, cohort audit data, PHE case and incident management database and a staff survey.

This work led to the development of a ‘best model of care’ that:

- is in line with national guidelines
- has consistently high standards
- is rapidly and readily accessible / close to home
- provides multidisciplinary expertise
- provides access to specialist investigations and support
- has surge capacity
- provides regular regional review of performance and outcome
- links to adult services
- linked to a local paediatric TB network which provides local expertise, care close to home, tertiary clinical support, education, regional data collection and analysis and feedback.

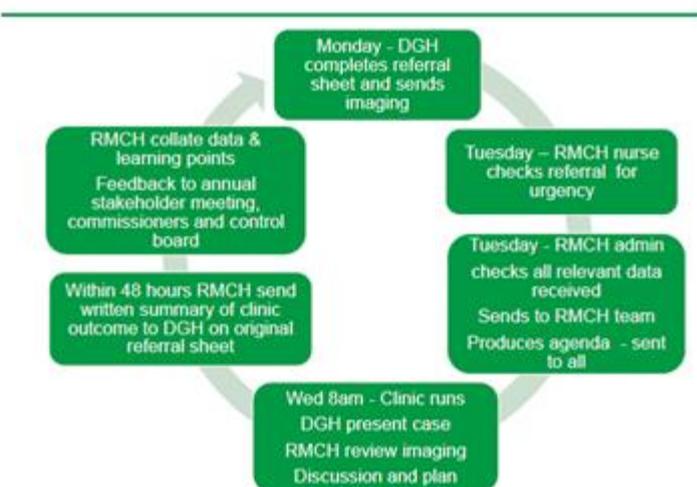


There are three components to the pathway which are:

1. The virtual clinic
 - a. a weekly teleconference
 - b. includes a team from Royal Manchester Children’s Hospital and the paediatricians and TB nurses from the hospitals submitting the referral
2. enhanced paediatric cohort review
3. data analysis and feedback of results to stakeholders during an annual paediatric TB education event

Practical implementation of the model of care included the design and commissioning of a weekly virtual TB clinic. This required facilitation by public health and the TB Control Board with an initial rollout to Greater Manchester. The first year’s contract included sessional funding for paediatrician, radiologist, nurse and admin support at Royal Manchester Children’s Hospital. The model also includes education and enhanced cohort review.

Virtual TB clinic – Wed 8-9am



What drove the success of this initiative was the:

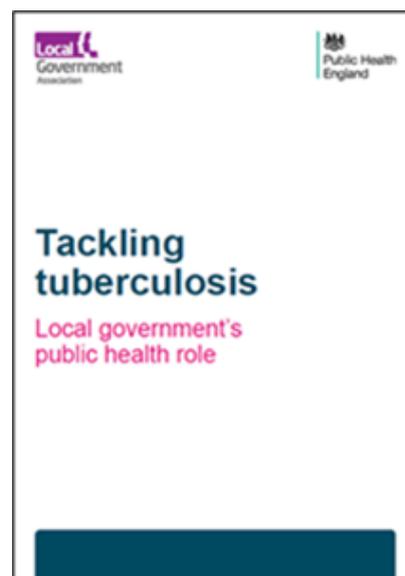
- variation in TB care for children across North West England
- network approach to understand and address the issues
- engagement of multiple stakeholders
- good ideas
- strong opinions
- time, energy and commitment
- effective multidisciplinary steering group and strong determined leadership
- partnership between the TB control board and its stakeholders

**NW TB
Control
Board**

5 TB and Local Authorities

'Tackling TB – Local government's public health role' is being released by the Local Government Association in collaboration with PHE to coincide with World TB Day, 24 March 2018. Local government leadership to champion TB is crucial to achieve better TB control and Councillors and officers in local government are well placed to take action. This is in keeping with the World Health Organisation theme for 2018 World TB Day which is 'Wanted: Leaders for a TB-free world' which focuses on building commitment to end TB, at the local, regional and international level.

This document is aimed at Councillors and officers in local government as local government has a responsibility to ensure that the wider social determinants of TB are addressed and that people are supported to be diagnosed early and complete their treatment. Many of the actions needed to eliminate TB require strengthened and integrated local services as TB does not exist in isolation from other health and social concerns.



The document includes sections on:

- what is TB, TB in England and globally
- TB diagnosis, treatment and drug resistance
- social risk factors for TB
- TB prevention, pre-entry screening and LTBI testing and treatment of new entrants
- what can local authorities do to tackle TB?
- data on the burden of TB by upper tier local authority

Actions local government can take to control TB are outlined below:

- ensure a joined-up, multi-agency approach to TB patient care and support
- encourage local health and social service commissioners to prioritise the delivery of appropriate clinical and public health services for TB
- promote local leadership of TB at all levels
- encourage NHS commissioners, local authorities, housing departments and hostel accommodation providers to agree a process for housing homeless TB patients
- support where possible an individual's social needs
- invite a local TB nurse to raise awareness of TB among local authority staff
- ensure information about TB is cascaded into key local authority teams
- facilitate appropriate access to information and advice on TB
- promote registration with GPs for new migrants, vulnerable or marginalised people
- work, via the DPH, with CCGs and NHS England to ensure that screening, immunisation and treatment services reach out to diverse populations
- consider how third sector organisations can help improve access to TB services and patient support

- include TB in the local authority’s Joint Strategic Needs Assessment (JSNA)
- encourage multi-agency working on TB via the health and wellbeing board (HWB) and health protection board
- consider undertaking a scrutiny committee review of TB

The document has a number of key messages around local authority involvement in the TB agenda. These include local leadership, access to advice and information on TB for local government staff and that local councillors and officers understand TB and support the actions outlined in this document.

6 TB Control Boards – key contacts

TB Control Board	TB Lead	TB Programme Manager
East Midlands	Sophia Makki sophia.makki@phe.gov.uk	Michelle Battlemuch michelle.battlemuch@phe.gov.uk
	Deepti Kumar deepti.kumar@phe.gov.uk	Vacant
London	Anita Roche anita.roche@phe.gov.uk	Johan van Wijgerden johan.vanwijgerden@phe.gov.uk
	Grainne Nixon (interim) grainne.nixon@phe.gov.uk	Vacant
South of England (South East and South West)	Bernadette Purcell (South East) bernadette.purcell@phe.gov.uk	Ayaan Gedi ayaan.gedi@phe.gov.uk
	Mike Wade (South West) mike.wade@phe.gov.uk	
West Midlands	Nic Coetzee nic.coetzee@phe.gov.uk	Kate Duffield kate.duffield@phe.gov.uk
	Renu Bindra renu.bindra@phe.gov.uk	Cathie Railton cathie.railton@phe.gov.uk
Yorkshire & Humber and North East	Paul Davison (North East) paul.davison@phe.gov.uk	
National TB Office	Head of TB Office	National TB Programme Manager
	Sarah Anderson sarah.anderson@phe.gov.uk	Lynn Altass l.altass@nhs.net

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