

Tuberculosisⁱ is an infectious disease that usually affects the lungs. The most common symptoms are a persistent cough, unexplained weight loss, fever and night sweats. Although TB can be fatal if left untreated, it is curable for the majority with a course of antibiotics.



Why is this important?

To minimise the chance of long-term ill health, onward transmission and development of drug resistant TB.



What is the local context?

Torbay had 14 new reported cases 2016-18.



What should we do?

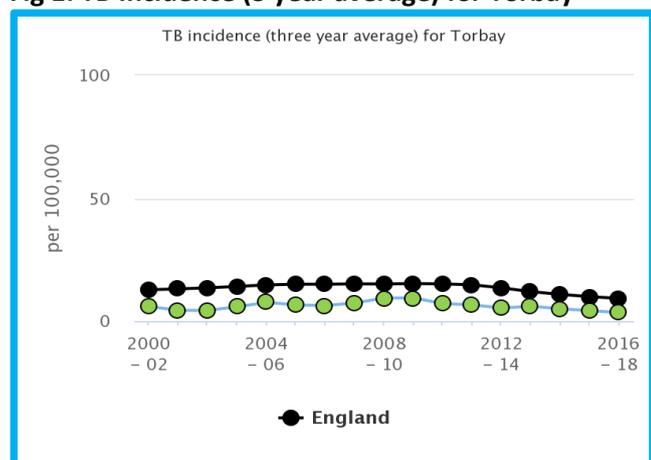
Raise awareness, and encourage anyone who has possible TB to get diagnosed and treated as soon as possible.

TB incidence (3 year average) is defined as the three year average incidence (crude rate) per 100,000 population. The numerator is the number of new TB cases notified to the Public Health England (PHE) Enhanced Tuberculosis Surveillance system (ETS) over the 3 years. The denominator is the sum of the mid-year population estimates for the same 3 years.

In Torbay, the 2016-18 count was 14 cases, a rate of 3.5 per 100,000 (with rate confidence intervals 1.9 to 5.8 per 100,000).ⁱⁱ The South West rate is 2.8 per 100,000. Devon had 21 cases – 2.7 per 100,000; Plymouth had 16 cases – 6.2 per 100,000; Bristol had 176 cases – 12.8 per 100,000.

New cases of TB in England have fallen to the lowest levels since records began in 1960 and declined for the seventh consecutive year.

Fig 1: TB Incidence (3 year average) for Torbay



Source: PHE PHOF Fingertipsⁱⁱ

For Torbay yearly counts and rates 2000-18, see Tables Bi and Bii in refⁱⁱⁱ.

Clusters

If a case is molecularly linked with at least 1 other South West case then it is considered part of a cluster. In the South West since 2010, there have been 417 clustered cases in 111 clusters. The remaining 726 (63.5%) cases, may have been clustered with other cases in England. Most frequently, these clusters involve only 2 cases. The largest cluster, originally centred in a pub, includes 24 cases. Another cluster related to a caravan park. Some involve social risk factors such as drug use, imprisonment, homelessness, or alcohol abuse. Tracing contacts with these social risk factors is particularly important.

Inequalities and risk factors

For England, the 2016-18 rate is 9.2 per 100,000, but the most deprived areas have many times the rates of the least deprived. TB increases health inequalities in already deprived populations, and each infectious case represents a risk of onward transmission.

The average rate in London is 21.9 per 100,000.

Rates vary by ethnic group (table 8 in^{iv}), and over 70% of notifications in 2018 were born outside the UK (table 10 in^{iv}). People, especially from these communities, should be aware of the symptoms and make sure they visit their GP if they are concerned. The Collaborative Tuberculosis Strategy for England 2015 to 2020 expands on this^v. In 2018, the UK's TB pre-entry screening programme's 304,234 screening episodes detected 318 people with active TB^{vi}.

Risk factors for TB include a weakened immune system, poor quality housing, alcohol and substance misuse, or time spent in a country with high TB rates. There is a need to focus on addressing the needs of people with social risk factors such as alcohol misuse, drug misuse, homelessness and/or spending time in prison. Among people with drug sensitive TB, treatment completion was lower, and numbers lost to follow up 3 times higher, for those who had social risk factor.

TUBERCULOSIS (TB) IN TORBAY

Treatment

For England in 2017, 84.7% completed treatment, 4.6% died, 4.1% were “lost to follow-up”, 4.7% were still on treatment (table 14 in iv).

For Torbay in 2017, 5 out of 5 cases completed treatment.

For England in 2018, 11.4% of cases were resistant to any first line drug (table 15 in iv), with longer, more complex treatments, increased side effects and costs, and poorer outcomes.

Vaccination for TB (BCG)

BCG vaccination^{vii} can protect against TB. It is not given as part of the routine NHS vaccination schedule but is recommended on the NHS for babies, children and adults under the age of 35 who are thought to have an increased risk of coming into contact with TB.^{viii} In the South West in 2017, 24% of UK-born cases of TB were recorded as having received a BCG vaccination (26 cases). For non-UK-born cases, the percentage was higher.

Mortality data for Torbay

TB was listed as the underlying cause of death for 2 Torbay residents in 2009 (age bands 75 to 89) and 1 so far in 2019 (age band 90+). Sequelae (consequences) of TB was listed as the underlying cause of death for 2 more Torbay residents in 2010 (age band 85 to 89).

Hospital admissions for Torbay

TB was listed as the primary diagnosis for 15 Torbay residents’ hospital admissions in financial years 2014-15 to 2018-19 (14 from Torquay): 8 men aged 16-71 and 4 women aged 34 to 82.

What action should we take?

Tuberculosis is treatable and early detection can prevent spread. Anyone who has possible TB symptoms, or thinks they may be at risk of having latent TB (no symptoms), should speak to their healthcare professional to get diagnosed and treated as soon as possible, to minimise the chance of long-term ill health and onward transmission. When someone with infectious TB coughs or sneezes, they send droplets into the air that contain TB germs.

Someone with TB will need to follow hygiene precautions and stay away from work, school or college until their TB treatment team advises it’s safe to return.

Prompt contact tracing and screening is important. When a pupil and two former pupils at a local secondary school were diagnosed with TB in 2015, approximately 1400 people were screened and about 200 tested positive. 10 were treated for active TB, diagnosed in the early stages of disease, the remainder being treated for the latent or dormant TB infection but not having the disease or being infectious^{ix}.

Public Health teams, NHS and other partners need to raise awareness, for example see letter to GPs^x, and press release^{xi}. This is especially important among communities where the risks of contracting TB are higher.

References and Further Information

ⁱ <https://www.nhs.uk/conditions/tuberculosis-tb/>

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<https://fingertips.phe.org.uk/search/tuberculosis#page/4/gid/1/pat/6/par/E12000009/ati/102/are/E06000027/iid/91361/age/1/sex/4>

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/834618/SW_TB_Annual_Report.pdf

^{iv}

<https://www.gov.uk/government/publications/tuberculosis-tb-in-england-surveillance-data>

^v

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/403231/Collaborative_TB_Strategy_for_England_2015_2020_.pdf

^{vi}

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

^{vii}

<https://www.nhs.uk/conditions/vaccinations/bcg-tuberculosis-tb-vaccine/>

^{viii}

<https://www.nhs.uk/conditions/vaccinations/when-is-bcg-tb-vaccine-needed/>

^{ix}

<https://www.bbc.co.uk/news/uk-england-devon-34561783>

^x

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/04/early-diagnosis-of-tb-awareness-letter-to-gps-south-west.pdf>

^{xi}

<https://www.torbay.gov.uk/news/pr4996/>

Also, a history of TB in Torbay by Kevin Dixon <https://wearesouthdevon.com/the-asylum-for-diseased-lungs-consumption-in-torquay/>