Leicester City Health and Wellbeing Board

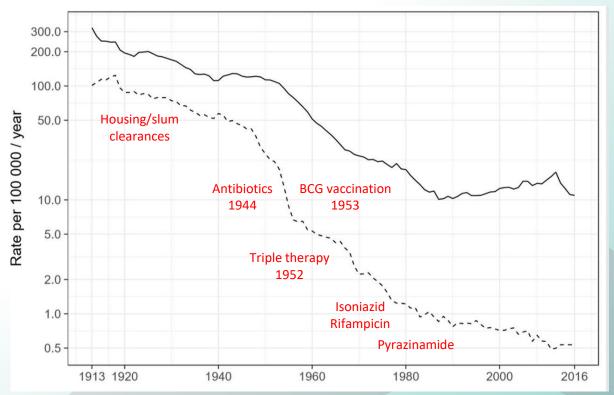
Update on Tuberculosis (TB) June 2024



TB: a disease of poverty

- An infection caused by the mycobacterium tuberculosis bacterium.
- Mainly infects the lungs but can infect any part of the body.
- Only infectious if in the lungs and in sufficient quantity.
- Spread by breathing in infected droplets (coughing/sneezing).
- Can be latent for many years: between 5 and 10% of people with latent TB will eventually develop active TB disease.
- If infectious and untreated can infect @10 15 people/year.
- Causes range of symptoms depending on site of infection including persistent cough, high temperature, loss of appetite, enlarged lymp nodes.

A history of TB in England and Wales



TB incidence (solid line) and mortality (dashed line) rates per 100 000 populations per year in England and Wales, 1913–2016.

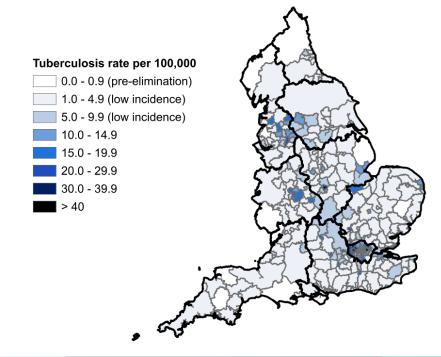


Philippe Glaziou et al. Thorax 2018;73:702-703 Copyright © BMJ Publishing Group Ltd & British Thoracic Society. All rights reserved.

THORAX

TB rates in England 2020 - 2022

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Three-year average TB notifications by LA, England. 2020 - 2022

TB notification rates vary widely across the country with Leicester having the 2nd highest rate at 39.0/100,000 population.

Rates increase with deprivation: 13.5/100,000 in the 10% most deprived areas compared to 2.6/100,000 in the least deprived.

Almost 80% of active TB in 2022 was in people born outside of the UK.

21.6% of those born in the UK have at least one social risk factor compared to 15.3% of the non-UK born.

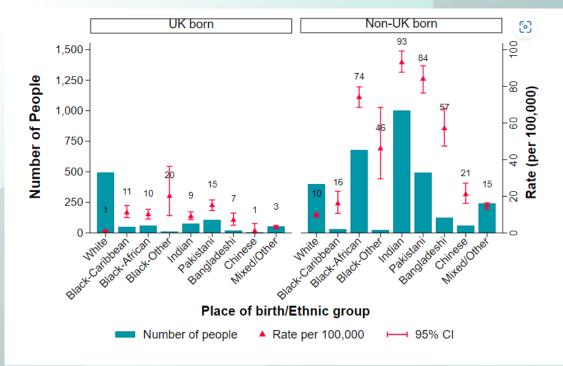
54.7% of cases had pulmonary TB.



Source: TB incidence and epidemiology, England, 2022 - GOV.UK (www.gov.uk)

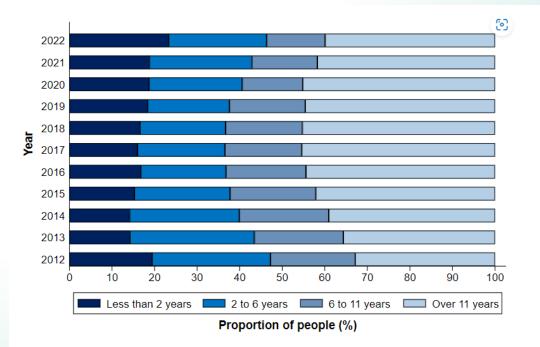
TB notifications by place of birth, England 2022

- The highest number of cases in the UK born population is from a white background but this is the lowest rate.
- The most common countries of birth for non-UK born residents are India, Pakistan, Romania, Bangladesh & Eritrea.
- The highest number of cases and rate in the non-UK born population is of Indian ethnicity.
- Numbers in the S Asian ethnic group reached a peak in 2011, declined until 2018 and since then have risen by 10.1%.



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Time between entry to the UK and TB notification, England 2011 to 2022



46.3% of people born outside the UK with a known year of entry were notified less than 6 years before entry; 23.6% were notified within 2 years of entry – the highest proportion since 2012.



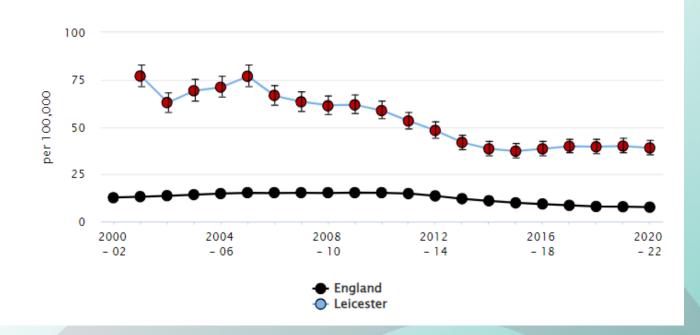
Source: TB incidence and epidemiology, England, 2022 - GOV.UK (www.gov.uk)

Latent TB (LTBI) screening programme

- In local authority areas where incidence is high.
- Available for all new entrants who
 - $\circ~$ Have entered the UK within the past 5 years
 - $\circ~$ Have lived in sub Saharan Africa or a country with a TB rate $\geq~$ 150/100,000 for at least 6 months.
 - Are between 16 and 35 years of age.
- An audit of our LTBI programme showed:
 - A decline in screening after 2019
 - Large variation across the city
 - An opportunity to identify many more case of latent TB.



TB rates in Leicester



Three year average rates, 2000 to 2022



Source: TB Strategy Monitoring Indicators - Data - OHID (phe.org.uk)

Why the reversing trend?

- Changing patterns of migration.
- Delayed diagnosis.
- Access to the latent screening programme.
- Access to treatment and the treatment itself.
- Stigma.
- Associated social risk factors.



Risks for Leicester

- A continued rise in cases including latent cases.
- Capacity and resources:
 - TB services
 - Primary care
 - Latent screening programme
 - Community engagement
- Treatment preferences and beliefs.
- Stigma and social risk factors.
- Changing patterns of migration.



What are we doing?

- Get it right first time (GIRFT) review.
- LLR TB strategy development.
- TB needs assessment.
- Audit of latent TB screening programme.
- Prompt response to outbreaks.
- BCG vaccinations in eligible newborns.



The LLR TB strategy

- To increase detection and control of both active and latent TB.
- To maintain and build on successful completion rates of active and latent TB.
- To ensure a skilled workforce that works within its capacity and resources.
- To horizon scan: interventions and projections
- Actively harnessing insights from people with lived experience.

What support is needed?

- A sense of urgency: our treatment services have very high completion rates yet cases are still growing. Unless we do much more, TB will become more and more common in our city.
- A system wide approach:
 - To lobby for additional support using Newham as an example.
 - To raise awareness and reduce stigma.
 - To embed a 'TB aware' approach in our local employers & workforce.
 - Collective action across LLR.
- An increase in our latent TB screening programme.
- Recognition of the needs of the most vulnerable and approximation of the needs of the most vulnerable and approximation of the needs.

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