Briefing for Health Overview and Scrutiny Committee
15 November 2012
Addressing Tuberculosis in Oxfordshire

Background

TB is caused by a bacterium that can infect almost any part of the body. The most common infection site is the lungs. When active lung disease is present, TB can be contagious and infected individuals should be identified and treated quickly. Treatment is effective but requires long term antibiotics and compliance is crucial for cure and to prevent the development of antibiotic resistance.

Homeless communities, those suffering from alcohol or drug-misuse, people who are immune-suppressed, and people from countries with high incidence of TB are more likely to have tuberculosis but cases occur in all social and ethnic groups.

HOSC requested that the Public Health team should provide an update on the current position and action underway.

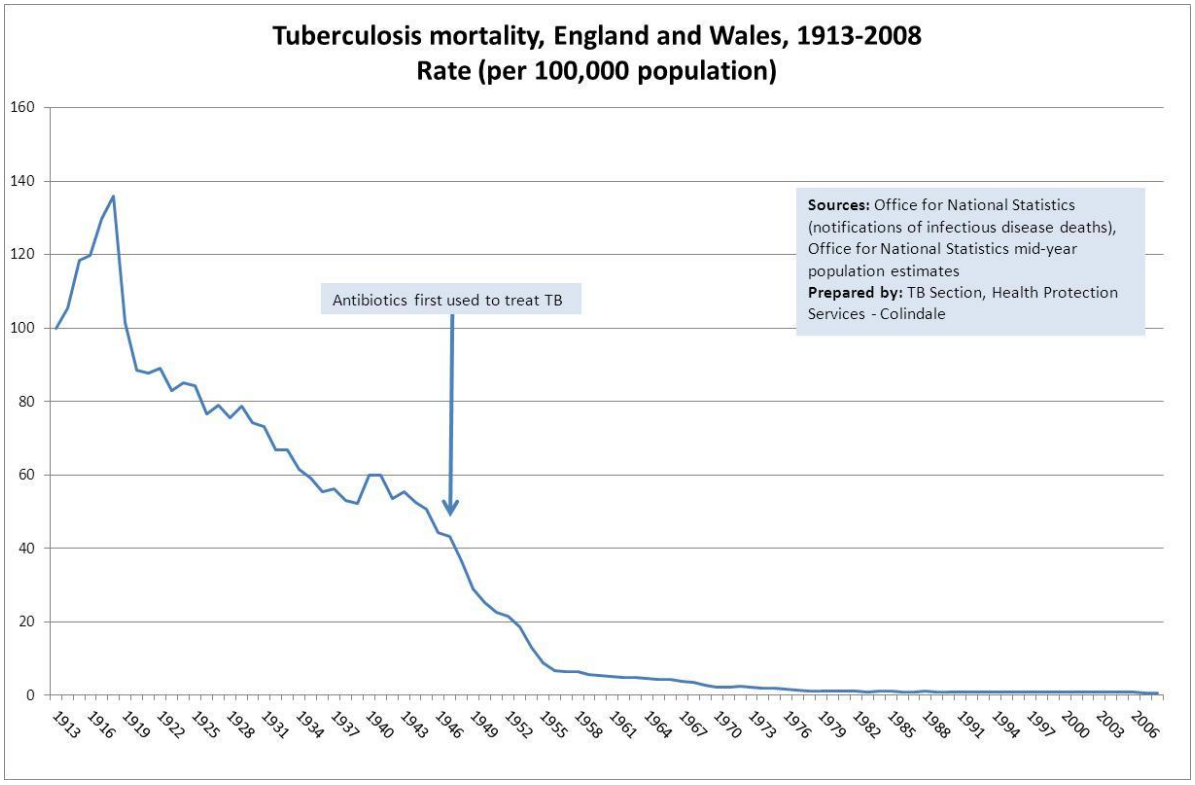
Current Position

We benchmark well against national and regional trends. There were 69 cases of TB reported in Oxfordshire in 2011 compared to 59 in 2010. The rate of TB in Oxfordshire remains lower than the Thames Valley average with Oxford City having a higher incidence than elsewhere in the county. The increase in number of cases could be either due to better case finding and contact tracing, increased transmission of the disease, or increased numbers of infected individuals moving to the city. There is no evidence for increased local transmission of the disease over the past year.

Year	Number of Cases	Oxfordshire Rate per 100,000	National Rate per 100,000
2007	76	12	14.6
2008	56	8.8	12.85
2009	55	8.6	12.8
2010	59	9.2	13.9
2011	69*	10.7*	14.7

* = provisional figures which may be adjusted.

Even before the advent of antibiotics, better housing and nutrition has meant that TB prevalence was already dropping significantly.



Treatments helped to speed up this and although we have never completely eradicated TB, progress has been made. Overtime, the bacterium has changed and the TB bug of today is more virulent and has become resistant to some antibiotics. New treatments have been developed and the disease is no longer in the total population but has become a disease of specific populations, meaning that identification and screening needs to become targeted at those most at risk.

The main interventions to control tuberculosis are immunisation of those at risk, early diagnosis and effective and complete treatments. This means that we offer

- Targeted immunisation for those who are from “at risk” populations
- A requirement to prove vaccination status prior to entry and specific checks at points of entry
- Increasing awareness of signs and symptoms of the disease
- Early diagnosis and effective treatments which are completed
- Effective contact tracing of those who have been exposed to people with a confirmed diagnosis

Oxfordshire is doing well with regard to treatment. In 2010, 72% of pulmonary cases were confirmed by laboratory culture (the HPA target is 70%), and 98% of cases completed treatment (the target set by the Chief Medical Officer is 85%).

Reducing TB locally

Screening amongst the homeless population

Given the increased incidence of TB in those who are homeless a mobile x-ray screening was undertaken in this group in Oxford this year. This was led by Public Health with input and support from the local government, NHS and voluntary services. No TB was found on

screening a large proportion of Oxford's homeless population. This offers some reassurance that cases among this population are being diagnosed promptly by local healthcare services.

Pharmacy Campaign to raise awareness of TB Signs and Symptoms
During August, 102 local pharmacies took part in a campaign to raise awareness of the signs and symptoms of Tuberculosis. This included displaying posters, distributing leaflets and credit cards which highlighted what to be aware of. Pharmacies had over 30 conversations with people who were concerned about TB and signposting people into local services. Five pharmacies have requested a permanent stock of TB materials to display.

Conference to raise awareness of TB amongst Language Schools.
15 Language schools attended a conference which highlighted the need to be vigilant against TB and in particular raised awareness of their responsibilities to ensure students attend for screening. The day included information about TB, requirements pre and post arrival and accessing healthcare for visitors. We have also made links with and are intending to work with Oxford City Council, who run a network for Language schools every March.

Identifying children in need of BCG vaccination
When babies are born, they are assessed to see whether they require a BCG vaccination. This works well for children who have always lived in Oxfordshire. Some children move into the area, different areas have different approaches, this means that some children can be missed. To ensure that these children are vaccinated, all children at school entry (age 5) and school transfer (age 11) are sent a questionnaire to assess their TB risk and BCG status. In the school year 2011, 7935 questionnaires were sent out, 6034 where completed. This equates to a return rate of 76%. 7 children aged 5 and 187 children aged 11 were identified as needing further assessment. 87 of these children were then vaccinated.

Work with OCCG
TB services transfer to Oxfordshire Clinical Commissioning Group in April 2013. Work has started to prepare for this transfer. TB has been identified within the new structures and legacy documents are being prepared so that all services continue to be delivered to the high standard that we have achieved.

We will continue to monitor TB rates in Oxfordshire, through the DPH annual report and take a proactive stance to raising awareness.

Angela Baker
Consultant in Public Health, NHS Oxfordshire
October 2012