News Release

FRIDAY 23 MARCH 2018

**Parts of the West Midlands illuminated red for World Tuberculosis (TB) Day**

***TB cases fall by over a third in last 6 years but we still need to raise awareness of one of the world’s leading causes of death***

New PHE data released for World TB day shows a 9.3% decline in cases of TB in 2017[[1]](#footnote-1)[1]. This represents the lowest rate of TB in 35 years and contributes to the 38% decline in the number of people with TB in England over the last 6 years. However there is still more work to do.

To mark World **TB Day on Saturday March 24**, Public Health England (PHE) and its partners are supporting the international Stop TB Partnership and World Health Organization campaign to *‘Light up the World for TB’* – to illuminate buildings and landmarks across the world in red. This will occur in various locations – including the Godiva statue and Broadgate in Coventry, and the ‘Welcome to Sandwell’ sign on Birchley Island – during the weekend (March 23-25). The activity will highlight the continued focus required to meet the ultimate ambition of making England TB-free.

TB is one of the leading infectious causes of death worldwide and England still has one of the highest rates of TB in Western Europe, with over 5,600 people affected by TB in 2016. In the West Midlands region there were 721 cases of TB in 2016, at a rate of 12.4 per 100,000 head of population.

**Dr Nic Coetzee, TB lead consultant in communicable disease control with PHE West Midlands, said:** “We are pleased to announce that we have seen a 9.3% fall in TB cases in the last year. This continues the declining trend of the last 6 years and is the lowest rate of TB we have seen in 35 years. In the West Midlands we have seen a decrease from a high of 1,076 cases in the region in 2012, at a rate of 19.1 per 100,000 head of population, to 721 cases in 2016 at a rate of 12.4.

“People often think that TB is a Victorian disease that is no longer a problem in England but in fact it still affects over 5,000 people a year and there is still a lot to do until the target to eliminate TB is met. We urge everyone to join the fight to confine TB to history. World TB Day is an opportunity for people everywhere to be informed about TB, educate others and urge governments to take action. This global movement will make a powerful statement and show solidarity for people who have been affected by TB.”

Much work has been done by PHE West Midlands in partnership with the local authorities and NHS on projects to target people at higher risk of catching TB.

**Kate Duffield, TB Programme Manager for PHE West Midlands, said:** “We have been working in partnership targeting higher risk groups to help prevent the spread of TB and help people access and complete treatment. Between 2014 and 2017 we were notified of seven TB incidents in seven different prisons in the region. We have therefore organised a TB Link Nurse Network, to increase awareness of TB across the prison estate and to ensure prompt referral of suspected cases. There are also issues surrounding homelessness, which can make it more difficult for patients to complete lengthy treatment programmes, thereby increasing the risk of transmission and poor treatment outcomes. So we are currently working on a West Midlands ‘pathway to accommodation’ for TB patients, to support their continued treatment.”

In a world-first in March 2017, Public Health England (PHE) in the West Midlands began using Whole Genome Sequencing (WGS) to identify different strains of tuberculosis. This was the first time that WGS had been used as a diagnostic solution for managing a disease on this scale anywhere in the world. The technique, developed in conjunction with the University of Oxford and carried out at PHE’s laboratory in Birmingham, allows faster and more accurate diagnoses, meaning patients can be treated with precisely the right medication more quickly. Where previously it could take up to a month to confirm a diagnosis of TB, confirm the treatment choices and to detect spread between cases; this could now be done in just over a week by at the Birmingham lab. This slows the spread of the disease and boosts the fight against anti-microbial resistance (AMR).

**Dr Grace Smith, PHE Director National Mycobacterial Reference Service, National Infection Service (based at the Birmingham laboratory), said:** “The use of whole genome sequencing to diagnose, detect drug resistance and very accurately type TB was a world first for any disease on this scale. By working closely with our partners, we were able to use cutting edge science to effectively treat these patients with the right medicines quickly. We are immensely proud of the contribution this makes to the prospects of better treatment of TB globally. This approach will also increasingly be used for many other infectious diseases. Our ambition is to achieve this as quickly as possible so many infections can be better diagnosed and treated.”

For more information contact PHE West Midlands press office on 0121 232 9223/4 Out Of Hours 07834 311 393

**Notes to Editors**

1. Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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1. The latest data for TB in the West Midlands shows that there were 721 cases of TB in 2016, at a rate of 12.4 per 100,000 head of population. In 2015 there were 700 cases of TB in 2015, at a rate of 12.2 per 100,000 head of population, down from 775 cases in 2014, at a rate of 13.6 per 100,000 head of population. This was a further decrease from 979 cases in 2013, at a rate of 17.3 cases per 100,000 people.
2. Better treatment, prevention and ultimately eliminating TB is one of Public Health England’s key priorities.  Diagnosis using WGS helps with better identification and treatment of the disease. The number of cases of TB in England has declined by over a third in the last 6 years. PHE aims to continue this decrease by focussing on areas where incidence is highest and the greatest reductions can be achieved. This will ultimately meet the World Health Organisation goal of eliminating TB as a public health problem by 2035.
3. **About the National Mycobacterial Reference Whole Genome Sequencing service**

By implementing WGS, the service revolutionises the diagnosis and treatment of TB and plays a significant role in delivering England’s TB strategy. It supports the NHS and the patients it is responsible for by:

* providing universal access to high-quality diagnostics, with fast and accurate identification of mycobacterial species, and with prediction of drug resistance within days, rather than weeks
* reducing drug-resistant TB by early detection of drug-resistant mutations, supporting early change to appropriate treatment for drug-resistant cases
* improving contact tracing and strengthening surveillance and monitoring and with more accurate and rapid determination of relatedness between strains to detect transmission
* improving the accuracy of information for incident and outbreak investigation, focusing efforts and resources based on links identified by WGS, potentially leading to earlier treatment of infectious patients and their contacts
* ensuring better integration of TB reference services with clinical and public health management by providing timely, detailed information for action

The PHE National Mycobacterial Reference Service operates from Birmingham and provides services directly to the NHS.  The Birmingham laboratory pioneered WGS testing.

1. **About tuberculosis:**

**What is TB?**

Tuberculosis (TB) is a disease caused by bacteria (a germ). TB usually affects the lungs, but can affect other parts of the body. Infection with the TB germ may not develop into TB disease.

**What is the difference between TB disease and TB infection?**

In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called TB infection.

People with TB infection: have no symptoms, don’t feel sick, can’t spread TB to others and usually have a positive skin test reaction. Most people who have TB infection will never develop TB disease.

In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people (for example, those who have weak immune systems), the bacteria may become active and cause TB disease.

**What are the symptoms?**

Symptoms of TB can include: fever and night sweats, persistent cough, weight loss and blood in sputum. Early diagnosis and appropriate treatment helps to make TB preventable and curable. Find more information online visit the PHE website: [www.gov.uk/phe](http://www.gov.uk/phe) and look under ‘T’ in the Health Protection A to Z section

**How do you catch it?**

The TB germ is usually spread in the air. It is caught from another person who has TB of the lungs. The germ gets into the air when that person coughs or sneezes. Usually you need close and prolonged contact to be at risk of being infected.

**Can anyone get it?**

Anyone can get TB. But it is difficult to catch. You are most at risk if someone living in the same house as you catches the disease, or a close friend has the disease.

**How is TB treated?**

For many years now we have had good treatment for TB. You have to take the treatment (usually tablets) for around six months.

**How important is treatment?**

Treatment is vital. If you have TB disease, or if you have been infected with the germ but have not yet become unwell, you must take the treatment as directed. It is very important to complete the full course of treatment, as it will stop you being infectious, and it will remove the risk of you developing drug-resistant TB. We must not forget that TB used to kill many people before we had modern treatments.

**Can TB be prevented?**

Most important is early detection, especially of infectious cases, and complete treatment.

**What tests are used to diagnose TB?**

TB is diagnosed by a number of tests including chest X-ray, skin test, samples of phlegm, a good clinical assessment or a blood test. Which test needs to be done will be assessed by the clinical team.

1. [1] Data will be available from 09:30am on Friday 23 March at: <https://www.gov.uk/government/organisations/public-health-england/about/statistics#ad-hoc-statistical-publications> [↑](#footnote-ref-1)