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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	2nd August 2018		Agenda Item	4c
Meeting	Quality & Safety Committee			
Report Title	Tuberculosis Report			
Report Author	Dr Sandra Husbands, Executive Director of Public Health			
Report Sponsor	Dr Sandra Husbands, Executive Director of Public Health			
Presented by	Dr Sandra Husbands, Executive Director of Public Health			
Freedom of Information	Open			
Purpose of the Report	<p>The purpose of the report is to:</p> <ol style="list-style-type: none"> 1. Provide information to the committee on the current level of tuberculosis (TB) and action being taken 2. Inform the committee of the process TB screening in relation to asylum seekers. 			
Key Issues	<p>Wales has low levels of circulating TB, compared to other parts of the UK, with the highest numbers of cases occurring in England and Scotland. Most cases in Wales occur in the Newport and Cardiff local authority areas.</p> <p>There is a clear and evidence-based pathway in place for screening asylum seekers for TB, at port of entry. The vast majority of asylum seekers who enter Wales, do so by way of Cardiff, rather than direct to Swansea or other areas. Therefore, the pathway is focussed on Cardiff and Vale Health Board.</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓			
Recommendations	<p>Members are asked to:</p> <p style="text-align: center;">Note</p>			

1. INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis*. It is often a respiratory condition, but can be an infection in skin, bone or many other systems. The infection can be very persistent, even after treatment and be reactivated many years after first having been treated and seeming to have been cured. It is not easy to catch, but can be spread – usually through airborne droplets – between quite close contacts, such as people who share the same household, or who work closely together, or attend school or college together. Fairly prolonged contact with someone who is coughing up sputum containing the bacteria is normally required, in order for the infection to be transmitted to another person.

TB is a notifiable disease and Public Health Wales operates an enhanced TB Surveillance Scheme, in partnership with Public Health England. They produce an annual report and the 2017 report is attached at appendix 1.

2. BACKGROUND

Wales has low rates of circulating TB (3.4 per 100,000 population), compared to other parts of the UK (10.2 per 100,000 population in England; 5.9 per 100,000 population in Scotland; and 4.6 per 100,000 population in Northern Ireland). Most cases in Wales occur in the Newport and Cardiff local authority areas - 15.4 and 6.6 per 100,000 population respectively.

In the ABMU area in 2016 (the most recent year for which complete figures are available) there were 4 cases per 100,000 population: 2.1 per 100,000 in Bridgend, 3.5 per 100,000 in Neath Port Talbot; and 5.3 per 100,000 in Swansea. The 5-year average in the area is 18 cases, or 3.4 per 100,000. This is the same as the Wales average and considerably lower than the peaks of Newport and Cardiff. Detailed figures are given in the data tables in appendix 2.

3. ASYLUM SEEKERS

There is an evidence-based, UK-wide agreed pathway for screening asylum seekers for TB at their port of entry. The pathway is outlined in appendix 3.

In Wales, the majority of asylum seekers enter the country via Cardiff. So, the TB screening is undertaken primarily by Cardiff and Vale Health Board.

4. FINANCIAL IMPLICATIONS

There are no financial implications of this paper.

5. RECOMMENDATION

The Committee is asked to endorse the actions being undertaken to address the 18 recommendations detailed in the appendix as the senior management response to the report.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce
	✓		✓				✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
Quality, Safety and Patient Experience							
The system for TB screening in asylum seekers appears to be reducing the numbers of non-UK born people diagnosed with TB, whose time between entry to the UK and diagnosis is protracted or not known. This means that they will have quicker access to effective treatment and an increased likelihood of cure.							
Financial Implications							
This is a fully funded service. There are no additional financial implications for the Health Board.							
Legal Implications (including equality and diversity assessment)							
None expected							
Staffing Implications							
None expected.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
Tuberculosis is a marker of health inequalities – often associated with poverty, homelessness, poor housing conditions and over-crowding, drug and alcohol misuse and other risk conditions that segregate with health inequalities and reduced life expectancy. Failing to treat TB effectively, such as not ensuring that courses of treatment are completed, can lead to emergence of new drug resistant Mycobacteria. Multi-drug resistance has already become a problem in the treatment of TB. The most effective measure is prevention –through targeted vaccination of those in the highest risk categories, but mostly through improving living conditions and nutrition and early detection, treatment of those with disease and identification of their contacts, for early prophylaxis, if necessary.							
Report History		One-off report.					
Appendices		<ol style="list-style-type: none"> 1. Tuberculosis in Wales Annual Report 2017 2. Tuberculosis in Wales Annual Report 2017 – data tables 3. New Entrant (Asylum Seeker) Screening Algorithms. 					