

## TB in Bromley

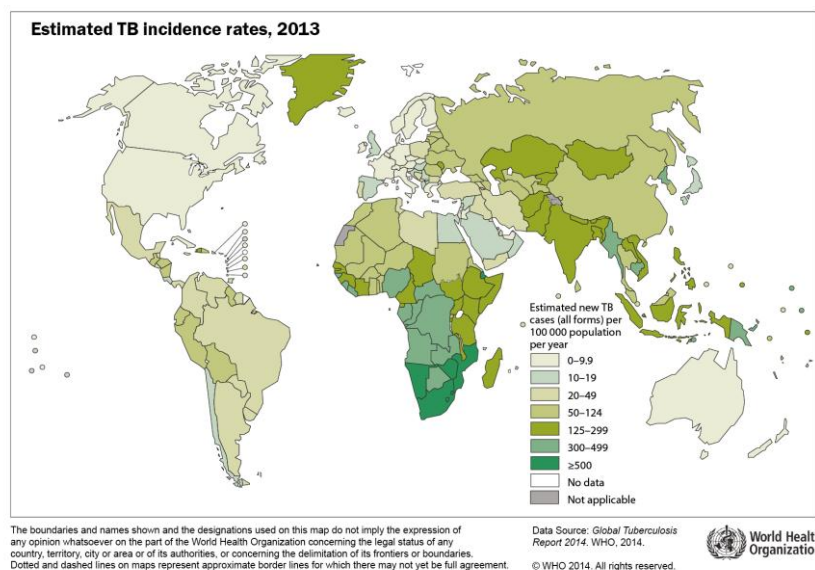
### South East London Health Protection Team, Public Health England

Tuberculosis or “TB” is a bacterial infection caused by some of a group of bacteria, the Mycobacterium, i.e. *M. tuberculosis*, *M. africanum* or *M. bovis*. The infection usually affects the lungs but it can affect any other part of the body. It is only individuals with lung (pulmonary) or laryngeal TB who are infectious to others. It usually only spreads after prolonged exposure to a case and so TB most commonly spreads within families who share a household<sup>i,ii</sup>.

Unlike many other respiratory infections, TB disease develops slowly and it may take many months for symptoms of infection to occur. Common symptoms include weight loss, loss of appetite, fatigue, fever, cough and shortness of breath.

Following exposure to TB, some individuals may acquire a latent infection i.e. they do not have an active infection but the organism remains dormant in the body. Up to 10% of individuals with latent infection will develop an active infection at some point but this may be years later, often prompted by a weakened immune system.

High rates of TB are seen in many parts of the world, in particular in parts of Africa, Southeast Asia, Russia, China, South America and the Western Pacific region.



[http://gamapserver.who.int/mapLibrary/Files/Maps/Global\\_TBincidence\\_2013.png](http://gamapserver.who.int/mapLibrary/Files/Maps/Global_TBincidence_2013.png)

Whilst anyone can catch TB, those most at risk of infection include:

- Those who have spent time in a country with high rates of TB
- Those who are close contacts of a case of pulmonary TB
- Those with a poor immune system, including the very young and very old
- Those with poor health, poor diet and problems such as alcohol or drug misuse
- The homeless
- Those living in crowded conditions.

TB can be treated with antibiotics. A course of several antibiotics is used and treatment usually lasts a minimum of six months. The proportion of cases with a multi-drug resistant TB has remained stable nationally, over the last 3 years, at 1.6%<sup>ii</sup>.

### TB in Bromley

The incidence of TB in Bromley remains very low (10 per 100,000 population) compared to the average rate in London (36 per 100,000). The table below shows the rate of TB per 100,000 population from 2002 – 2013<sup>iii</sup>.



Young males between the ages of 20-39 years of age are most commonly affected. The most common ethnic groups affected are Indian followed by black African and just under 30% of cases in Bromley were UK born. These data should be interpreted with caution as the numbers of infections are very low and small changes cause artificially large percentage changes. However, it is important to monitor trends in the coming years to ascertain if there is a shift in the communities most affected by TB in the borough.

Treatment outcomes in Bromley were below average for London, with 79% completing treatment in 2013, compared to 86% in London. Outcomes are reported on the London TB register 12 months after notification and the target for treatment completion is 85%. Again, as the number of notifications in Bromley is low, caution is required when interpreting these data. Treatment completion may not meet this target due to a patient remaining on initially planned treatment (i.e. treatment extended beyond 12 months); because a patient has died (often not as a result of their TB) or because treatment is stopped when a patient is found subsequently not to have TB.

South East London Health Protection Team continue to case manage TB in liaison with primary care and local TB services. There have not been any recent clusters of TB requiring investigation in the local community but case and contact management and it's continued resourcing is key to TB control across London.

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<sup>i</sup> <http://www.nhs.uk/conditions/Tuberculosis/Pages/Introduction.aspx>

<sup>ii</sup> <https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data>

<sup>iii</sup> PHE Bromley TB Profile, unpublished 2014