

## **London's TB crisis**

**TB represents an early challenge for London's GP commissioners and Health and Wellbeing Boards with the rise of multi-drug resistant TB representing an issue of strategic importance right across the capital.**

Tuberculosis is typically thought to have been eradicated in developed countries; however London provides evidence to the contrary. Whilst in 2005-2007 the number of people diagnosed with TB in the capital decreased by 3 per cent each year, 2007 to 2009 has seen an increase of 2 per cent per year. Dr Alimuddin Zumla of the department of infection of University College London medical school recently noted that the steady increase of cases in London is striking when compared to the rest of Europe where rates have been in general decline.<sup>1</sup>

### **Provisional new tuberculosis cases 2005-2009**

Region/area	Provisional number of new cases					% change in numbers			
	2005	2006	2007	2008	2009	05-06	06-07	07-08	08-09
<b>London</b>	3,541	3,445	3,333	3,415	3,476	-3%	-3%	2%	2%
<b>UK</b>	8,370	8,555	8,496	8,679	9,153	2%	-1%	2%	5%

In 2009 9153 people in the UK were diagnosed with TB. 38 per cent (3476) of those diagnosed were in the capital. London is vulnerable to tuberculosis for a number of reasons, largely due to the fact that TB particularly affects those who are socially disenfranchised and who live in cramped and damp conditions with poor nutrition<sup>2</sup>. In particular this leads to a high prevalence in homeless people, problem drug users, those who have spent time in prison<sup>3</sup> and in those with HIV, of whom 44 per cent of the UK total live in London.

Higher rates of TB are also found in the non-UK-born population,<sup>4</sup> a fact which has been manipulated by groups such as the British National Party.<sup>5</sup> However, 85 per cent of those not born in the UK developed TB after two or more years of residency even though symptoms usually appear within two years of infection. It is likely that some TB is not detected during entry into the UK but also points to poor living standards leading to an increase in infection rates and reactivation of a latent TB virus.<sup>6</sup>

<sup>1</sup> <http://www.guardian.co.uk/world/2010/dec/17/tuberculosis-thriving-victorian-london>

<sup>2</sup> <http://www.thetruthabouttb.org/am-i-at-risk/living-conditions>

<sup>3</sup> Story A, Murad S, Verheyen M, Roberts W, Hayward AC. Tuberculosis in London - the importance of homelessness, problem drug use and prison. *Thorax* 2007;62:667-71.

<sup>4</sup> Health Protection Agency, Tuberculosis report, 2009:

<http://www.hpa.org.uk/Publications/InfectiousDiseases/Tuberculosis/0912TuberculosisintheUK/>

<sup>5</sup> <http://www.bnp.org.uk/news/importing-disease-how-third-world-immigration-bringing-back-tb-britain>

<sup>6</sup> [http://www.raceforhealth.org/storage/files/RfH\\_TB\\_Alert\\_Report\\_WEB.pdf](http://www.raceforhealth.org/storage/files/RfH_TB_Alert_Report_WEB.pdf)

The situation is such that analogies have been drawn between the outbreaks that occurred in New York in the 1990s due to the overcrowding of prisons, increasing social inequalities, HIV infection, and severe spending cuts in the tuberculosis programme.<sup>7</sup>

Treatment of TB is for the most part very effective and helps to reduce infectiousness. However, the treatment regime is relatively onerous requiring combination antibiotics to be taken everyday for a six month period. With hard-to-reach groups such as drug users, adherence to this regime can be problematic and failure to complete a course of treatment, as seen in New York, can lead to various forms of resistance.

In 2009 50 per cent of first line resistant TB and 59 per cent of multi drug resistant TB (MDR-TB) diagnosed in the UK was in London.<sup>8</sup> Although the number is still relatively small with 34 cases of MDR-TB diagnosed in the capital, the rate increased in 2009 to 1.9 per cent of infections.<sup>9</sup> While resistance is not yet a significant problem in the UK, globally it has reached worrying proportions. The World Health Organisation reported in 2010 that 3.3 per cent of all new cases of TB were MDR with peaks of up to 28 per cent.<sup>10</sup>

In order to improve adherence to treatment the World Health Organisation (WHO) developed an approach called Direct Observation Treatment (DOT) which has been rolled out world wide. As a treatment regime DOT requires that the infected person is witnessed taking their drugs by a supervisor. Initially patients had to travel to a clinic everyday but DOTs has been expanded to allow day centre staff, hostels staff and drug services to be trained as a DOT supervisor. In Hackney the TB team use a "bio-psycho-social" model which provides incentives and support to enable patients to complete their treatment in the form of housing, food, phone vouchers, cover for travel costs and support with their benefits or the asylum process.<sup>11</sup> Maintaining these types of programmes will be crucial if TB is to be effectively managed.

A significant challenge facing London is how best to organise TB services. Poorer boroughs such as Newham, Brent and Ealing are worst affected while others such as Richmond have relatively low rates. This has made it difficult for PCTs in some areas to prioritise TB and services across London continue to be variable, even though there is a good understanding of what works.

Currently, there are five TB networks<sup>12</sup> working in London and it has been proposed that more centralised commissioning could improve co-ordination

---

<sup>7</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113831/>

<sup>8</sup> Drug resistant TB cases in London, HPA, November 2010 available here:

<http://www.hpa.org.uk/ProductsServices/LocalServices/London/LondonPressReleases/lond101104LondonTBpressrelease/>

<sup>9</sup> Drug resistant TB cases in London, HPA, November 2010 available here:

<http://www.hpa.org.uk/ProductsServices/LocalServices/London/LondonPressReleases/lond101104LondonTBpressrelease/>

<sup>10</sup> Global Tuberculosis control 2010, WHO:

[http://www.who.int/tb/publications/global\\_report/2010/en/index.html](http://www.who.int/tb/publications/global_report/2010/en/index.html)

<sup>11</sup> [http://www.raceforhealth.org/storage/files/RfH\\_TB\\_Alert\\_Report\\_WEB.pdf](http://www.raceforhealth.org/storage/files/RfH_TB_Alert_Report_WEB.pdf)

<sup>12</sup> Commissioning Support for London, TB overview, January 2011

and ensure that provider compliance is improved,<sup>13</sup> but it is not yet clear what changes will come about as a result of the reorganisation of public and primary healthcare.

For examples, *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health* proposes that all screening programmes will be designed and monitored by Public Health England and that these services will be commissioned by the NHS Commissioning Board.<sup>14</sup> It is as of yet unclear what centrally commissioned screening services will look like in practice and how they will be joined up to other TB services and related screening and treatment programmes such as those for HIV. With the immanent loss of NHS London and high levels of uncertainty it is crucial that big picture initiatives are not discarded for a more fragmented approach to a city wide problem.

Tuberculosis is a social issue as much as a medical one. The current fiscal climate is likely to affect social determinants of health and the NHS in London must be able to provide comprehensive diagnosis and treatment programmes to ensure that TB and resistant forms of TB do not significantly worsen in the coming years.

---

<sup>13</sup> [http://www.raceforhealth.org/storage/files/RfH\\_TB\\_Alert\\_Report\\_WEB.pdf](http://www.raceforhealth.org/storage/files/RfH_TB_Alert_Report_WEB.pdf)

<sup>14</sup> *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health*, Department of Health:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_123114.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_123114.pdf)