



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Tuberculosis in Wales Annual Report 2019

Data to the end of 2018

Key Points

Author: Communicable Disease Surveillance Centre

Date: 02/09/2019

Version: 1

Status: Final

Intended Audience: Health Professionals

Purpose and Summary of Document:

This annual report summarises trends in the epidemiology of tuberculosis in Wales.

Publication/Distribution:

- Director of Integrated Health Protection, Public Health Wales
- Public Health Wales TB Programme Group
- Public Health Wales Intranet and Internet
- Public Health England TB Section

Key Points

1. In 2018, 97 cases of tuberculosis were reported in Wales (3.1 per 100,000 population). This is a decrease from the previous year (104 cases, 3.3 per 100,000 population) and the first time the annual incidence has dropped below 100 since reporting began.
2. England continues to have the highest rate of tuberculosis in the UK, with a rate of 8.3 per 100,000 population, followed by Scotland (4.9 per 100,000 population), Wales (3.1 per 100,000 population) and Northern Ireland (3.0 per 100,000 population) [1]. Public Health England reports the UK rate of tuberculosis as 7.6 per 100,000 population in 2018.
3. Notification rates vary geographically, with Cardiff, Wrexham and Newport Local Authority areas having the highest rates, 9.1, 7.3 and 7.2 per 100,000 population respectively. Compared to 2017, rates increased in Cardiff and Vale University Health Board, decreased in Aneurin Bevan University, Powys Teaching and Cwm Taf University Health Boards and remained stable in all other areas.
4. Of the 97 cases reported in 2018, 71% were male and 29% female (rates of 4.5 and 1.8 per 100,000). The notification rate was highest in those aged 45-54 years (4.7 per 100,000 population). There were two cases notified in children aged under 15 years.
5. The rate of tuberculosis in those who reside in areas in the most deprived fifth of Wales was 7.0 (95% CI 5.1–9.5) per 100,000 population, compared to 2.0 (95% CI 1.0–3.4) per 100,000 population in the least deprived fifth.
6. In 2018, 49% of tuberculosis cases were reported in the white ethnic group and 51% were in the non-white population. Approximately half (52%) of tuberculosis cases reported in Wales were born in the UK, 47% of cases were born abroad and 1% of cases had an unknown place of birth. In 2018 the majority of cases known to be born outside the UK originated from South Asia and Sub-Saharan Africa. The proportion of cases that were born in the UK has increased compared to previous years.
7. Of those with information available, 21% reported at least one social risk factor:
 - 12% of cases reported a history of, or current drug abuse
 - 11% reported a history of, or current alcohol misuse or abuse
 - 7% reported they had been, or are currently, homeless
 - 10% reported they had been, or are currently, in prison
8. Around four in five of cases in 2018 (78%) had pulmonary tuberculosis (with or without extra-pulmonary disease); of these 21% also had extra pulmonary disease.

Author: CDSC	Date: 02/09/2019	Status: Final
Version: 1	Page: 2 of 4	Intended Audience: Health Professionals

9. Of those where information was available, 22% (19/85) were assigned DOT treatment. In 2018, 65% (11/17) of cases reporting at least one social risk factor were known to be assigned DOT.
10. Of the 55 cases with known BCG vaccination status, 85% were vaccinated.
11. Eighty percent of all cases in 2018 were culture confirmed, and 88% of pulmonary cases (with or without extra pulmonary disease) were culture confirmed. This remains above the European Centre for Disease Prevention and Control (ECDC) target of 80% for culture confirmation of pulmonary tuberculosis [2].
12. Among 78 culture-confirmed cases reported through the Enhanced Tuberculosis Surveillance scheme in 2018, 99% were due to *Mycobacterium tuberculosis* and 1% was due to *M. tuberculosis* complex not further sub grouped.
13. There was a decrease in isoniazid resistance in culture confirmed cases of tuberculosis in 2018 compared to 2017, from 12% to 5%. Rifampicin resistance also decreased from 4% to 3%. Resistance to one or more first line drug decreased from 13% to 6%. Proportions should be interpreted with caution as numbers are small.
14. Outcome data are available for 101 cases newly diagnosed in 2017. The proportion of drug sensitive cases with expected treatment duration of less than 12 months (95) who had completed treatment by 12 months decreased to 71% from 83% in the previous year.
15. The proportion of cases that were reported to have died at the last reported outcome among all drug sensitive TB cases has increased from 8% in 2016 to 14% in 2017. Eight of the 14 cases reported to have died were over 65 years of age.

Author: CDSC	Date: 02/09/2019	Status: Final
Version: 1	Page: 3 of 4	Intended Audience: Health Professionals

References

[1] Reports of cases of tuberculosis to enhanced tuberculosis surveillance systems: United Kingdom, 2000 to 2018. Public Health England 2019.

<https://www.gov.uk/government/statistics/reports-of-cases-of-tb-to-uk-enhanced-tuberculosis-surveillance-systems>

[2] European Centre for Disease Control and Prevention (ECDC), Progress towards TB elimination, 2010.

http://ecdc.europa.eu/en/publications/Publications/1011111_SPR_Progressing_towards_TB_elimination.pdf

Report prepared by Public Health Wales Communicable Disease Surveillance Centre

Acknowledgements

Public Health Wales Communicable Disease Surveillance Centre would like to thank the microbiologists, clinicians, respiratory nurses and Health Protection Teams for their contributions to the running of the Enhanced Tuberculosis Surveillance Scheme in Wales. Public Health Wales greatly appreciates the support received from Public Health England in conducting tuberculosis surveillance and for coordinating the Enhanced Tuberculosis Surveillance scheme in England, Wales and Northern Ireland.

Suggested Citation

Tuberculosis in Wales Annual Report, September 2019. Public Health Wales Communicable Disease Surveillance Centre.

Author: CDSC	Date: 02/09/2019	Status: Final
Version: 1	Page: 4 of 4	Intended Audience: Health Professionals