TITLE:	TUBERCULOSIS
SUBTITLE:	3.5i Treatment completion for TB 3.5ii Incidence of TB
Domain:	Health Protection
Frequency of Availability:	Annual
Time Period Of Data Analysis:	Comparator 2011-13 Trend 2004-06 to 2011-13

AVAILABLE COMPARISONS

TYPE	AVAILABLE
National, Regional or Peer Group	Yes
Electoral Ward	No
Neighbourhood	No
Socioeconomic Differences	No
Targets, Trends & Projections	Yes

KEY POINTS

+ve	For the period 2011-13, North East Lincolnshire had the lowest crude rate of
	new cases of TB, out of all the local authorities in the Yorkshire and the
	Humber. The North East Lincolnshire rate (2.1) was lower (significantly) than
	both the England (14.8) and regional (11.6) averages.
+ve	North East Lincolnshire rates of new cases of TB per 100,000 population
	have consistently been significantly lower than both the England and regional
	averages over the period 2004-06 to 2011-13.

Updated: August 2015 PHOF 3.5 TB 1

DESCRIPTION

TB re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average. Timely and fully completed treatment for TB is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance. Dropping out of treatment before it is completed can contribute to drug-resistant TB, and preventing the development of drug resistant TB is particularly important as it has more severe health consequences and is considerably more expensive to treat. TB treatment completion is an indicator of the quality of TB treatment and support services and helps inform policy decisions around local and national approaches to TB.

Indicator 3.5i is defined as the annual proportion of drug sensitive tuberculosis (TB) cases expected to complete treatment within 12 months who had completed treatment within 12 months of treatment start date (exclusions: cases with rifampicin resistance or MDR-TB, and cases with CNS, spinal, miliary or disseminated TB who may require longer than the standard 6 month treatment course). The indicator is therefore calculated by taking the annual number of drug sensitive TB cases who completed treatment by 12 months, and dividing by the total annual number of drug sensitive TB cases, then multiplying by 100 to generate a percentage.

Note that the North East Lincolnshire value for 2012 has been suppressed for disclosure control due to being a small number. Whilst it is important to monitor TB treatment completion (indicator 3.5i), in many LA areas such as North East Lincolnshire, it is not possible to publish data because there are low numbers of cases. Therefore the TB incidence rate is a supplementary indicator to help LAs understand why treatment completion data may not be published for their area, and also to give LAs information about levels of TB in their area and surrounding areas. Information about TB incidence will inform policy decisions around local and national approaches to TB.

Indicator 3.5ii is defined as the three-year average number of reported new cases per year (based on case notification) per 100,000 population. This three year average incidence per 100,000 population is therefore calculated by taking the numerator (the number of TB notifications in the 3 year period) and dividing this by the denominator (the sum of the mid-year population estimates for the same 3 year period), and then multiplying this by 100,000.

Both indicators include all ages and are for persons.

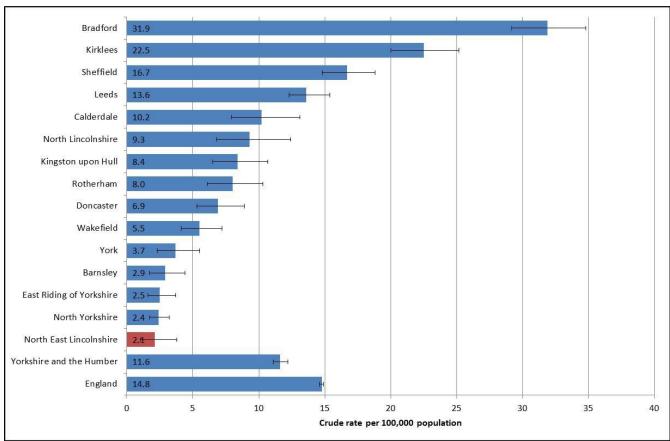
(Improving outcomes and supporting transparency - Part 2, Department of Health, 2012).

Updated: August 2015 PHOF 3.5 TB 2

NATIONAL, REGIONAL OR PEER GROUP

Figures presented in Figure 1 show that for the period 2011-13, North East Lincolnshire had the lowest crude rate of new cases of TB, out of all the local authorities in the Yorkshire and the Humber. The North East Lincolnshire rate (2.1) was lower (significantly) than both the England (14.8) and regional (11.6) averages.

<u>Crude rate of reported new cases of TB per 100,000 population, England, Yorkshire and the Humber, and local authorities in the Yorkshire and the Humber, persons, 2011-13</u>



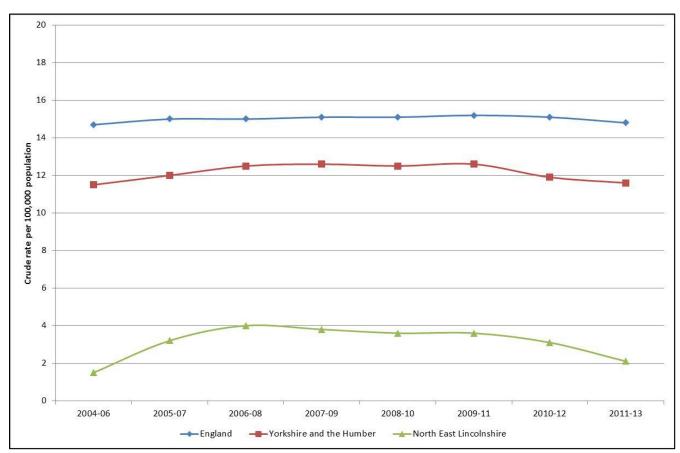
Source: Public Health England

Updated: August 2015 PHOF 3.5 TB 3

TRENDS, TARGETS & PROJECTIONS

The trends presented in Figure 2 show that North East Lincolnshire rates of new cases of TB per 100,000 population have consistently been significantly lower than both the England and regional averages. The actual numbers of new TB cases for North East Lincolnshire are presented in Table 1, and during the time period have always been under 20 for any of the three year time periods. TB incidence tends to be higher in densely populated urban areas with populations that may have originated from or associated with, areas with high TB prevalence, hence the low numbers of TB cases in North East Lincolnshire.

Figure 2 Trend of reported new cases of TB per 100,000 population, persons, England, Yorkshire and the Humber, and North East Lincolnshire UA, 2004-06 to 2011-13



Source: Public Health England

<u>Table 1</u> Numbers of reported new cases of TB, persons, North East Lincolnshire UA, 2004-06 to 2011-13

		2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13
Ν	IEL UA	7	15	19	18	17	17	15	10

Source: Public Health England

Public Data	http://www.phoutcomes.info/
Sources:	