Indicator 13.2 – Tuberculosis cases (rates/rate band per 100,000 population)

Rationale

During the 1960s and 1970s, tuberculosis (TB) in England came largely under control after centuries of being a major killer. This level of control was lost from the early 1990s onwards when TB re-emerged in this country as a public health problem. Cases began to rise mainly as a result of increased migration of people from areas of the world where TB is more prevalent than it is in England. Ageing of the established population and TB in people with HIV infection made small but important contributions. There is an increasing proportion of TB cases in ethnic minority groups. People from the Indian Subcontinent and Sub Saharan Africa have very high rates of TB. These rates are highest in the few years after they first come to England, but the risk of their developing TB remains higher than average throughout their lives, and extends to their children born in England. Other high risk groups include the homeless and those with HIV infection¹.

The national vaccination programme changed in September 2005 from routine immunisation of schoolchildren without natural immunity to:

- All infants (aged 0 to 12 months) living in areas where the incidence of TB is 40 per 100,000 or greater
- All infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the incidence of TB is 40 per 100,000 or greater

Existing indicator sets

This indicator is not part of any indicator sets.

Definition

The number of cases of TB infection in residents of an LA (PCT prior to 2008-10) divided by the LA resident population, multiplied by 100,000 to produce a crude rate per 100,000 people in the population. This is presented as a 'rate band'. Prior to 2005, rates bands were: <20, 20-39 and 40+ per 100,000. From 2005 onwards, rates bands are: <10, 10-19, 20-29, 30-39, 40-49, 50+.

Source of indicator

The Health Protection Agency Centre for Infections.
Numerator definition
The number of cases of TB reported via the Enhanced Tuberculosis Surveillance (ETS) system. Each patient is allocated to an LA (PCT prior to 2008-10) based upon where they live, as determined by their postcode.

Source of numerator
Enhanced Tuberculosis Surveillance system, Health Protection Agency Centre for Infections. Cases are reported from clinicians in TB clinics or hospitals to the Health Protection Agency (HPA) Centre for Infections through the Health Protection Units and HPA Regional Units.

Data is provided as rate bands; the three-year average rate and three-year average number of case reports are reported.

Denominator definition
ONS mid-year population estimates for Local Authorities (Primary Care Organisations prior to 2008-10) for the respective calendar years.

Source of denominator
The Office for National Statistics mid-year population estimates.

Geographic coverage
The data for this indicator is available at LA level (PCT level prior to 2008-10) and for England.

Other dimensions of inequality
Other dimensions of inequality are recorded in ETS including ethnicity and place of birth. The postcode of residence of the deceased is also recorded and used to derive the LA / PCT of residence. However, these data are not routinely published.

Timeliness
This indicator is not updated regularly.
Accuracy and completeness

Tuberculosis is notifiable under the Public Health Acts and Infectious Disease Regulations. This means that doctors in England and Wales have a statutory duty to notify a 'proper officer' of the local authority of suspected cases of tuberculosis. The 'proper officers' are required every week to inform the HPA Centre for Infections who has responsibility for collating these returns and publishing analyses of local and national trends. This system is known as notifications of infectious diseases (NOIDs). It was recognised that under-reporting was occurring an in 1999 a new system was brought in alongside NOIDs, the Enhanced Tuberculosis Surveillance (ETS) system which collects more detailed and timely clinical and demographic information on cases. A study is currently underway to determine the level of completeness of this data collection but it is believed to be more complete than through NOIDs.

Disclosure

There are no issues regarding disclosure.

Further information

For further information about ETS see the Health Protection Agency website.

References


Health and Social Care Information Centre

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