

Tuberculosis (TB) – statistics and key facts

Key facts to note about TB

- TB is treatable.
- TB is curable.
- TB is not easy to catch – people usually catch TB only after many hours of close exposure to someone with infectious TB.
- Only some forms of TB are infectious.
- After 2 weeks of treatment with anti-TB medicines, most people with TB are no longer infectious to others, and if well enough, can return to all normal activity at school or work.
- Stigma and discrimination against people with TB is widespread and is very common in different populations worldwide. However stigma is unfair, unnecessary and based on fear and myths. Stigma is a potent barrier to controlling TB. It causes people to delay seeking medical help and isolates them.

Key aspects of TB control – general principles

- Awareness of the symptoms and signs of TB
- Early recognition and detection of TB cases
- Adequate treatment and follow up of TB cases
- Follow up of contacts of TB cases
- Treatment of latent TB infection (LTBI)
- BCG vaccination for eligible infants (infants at high risk of infection).

General information about TB

Refer to the Auckland Regional Public Health Service (ARPHS) website TB page and TB fact sheet for more information about TB and latent TB infection (LTBI), available at

<http://www.arphs.govt.nz/notifiable/tb.asp>

TB globally

Refer to the Global Tuberculosis Control Report and other documents on the World Health Organization (WHO) website, available at

http://www.who.int/tb/publications/global_report/en/index.html

and the WHO's 2010/2011 TB Global Facts fact sheet at

http://www.who.int/tb/publications/2010/factsheet_tb_2010_rev21feb11.pdf

- TB remains one of the leading causes of illness and disability globally.
- According to 2009 World Health Organization (WHO) data:
 - 9.4 million new TB cases (including 1.1 million new TB cases in people living with HIV)
 - 1.7 million people died from TB – equal to 4700 deaths a day
 - Estimated 3.3% of all new TB cases had multi-drug resistant TB (MDR-TB), with peaks of up to 28% of new TB cases in some countries
 - Estimated global TB incidence rate: 137 cases per 100,000 population
 - Rates vary by country and region
 - Important factors: HIV/AIDS, poverty, drug resistance.

TB in New Zealand

TB case numbers for New Zealand as a whole:

For data on TB in New Zealand, refer to the latest Annual Tuberculosis Report on the ESR website – available at <http://www.surv.esr.cri.nz/surveillance/surveillance.php>

Auckland TB case numbers:

Based on TB notification data for the greater Auckland region, reported in EpiSurv, the national notifiable diseases database, as at 2 June 2010

Year	Number of Auckland cases	Auckland as % of NZ cases
2007	131	46%
2008	160	55%
2009	177	59%
2010	158	52%

Notes on TB in Auckland:

- TB case numbers fluctuate from year to year.
- Around half of New Zealand's new TB cases each year are in Auckland.
- Auckland's TB incidence rate (the number of new TB cases per head of population) is about 1.5 to 2 times higher than the New Zealand rate.
- In 2009, the TB rates for New Zealand as a whole and for the three District Health Boards (DHBs) in the greater Auckland region were:
 - New Zealand 7.0 per 100,000
 - Auckland DHB 14.2 per 100,000
 - Counties Manukau DHB 13.7 per 100,000
 - Waitemata DHB 9.3 per 100,000.

Drug resistant TB in New Zealand:

- Multi-drug resistant TB (MDR-TB) is defined as resistance to the two most important first-line TB drugs – isoniazid and rifampicin. Extensively drug-resistant TB (XDR-TB) is defined as MDR-TB that is even more resistant than MDR-TB – resistance to additional groups of TB drugs.
- MDR-TB is still rare in New Zealand, but is increasing.
- There have been a total of 22 cases of MDR-TB in NZ during the 10 years to 2009, comprising an average of 1 to 2 cases per year.
- In 2009, six new cases of MDR-TB occurred in New Zealand (2.4% of all TB cases in 2009).
- For more information about MDR-TB, refer to the MDR-TB fact sheet, available at <http://www.arphs.govt.nz/notifiable/tb.asp>

BCG vaccination:

BCG is the vaccination against TB. The main role of BCG vaccination is that it may prevent or modify the development of severe or widespread forms of TB (TB meningitis and miliary TB) in young children. BCG vaccination does not prevent infection with the TB organism.

In New Zealand, BCG vaccination is offered to infants at increased risk of TB, according to the current eligibility criteria – refer to the Ministry of Health website at

<http://www.moh.govt.nz/moh.nsf/indexmh/immunisation-diseasesandvaccines-tuberculosis>