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 (ARPAS) website TB page and TB fact sheet for more information about TB and latent TB infection (LTBI), available at http://www.arphs.govt.nz/health-information/communicable-disease/tuberculosis

TB globally


- TB remains one of the leading causes of illness and disability globally.
- World Health Organization (WHO) data for 2012:
  - 8.6 million new TB cases (including 1.1 million new TB cases in people living with HIV)
  - 1.3 million people died from TB
  - Estimated 3.6% of all new TB cases and 20% of previously treated TB cases had multi-drug resistant TB (MDR-TB)
  - Estimated global TB incidence rate: 122 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:

Auckland TB case numbers:
Based on TB notification data for the greater Auckland region, reported in EpiSurv, the national notifiable diseases database:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Auckland cases</th>
<th>Auckland as % of NZ cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>177</td>
<td>59%</td>
</tr>
<tr>
<td>2010</td>
<td>159</td>
<td>52%</td>
</tr>
<tr>
<td>2011</td>
<td>167</td>
<td>54%</td>
</tr>
<tr>
<td>2012</td>
<td>145</td>
<td>49%</td>
</tr>
<tr>
<td>2013</td>
<td>135</td>
<td>49%</td>
</tr>
</tbody>
</table>

Notes on TB in Auckland:
- TB case numbers fluctuate from year to year.
- Around half of New Zealand’s 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 2012, the TB rate for New Zealand as a whole was 6.6 per 100,000 population (total of new TB diagnoses plus relapsed cases, i.e. including people known to have had TB in the past).
- In 2012, the TB rates for new TB diagnoses only, for New Zealand as a whole and for the three District Health Boards (DHBs) in the greater Auckland region, were:
  - New Zealand 6.3 per 100,000
  - Auckland DHB 11.5 per 100,000
  - Counties Manukau DHB 8.9 per 100,000
  - Waitemata DHB 7.2 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 slightly.
- There were a total of 32 cases of MDR-TB in New Zealand during the 10 years to 2012, an average annual rate of 1.2% among culture-positive TB disease cases.
- In 2012, there were four new cases of MDR-TB in New Zealand. In 2009, there were six new cases of MDR-TB (2.4% of all TB cases in New Zealand in 2009).
- There has only been one XDR-TB case identified in New Zealand to date (in 2010).

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 Ministry of Health’s current eligibility criteria. More information about BCG vaccination is available at http://www.arphs.govt.nz/health-information/communicable-disease/tuberculosis

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