There has been a steady increase in the number of cases of tuberculosis notified from Milton Keynes; now standing at 34 cases in 2006. This is an important area for action.

The majority of cases are in people of Black African origin and many live in disadvantaged areas; both situations are known to increase susceptibility to TB.

The incidence of some communicable diseases such as food poisoning, mumps and meningococcal disease has remained constant or fallen slightly. There has been an increase in cases of measles in Buckinghamshire.

There has been a renewed effort to prevent and control healthcare associated infections.
Tuberculosis (TB)

In 2006, the number of cases of tuberculosis (TB) notified in Buckinghamshire rose to 71 (10.0 per 100,000), compared with 67 cases (9.5 per 100,000) for 2005, 58 cases (8.3 per 100,000) for 2004, 72 cases (10.3 per 100,000) for 2003, and 67 cases (9.7 per 100,000) for 2002.

There were 34 cases of TB notified in 2006 in Milton Keynes. Across the county, Milton Keynes reported the highest rate (15.1 per 100,000) followed by Wycombe (10.5 per 1000,000). Figure 1 shows the rates of TB notifications per 100,000 population by local/unitary authority.

The greatest number of cases of TB in Buckinghamshire and Milton Keynes in 2006 were amongst those of Black African origin (figure 2).

Analysis of TB cases by deprivation for Buckinghamshire and Milton Keynes PCTs in 2006 reveals that the majority of TB cases occur among those who live in the most economically deprived areas (figure 3).

Across the UK, a total of 8,497 cases of TB were reported in 2006, a rate of 14.0 per 100,000 population. Both the number of cases and the rate in 2006 were very similar to those for 2005 (8,113 cases, a rate of 14.7 per 100,000). The majority of cases in the UK occurred in young adults aged 15 – 44 years, and 72% of cases were non-UK born.\(^1\)

Tuberculosis rates in the UK remain amongst the highest seen since 1987, and higher than those in most other western European countries. In 2004, The Chief Medical Officer’s Action Plan outlined the measures necessary to tackle TB in England.\(^2\) The actions required to achieve these measures have been detailed in the commissioning toolkit recently published by the Department of Health.\(^3\) This toolkit will support TB control at a local level and should lead to a reduction in incidence of TB acquired in the UK, and an improvement in quality of care and treatment outcomes for all patients.
The year-on-year increase in cases of TB in Milton Keynes appears to parallel the recent increase in ethnic diversity of the local population; in particular the number of cases arising in people who have recently arrived from Asian and African countries. The south east of England as a whole is experiencing a similar but less dramatic rise in cases.

The key to halting the health burden caused by TB is the prompt diagnosis and treatment of infectious cases; TB is preventable and treatable. In an area that historically has seen very few cases of TB, improving wider understanding of the disease and its symptoms among health professionals and the general public will help to ensure early diagnosis.

Tuberculosis (TB)

- TB is curable. It is usually treated with a six-month course of antibiotics, which must be completed in order to discourage recurrence of disease or drug resistance.
- Symptoms include: fever and night sweats, persistent cough, weight loss and blood in sputum.
- TB is not usually caught by simply sitting next to an infected person. The infection requires prolonged and close contact in order to spread from person to person.
- Only about a quarter of TB cases in the UK have the ‘open’ form of the disease which is potentially infectious for others. Most cases present little or no risk to others.
- TB affects children and adults differently. It is very uncommon to catch TB from a child with the disease.

Recommendation

- The increasing trend in TB cases is important and requires action. Milton Keynes PCT, as commissioners, will work with GPs, hospital and community services to support service developments and implement the Department of Health’s TB toolkit recommendations locally. A key task is to identify gaps in service and then help secure high quality TB services to best suit local needs.
Food poisoning

The largest proportion of notifications of communicable diseases in Buckinghamshire and Milton Keynes is in the groups classified as food poisoning. In Milton Keynes the most common organisms causing food poisoning in 2006 were campylobacter (46%) and salmonella (17%) (tables 1 and 2). The number of food poisoning notifications has remained constant over recent years, however numbers of notified infections are likely to be an underestimate of actual numbers.

Table 1
Food poisoning in Buckinghamshire local authorities and Milton Keynes Unitary Authority, 2006

<table>
<thead>
<tr>
<th></th>
<th>Bucks LAs &amp; MK UA</th>
<th>Crude rate per 100,000</th>
<th>MK UA</th>
<th>Crude rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>848</td>
<td>118.72</td>
<td>198</td>
<td>88.08</td>
</tr>
<tr>
<td>Salmonella</td>
<td>202</td>
<td>28.28</td>
<td>76</td>
<td>33.81</td>
</tr>
<tr>
<td>Cryptosporidia</td>
<td>65</td>
<td>9.10</td>
<td>1</td>
<td>0.44</td>
</tr>
<tr>
<td>Giardia</td>
<td>49</td>
<td>6.86</td>
<td>15</td>
<td>6.67</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>42</td>
<td>5.88</td>
<td>24</td>
<td>10.68</td>
</tr>
<tr>
<td>Shigella</td>
<td>21</td>
<td>2.94</td>
<td>3</td>
<td>1.33</td>
</tr>
<tr>
<td>E. coli</td>
<td>6</td>
<td>0.84</td>
<td>1</td>
<td>0.44</td>
</tr>
<tr>
<td>Others</td>
<td>144</td>
<td>20.16</td>
<td>117</td>
<td>52.05</td>
</tr>
</tbody>
</table>

Table 2
Food poisoning in Milton Keynes Unitary Authority, 2002–2006

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>324</td>
<td>239</td>
<td>240</td>
<td>210</td>
<td>198</td>
</tr>
<tr>
<td>Salmonella</td>
<td>106</td>
<td>75</td>
<td>67</td>
<td>72</td>
<td>76</td>
</tr>
<tr>
<td>Cryptosporidia</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Giardia</td>
<td>24</td>
<td>18</td>
<td>23</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>36</td>
<td>82</td>
<td>34</td>
<td>35</td>
<td>24</td>
</tr>
<tr>
<td>Shigella</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>E. coli</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>11</td>
<td>4</td>
<td>3</td>
<td>21</td>
<td>117</td>
</tr>
</tbody>
</table>

Measles, mumps and rubella

In 2006, 17 cases of laboratory-confirmed measles were notified to local authorities in Buckinghamshire, compared to six cases in 2005 and 10 cases in 2004. This local increase has been reflected nationally and is due to outbreaks and an increase in sporadic cases.

A decrease in mumps cases was seen in 2006, with 90 cases being notified. This compares with 317 cases in 2005 and 82 cases in 2004. Of the 90 laboratory confirmed cases in Buckinghamshire, 34 were notified to Milton Keynes.

In 2006, four cases of laboratory confirmed rubella infection were notified; three cases were from Milton Keynes.

All notified cases of measles, mumps or rubella had either no history or an incomplete history of vaccination against these diseases.
Meningococcal disease (meningitis and/or septicaemia)

The number of probable and confirmed cases of meningococcal meningitis and septicaemia reported to Buckinghamshire and Milton Keynes PCTs from 2002–2006 is shown in figure 4. In 2006, seven cases were reported for Milton Keynes PCT, continuing the overall downward trend experienced over recent years.

The age distribution of cases of meningococcal disease is shown in figure 5. As expected, the highest rates of this disease are experienced in children under 5 years of age. All of these cases were sporadic cases and public health interventions were implemented including antibiotic chemoprophylaxis, notification of the local community and awareness raising.

Other notifiable diseases in Milton Keynes residents

- In 2006, there were nine cases of typhoid and paratyphoid fever in Buckinghamshire; one of these was reported in Milton Keynes. All of the notified cases were associated with travel abroad.
- There were no cases of pertussis from Milton Keynes in 2006. A national enhanced surveillance programme for pertussis was introduced late in the year.
- In 2006, 10 cases of scarlet fever were reported in Milton Keynes residents.
- There was one case of Legionnaires’ disease (legionellosis) and one case of malaria from Milton Keynes.
- Only one case of dysentery was reported in Buckinghamshire in 2006 and this infection was associated with travel abroad.
Healthcare associated infections (HCAIs)

Milton Keynes PCT remains committed to preventing health care associated infections (HCAIs). During 2007/08 it established a dedicated Infection Prevention and Control (IPC) team which reports to the Director of Infection Prevention and Control.

Its purpose is to prevent and minimise avoidable HCAIs across PCT services through a variety of processes including:

- an extensive programme of mandatory infection prevention and control training and subject-specific education;
- an annual programme of audit (environmental, clinical and hand hygiene) across all PCT services;
- development and implementation of infection prevention and control policies and guidelines;
- support and advice on infection prevention and control practices and issues; and
- surveillance of healthcare acquired infections such as MRSA bacteraemias and Clostridium difficile.

Funding was also secured for two posts - a nurse to promote high infection control standards in a group of local care homes, and a pharmacist to work with GPs to improve antibiotic prescribing practice.

The IPC team aims to take every opportunity to improve understanding of infection prevention within the wider community. During October 2007 the team joined with Milton Keynes Hospital’s Infection Prevention and Control team to take part in the ‘Shaping Health’ event at Middleton Hall and visited health and social care settings to promote good hand hygiene. For more information on Milton Keynes PCT HCAI rates and the work of the IPC team please see the Director of Infection Prevention and Control’s Annual Report.

References


   www.mkpct.org.uk/content.asp?contentID=646