

Tuberculosis (TB) – statistics and key facts

Key facts to note about TB

- TB is treatable and 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 – a doctor will be able to advise on this.
- After 2 weeks of effective treatment, most people with TB are no longer infectious to others, and could 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 infectious TB cases
- Treatment of latent TB infection (LTBI) where appropriate
- BCG vaccination for 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

<https://arphs.health.nz/public-health-topics/disease-and-illness/tuberculosis-tb/>

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:

Year	Number of Auckland cases	Auckland as % of NZ cases
2013	135	49%
2014	161	52%
2015	164	56%
2016	149	52%
2017*	153	50%
2018 (year to 22 nd Nov)	126	tbc

*Provisional data

Notes on TB in Auckland:

- TB case numbers fluctuate from year to year but have been relatively stable since 2007, except for a slight decrease in 2013.
- 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.
- The 2015 TB notification rate was 6.4 per 100,000 population (294 cases) for New Zealand as a whole (total of new TB diagnoses plus relapsed cases, i.e. including people known to have had TB in the past).
- In 2015, 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 6.2 per 100,000
 - Auckland DHB 12.7 per 100,000
 - Counties Manukau DHB 12.3 per 100,000
 - Waitemata DHB 6.6 per 100,000.

Drug resistant TB in New Zealand:

- Multi-drug resistant TB (MDR-TB) is defined as resistance to at least 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 – additional resistance to any fluoroquinolone and at least one of amikacin, capreomycin or kanamycin.
- MDR-TB is still rare in New Zealand, but is increasing slightly.
- There have been a total of 28 cases of MDR-TB in the last 10 years (2006–2015) – an average annual rate of 1.2% among culture-positive TB cases.
- Only one case (in 2010) of XDR-TB has ever been identified in New Zealand.
- In 2015, there were two new cases of MDR-TB in New Zealand.

- For more information about MDR-TB, refer to the MDR-TB fact sheet, available at <https://arphs.health.nz/public-health-topics/disease-and-illness/tuberculosis-tb/>

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. ARPHS was notified in July 2018 that BCG vaccine stock would be available after no supply over the past two years. The BCG programme resumed in August 2018 once vaccine supply was reinstated.

For more help or information call Healthline on 0800 611 119

Health Professionals: For more information, contact ARPHS on 09 623 4600

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