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Security
Agency

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Miss Laurinda Bower
HM Area Coroner for Nottingham City and Nottinghamshire
The Council House
Old Market Square
Nottingham
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1st March 2024

Dear Miss Bower,

Regulation 28 Report to Prevent Future Deaths following Inquest into the death of Carrienne Franks

Thank you for the Regulation 28 Report (“the Report”) dated 21 December 2023 addressed to the UK Health Security Agency (“UKHSA”), NHS England (“NHSE”) and the National Institute for Health and Care Excellence (“NICE”) which was received on 8th January 2024. We write to provide UKHSA’s response which we have discussed with NHSE and NICE. We anticipate NHSE and/or NICE will separately return any comments they feel relevant to their own organisational remits.

Firstly, on behalf of UKHSA, we wish to express our sincere condolences to the family of Carrienne Franks who tragically died of tuberculosis (TB) on 27 August 2021. UKHSA staff were very saddened to hear of Ms Franks’ death and our thoughts remain with her family.

UKHSA is committed to working collaboratively with its external partners and doing all that it can to increase awareness of TB, reduce any harmful health impact and prevent future deaths occurring.

UKHSA provides expert public health scientific expertise, data and analysis, surveillance capabilities and operational response to strengthen public health protection and health security capability across the UK. UKHSA has several workstreams in place to build on improvements in the prevention, detection and control of TB in England achieved over the past 10 years to reduce TB incidence in all our communities. In particular, UKHSA has co-developed and co-owns with NHS England the National TB Action Plan ([Tuberculosis \(TB\): action plan for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/tb-action-plan-for-england-2021-2026.pdf)). This is a comprehensive five-year action plan covering the period 2021 to 2026. The aim of the action plan is to improve the

prevention, detection, and control of TB in England. Within this document there is a strong focus on preventing TB.

UKHSA notes the three Matters of Concern listed in the Report and responds to each in turn below:

1. Current clinical and public health guidelines do not identify healthcare professionals as a group at heightened risk of TB exposure.

UKHSA supports the organisations that develop clinical guidance and is responsible for the production and updating of specific public health guidance documents. In addition, UKHSA produces and publishes analysis to provide evidence that supports guidance development by other organisations.

UKHSA's guidance document, 'Immunisation against Infectious Disease' (otherwise known as the Green Book), contains comprehensive recommendations on the indications for immunisations, including for TB. This highlights healthcare staff as high risk for exposure to tuberculosis and recommends BCG vaccination to this group ([Greenbook chapter 32 - tuberculosis \(publishing.service.gov.uk\)](#)). Provision of vaccination for relevant healthcare staff is the responsibility of the employing organisation.

We produce regular [annual reports on TB epidemiology](#) and also produce quarterly reports ([Tuberculosis in England: national quarterly reports - GOV.UK \(www.gov.uk\)](#)). These data are used to support planning and commissioning of TB services across the country by NHSE and other organisations, including highlighting delays in diagnosis and treatment.

In 2016, Public Health England [one of the predecessor organisations which now make up UKHSA] published a detailed analysis of TB in healthcare workers (<https://thorax.bmj.com/content/thoraxjnl/72/7/654.full.pdf>). A key finding from this report was "no increased risk of TB in HCWs compared with non-HCWs after stratifying by country of birth for all but two countries of birth, combined with the very small number of cases with a molecular and epidemiological link consistent with nosocomial transmission, suggests that TB diagnosed in HCWs in the UK is generally not acquired as a result of UK occupational exposure." It also highlighted that only 10 nosocomial [i.e., healthcare] acquired cases of TB occurred in healthcare workers between 2010 and 2012 – approximately 3 cases per year in over 1 million healthcare workers.

UKHSA is currently undertaking analysis of data on active TB disease in healthcare workers in the National TB Surveillance system (NTBS) and will aim to publish this within the next 12 months. UKHSA has, in addition, initiated a review of the epidemiology and genetic typing (whole genome sequencing, WGS) of TB transmission in healthcare settings; this detailed analysis will require approximately one year to complete and will enable up to date understanding of transmission in health care settings.

2. The current definition of 'close contact', thus triggering a contact trace or warn and inform letter, sets the bar too high for notifying NHS staff of the risk of exposure to TB

UKHSA produces analysis and evidence to support guideline development and supports public health risk assessment of TB exposures within the community and other settings. Whenever asked to do so, UKHSA regional Health Protection Teams support NHS trusts to undertake their risk assessments of TB exposures.

In common with many other countries where there is a low incidence of TB, the UK operates the established 'stone in the pond' approach for TB contact tracing. The 'stone in the pond' approach commences contact tracing with the closest contacts (those with most exposure, typically household contacts). If sufficient latent or active TB is found to raise clinical suspicion of a highly transmissible strain or highly infectious individual, another tier of contacts are traced, and so on. Workplace and healthcare worker contacts usually occur in this second tier of contact tracing by identifying those who have had a risk of exposure.

A recent rapid evidence review was undertaken in UKHSA: [Contact tracing strategies for detecting tuberculosis in people exposed to tuberculosis in low incidence countries \(publishing.service.gov.uk\)](https://publishing.service.gov.uk). This review found no relevant randomised control trial (RCT) evidence to identify optimal contact tracing strategies. The Netherlands recently published a scientific paper on the effectiveness of the "stone in the pond" approach and determined that this approach strengthened the efficiency of contact tracing without reducing effectiveness. ([Tuberculosis contact investigation following the stone-in-the-pond principle in the Netherlands - Did adjusted guidelines improve efficiency? - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/))

This approach is also highlighted in the Royal College of Nursing TB guidance for the case management of TB [RCN guidance [Case Management TB | Publications | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk)]

The definition of 'close contact' used in UK practice is contained within the NICE TB guidelines ([Recommendations | Tuberculosis | Guidance | NICE](https://www.nice.org.uk)). This was last updated in 2019. UKHSA agrees with the Coroner that the definitions of close contact within this guidance would not include most staff in healthcare. Healthcare staff are not specifically referred to in the section on contact tracing in healthcare settings.

UKHSA's TB unit approached NICE in 2023 to ask for information on when the guideline is likely to be further updated. The TB unit has a meeting planned with NICE on 6th March 2024 to discuss this.. Following this Regulation 28 report UKHSA will work collaboratively with NICE as required to support them with any updating of their guidance.

There is also an objective in the TB Action Plan to develop a contact tracing handbook. UKHSA has drafted a contact tracing handbook with the aim to publish this handbook in 2024 after consultation with TB teams in the NHS and UKHSA Health Protection Teams. UKHSA will incorporate relevant findings of the coroner's report into our current work with NHSE on occupational health and infection control aspects of TB in healthcare settings.

3. Insufficient education measures in place to inform NHS staff of the TB symptoms to look out for, and the need to inform any assessing clinician of their possible exposure to the condition in order to facilitate early diagnostic testing.

UKHSA supports NHS organisations in their staff education by the provision of a wide range of educational materials. Training and education of individual staff is the responsibility of the employing health service organisation

UKHSA produces regular updates and teaching training materials on TB, most commonly on World TB Day in March. Examples are here [What is TB and what are we doing to combat it? - UK Health Security Agency \(blog.gov.uk\)](#). UKHSA repeatedly highlights that anyone can become infected with TB and also raises awareness of the main risk factors for TB reported in annual reports. UKHSA's annual reports also highlight the importance of using diagnostic tests to reduce delay in diagnosis. Training materials are regularly shared with NHS Trusts to support them in the education of their staff and patients. In addition, there are social media campaigns run by UKHSA on TB and its symptoms for wider awareness. UKHSA also works closely with Directors of Public Health and NHS Trusts and highlights appropriate material for them to use with local stakeholders.

The [National TB Action Plan](#) identified workforce training as a priority in objective 5.2: *Improve education, training and peer support for the TB workforce through clinical and nursing networks, TB networks, educational programmes, and multidisciplinary team working*. UKHSA will work with NHSE to support them in providing training for staff in Trusts who may only infrequently see cases of TB to reduce diagnostic and treatment delays.

The UKHSA TB unit has developed and delivered a series of webinars on TB disease which are available on demand to all healthcare professionals. A new webinar has already been planned for February 2024 on ways of raising awareness in healthcare workers.

The UKHSA TB unit has also contributed to the development of the Royal College of Nursing competency framework for TB nurses, which is due to be published in 2024.

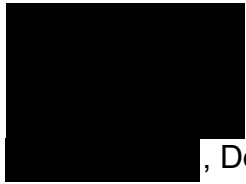
UKHSA also works with the UK Joint Tuberculosis committee and British Thoracic Society to improve access to, and to support the delivery of, training about TB for medical professionals.

NHSE produces the [National Infection Prevention and Control manual \(NIPCM\)](#) including a section on precautions for managing individuals with TB. UKHSA has provided TB subject matter expertise into the production of this manual which was last updated in October 2023. UKHSA will discuss the coroner's report with NHSE and ask that reference to the Green Book chapter on TB is highlighted in the NIPCM.

Thank you for bringing these matters to our attention. UKHSA will continue to work with the healthcare system to do everything possible to mitigate the risk of a future death.

Yours sincerely





[Redacted], Deputy Director, TB, Acute Respiratory Infections, Zoonotic and Emerging Infections and Travel Health Division, UKHSA

