

Tuberculosis is an infectious disease that usually affects the lungs (pulmonary TB). The most common symptoms include a cough for three weeks or longer, feeling tired or exhausted, unexplained weight loss, fever and night sweats. Although TB can be fatal if left untreated, it is treatable and curable for the majority with a course of antibiotics.

Why is this important?



To minimise the chance of long-term ill health, onward transmission and development of drug-resistant TB.

What is the local context?



Torbay has a low but increasing rate with 19 new reported cases in 3 years (2022-24).

What should we do?

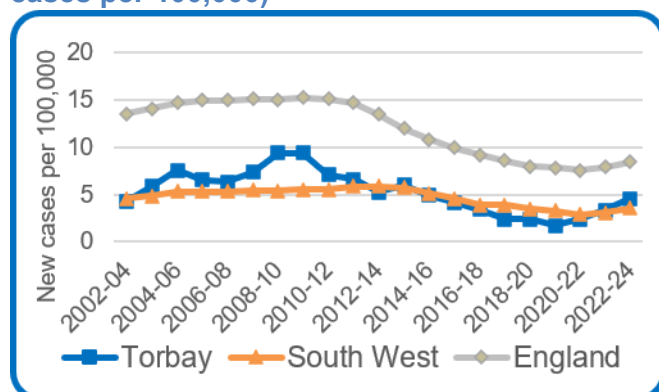


Raise awareness and encourage anyone who has possible TB to get diagnosed and treated as soon as possible, especially among communities where the risks are higher.

TB incidence (3 year average) is defined as the three year average incidence (crude rate) per 100,000 population. The numerator is the number of new active TB cases (TB disease) notified to the UKHSA Enhanced Tuberculosis Surveillance system (ETS) over the 3 years. The denominator is the sum of the mid-year population estimates for the same 3 years.

In Torbay, the 2022-24 count was 19 cases, a rate of 4.5 per 100,000 (with rate confidence intervals 2.8 to 6.9 per 100,000) (Fig1).

Fig 1: TB Incidence (3 year average), new cases per 100,000



Source: [OHID Fingertips](#)

The South West rate was 3.5 per 100,000. Devon had 46 cases – 1.8 per 100,000; Plymouth had 44 cases – 5.4 per 100,000; Bristol 9.0 per 100,000 and Swindon 9.4 per 100,000. Less than 10 per 100,000 is classified as low prevalence.

Torbay's rate has risen since its lowest rate of 1.7 per 100,000 during 2019-21. England's has risen

from 7.6 per 100,000 during 2020-22, the lowest levels for at least 55 years.

Demographics and risk factors at South West region level

The "[South West of England: tuberculosis in 2024](#)" report has details at South West level.

In 2024, 246 people were notified with a new tuberculosis diagnosis in South West England, equating to a notification rate of 4.2 per 100,000 population, a 16% increase on 2023, but still significantly lower than the England rate of 9.4 per 100,000 population. All South West upper tier local authorities were low TB incidence areas. The 2023 and 2024 increases take the South West away from the World Health Organization (WHO) 'End TB 2035' goal of a 90% reduction in the incidence of TB from 2015. Plymouth's rate increased to 8.5 per 100,000 in 2024.

Across the South West, 59% of cases were male, 75% were non-UK-born (e.g. India, Nepal, Nigeria, Zimbabwe, Pakistan, Romania), and 43% of those entered the UK in the previous 2 years ("new entrants"). People, especially from these communities, should be aware of the symptoms and make sure they visit their GP if they are concerned. For individuals who were not born in the UK, the most recorded ethnic groups were Indian, Black African and Asian-Other. Among all people with TB in South West England, South Asian was the most recorded ethnic group (32%, 77 out of 240), followed by White (29.0%, 71 cases). 6 cases had no ethnicity recorded.

Notification rates were highest in the most-deprived and second-most-deprived deciles (11.2 and 8.7 per 100,000 population respectively), compared to 4.2 per 100,000 overall (a strong link to deprivation). TB increases health inequalities in already deprived populations, and each infectious case represents a risk of onward transmission. TB incidence in the 2 most deprived deciles is 2 to 3 times higher than in the remaining 80% of the population.

For individuals with pulmonary TB, 19% had 5 or more contacts identified and screened for active or latent TB, lower than 2023's 25% and the target of 50%. 76% of all contacts were screened. Of those, 1.5% had active TB and 9.8% latent TB (1.4% and 20% in children). With latent TB (TB infection), the person is not ill and is not infectious and only a proportion develop symptoms (active TB disease).

18% reported having one or more comorbidity e.g. diabetes (11%), immunosuppression (7%), chronic renal (4%) or liver disease, hepatitis B or hepatitis C.

Tuberculosis is known to disproportionately impact certain populations with social risk factors. 16% reported one or more social risk factors (down from 19% in 2023). These vary significantly by age, sex and place of birth and include current/previous drug misuse (7%), current/previous homelessness (6%), current mental health needs (6%), current alcohol misuse (5%), current/previous imprisonment (4%) or current asylum seeking (3%). Tracing contacts with these social risk factors is particularly important.

66% of people notified with TB had pulmonary disease, of these two-thirds had TB solely in their lungs with the other third having TB spread to other areas outside of their lungs. 57% had a delay in treatment (more than 2 months between symptom onset and initiation of treatment).

HIV infection, when not treated, heightens the risk of developing active tuberculosis. The WHO 'End TB Strategy' calls for universal HIV testing within TB services, with a core target that 100% of individuals diagnosed with new or relapse TB episodes be offered an HIV test. 93% were offered an HIV test.

80% of cases with pulmonary disease had culture-confirmation in line with the European target. TB infection is optimally confirmed by culture which provides full information on drug resistance and transmission

9% (15) had samples exhibiting resistance to at least one first-line drug.

24% cases were part of a cluster (molecularly linked with at least 1 other South West case) down from 31% in 2023.

73% of people with pulmonary TB were notified within 3 days of their diagnosis, up from 68% in 2023 and 58% in 2022.

63% of cases had a treatment delay of at least 2 months. In 2024, the median treatment delay among people notified with pulmonary TB in the South West was 76 days, down from 84 in 2023), but longer than the target of 56 days. 16% of cases required enhanced case management, the same as in 2023.

Treatment for Torbay

In 2024, all 6 culture-confirmed TB notifications had drug susceptibility testing reported for the four first line agents (target 80%). In 2023, all completed a full course of treatment within 12

months. All 7 2024 notifications were offered an HIV test because untreated HIV infection increases the risk of developing active TB disease ([OHID](#)). There is not much other data available at Torbay level due to small numbers being suppressed.

Hospital admissions for Torbay

TB was listed as the primary diagnosis for 23 Torbay resident hospital admissions during the 6 financial years 2020-21 to 2025-26 (21 individual persons). Of those whose ethnicity was recorded, close to two-thirds were White

Mortality data for Torbay

TB was listed as the underlying cause of death for 5 Torbay residents during the 17 years since 2009. All were aged 75 or older. When including sequelae (consequences) of TB, the number remained under 10. All were born in England.

TB Prevention

Prompt contact tracing interrupts chains of transmission and reduces the overall burden of disease. It identifies individuals with undiagnosed active TB or latent TB so they can be treated and allows BCG vaccination of those eligible.

When a pupil and two former pupils at a local secondary school were diagnosed with TB in 2015, approximately 1400 people were screened and about 200 tested positive ([BBC](#)). 10 were treated for active TB, diagnosed in the early stages of disease, the remainder being treated for the latent or dormant TB infection but not having the disease or being infectious.

When someone with active pulmonary (lungs) or laryngeal TB coughs or sneezes, they send droplets into the air that contain TB bacteria and will need to follow hygiene precautions and stay away from work, school or college until their TB treatment team advises it's safe to return.

Further Information

[TB Alert – the UK's national tuberculosis charity](#)

[NICE Guidance: Tuberculosis.](#)

[Tuberculosis immunisation information](#)

[BCG vaccine for tuberculosis \(TB\) - NHS](#)

[Infectious diseases - Torbay Council](#)

[Torquay TB in the 19th century](#)

Data: [OHID](#) Public Health Profiles accessed 08/09/2026. Primary Care Mortality Database, NHS Digital.