



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

RACP Submission:

**NZ Draft Guidelines for Tuberculosis
Control in New Zealand**

August 2018

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the draft Guidelines for Tuberculosis (TB) Control in New Zealand (the Guidelines).

The RACP works across more than 40 medical specialties to educate, innovate, and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients, and the broader community.

The RACP's **key points** are that:

- The RACP generally agrees with the Guidelines, which are in line with our **Make it the Norm** Election Statement.
- The RACP shares the concern that the Ministry of Health has regarding antimicrobial resistance in relation to TB.
- The RACP encourages the addition of the concept of “whanau wellbeing” within the Guidelines.
- The RACP encourages an alternative word to that of “patient”.

RACP Position

The RACP's **Make it the Norm** campaign advocates for health equity by addressing the Social Determinants of Health. We call for policymakers to make health equity the norm to improve health outcomes for the most vulnerable people in our communities. We call for immediate actions including:

- **Making Healthy Housing the norm** by introducing a regulation to mandate a Warrant of Fitness and Health for residential dwellings;
- **Making Good Work the norm**, by promoting the Living Wage to support the health and wellness of employees and their Whānau; and
- **Making Whānau Well-being** the norm by taking a child-centred approach to all legislation, policy, and regulation¹.

Poverty and overcrowding are associated with the spread of TB². Overcrowding increases risks of contracting infectious diseases. Household crowding has a positive association with infectious

¹ The Royal Australasian College of Physicians. Make it the Norm: Equity Through the Social Determinants of Health. August 2017. Available from: <https://www.racp.edu.au/fellows/resources/new-zealand-resources/new-zealand-election-statement-2017>.

² Howie S, Voss L, Baker M, Calder L, Grimwood K, Byrnes C. Tuberculosis in New Zealand, 1992-2001: A resurgence. Archives of Disease in Childhood 2005 [Internet] 2005 Oct [cited 23 August 2018]; 90. Available from: <https://adc.bmj.com/content/90/11/1157>.

disease transmission, worsening chronic health conditions, and poorer educational outcomes^{3,4,5,6,7}. The RACP sees the Guidelines as a step towards healthier housing and healthier whānau through providing strategies for the effective treatment of TB in New Zealand communities.

RACP Comments on the Guidelines

Specific points regarding the Guidelines

The RACP have included more specific points and feedback regarding the Guidelines (**Appendix**).

Antimicrobial Resistance

Antimicrobial resistance (AMR) is a major concern in global public health, with the potential for major impacts on the health of New Zealand's health system⁸. The World Health Organization (WHO) notes that resistance to TB used the treat TB is a formidable obstacle to effective TB care and prevention globally. The WHO notes that multidrug-resistant TB is multifactorial and fuelled by improper treatment of patients, poor management of supply and quality of drugs, and airborne transmission of bacteria in public places⁹.

The RACP is encouraged to see that the Guidelines address the issue of drug-resistant TB and acknowledge the importance of early detection and the emphasis on the prevention of development of drug resistance during therapy in the management principles. The RACP sees AMR as a multifaceted public health issue. RACP members are concerned about rising rates of resistance to antimicrobials which have the potential to impact the delivery of community and hospital-based patient care¹⁰.

³ Baker MG. Household Crowding: An Avoidable Health Risk. BUILD [Internet] 2007 [cited 23 August 2018]; 98:36-37. Available from: <https://www.buildmagazine.org.nz/assets/PDF/B98-36-HouseholdCrowding.pdf>.

⁴ Amore K. Housing Affordability and Deprivation. PHA Lens: Focussing on Public Health [Internet] 2017 [cited 22 August 2018]; 2(1): 10.

⁵ Howden-Chapman P, Issacs N, Crane N, Chapman R. Housing and Health: The Relationship Between Research and Policy. Environ Health Research 1996 [Internet] 20 Sept 2008 [cited 15 May 2018]; 6(3): 173-185. Available from: <https://www.tandfonline.com/doi/abs/10.1080/09603129609356888>.

⁶ Powell-Hoyland V, Homer C, Cronin de Chavez A, Tod AM, Nelson P, Stocks AJ. Cold snaps – children's health in a cold, damp home: influencing policy and practice. People Place and Policy [Internet] 2016 [cited 24 August 2018]; 10(1): 57-76. Available from: <http://eprints.whiterose.ac.uk/99215/>.

⁷ Baker MG, Telfar-Barnard L, Kvalsvig A, Verrall A, Zhang J, Keall M et al. Increasing incidence of serious infectious diseases and inequalities in New Zealand: a national epidemiological study. Lancet [Internet] 2012 [cited 22 August 2018]; 379: 1112-19. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/22353263>.

⁸ The Royal Australasian College of Physicians. Position Statement on Antimicrobial Resistance in New Zealand. [Internet] Updated August 2016 [cited 22 August 2018]. Available from: <https://www.racp.edu.au/docs/default-source/default-document-library/fr-nz-antimicrobial-resistance-in-nz.pdf?sfvrsn=4>.

⁹ World Health Organization. Treatment of drug-resistant tuberculosis [website]. Geneva. Available from: <http://www.who.int/tb/areas-of-work/drug-resistant-tb/en/>.

¹⁰ The Royal Australasian College of Physicians. Position Statement on Antimicrobial Resistance in New Zealand. [Internet] Updated August 2016 [cited 22 August 2018]. Available from: <https://www.racp.edu.au/docs/default-source/default-document-library/fr-nz-antimicrobial-resistance-in-nz.pdf?sfvrsn=4>.

Te Ao Māori

Importance of Indigeneity

The RACP notes that ethnicity has an impact on the rate of TB in populations. Māori have higher rates of TB in comparison to other groups^{11,12, 13}. However, Māori have a lower notification rate of TB compared to the total New Zealand population for all age groups (5.8 per 100,000 for Māori compared to 6.8 per 100,000 for the total population)¹⁴. The importance of ethnicity in prevalence rates for TB should be reflected in the Guidelines, and the RACP encourages the Writers' Group to add commentary regarding indigeneity as an independent predictor of health outcomes¹⁵.

Whānau-centred care

For many Māori, the well-being of whānau is just as important as the well-being of the individual, perhaps more important¹⁶. This can be seen in the many practises in Te Ao Māori that revolve around the primacy of whānau and communities, including relationships and expectations of reciprocity and kinship structures such as hapū and iwi. Health can be seen as a community rather than individual concept. From a Māori point of view, the well-being of the individual is intertwined with the well-being of the whānau¹⁷. "Whānau" is often described as whakapapa-based relationships of mutual obligation. "Whānau" includes intergenerational relationships and may extend beyond one household, perhaps including friends and others. "Whānau well-being" can be described as a "collective state of well-being that is enmeshed with well-being at the individual level"¹⁸.

In particular, the RACP recommends a process incorporating tino rangatiratanga, or self-determination, into the person using the service's journey. This approach places whānau at the centre of any decision-making about whānau health and well-being and recognises the collective strength and capability of whānau to achieve better health outcomes. An excellent example of whānau centred care is the work that was undertaken by the Whanganui District Health Board in 2015 in working with their regional network and whānau navigators to improve Māori health outcomes. They emphasise bringing all interested parties from nurses to funding managers together and openly sharing information in a community-led initiative¹⁹. The RACP acknowledge that some whānau may not be in the position to support a fellow whānau member through treatment. However, a major purpose of Whānau Ora is to empower whānau to the point where they are able to provide

¹¹ Howie S, Voss L, Baker M, Calder L, Grimwood K, Byrnes C. Tuberculosis in New Zealand, 1992-2001: A resurgence. *Arch Dis Child* [Internet] 21 Oct 2005 [cited 22 August 2018]. Available from: <https://adc.bmj.com/content/90/11/1157>.

¹² Institute of Environmental Science and Research Limited. Tuberculosis in New Zealand 2013. Surveillance Report [Internet] 24 February 2015 [cited 22 August 2018]. Available from: <https://surv.esr.cri.nz/surveillance/AnnualTBReports.php>.

¹³ Tollefson D. Burden of tuberculosis in indigenous peoples globally: a systematic review. *The International Journal of Tuberculosis and Lung Disease: The official journal of the international union against tuberculosis and lung disease* [internet] 2013 [cited 29 August 2018]; 17: 1139-1150. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/23823137>.

¹⁴ Ministry of Health. Infectious Disease. Tuberculosis [Website]. Available from: <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/infectious-disease>.

¹⁵ Bécares L, Cormack C, Harris R. Ethnic density and area deprivation: neighbourhood effects on Māori health and racial discrimination in Aotearoa New Zealand. *Soc Sci Med* [Internet] 2013 [cited 31 August 2018]; 88: 76-82. Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725420/>.

¹⁶ Superu. Social Policy Evaluation and Research Unit. Families and Whānau Status Report 2017.

¹⁷ Durie M, Cooper R, Grennell D, Snively S, Taine N. Whānau Ora: Report on the Taskforce on Whānau-Centred Initiatives. Wellington. Office for the Community and Voluntary Sector. Wellington; 2010.

¹⁸ Kukutai T, Sporle A, Roskrige M. Subjective whānau wellbeing in Te Kupenga. Social Policy Evaluation and Research Unit. Wellington. April 2017. Available from: <http://www.superu.govt.nz/publication/research-summary-subjective-whanau-wellbeing-te-kupenga>.

¹⁹ Ministry of Health. Whānau-centred care in Whanganui. [Internet]. 2015 [updated 16 June 2015]. Available from: <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-case-studies/whanau-centred-care-whanganui>.

such support. The RACP recommends that the Guidelines are revised with a whānau based model of care in mind.

The RACP recommends that a whānau-centred care lens in relation to TB treatment should be included in the Guidelines. Reference to whānau is severely lacking throughout the Guidelines. Under Chapter 4, the section “Methods for monitoring adherence” describes interactions exclusively between a public health nurse and a patient. Similarly, there is an absence of whānau centred care in the approach discussed under the “Case Management” section. In this section there is mention of a doctor, a public health nurse, and the patient. Whānau is not mentioned. “Chapter 5: TB in Children” also does not mention whānau. Whānau involvement in relation to a sick child should be crucial to a child’s treatment. Many children rely on their whānau for the support and funding of their treatment.

Lack of supporting evidence

The Guidelines lack a supporting reference in relation to the statement in the Guidelines that, “demographic variables such as age, gender, and ethnicity, do not predict adherence [to the treatment regimen]”. Other literature appears to state the opposite. For instance, the WHO has published material noting that ethnicity, gender, and age have been related to adherence in certain settings²⁰. The Guidelines should be revised with reference to additional literature on this issue, including highlighting indigeneity as an independent predictor of health outcomes, and noted above.

Use of language

The terminology “patient” and “client” is used interchangeably throughout the Guidelines. Consistent wording should be used throughout the document, unless there is a strong reason as to why not. Consideration should be given to alternative wording to “patient” if the word “client” is not used. The term “patient” conjures the idea of an unequal relationship and passivity, rather than an equal relationship. The words “user of services”, “client”, or “consumer” should be used instead²¹.

Summary

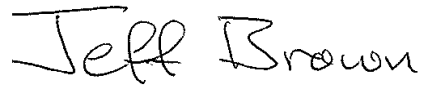
- The RACP generally agrees with the Guidelines and sees them as a positive step towards better and more effective diagnosis, treatment, management, and control of TB. This is in line with the RACP **Make it the Norm** Election Statement.
- The RACP shares the concern that the Ministry of Health has in relation to AMR resistance in relation to TB.
- The RACP encourages the addition of the concept of whānau wellbeing within the Guidelines.
- The RACP encourages an alternative word to that of “patient” which conjures the image of an unequal, as opposed to an equal, relationship.

²⁰ World Health Organization. Adherence to long-term therapies: Evidence for action. [Internet] 2003 [cited 22 August 2018]. Available from: http://www.who.int/chp/knowledge/publications/adherence_report/en/.

²¹ Neuberger J. Do we need a new word for patients? Let’s do away with “patients”. BMJ [Internet]. 1999 Jun 26 [cited 20 August 2018]; 318(7200): 1756-1758. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1116090/>.

The RACP thanks the Ministry of Health for the opportunity to provide feedback on the Draft Guidelines for TB control in New Zealand. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Yours Sincerely

A handwritten signature in black ink that reads "Jeff Brown". The signature is written in a cursive, slightly slanted style.

Dr Jeff Brown
New Zealand President
The Royal Australasian College of Physicians

Appendix: Specific points regarding the Guidelines

Chapter	Specific points regarding the Guidelines	Detail
Chapter 3	Monitoring for hepatotoxicity	“After baseline screening, adults being treated for TB disease who have risk factors for hepatotoxicity, should have complete Liver Function Tests (LFTs) every month and more frequently if clinically indicated”. Members queried if the Guideline could provide more clarity regarding the extensiveness of LFT panel recommended.
	Hypo-adrenalism should be excluded by short synacthen test	This recommendation appears to apply to all cases of TB; but members note the caveat with this recommendation is in effect only when Addison’s disease is suspected. Non-experts in TB would need to be familiar with the remainder of the chapter to be aware of this caveat.
	“full neuroimaging”	Clarification as to whether the Writers Group intends neuroimaging to refer to “entire neuroaxis” or “brain and whole spine” in the Guideline would be beneficial; but note that this would likely be in consultation with a specialist medical practitioner.
	Indications for Type 2 Diabetes	<p>“Severely obese – BMI 30 or greater”. Obesity is defined as body mass index (BMI) 30 or greater; a BMI of 35 or greater indicates morbid obesity; and a BMI of 40 or greater indicates “severe” or “extreme” obesity. Less pejorative language would be beneficial as well, for example Class III obesity to indicate a BMI of 40 or over.</p> <p>Ministry of Health. Understanding excess body weight. Wellington: Ministry of Health; 2015. Available from https://www.health.govt.nz/publication/understanding-excess-body-weight-new-zealand-health-survey.</p> <p>Centres for Disease Control. Defining Adult overweight and obesity. Georgia: Centres for Disease Control; 2016. https://www.cdc.gov/obesity/adult/defining.html</p>
Chapter 5	Tuberculosis in children	There are references in this chapter to the “Australian Society for Infectious Diseases” – this needs to be changed to “Australasian” as the Society includes New Zealand and Australia. Including a reference to the Society in the abbreviation list could be an option for the Writers Group to consider.

	Pyridoxine	Members found that the statements regarding Pyridoxine dosing in this chapter required greater detail around management, despite Isoniazid peripheral neuritis being rare in children.
	Rifamycin	Members noted that the Guidelines do not identify rifamycin's effect on the metabolism of corticosteroids, and support this being reiterated. Edwards OM, Galley JM, Courtenay-Evans RJ, Hunter J, Tait AD. Changes in cortisol metabolism following rifampicin therapy. The Lancet [Internet] 1974; 304(7780):549-51. Available from https://www.ncbi.nlm.nih.gov/pubmed/4140269
Chapter 6	Contact Investigation	Chapter 6 includes a section on the cascade of care and a selection of audit topics; however, it is unclear from the Guideline what standard should be audited against and where the standard is derived from.
Chapter 7	Diagnosis and treatment of latent TB infection	Members identified an issue regarding clarity around the use of terms "active TB", "inactive TB", "latent TB infection (LTBI)", "TB disease" and "TB infection". While clinicians working in infectious diseases will have an understanding of the clear definitions in relation to these terms, there is a risk that health practitioners who do not have specific, specialised infectious diseases knowledge may not follow the precision of these terms. Revisiting or reinforcing the definitions provided on page 20 in the Guideline may be beneficial to ensure all potential users understand the nuances in terminology.
	WHO elimination of LTBI strategy	Members noted that the treatment of LTBI is unlikely to remain restricted to treatment by "specialist medical practitioners", as part of New Zealand's commitment and actions under the WHO's elimination strategy. Alternative wording could be "directed by" or "supervised by" specialist medical practitioners.
	Rifamycin containing regimens	The Guideline states that "Current evidence suggests rifamycin containing regimens are not inferior to isoniazid-based regimens". The RACP supports the Guideline being amended to read "rifamycin containing regimens are non-inferior to isoniazid-based regimens", as there is a specific statistical meaning implied by this phrase.
Chapter 11		The Health and Safety at Work Act 2015 and discussion of this Act earlier in the chapter suggest

	<p>Screening of exposed health care workers</p>	<p>that nobody should be "routinely" exposed without an implication that the employer (or employee) is negligent. Clarity around this issue is important given the potential for legal action, and that the Guidelines as a NZ standard.</p>
		<p>Pre-employment screening in health care workers should include all staff, including subcontractors (for example cleaning staff) (p190). The RACP suggests changing to "agency staff, including subcontractors". Currently this appears to be directed more towards nursing staff rather than all staff with potential patient contact.</p>