TB & Homelessness
Information for homelessness sector staff
Tuberculosis (TB) is an airborne infectious disease that spreads through prolonged contact. TB rates in the UK are on the increase and homeless people are particularly vulnerable to the disease. Not all forms of TB are infectious, only respiratory TB can be passed on from one individual to another.

**Think TB!**

If people with TB are detected early the disease is easier to treat and further spread is limited. Look out for the following symptoms:

- A cough which seems to get worse over a period of two to three weeks
- Persistent fever
- Heavy sweating at night
- Loss of appetite
- Unexplained weight loss
- General & unusual sense of tiredness and being unwell
- Coughing up blood – **seek urgent medical advice**

A person with 3 or more of these symptoms should seek medical advice. Anyone coughing up blood should seek medical attention urgently.
Client presents with 3 or more symptoms

Coughing up blood?

NO

YES

Does the person have a GP?

NO

YES

Is there a specialist health care team for homeless people (e.g. PMS) in your area?

YES

NO

Specialist homeless health care teams

Infection control advisors

TB nurses

Communicable diseases nurses

No

Or

Either

GP

A & E

Local hospital Respiratory / Infectious Disease unit or TB clinic

Chest / Infectious disease clinic nurses
Client advocacy

Vulnerable clients may need support in accessing health services and should, when possible, be accompanied by a member of staff who can speak for and support them. If you cannot go with the client phone ahead to let the relevant service know that they are coming and explain any difficulties the client may have. Make sure you keep a record of all communications with medical staff, as this may be important for any follow-up activity. Staff should work within their organisational data protection and confidentiality policies, and consult a senior manager if questions arise about disclosure without consent based on risk.

Medical staff may need to know:

- The address of the patient's hostel, bed and breakfast hotel or pitch (if sleeping rough).
- The address of day centres he or she visits.
- Details of others who may need to be tested for TB if the person is infectious (usually limited to close contacts).
- The name of his or her GP, outreach worker, hostel or day centre key worker, social worker, or friends - someone through whom contact can be made.
- Information on the medical history of the patient - particularly about medication, treatment or investigation the patient is undergoing.

Supporting treatment

If a client is diagnosed with TB they will be placed on a drug treatment lasting at least 6 months. TB can be completely cured provided that the medication is taken regularly and for the entire course.

Getting clients to take a full course of TB treatment is the most challenging obstacle to TB control.

You may support TB control through:

- Motivating and supporting those who are taking TB treatment to complete the full course. The Department of Health strongly advises that support is provided to TB patients to remind them to take their medication and that they are observed to be swallowing it. This is called Directly Observed Therapy (DOT).
- Supporting clients to keep their follow up appointments.
- Helping to get in touch with people who have been in close contact with an infectious patient.
- Helping the health services to locate people who have stopped attending before their treatment has been completed.
- Support TB screening by reassuring clients and motivating people to get checked.
- Liaising with local TB services to organise screening of high risk groups.
- Contribute to local TB policies and working groups.
Am I at risk?
There is no evidence to suggest that homeless sector workers working with TB patients are more at risk of TB. Nevertheless, awareness of symptoms and treatment regimens are crucial to ensure that TB cases are detected early.

You should be aware of symptoms, treatment and what to do if you suspect that you, a client or other members of staff have TB. If you have not had a BCG vaccination you should consider a vaccination and discuss this with your GP. If you are especially susceptible to infection, for example if you have an illness or have to take medicines that reduce your immunity, then you may need to take further precaution.

Need to know more?
Further information, training materials and contacts are available on:
• Homeless Link : www.homeless.org/tb
• PHE website - www.hpa.org.uk/infections/topics_az/tb/menu.htm
• National Knowledge Service - TB www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Tuberculosis/NationalKnowledgeServiceTB/ResourcesDevelopedByNKSTB/
• NHS Direct - www.nhsdirect.nhs.uk/ or call on 111
• TB Alert - charitable organization: www.tbalert.org

Homeless Link
Gateway House,
Milverton Street,
London SE11 4AP
Tel: 020 7840 4430
www.homeless.org.uk/tb
Find out more

For more information on our work and priorities please visit our website at www.gov.uk/phe.

You can also visit our Facebook page at www.facebook.com/PublicHealthEngland and follow us on Twitter (@PHE_uk).

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