

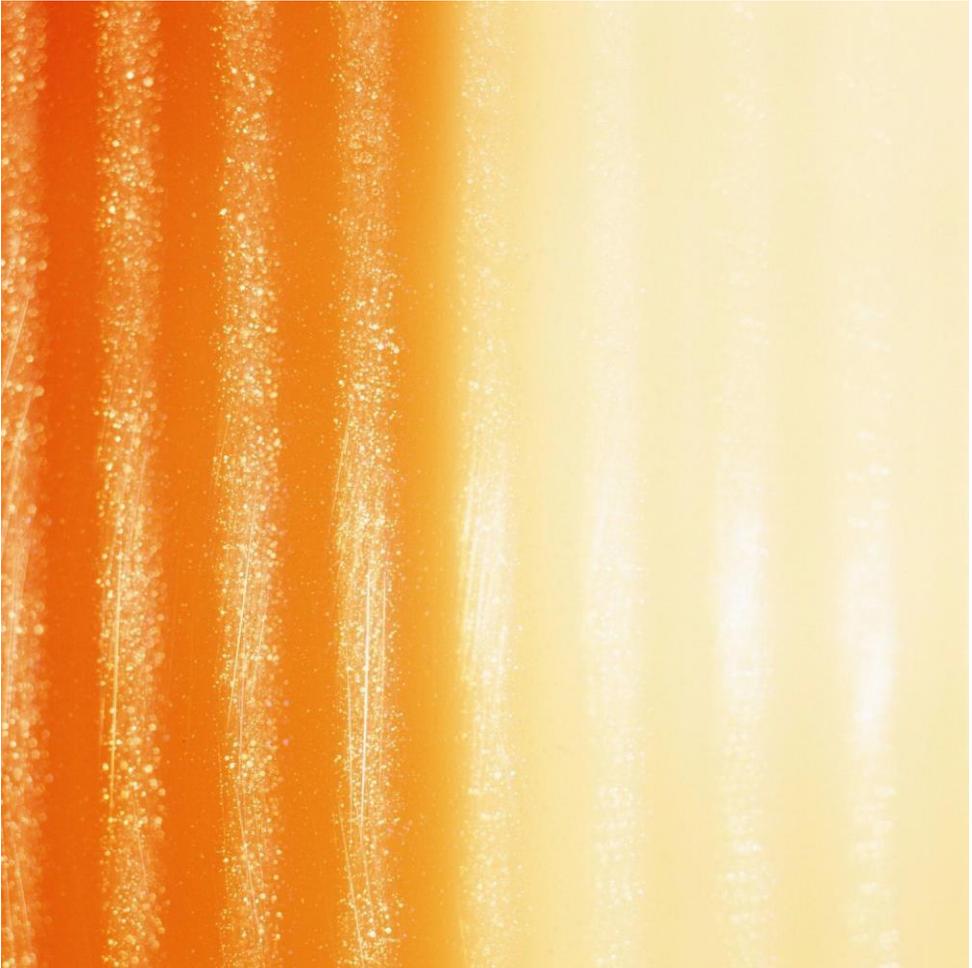


Public Health  
England



# Tuberculosis (TB):

Information for discipline and wing staff



Tuberculosis (TB) is an airborne infectious disease that spreads through prolonged contact. TB rates in the UK are on the increase and vulnerable groups, such as people who are in prisons may be at risk. Not all individuals with TB can infect others, only TB affecting the lungs is infectious.

Late diagnosis, inadequate treatment, overcrowding, poor ventilation and repeated prison transfers of infectious individuals encourages the spread of TB infection. The prison healthcare staff and your local CCDC are there to support and inform you.

### Think TB!

There are many causes of a persistent cough, the most common of which include viral infection and smoking. A persistent cough can also be a sign of drug misuse (or coming off drugs), tuberculosis or other serious health problems. If an individual in your care has a cough which seems to get worse over a period lasting three weeks or more then they should see a prison healthcare worker.

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 3 weeks
- persistent fever
- heavy sweating at night
- loss of appetite
- unexplained weight loss
- general & unusual sense of tiredness and being unwell
- coughing up blood

A person with 3 or more of these symptoms should seek medical advice or be referred to a health worker for assessment for possible TB. Anyone who is coughing up blood requires rapid assessment.

## Client advocacy

For patients diagnosed with TB – medical staff may need to be informed about:

The details of individuals who have been in sustained and close contact with an infectious case as they may need to be tested for TB. This is usually limited to individuals who share a cell /communal area with someone who has TB in their lungs and who is coughing. The local public health experts and prison health staff will carry out a risk assessment about the case and determine who needs to be tested to limit the spread of infection.

The name of the case's medical officer, case worker or similar.

Any case which is identified as having TB will be discussed with local health care officials.

## Supporting treatment

1. TB can almost always be cured provided that the medication is taken regularly and for the entire course.
2. An individual diagnosed with TB will be placed on medical drug treatment lasting at least 6 months.
3. It is essential to supervise individuals to ensure that they take their medication.

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

You may support TB control through:

1. Motivating and supporting those who are taking TB treatment to complete the full course. Individuals in prisons receiving treatment for TB are strongly recommended to have Directly Observed Therapy (DOT)\* where each dose of medication is personally supervised.

2. Supporting those in prisons to keep their follow up appointments.
3. Helping to get in touch with people who have been in close contact with an infectious individual in prison.
4. Liaising with local TB services to organise screening of high-risk groups.

## Medical hold

It is recommended that an individual in prison under investigation for TB, or in the first two weeks of treatment for TB, should not be allowed to go to a different prison until the investigation is completed or they have had two weeks treatment. If patients are required to attend court they should be returned to the same prison – on medical grounds. Ensure that their investigation / treatment for TB is documented with a 'priority return slip' or 'prison escort record form' – when going to court, in case the prison is full and they cannot return to the same prison.

\* DOT should be organised by the prison health staff but could be carried out by any prison staff who are in regular contact

## Reduce risk

1. All persons suspected to have TB should be isolated while being investigated, until diagnosis by the healthcare professionals is completed
2. If individual in prison has been diagnosed with infectious TB then during the first two weeks of treatment the individual will need to be isolated. Isolation of these individuals in a cell is sufficient and there is no need for a negative pressure room.
3. Prison officers accompanying individuals with infectious TB to hospital should ensure that they do not sit close to each other in an enclosed space for a prolonged period of time. The risk of measures such as bed watching in hospital rooms should be discussed with health personnel.
4. In general, masks are not required when you are dealing with the individuals diagnosed with TB. They are necessary only during medical procedures

5. Support TB screening by reassuring clients and motivating people to get checked. In some specialized areas or situations organised X-ray screening of high-risk groups can help ensure early detection of TB. At the moment, screening is not available in all areas.

## Detailed guidance for clinical staff

Further clinical guidance is available from: Prevention of infection and communicable disease control in prisons and places of detention: a manual for healthcare workers and other staff. March 2011. Health Protection Agency and Department of Health: Offender Health <https://www.gov.uk/government/publications/infection-control-in-prisons-and-places-of-detention>

## Am I at risk?

There is no evidence that staff working in a UK prison are more at risk of TB than the general public. Nevertheless, awareness of symptoms and treatment regimens are crucial to ensure that TB cases are detected early.

1. All members of staff should be aware of symptoms, treatment and what to do if they suspect that they, a client or other members of staff have TB. TB awareness should be part of induction processes as well as follow-up health awareness training.
2. Workers who have not had BCG vaccination should consider vaccination and discuss this with their occupational health department.
3. Infections contracted at work are covered by the Control of Substances Hazardous to Health (COSHH) regulations. Failure to carry out risk assessments where there is a risk of infection could result in penalties.

Prison Service staff and others with regular prisoner contact eg probation officers, education and social workers should have pre- and on-employment screening similar to screening offered to healthcare workers with patient contact.

## Need to know more?

This needs to be replaced with:

- National Knowledge Service – TB:  
<https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data#nks-tb-treatment-and-management-advice->
- The Truth About TB website: [www.thetruthabouttb.org](http://www.thetruthabouttb.org), run by the UK's national tuberculosis charity TB Alert.

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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