



Public Health
England



Tuberculosis (TB) and homelessness

Information for homelessness service managers



Tuberculosis (TB) is an airborne infectious disease that spreads through prolonged contact. As the number of people diagnosed with tuberculosis in England continues to decrease, there has been an increase in the number of people with TB who are homeless. Individuals who are homeless are more likely to get the disease compared to the general population. Not all forms of TB are infectious; only respiratory TB can be passed on from one individual to another.

Your role in TB control

Health care staff alone cannot achieve successful TB control. You and your staff have a unique understanding of how to engage with homeless people. This allows you to:

- spot symptoms
- support treatment
- increase TB awareness
- reduce risk
- develop partnership work
- influence policy

Spotting symptoms and referrals

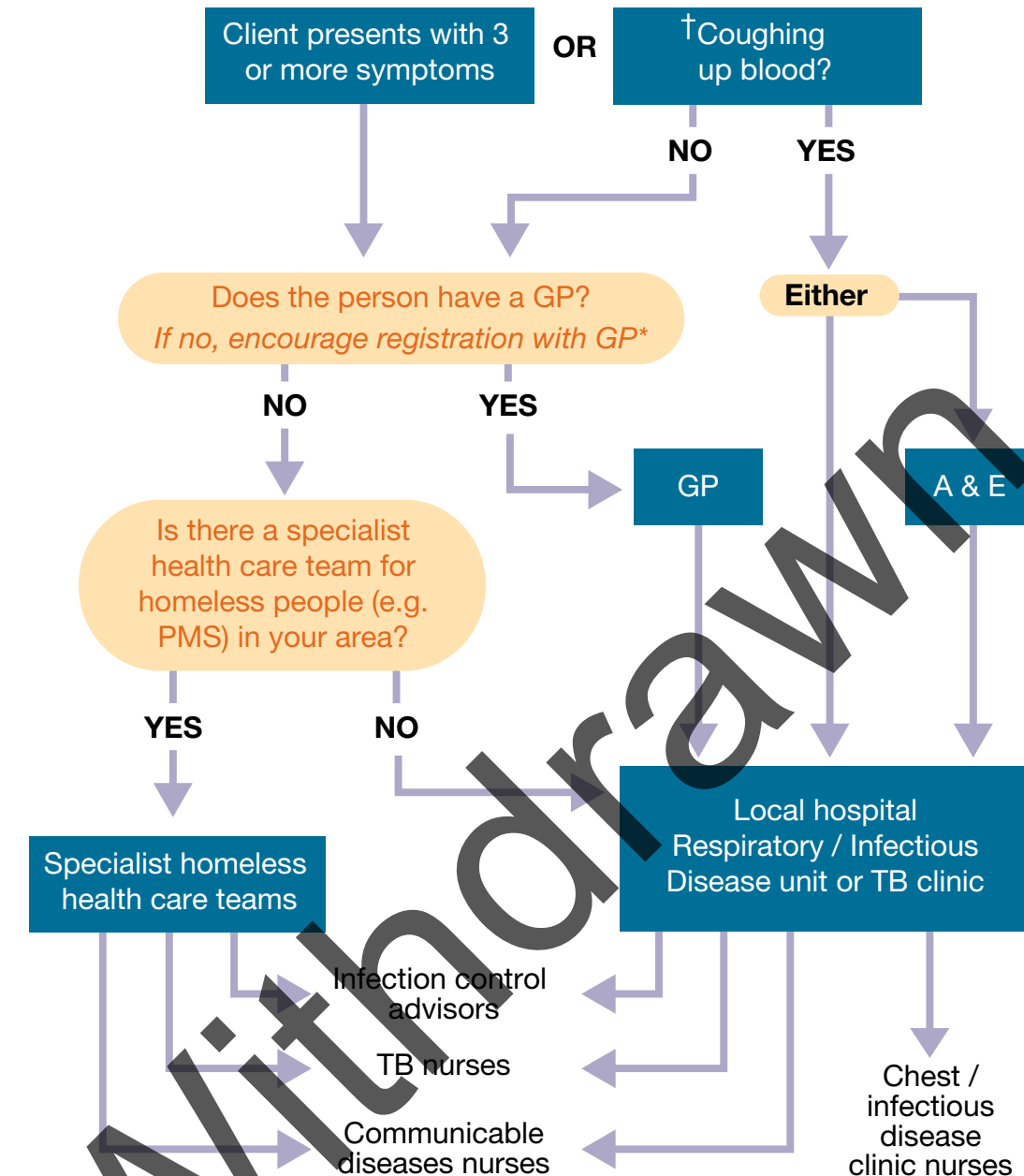
Early detection of TB makes it easier to treat and limits further infection. You and your staff can spot suspected TB cases, make the individual aware and help them make contact with local health providers.

Think TB!

Look out for the following symptoms:

- a cough that persists over a period of 3 weeks
- persistent fever
- heavy sweating at night
- loss of appetite
- unexplained weight loss
- general and unusual sense of tiredness and being unwell
- coughing up blood – seek urgent medical advice

Referral pathway



†Anyone who is coughing up blood requires urgent assessment

*Everyone in England is entitled to free primary care regardless of nationality, immigration status and 'without' proof of address

NHS England: How to register with a doctor for people who are homeless <https://assets.nhs.uk/prod/documents/how-to-register-with-a-gp-homeless.pdf>

Providing assistance

Vulnerable clients may need support in accessing health services and should, where possible, be accompanied by a member of staff who can advocate for them. If you cannot accompany them phone ahead to let the relevant service know that you are sending a client and explain any difficulties the client may have. 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 person's hostel, bed and breakfast hotel or sleep site (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. Make sure you maintain a record of communications with healthcare and social workers. This will help to maintain continuity of treatment and care

Treatment and supporting clients

Treatment

A client diagnosed with active TB will be placed on a drug treatment lasting at least 6 months. TB can almost always be cured provided that the medication is taken regularly and for the entire course. If complete treatment is not taken, then there is a risk of developing drug-resistant TB, which is more difficult to treat. People with drug resistant TB are likely to be infectious for longer periods. Treatment takes much longer and involves drugs with more side effects than standard treatments. If a client is diagnosed with infectious TB (not all TB cases are infectious), the client will usually be admitted to hospital and treated until they are non-infectious. This usually takes 2-3 weeks.

Supporting your client

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

You are well placed to support clients with TB through the care period and support them to take their medication. The Department of Health and Social Care strongly recommends that homeless clients are given **Directly Observed Therapy (DOT)**. Through DOT, clients are reminded to take their medication and are observed swallowing it.

Support follow-up appointments: It is recommended that vulnerable and/or chaotic clients who require support are accompanied to their appointments by a member of staff when possible.

- **incentives for keeping the follow up appointments:** Many areas use incentives for people with TB to attend the TB clinic on a regular basis such as vouchers, cash incentives or free bus passes. It is useful to find out what incentives the local TB clinic offers.

DOT should be organised by the person's care manager (usually a member of the healthcare team) but could be carried out by anyone in regular contact with the client. Medication can be provided for each client in pre-prepared blister packs or dosset boxes. Staff would not be administering medication but supporting the client in completing treatment and reporting any missed doses to the person's care manager.

Reduce risk

- **contact tracing:** TB is an infectious disease that can be passed to people who live together in confined spaces. You may be asked to provide a list of people who have been in close contact with the client. Close contacts will need to be screened for TB by health care workers. This limits the spread of TB to other clients
- **screening:** support TB screening by reassuring clients and motivating people to get checked. Organised X-ray screening of high-risk groups can help ensure early detection of TB. Research has recommended that clients staying in or attending large hostels, day centres and other services for high-risk groups be screened periodically. However, screenings are not available in all areas and are secondary to general TB awareness that ensures that potential cases are spotted early
- **lost to follow up:** helping the health services to locate people who have stopped attending before the treatment has been completed
- **where possible improve accommodation and diet:** reducing overcrowding, improving ventilation and access to natural light all reduce the risk of spreading TB. A healthy diet also reduces vulnerability to TB. High nutritional standards in catering and support for self-catering clients will help reduce risks

Will arrangements have to be made to decontaminate our premises?

Decontamination of facilities or equipment is not necessary if a client has been diagnosed with TB. Hence there is no need for fumigation of rooms or separate kitchen facilities/ crockery/ bed-linen etc.

Am I or my staff at any risk?

There is no evidence to suggest that homeless sector workers working with people with TB are more at risk of TB. Nevertheless, awareness of symptoms and treatment regimens are crucial to ensure that TB cases are detected early.

- 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. Further information on health and safety risk assessments are available on the HSE website www.hse.gov.uk/risk/index.htm
- 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
- workers who have not had a BCG vaccination should consider a vaccination and discuss this with their GP
- any staff who 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 precautions
- any staff who are especially susceptible to infection, for example because they have an illness or take medicines that reduce their immunity, may need to take advice from their GP

Changing policy – working together

Access to permanent, affordable housing will reduce vulnerability to TB, and hence successful advocacy campaigning on these issues can have an impact on TB rates. You may also be well placed to further improve the delivery of TB services to homeless people.

- working in partnership with your local TB services is crucial to the improvement of delivery. Many problems can be solved by community services and TB nurses talking directly to each other. Other problems may require work by the local authority (LA). It may be possible to report these problems to the local Homelessness Forum
- if you identify problems that cannot be dealt with by those immediately involved in caring for the person with TB, you should contact the LA or the Acute Hospital Trust. Alternatively, you can contact the Consultant in Communicable Disease Control (CCDC) who is usually located in the local Health Protection Team
- if you have a larger problem around TB in your service, you can contact the local TB specialist nurse – usually a member of the local NHS team, or CCDC, based at the local public health services. They may be willing to come and advise or give training

Need to know more?

Further information and contacts are available on:

- Homeless Link: <https://www.homeless.org.uk/search/site/tb>
- PHE website: <https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data>
- The Truth About TB website, www.thetruthabouttb.org, run by the UK's national tuberculosis charity TB Alert.
- Outreach service: Find & Treat team at <https://www.uclh.nhs.uk/OurServices/ServiceA-Z/HTD/Pages/MXU.aspx>

For further information and advice please contact your local TB service.

Homeless Link
Minorities House
2-5 Minorities
London EC3N 1BJ
Tel: 0207840 4430
www.homeless.org.uk/tb

About Public Health England

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