

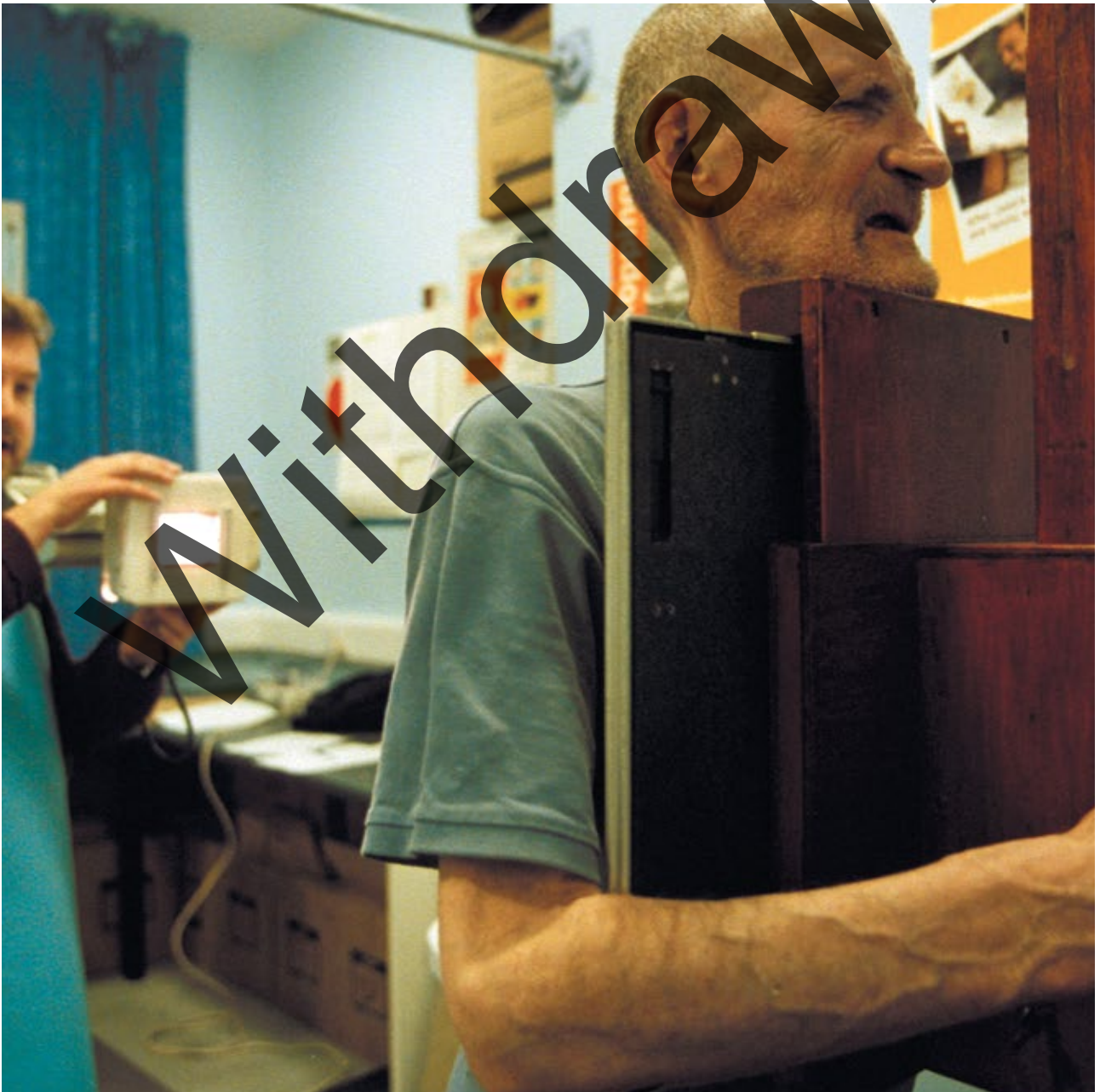


Public Health
England



Tuberculosis (TB) and homelessness

Information for homelessness sector staff



Tuberculosis (TB) is an airborne infectious disease that spreads through prolonged contact. As the number of people diagnosed with TB in England continues to decrease, there has been an increase in the number of people with TB who are homeless. People who are homeless are more likely to get the disease compared to the general population.

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!

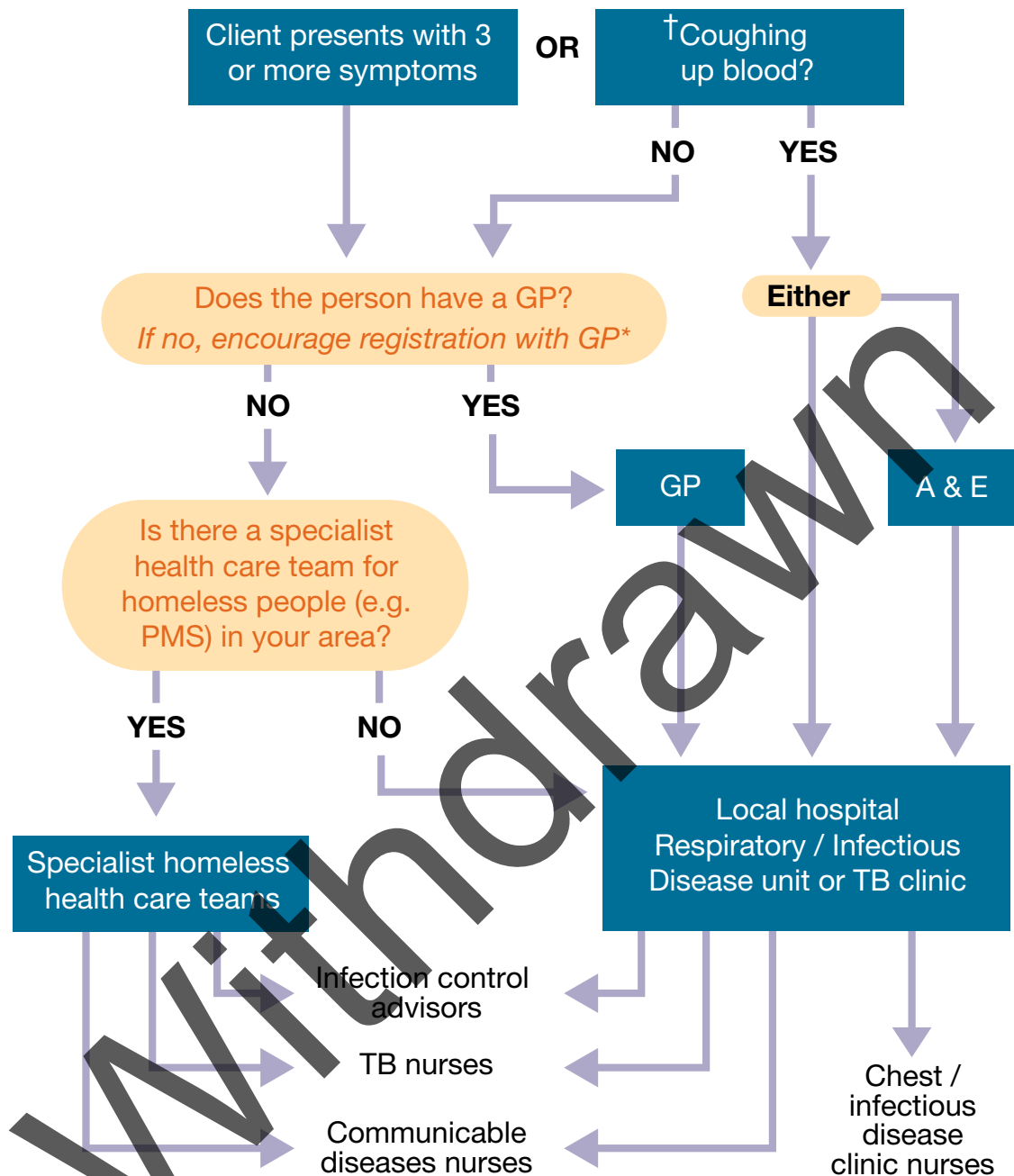
If people with TB are detected early the disease is easier to treat and further spread is limited. Look out for the following symptoms:

- a cough which seems to get worse over a period of 2 to 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

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



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

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 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
- information on the medical history of the person – particularly about medication, treatment or investigation the person 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 and Social Care strongly advises that support is provided to people with TB 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 person with TB
- helping the health services to locate people who have stopped attending before their treatment has been completed
- supporting TB screening by reassuring clients and motivating people to get checked
- liaising with local TB services to organise screening of high risk groups
- contributing to local TB policies and working groups

Am I at 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.

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 precautions.

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

Withdrawn

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, research, 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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