

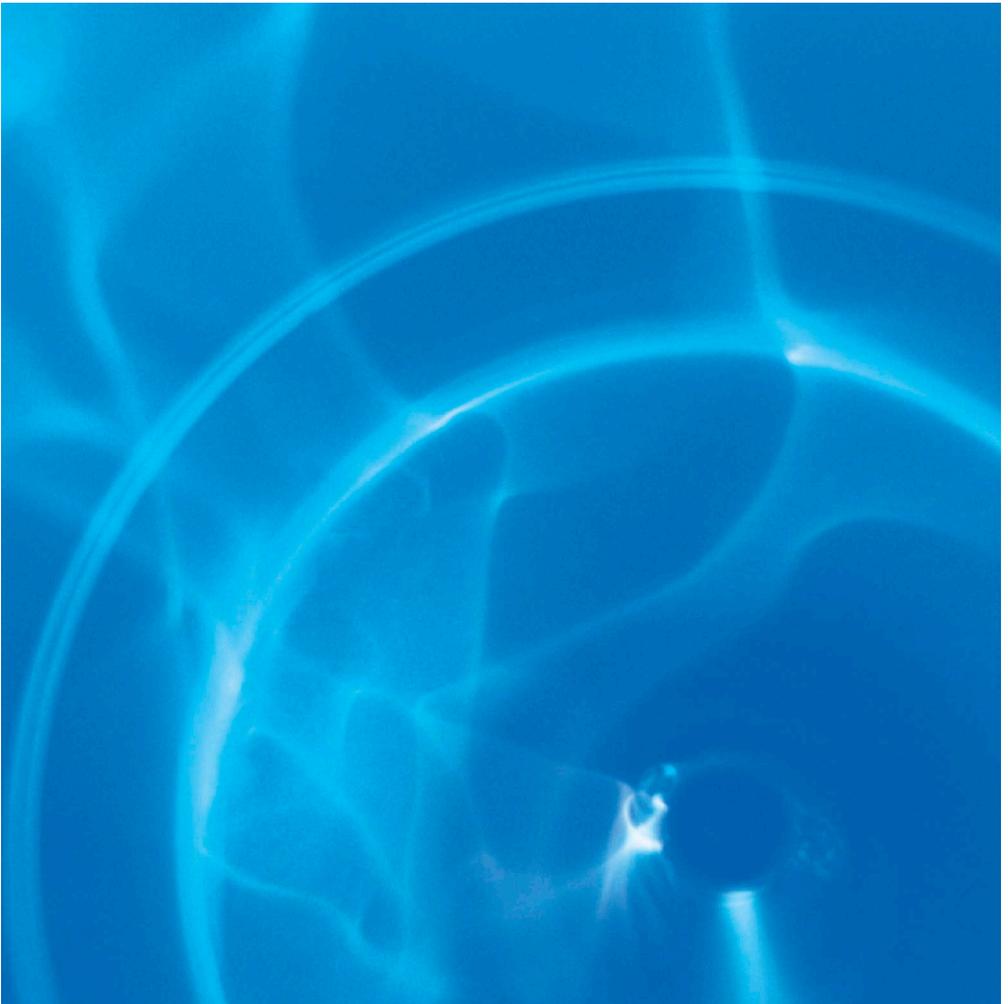


Public Health
England



Tuberculosis (TB):

Information for staff working with people seeking asylum



Tuberculosis (TB) is an airborne infectious disease that spreads through prolonged close contact. TB rates in the UK are increasing and groups such as asylum seekers are vulnerable to the disease. Asylum seekers often have travelled from countries where TB is more common than in the UK.

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 persistent cough over a period of more than three weeks
- Persistent fever
- 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 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, and in particular, if an interpreter is needed. Make sure you keep a record of all communications with medical staff, as this may be important for any follow-up activity.

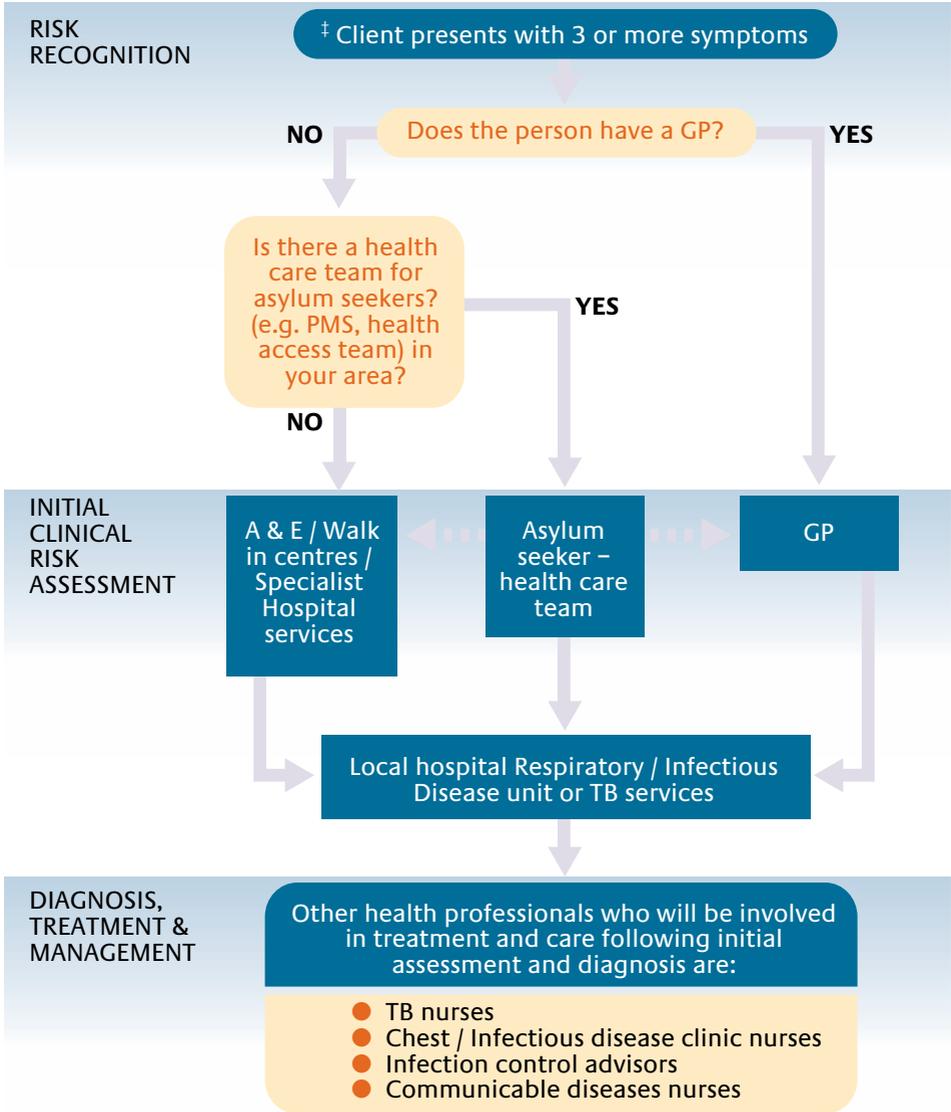
Note that all asylum seekers, regardless of whether their claim has been accepted or not, are entitled to treatment for TB, free of charge.

Am I at risk?

Not enough research has been done to determine whether someone working with clients with TB is more at risk of TB. Nevertheless, awareness of symptoms and treatment regimens are crucial to ensure that TB cases are detected early and spread is limited.

- 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 discuss with their GP whether this would be appropriate for them.

Referral routes



‡ Anyone who is coughing up blood or sputum requires urgent assessment

Medical staff may need to know:

- The address of the patient's accommodation.
- The address of community centres or refugee groups 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, case worker or similar, through whom contact can be made.

Supporting treatment

A client diagnosed with active TB will be placed on 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 also likely to be infectious for longer periods. Treatment takes much longer and involves drugs with more side effects than standard treatments.

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 encourage them to take their medication and sometimes that they are actually 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 to locate people who have been lost to clinical care before completing TB treatment.
- Supporting TB screening by reassuring clients, motivating people to get checked and liaising with local TB services to organise screening of those at risk.
- Contributing to local TB policies and working groups.

Reduce risk – a reminder checklist

- Contact tracing: TB is an infectious disease that can be passed between 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. This limits the spread of TB to other clients.
- Screening: Support TB screening by reassuring clients and motivating people to get checked. Screening of contacts and high risk groups can help ensure early detection of TB. In some places this may be done by x-rays but it is more usually done by a skin or blood test.
- Help to locate people who have been lost to clinical care before completing TB treatment.
- Where possible improve accommodation and diet: Reducing overcrowding and improving ventilation help to 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.
- The known association between HIV and TB means that an HIV test should be offered to all people diagnosed with tuberculosis. This will be discussed with the client by medical services.

Need to know more?

PHE website:

<https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data>

NHS Choices:

<http://www.nhs.uk/conditions/Tuberculosis/Pages/Introduction.aspx>

TB Alert – charitable organization:

www.tbalert.org/

Public Health England
133-155 Waterloo Road
Wellington House
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk

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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