

TUBERCULOSIS

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Tuberculosis or "TB" is a disease caused by a germ called Mycobacterium Tuberculosis. TB usually affects the lungs, but can affect other parts of the body such as the lymph glands, the bones, and on occasion the brain. TB develops slowly in the body and it usually takes several months for symptoms to appear. The initial symptoms are usually fever, night sweats, coughing, weight loss, and blood in your spit. The disease can shorten a person's life and can kill.

TB used to be common in the United Kingdom with over fifty thousand cases a year during the 1940's. Nowadays around five to six thousand people develop TB a year, however the illness is on the increase. Several UNISON members have contracted TB because of their work and one – a social worker – subsequently died.

HOW IS TB PASSED ON?

TB is usually passed on through the air. It can be transmitted from another person who has TB of the lungs. The germ gets into the air when that person coughs, sneezes or spits. TB is more common among those on low incomes, or badly housed and is associated with poor ventilation and dusty rooms.

There is a greater chance of becoming ill with TB if you are exposed to:

- those in very close contact with infectious people,
- children or elderly people,
- people who are HIV positive,
- people on drugs affecting the bodies defence system,
- people on steroids,
- people who are dependant on drugs or alcohol,
- people in overcrowded or poor housing,
- people with chronic poor health, or
- people who have not been vaccinated against TB.

UNISON MEMBERS AT RISK

There are a number of groups of UNISON members who are at greater risk of contracting TB. These include all healthcare workers, and some local government and voluntary sector workers whose work brings them into close contact with the disease. Healthcare workers who care for, or transport infected people, clean their rooms, handle their soiled linen, or handle laboratory specimens from them are at the greatest risk. Local Government workers who could come into close contact with infected clients and children before they have been diagnosed and

had two weeks of treatment are also at great risk. Voluntary sector workers most at risk are those dealing with the homeless or refugees. Any staff who visit poor housing, either to work on the property or to visit clients are at risk.

Clients at increased risk of TB, include: people living in poor housing, the homeless, people with a suppressed immune system including clients with HIV, elderly people in long stay care, young children, and new migrants from Asia, Africa and South Central America where the disease is more common.

Generally patients or clients with confirmed TB are not considered infectious after the first two weeks of treatment, and may then be nursed in an open ward. Standard infection control procedures should must be followed.

THE PREVENTION OF TB

TB can be prevented through vaccination. In the UK, all children are offered TB vaccination (the BCG vaccine) usually at school around twelve or thirteen years of age. The BCG vaccination does not give 100% protection, but it does protect against the more serious forms of the disease.

In addition, TB can be prevented by ensuring that any close contacts of anyone who develops TB are seen promptly by the medical authorities. If TB is detected early then treatment can be undertaken to prevent the disease from developing. Preventative therapy is available for people who have no clinical evidence of active TB, but who have been in close contact with a person with TB.

Treatment of all people with TB is important, not only because TB is curable, but also to prevent the disease from being passed on. People with infectious TB disease in their lungs can pass the germ to other people until two weeks after they begin medical treatment.

In addition, it is extremely important that the full course of treatment is completed

as failure to comply with the treatment program can lead to the development of drug resistant TB. Multiple drug resistant TB is a major concern in certain hospitals and has led to the death of a number of people.

THE PROTECTION OF STAFF

Staff protection against TB should be based on immunisation and a safe system of work which minimises contact with potential sources of infection. Policy on immunisation and safe systems at work should be based on local risk assessments.

Staff should be offered immunisation even when there is the smallest risk of infection. Staff should be tested for immunity to TB and given the BCG vaccination if they test negative or if their immunity is in doubt. In addition, staff in high risk groups should be offered regular surveillance through Tuberculosis testing. Chest x-rays should only be given following exposure, if assessed as necessary. The use of chest x-rays should be minimised.

Staff who have had even a single contact with infectious TB need to be identified and followed up. Newly appointed staff at potential risk, should be automatically checked and offered immunisation.

DEPARTMENT OF HEALTH IMMUNISATION POLICY

The Department of Health recommends that those at high risk of TB are immunised, including:

veterinary and other staff who handle animal specimens known to be susceptible to Tuberculosis,

staff of old peoples homes, refugee hostels, and hostels for the homeless,

contacts of those known to be suffering from active Pulmonary Tuberculosis, and health service staff who have contact with infected patients or their specimens.

However UNISON branches should ensure that any staff who are likely to be at risk are offered immunisation – not only



those covered by the Department of Health policy.

EMPLOYERS DUTIES

All infections that can be contracted by staff through their work are covered by the Control of Substances Hazardous to Health (COSHH) Regulations. This includes the risk of TB. Any incidents of staff contracting TB through work must be reported to the Health and Safety Executive by the employer under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR).

COSHH requires employers to:

- carry out risk assessments,
- put in place preventative measures,
- provide health checks for staff,
- provide staff with information and training, and
- keep risk assessments up to date.

Too often employers do not carry out COSHH risk assessments for substances other than chemicals. However a growing number of employers are being fined for failures to carry out proper risk assessments where there is a risk of infection by a virus or bacteria.

Even where COSHH assessments covering TB have been carried out, these should be reviewed in areas where there has been an increase in TB recently.

FURTHER INFORMATION

The Government has produced a number of guidance documents on Tuberculosis. These are all available on the website of the Public Health Laboratory Service. This website also includes simple briefings on TB. The website can be found at <http://www.phls.co.uk> Then go to “disease facts”, and click on “Tuberculosis”.

