

## CONTROL OF TUBERCULOSIS

### 1.0 National Guidelines

The Scottish Office Department of Health issued detailed guidelines on “The Control of TB in Scotland” to Education Authorities in November 1998.

Although there were only 509 notifications of TB in Scotland in 1996, the downward trend of recent years has halted. In addition, the proportion of cases in Scotland which exhibit resistance to drugs, although small, is increasing.

Tuberculosis has been declared a global emergency by the World Health Organisation, reflecting rapidly rising reporting rates in certain non-European countries, particularly in Africa, Asia and South America. These world wide changes have implications for Scotland. Residents from high prevalence areas moving to Scotland may develop TB during their stay, eg. foreign students; in addition, UK nationals returning from high prevalence areas are at increased risk.

For these reasons, the Scottish Office has issued revised guidelines on the prevention and control of TB. If appropriately implemented, they will make a significant contribution to what remains as a serious threat to public health.

### 2.0 Definitions:

“*Pulmonary tuberculosis*” – involves the lung or tracheobronchial tree.

For contact tracing purposes, pulmonary tuberculosis is divided into:

- smear positive, where microbacteria can be seen on direct staining of a sample.
- smear negative, where no bacteria can be found on several samples but there may be other evidence of tuberculosis.

“*non-pulmonary tuberculosis*” – affecting any part of the body apart from the lung

“*contact*” – a person who has been in association with an infected person or animal or contaminated environment

“*notification*” – both respiratory and non-respiratory TB are statutory notifiable, requiring doctors to notify the health authorities for the area

### 3.0 Screening and Vaccination

BCG vaccinations are routinely offered to all school children between 10 and 13 years old. This is the normal age for screening and vaccination.

If BCG screening reveals a child index case who is smear negative, further action within the school is not normally required. If the index is smear positive, all children in the same class(es) will be screened for close contacts.

If further cases are identified, teaching and other staff should be screened.

If an index case is a teacher, children in the relevant teaching group, or pupils with prolonged contact with the teacher, and staff considered to be close, contacts should be screened.

#### **4.0 Occupational risk**

Where there is a known occupational risk, as in teaching, the **Control of Substances Hazardous to Health Regulations 1994 (COSHH)** require potential occupational exposures to be assessed and controlled, and where necessary the introduction of health surveillance for exposed workers.

There is also a duty on employers to provide information and training to their staff to reduce the risk.

If an employee contracts TB as a result of his or her occupation, then the employer has a duty to report this under the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)**.

All workers at occupational risk should be advised of the importance of reporting symptoms suggestive of TB eg. a persistent cough lasting for more than 3 weeks, persistent fever or weight loss to their own GP.

The screening of employees who will be in contact with children is particularly important because of the potentially serious consequences of childhood TB.

All candidates for teaching posts are expected to sign a declaration of health on taking up an appointment.

Other persons who may be at occupational risk of contracting tuberculosis include:

- teaching assistants
- students in schools
- volunteer helpers

#### **5.0 Further action**

These notes have been provided to bring relevant sections of the Scottish Office guidelines on the Control of Tuberculosis to the attention of Head Teachers and other managers in Education, Communities and Economy.

Where appropriate, they should be drawn to the attention of staff, parents volunteer helpers and others who may be in regular contact with the school.