TB Pathway Bradford and Airdale

TB Service and Substance Misuse Service Integrated Care Plan

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What is TB?

A serious infection caused by an airborne bacterium:

- **Active TB**: TB bacteria are dividing and damaging organs.
  - **Pulmonary TB**: TB in the lungs or throat – infectious until treated.
  - **Non-pulmonary TB/Extra-pulmonary TB**: TB in a part of the body other than the lungs or throat – not infectious.
- **Latent TB:** TB that is being kept under control by the immune system – not infectious.

Transmission

- People get TB if they breathe in TB bacteria: 8 hours or more of exposure usually needed.

- Bacteria are spread after someone with infectious TB coughs or sneezes.

- TB is not spread through spitting, shared surfaces, or sharing cups or cutlery.

How TB works?

60% of healthy adults completely kill off TB bacteria.

30% of people's immune systems control the infection in a latent state.

Only 10% of people become ill straight away.

10% of latent cases, just 3% of all cases, develop into active illness.

Risk factors for TB

- **Spending time with someone with infectious TB**
- Living where TB is more common: cities
- Links to a country where TB is common
- Poor and overcrowded living conditions
- History of prison
- Low immunity

High-risk groups

- BME communities, particularly Black African and South Asian
- People living with HIV
- Homeless people
- People dependent on drugs or alcohol

TB and chaotic lifestyles

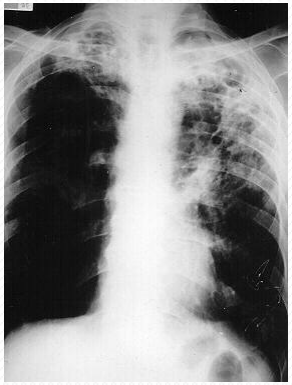
- Rough sleeping, poor diet, alcohol and drugs compromise the immune system
- Homeless people and/or drug and alcohol mis-users are more likely to live or socialise in crowded, poorly ventilated and dark conditions that help TB bacteria to spread
- Homeless people and/or drug and alcohol mis-users are more likely to be around people who have TB but don’t know it – so they don’t know they are passing it on

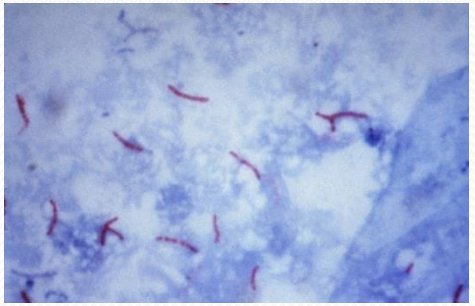
TB and HIV

- Worldwide, TB is the leading opportunistic infection in people living with HIV (PLHIV)
- 6.7% of TB cases in the UK occur in conjunction with HIV
- Immuno-compromised PLHIV are more likely to develop TB if:
  - They are newly exposed to TB bacteria - they are less able to fight this off
  - They have latent TB in their body – this can reactivate
- Restoration of the immune system with ART reduces TB risk

Diagnosis

- TB skin test (Mantoux)
- Blood test
- Chest x-ray
- Microscopy: sputum or tissue from biopsy
- Culture test: sputum or tissue from biopsy





Treatment

- Antibiotics are used to treat TB
- Treatment is free
- Treatment lasts at least six months
- Treat early: to avoid onward transmission and complications
- Ensure treatment completed: to kill all bacteria and prevent drug resistance

Drug resistance

Drug-resistant TB cannot be treated with the most common drugs used to treat TB.

- **Acquired drug resistance**: if treatment stopped early or not taken regularly, resistant bacteria grow and symptoms return.

- **Primary drug resistance**: drug resistant TB can be passed to others by someone with infectious TB.

Directly Observed Treatment

Directly Observed Treatment (DOT) is a way of supporting people to complete their treatment.

- Regular visits to hospital or pharmacist to get TB treatment, or home visits by a TB nurse.
- Ensures medication is taken correctly and any concerns addressed.
- Recommended for patients with drug resistant TB or with chaotic lifestyles.

BCG vaccine

(Bacille Calmette-Guérin)

- Not 100% protection: 80% effective for 15 years
- Limited effectiveness in people over 35 years old
- Recommended by DH for:
  - Babies living in high TB areas (40/100k), or who have a parent /grandparent born in a high incidence country
  - Health and social care workers; hostel, prison and lab staff

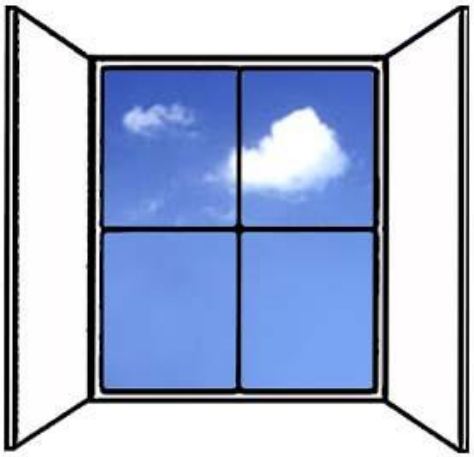
Early diagnosis and case finding

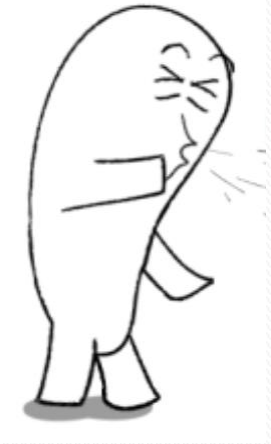
- Early diagnosis and treatment prevents infectious TB from being passed on

- TB case finding helps identify people with TB, this includes:
  - Contact tracing: screening a TB patients' everyday contacts
  - Outreach work: such as London's *Find and Treat* mobile x-ray

Infection control

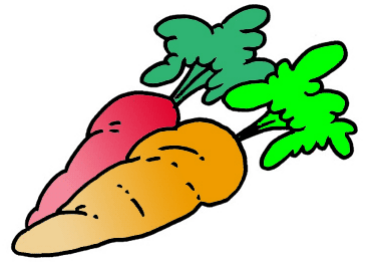
- Ventilation: fresh air disperses bacteria
- Natural light: UV helps kill TB bacteria
- Hygiene: Cover mouth and nose when coughing or sneezing
- Limit contact with someone with infectious TB

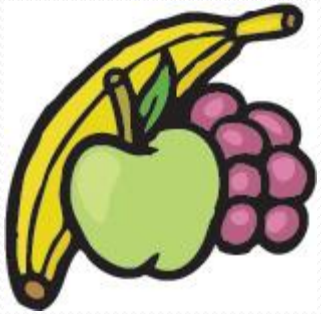




Immunity

A healthy immune system is the best form of prevention against TB.



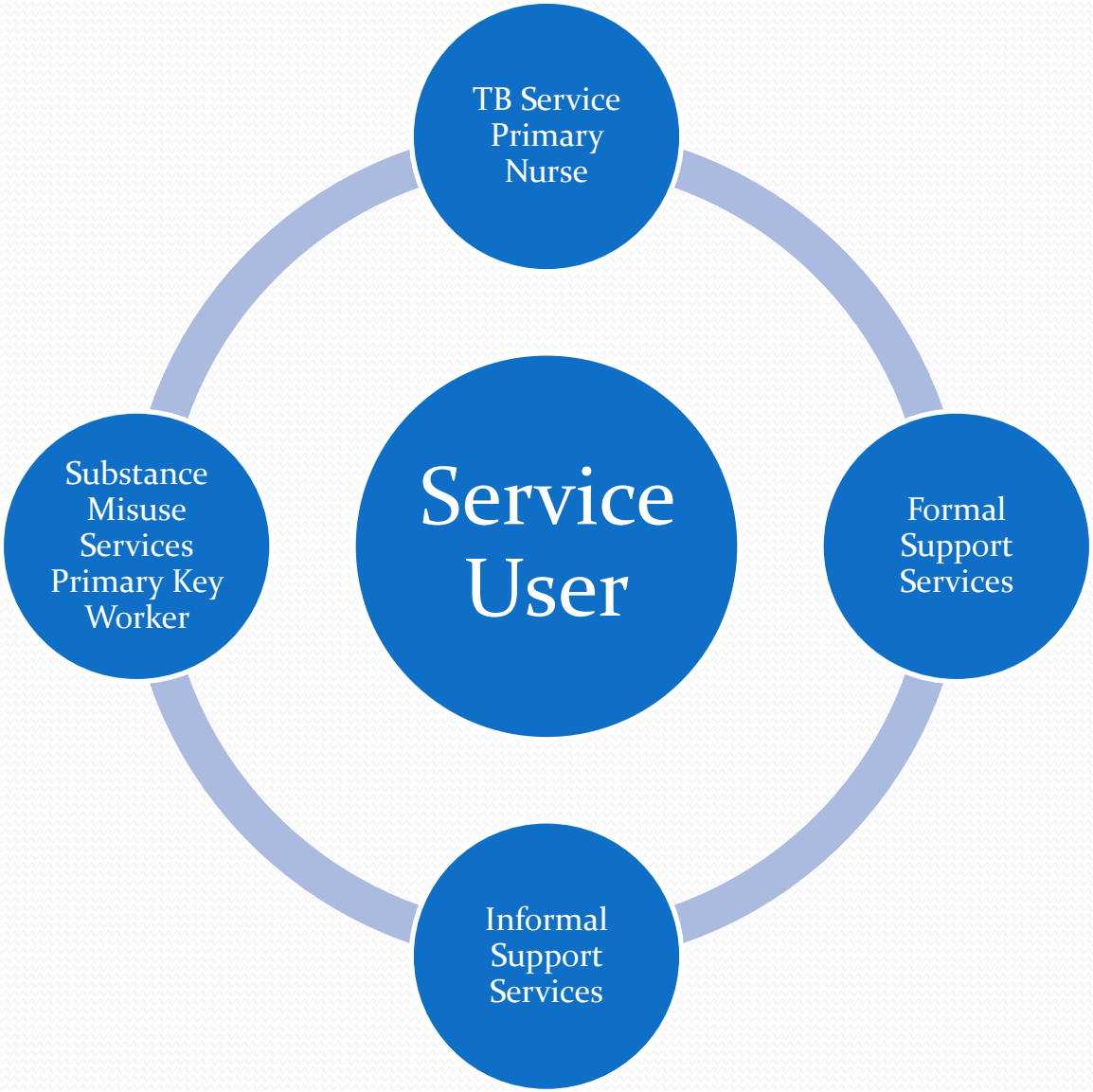


Purpose of Integrated Care Pathway

The purpose of an integrated care plan for TB positive service users is to ensure that treatment interventions for TB and substance misuse are fully aligned and that outcomes are optimised.

In practical terms this will mean:

Service providers will engage with each other, the service user their wider formal and informal support networks to create and agree a single integrated care plan with consent to share established with the service user.


TB Service Primary Nurse
Substance Misuse Services Primary Key Worker
Service User
Formal Support Services
Informal Support Services

Integrated Care Plan

- Documented with the relevant service records
- Reviewed at 6 weekly intervals (or more frequently)
- TB treatment plan and key contact details
- Substance misuse treatment plan and key contact details – this will make specific reference to:

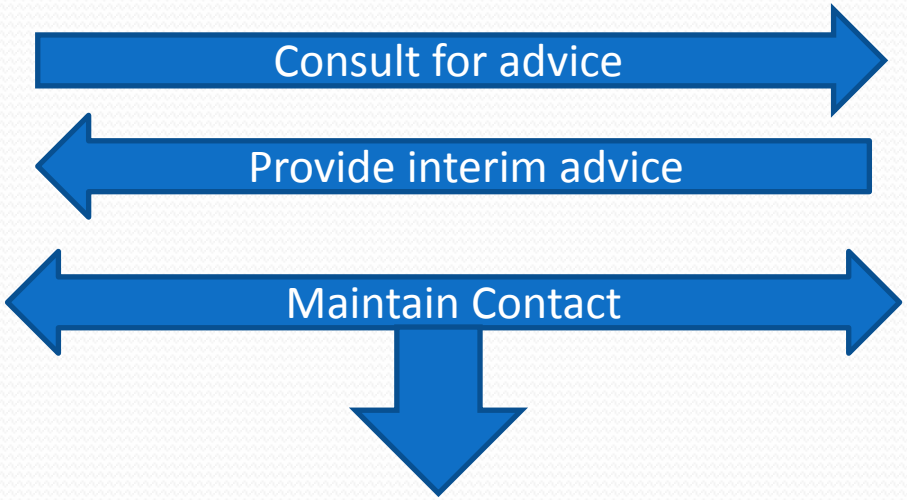
a. Retention in treatment
b. Treatement stability
c. Accommodation stability
d. Frequency of appointments
e. Integration of pharmacy medication protocols where relevant

Integrated Care Plan - continued

- The wider support networks and key contact details (formal and informal)
- How access and retention for TB treatment and medication compliance will be supported and by whom
- The agreed contingency planning for and response to non attendance with any provider with specific reference to an agreed list of supportive contacts and addresses that can be contacted/method of contact in all situations of non attendance.

Care Pathway

SMS Provider
Client
Suspected TB



St Lukes
Hospital TB
Service
01274365101

Confirmed Cases:

✓Agree date and time for case meeting within 5 working days of diagnosis

✓Align to case meeting to substance misuse Treatment appointment to ensure service user attendance

✓Inform onsite clinical support team where relevant

Case Meeting Outcome

Integrated care plan established to include all of the following

- ✓All named contacts agreed and shared and consents signed
- ✓TB treatment plan discussed shared
- ✓Substance Misuse treatment plan discussed shared
- ✓Pharmacy integration agreed (where service user is on Opiate Substitute Therapy)
- ✓Contingency planning / DNA management plan agreed
- ✓Practical supports agreed to assure retention
- ✓Agree 1st review date
- ✓Copy of plan provided to Service user
- ✓Integrated care plan recording requirements

Review Cycle
6 weekly or earlier as needed

SystmOne/ IT system (treatment provider)

IT system (TB provider)