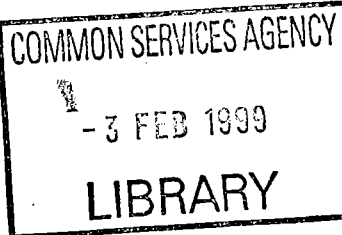




# THE SCOTTISH OFFICE

Department of Health



NHS  
MEL(1999)8

NHS Management Executive  
St. Andrew's House  
Edinburgh EH1 3DG

2<sup>nd</sup> February 1999

Dear Colleague

## UK GUIDANCE ON THE PREVENTION AND CONTROL OF HIV-RELATED TUBERCULOSIS AND DRUG-RESISTANT, INCLUDING MULTIPLE DRUG-RESISTANT TUBERCULOSIS

### Summary

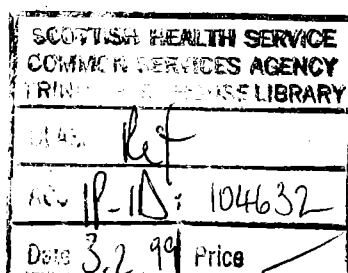
1. This letter draws attention to the attached UK guidelines on the prevention and control of HIV-related tuberculosis and drug-resistant, including multiple drug-resistant tuberculosis. The recently issued general guidelines on the Control of Tuberculosis in Scotland indicated that more detailed guidance would be provided on these aspects of the prevention and control of tuberculosis and these guidelines should therefore be regarded as complementary to the main guidelines. These guidelines were prepared by a specialist sub-group of the UK Interdepartmental Working Group on Tuberculosis (IDWGTB).

### Action

2. **Health Board General Managers and Trust Chief Executives** are asked to ensure that these guidelines are brought to the attention of all appropriate managers and staff.
3. **Medical Directors, NHS Trusts** are asked to distribute copies of these guidelines to Infectious Disease Physicians, Respiratory Physicians, and Microbiologists.
4. **Executive Nurse Directors, NHS Trusts** are asked to distribute copies of these guidelines to Infection Control Nurses and to nurses responsible for contact tracing
5. The guidelines are available on the Department of Health Website ([http:// www.open.gov.uk/doh/coinh.htm](http://www.open.gov.uk/doh/coinh.htm)).

Yours sincerely

**DAVID R STEEL**  
Head of Health Gain



### Addressees

#### For action:

General Managers, Health Boards  
Chief Executives, NHS Trusts  
Medical Directors, NHS Trusts  
Executive Nurse Directors, NHS Trusts

#### For information:

Directors of Public Health/CAMOs  
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General Manager, State Hospitals  
Board for Scotland  
General Manager, CSA  
Chief Executive, HEBS  
Director, SCIEH  
Executive Director, SCPMDE  
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## Background information

1. The attached guidelines provide detailed guidance on two areas of growing concern, drug-resistant tuberculosis and tuberculosis as it affects people with HIV, two subjects which are separate issues but involve similar considerations.
2. The guidelines were prepared by a specialist sub-group of UK Interdepartmental Working Group on Tuberculosis (IDWGTB). The IDWGTB was set up in 1994 with the remit "to set the latest British Thoracic Society (BTS) Code of Practice for the prevention and control of tuberculosis in the United Kingdom in the wider public health policy context and to consider, and where necessary set up, mechanisms for the above". The IDWGTB has been a major source of advice on tuberculosis in recent years. The guidelines draw on expert knowledge of tuberculosis control and HIV infection and reflect advice from consultation with relevant organisations.
3. Health Boards should ensure local arrangements are in place to prevent the spread of tuberculosis to HIV-infected individuals and from patients with drug resistant tuberculosis in line with these guidelines. This should include an accurate assessment for each hospital or health care facility of the risk for potential transmission of tuberculosis in all patient care areas.

## HIV-related tuberculosis

4. HIV-infection is a risk factor for tuberculosis. The guidelines set out the epidemiology of HIV-related tuberculosis and give detailed advice on how it is best managed. Careful infection control is especially important because of the increased risk of tuberculosis spreading in HIV settings. In developing countries tuberculosis has become the most common co-infection in people with HIV.

## Drug-resistant tuberculosis

5. Prevention of the emergence of drug-resistant tuberculosis is one of the aims of national policy. Drug-resistant is more difficult to treat than drug sensitive tuberculosis and treatment takes longer and is more often associated with side effects. Multiple drug-resistant tuberculosis is particularly difficult to treat and carries a higher death rate. The guidelines set out the epidemiology of drug-resistant tuberculosis and provide advice on how it is identified, how it is best managed and how opportunity for spread can be minimised.

## Key points

6. The guidelines provide specific advice addressed at minimising those factors that have previously been reported as having contributed to the transmission of infection and the development of drug-resistant tuberculosis:

- delay in considering the diagnosis of tuberculosis;
- delay in confirming the diagnosis;
- delay in considering and establishing drug-resistance;
- delay in starting treatment;
- treatment with inappropriate drugs (and dosages);

- default from treatment;
- lapses in isolation (e.g. inappropriate accommodation, inadequate or incorrect ventilation of isolation rooms);
- performance of aerosol-generating procedures on a patient with (sometimes unsuspected) pulmonary tuberculosis in an open ward containing immunocompromised patients.

#### **Associated documentation**

General guidelines on tuberculosis control and detailed guidance on the drug treatment of tuberculosis have been published separately:

The Control of Tuberculosis in Scotland. The Scottish Office Department of Health, 1998.

Joint Tuberculosis Committee of the British Thoracic Society. Control and prevention of tuberculosis in the United Kingdom: Code of Practice 1994. *Thorax* 1994; **49**: 1193-1200.

Joint Tuberculosis Committee of the British Thoracic Society. Chemotherapy and management of tuberculosis in the United Kingdom: Recommendations 1998. *Thorax* 1998; **53**: 536-548.

