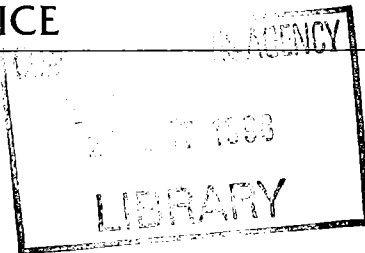




# THE SCOTTISH OFFICE

Department of Health



NHS  
MEL(1998)67

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

23rd October 1998

Dear Colleague

## THE CONTROL OF TUBERCULOSIS IN SCOTLAND

### Summary

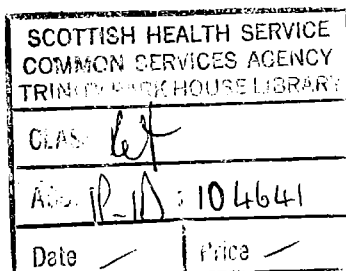
1. This letter draws attention to the attached guidelines on the control of tuberculosis in Scotland, which update and replace existing guidance, taking account of recent expert professional recommendations. Implementation by all who are responsible for the prevention, surveillance, diagnosis and management of tuberculosis will ensure that these guidelines play a major part in the response to a disease which remains a serious threat to the public health.

### 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. Health Board General Managers are also asked to bring these guidelines to the attention of the School Medical Service, and relevant sections to the attention of Managers of Health Board registered Nursing Homes in their area
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 Scottish Office Website ([http:// www.scotland.gov.uk](http://www.scotland.gov.uk)) under latest publications.

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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Health Board Directors of Nursing  
General Manager, State Hospitals Board for Scotland  
General Manager, CSA  
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Director, SCIEH  
Executive Director, SCPMDE  
Chief Executives, Local Authorities  
Royal Medical Colleges  
Deans of Medical Schools  
Academic Heads of Depts of Nursing  
Royal College of Nursing, Scottish Board  
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## Background information

1. This document provides revised Scottish guidelines on the control of tuberculosis, encompassing prevention, surveillance, diagnosis and management, with a view to encouraging best practice by public health physicians, clinicians, laboratories, contact tracers and other relevant agencies. The guidelines bring together the various current expert professional guidelines on tuberculosis, and seek to ensure a consistency of approach to what remains a serious threat to the public health. The guidelines provide information about the current epidemiology of tuberculosis, nationally and internationally; consider special groups e.g. children, HIV-positive persons, the homeless, immigrants and those at occupational risk of exposure; and include reference to education, training, audit and research.
2. A major source of advice on tuberculosis in recent years has been the UK Interdepartmental Working Group on Tuberculosis (IDWGTB), 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". In June 1996 the IDWGTB published two reports containing recommendations for the prevention and control of tuberculosis at local level and in homeless people. The Scottish guidelines incorporate the recommendations of the IDWGTB and of the BTS and reflect the differences in epidemiology, and in practical and organisational arrangements, between Scotland and the rest of the UK.
3. Some countries are considering target dates for the eradication of indigenous tuberculosis; these guidelines represent the first step in this direction in Scotland.
4. Scotland, unlike some countries, has not experienced a recent increase in annual numbers of cases of tuberculosis, but the downward trend of recent years has halted. In addition, the proportion of cases in Scotland which exhibit multi-drug resistance, although small, is increasing. We must therefore guard against any degree of complacency and ensure that all aspects of the control and management of tuberculosis conform to the highest standards.
5. The guidelines stress the importance of effective surveillance and set out plans for the Enhanced Surveillance of Mycobacterial Infections (ESMI) scheme (section B, para 3.4) which will give a clearer picture and provide opportunities for rational and co-ordinated control of tuberculosis in Scotland.
6. Resource implications should not be significant since many of the guidelines endorses what should be current good practice for relevant professional groups. In section C, para 9.2, the document indicates that patients with multi-drug resistant tuberculosis (MDRTB) should be treated only in hospitals with adequate specified isolation facilities. Such cases are at present very rare and there is not a need for such facilities in every Health Board area. Arrangements should be in place, however, whereby smaller Boards have access to appropriate isolation facilities for MDRTB patients when necessary.
7. Health Boards are advised that any additional costs incurred in consequence of implementing the guidelines should be met from existing allocations.