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Tuberculosis and prisons

The issue

Tuberculosis (TB) is common in many prisons¹ in the WHO European Region, and especially in eastern European countries. Prisoners often come from the most vulnerable sectors of society – the poor, the mentally ill, those dependent on alcohol or drugs – and are therefore at increased risk of diseases, including TB. In prisons, the risk of TB is heightened by poor living conditions and overcrowding. The medical services are usually inferior to those for the general population, resulting in poor treatment and the development of multidrug-resistant TB (MDR-TB), which spreads to fellow prisoners and staff. Contracting TB should not be part of a prisoner's sentence, especially since contracting MDR-TB can amount to a death sentence in many countries.

Prisoners may be detained long enough to develop TB but not long enough to be effectively treated (even if good treatment is available). Many prisoners do not continue their anti-TB treatment after release from prison, consequently spreading the disease in the wider community. Prisons can be TB reservoirs in a country, since people enter, leave and re-enter prisons.

The situation does not have to be like this. TB can be effectively prevented and treated in prisons, if the Stop TB Strategy is implemented as outlined in a recent European status paper.²

The facts

- There are 32 000 TB patients in prisons in Europe, according to the most recent estimates; 30 000 of them are in eastern Europe.
- More than 18 000 new TB cases were registered in prisons and reported to the WHO Regional Office for Europe in 2004. Of these, 17 800 were registered in prisons in eastern Europe, representing 10% of the total number of new TB cases reported annually by those countries.
- There were reported to be 763 000 prisoners in the Russian Federation in January 2005, giving a rate of 532 prisoners per 100 000 population, the second highest in the world after the United States of America. Belarus, Kazakhstan, Kyrgyzstan, Turkmenistan and Ukraine are also among the top ten countries in the world as regards the rate of prisoners per population.
- The TB-incidence rate in prisons can be more than 30 times higher than that outside prisons, mortality due to TB can be 5 times higher and the prevalence of MDR-TB 10 times higher.

¹ The term "prisons" is used here to cover all institutions where people are incarcerated, including pre-trial and post-trial prisons, police stations, remand centres, detention centres for asylum seekers, secure hospitals, penal colonies and prisoner-of-war camps.

² Status paper on prisons and tuberculosis. Copenhagen, WHO Regional Office for Europe, 2007 (<http://www.euro.who.int/document/e89906.pdf>, accessed 19 July 2007).

- In western Europe, a larger proportion of prisoners are foreign-born, many from Africa and Asia where the prevalence of tuberculosis is very high. Many are not entitled to remain in the country.

The policy considerations

The same minimum standards of health care, including for TB control, should be applied in prisons and outside. The Stop TB Strategy should be widely and fully implemented in the prison system. This includes making sure that there are sufficient qualified staff, screening and sputum smear microscopy of an ensured quality, drug-resistance testing of an ensured quality, adequate treatment under supervision with drugs of an ensured quality, and interventions addressing MDR-TB and HIV-related TB. HIV testing should be offered and antiretroviral treatment provided when indicated.

The minimum standards for living conditions in prisons set by the United Nations and the Council of Europe should be met. The transmission of infectious diseases such as TB can be significantly reduced by reducing overcrowding and improving aspects such as ventilation and nutrition. Penal reform is fundamental in controlling TB in prisons.

TB services should be closely coordinated within the prison system and between the relevant ministry and the Ministry of Health in each country. This is necessary to ensure referral of prisoners released while still on treatment, as well as recording and reporting, and provision of the necessary supplies. Prisoners' families and nongovernmental organizations should be fully involved as important resources. Better information should be given to staff, prisoners and relatives, emphasizing that TB is a curable disease.

Funding for health care and TB control in prisons is inadequate. Political commitment and additional funding are needed to ensure TB control in both prisons and the civil sector.

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