



UK Health
Security
Agency

Public Health Implications: New Screening Templates for TB

Webinar: Implementation of changes to TB screening templates in secure settings Webinar

25th November 2025

Dr Anjana Roy
Consultant in Public Health – UKHSA H&J Team

Management of tuberculosis in secure settings in England - GOV.UK – Structure of Guidance

Landing pages

Guidance

Management of tuberculosis in secure settings in England

Guidance for custodial and healthcare teams in secure settings, NHS tuberculosis (TB) services and UK Health Security Agency (UKHSA) health protection teams.

From: UK Health Security Agency
Published: 1 May 2013
Last updated: 9 October 2025 – [See all updates](#)

[Get emails about this page](#)

Applies to England

Related content

Collection

Tuberculosis (TB) diagnosis, screening, management and data

Public health in prisons and secure settings

Documents

[Management of tuberculosis in secure settings in England](#)

HTML

[Summary of recommendations](#)

HTML

[Appendix 1: List of contributors](#)

HTML

[Appendix 2: Supplementary evidence](#)

HTML

Management of tuberculosis in secure settings in England

Guidance main text

Home > Health and social care > Public health > Health protection > Health surveillance and reporting programmes

> Management of tuberculosis in secure settings in England

Guidance

Management of tuberculosis in secure settings in England

Updated: 9 October 2025

Applies to England

Contents

1. Outline and purpose of guidance
2. What has changed
3. Who this guidance is for
4. What this guidance covers
5. Background
6. Roles and responsibilities
7. Testing or screening of people arriving in secure settings for TB disease
8. Residents with symptoms compatible with TB disease on arrival at a secure site or develop during their stay
9. Directly observed treatment (DOT)
10. Incident or outbreak management
11. Infection prevention and control
12. Occupational health provision for staff
13. Continuity of care following release, transfer, removal or deportation
14. Improving the awareness and knowledge of TB in secure settings
15. Latent TB testing
16. References

[Print this page](#)

1. Outline and purpose of guidance

This guidance is intended to support the collaborative approach to prevention, diagnosis and management of tuberculosis (TB) in secure settings.

This guidance is evidence based and developed through expert opinion agreed by a multi-agency group established within the Health and Justice Transform NHS England (NHSE) Clinical Reference Group, chaired by the UK Health Security Agency (UKHSA), and including partners from His Majesty's Prison and Probation Service (HMPPS), NHSE, Home Office, NHS TB services, NHS-commissioned providers of secure setting healthcare services, and people with lived experience of imprisonment. See full list of contributors in [Appendix 1](#).

This guidance covers multiple settings which are listed in the section [Who this guidance is for](#) below. These settings will collectively be referred to as 'secure settings'. Those who are resident in these settings, including prisoners in prisons and detained individuals in immigration removal centres (IRCs), will be collectively known as 'residents'. Those who are responsible for non-healthcare actions within these secure settings are referred to as 'governor' in prisons, 'centre managers' or 'director' in IRCs, and 'manager' in Approved Premises; these terms may be used interchangeably.

2. What has changed

The previous version of this guidance was in 2 parts:

- a) Management of TB in prisons for prison healthcare teams (published in 2013)
- b) Guidance for health protection teams (HPTs) on responding to TB incidents and outbreaks in prisons and other places of detention (published in 2014).

Section 7: Main Content page of guidance

7. Testing or screening of people arriving in secure settings for TB disease

Chest X-rays (CXRs) are highly sensitive (87% to 98%) for pulmonary TB disease, meaning they would correctly identify a positive case 87 to 98% of the time. [NICE guidance](#) recommends that, if the facilities are available in the secure setting, digital CXR should be undertaken for all new arrivals within 48 hours, if they have not had a CXR in the past 6 months [6]. Most secure settings do not currently have these facilities available. In the absence of radiography, reception verbal screening for TB symptoms currently remains the mainstay of TB screening in secure sites. This is an insensitive tool to identify TB disease but may help identify some individuals with symptoms compatible with active disease who may require further testing.

In this guidance, a new, 2-stage TB verbal screening questionnaire (with recall, if required) is introduced. This approach supersedes the previous single initial screening at reception on the day of arrival, in an effort to enhance detection. (For this section, 'secure settings' excludes APs which are considered separately in [Section 7.3](#).)

Table 1. TB verbal screening on arrival – summary

	Reception screening	Secondary screen	Recall appointment (if required)
When	Day 0 (within 24 hours)	Day 2 to 7 (within a week of arrival)	3 weeks after reception or secondary screen
Questions asked	Symptom screen for TB. History of current or previous TB treatment	Repeat symptom screen for TB. Full history of previous TB diagnosis and treatment	Repeat symptom screen for TB

Appendix 5: Reception screening algorithm and outcomes

Appendix 5: Reception screening algorithm and outcomes

1. Do you have a cough lasting more than 2 weeks?

- Yes**
 - Do you also have any of the following:**
 - Coughing up blood
 - Fevers
 - Night sweats
 - Unexplained weight loss
 - Yes** (to any of the above): **High risk of infectious TB considered HIGH.** Initiate respiratory isolation immediately. Alert HPT and TB team within 24 hours. Arrange morning sputum sample to be sent for AFB, culture and POC TB test. Urgent GP review within 48 hours.
 - No** (to any of the above): **At risk of infectious TB considered MEDIUM.** Repeat symptom review at secondary screen. Urgent GP review within 1 week. Consider other diagnosis.
- No**
 - Do you have any of the following:**
 - Coughing up blood
 - Fevers
 - Night sweats
 - Unexplained weight loss
 - Yes** (to any of the above): **High risk of infectious TB considered HIGH.** Initiate respiratory isolation immediately. Alert HPT and TB team within 24 hours. Arrange morning sputum sample to be sent for AFB, culture and POC TB test. Urgent GP review within 48 hours.
 - No** (to any of the above): **At risk of infectious TB considered MEDIUM.** Repeat symptom review at secondary screen. Urgent GP review within 1 week. Consider other diagnosis.

2. Are you currently or have you ever taken any TB medications?

- Yes**
 - Currently taking TB medications:** **Risk of infectious TB considered LOW.** Advise to continue TB treatment.
 - Previous TB medications but treatment was interrupted:** **Risk of infectious TB considered MEDIUM.** Repeat symptom review at secondary screen. Urgent GP review within 1 week. Consider other diagnosis.
 - Previous TB medications, treatment was completed:** **Risk of infectious TB considered LOW.** Advise to continue TB treatment.
- No**
 - Never taken any TB treatment:** **Risk of infectious TB considered MEDIUM.** Repeat symptom review at secondary screen. Urgent GP review within 1 week. Consider other diagnosis.

Reception screening templates changes

Strengthened Screening in Prisons

- Two-stage verbal TB screening (replaces single reception) screening in the prisons; Reception Screening and Secondary Screening

Table 1: TB verbal screening on arrival – summary

	Reception screening	Secondary screen	Recall appointment
When	Day 0 (within 24 hours)	Day 2 to 7 (within a week of arrival)	3 weeks after reception or secondary screen
Question	Symptom screen for TB. History of current or previous TB treatment	Repeat symptom screen for TB. Full history of previous TB diagnosis and treatment	Repeat symptom screen for TB

The image shows two screenshots of a digital form titled 'Tuberculosis Screening' and 'Tuberculosis Treatment, Screening Outcomes and Follow-up Actions'. The first screenshot shows the 'Tuberculosis Screening' section with a list of dates and events on the left, and a series of questions on the right regarding symptoms like cough, blood in sputum, night sweats, fever, and weight loss. The second screenshot shows the 'Tuberculosis Treatment, Screening Outcomes and Follow-up Actions' section, which includes questions about current TB treatment, previous TB treatment, and follow-up actions like sputum examination and chest X-ray requests.

- Immigration Removal Centers: Will have a two-stage verbal TB screening process
- Short-Term Holding Facilities: Will use only reception screening
- Effective from the 17th November 2025

For TB Verbal Screening On Arrival

Page 1 Reception Screening

Tuberculosis Screening

Tuberculosis Screening Outcomes

Tuberculosis Screening

Record any relevant information using the additional option (pencil icon)

Tuberculosis Screening

08 Sep 2025

Travel abroad (XM12b)

06 Oct 2025

Loss of appetite (XM07Y)

16 Oct 2025

Referral to GP (B462.)

21 Oct 2025

Tuberculosis screening (6831.)

Notes

TB Screening completed - Medium risk of infectious TB

21 Oct 2025

At risk of tuberculosis (Y4856)

06 Nov 2025

Standard chest X-ray requested (5351.)

Do you have a cough lasting longer than 3 weeks?

Persistent cough

☐

Do you have any of the following symptoms:

Blood in sputum - haemoptysis

☐

Night sweats

☐

Fever symptoms

☐

Unexplained weight loss

☐

No tuberculosis symptom

☐

THINK TB! Especially if the patient has reported any social risk factors for TB? e.g. experiencing homelessness, current/previous drug misuse, previous incarceration or is born in a country of high or medium TB prevalence.

If you are concerned the patient may have infectious TB, please follow UKHSA guidance, arrange isolation and follow-up actions (see next page).

Managing TB in prisons

Tuberculosis incidents by country

Previous Page

Page 2

Tuberculosis Screening

Tuberculosis Screening Outcomes

Tuberculosis Treatment, Screening Outcomes and Follow-up Actions

Record any relevant information using the additional option (pencil icon)

Current TB Treatment

Are you currently taking TB treatment?

If the patient is currently taking treatment for TB, please use the questions below to structure your discussions with them. If they are not currently taking treatment for TB please leave the box blank.

What treatments are they currently taking?

When did they start?

When are they due to finish?

Was this treatment completed or interrupted?

Which hospital do they attend for their TB care?

Active tuberculosis

Previous TB Treatment

Have you previously taken TB treatment?

If the patient is previously taken treatment for TB, please use the questions below to structure your discussions with them. If they have never had treatment for TB please leave the box blank.

Which hospital did you attend for your TB care?

How long did this treatment last?

Was this treatment completed or interrupted?

[V] Personal history of tuberculosis

Screening Outcomes

Please follow UKHSA National TB Guidance in Secure Settings:

Reception Screening Algorithm

Testing or screening on arrival in Secure Estate

Suspected tuberculosis

☐

At risk of TB without Symptoms

☐

At risk of tuberculosis

☐

*Tuberculosis screening

☐

If uncertain or reporting symptoms for <three weeks then consider creating a Recall for repeat symptom check as per local protocols.

New Recall

Follow-up Actions

*Sputum examination

☐

*Standard chest X-ray requested

☐

*Referral to GP

☐

*Referral to tuberculosis screening service

☐

*Infection isolation NOS

☐

Alert Health Protection Team and TB team within 24 hours

Previous Page

Next Page

Page 1 Secondary Screening

Tuberculosis Screening

Tuberculosis Screening and Outcomes

Tuberculosis Screening

Remember to include any relevant information using the additional option (pencil icon)

Tuberculosis Screening

08 Sep 2025

Travel abroad (XM12b)

06 Oct 2025

Loss of appetite (XM07Y)

16 Oct 2025

Referral to GP (B462.)

21 Oct 2025

Tuberculosis screening (6831.)

Notes

TB Screening completed - Medium risk of infectious TB

21 Oct 2025

At risk of tuberculosis (Y4856)

06 Nov 2025

Standard chest X-ray requested (5351.)

Do you have a cough lasting longer than 3 weeks?

Persistent cough

☐

Do you have any of the following symptoms:

Blood in sputum - haemoptysis

☐

Night sweats

☐

Fever symptoms

☐

Unexplained weight loss

☐

No tuberculosis symptom

☐

THINK TB! Especially if the patient has reported any social risk factors for TB? e.g. experiencing homelessness, current/previous drug misuse, previous incarceration or is born in a country of high or medium TB incidence.

If you are concerned the patient may have infectious TB, please follow UKHSA guidance, arrange isolation and follow-up actions (see next page).

Managing TB in prisons

Tuberculosis incidents by country

Previous Page

Page 2

Tuberculosis Screening

Tuberculosis Screening and Outcomes

Tuberculosis Screening and Outcomes

Record any relevant information using the additional option (pencil icon)

Screening Questions

Is the patient born in a high (>150 per 100k) or medium (>40 per 100k) prevalence country for TB?

Use the 'Tuberculosis profile by country' link, select the country from the drop-down list at the top of the page, select the 'Data Tables' tab and use 'Total TB incidence' and find the 'Rate per 100 000 population'

Tuberculosis profile by country

If born in high or medium risk for TB please tick the following box:

Country of origin high risk for tuberculosis

☐

Have they spent more than six months visiting or living in a high or medium incidence country for TB?

☐

Travel abroad

☐

Have you been in contact with someone with TB and which is the most recent year this contact took place?

Date of [V]Contact with or exposure to tuberculosis

Screening Outcomes

Please follow UKHSA National TB Guidance in Secure Settings:

Reception Screening Algorithm

Testing or screening on arrival in Secure Estate

*Suspected TB identified on this screening

Suspected tuberculosis

☐

At risk of TB without Symptoms

☐

At risk of tuberculosis

☐

If 'Suspected TB' identified on reception screening use the pre-set option in the TB screening text box

*Tuberculosis screening

☐

If uncertain or reporting symptoms for <three weeks then consider creating a Recall for repeat symptom check as per local protocols.

New Recall

Follow-up Actions

*Sputum examination

☐

*Standard chest X-ray requested

☐

*Referral to GP

☐

*Referral to tuberculosis screening service

☐

*Infection isolation NOS

☐

Alert Health Protection Team and TB team within 24 hours

Previous Page

Next Page

4 Public Health implications for the new screening templates for TB

RECEPTION SCREENING – Page 1

THINK TB!

Tuberculosis Screening

Tuberculosis Screening Outcomes

Tuberculosis Screening

Page 21 of 24

Record any relevant information using the additional option (pencil icon)

Tuberculosis Screening

08 Sep 2025

Travel abroad (XM1Zb)

06 Oct 2025

Loss of appetite (XM07Y)

16 Oct 2025

Referral to GP (8H62.)

21 Oct 2025

Tuberculosis screening (6831.)

Notes

TB Screening completed - Medium risk of infectious TB

21 Oct 2025

At risk of tuberculosis (Y4856)

06 Nov 2025

Standard chest X-ray requested (5351.)

Do you have a cough lasting longer than 3 weeks?

Persistent cough

☐

Do you have any of the following symptoms:

Blood in sputum - haemoptysis

☐

Night sweats

☐

Fever symptoms

☐

Unexplained weight loss

☐

No tuberculosis symptom

☐

THINK TB! Especially if the patient has reported any social risk factors for TB? e.g. experiencing homelessness, current/previous drug misuse, previous incarceration or is born in a country of high or medium TB prevalence.

If you are concerned the patient may have infectious TB, please follow UKHSA guidance, arrange isolation and follow-up actions (see next page).

Managing TB in prisons

Tuberculosis incidents by country

Previous Page

Next Page

UK Health Security Agency

Tuberculosis

Could you have TB?

Coughing for 3 weeks or longer

Feeling hot and feverish

Losing weight without trying

Sweating a lot at night

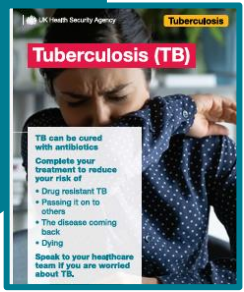
Not feeling hungry

Feeling very tired all the time

Speak to your healthcare team if you notice these signs.

TB can be treated.

Changes at reception screening – Page 2

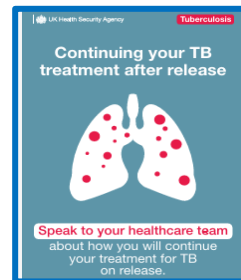


Current Treatment

- Record whether the individual is currently on treatment to ensure continuity of care
- Gather more information on where they are being treated, when they started, and any other details regarding their treatment

Previous TB Treatment / Treatment History

- When and where were they treated for TB
- Information on treatment completion
- Personal history of TB (remains)



Tuberculosis Screening | Tuberculosis Screening Outcomes

Tuberculosis Treatment, Screening Outcomes and Follow-up Actions Page 22 of 24

Record any relevant information using the additional option (pencil icon)

Current TB Treatment

Are you currently taking TB treatment?

If the patient is currently taking treatment for TB, please use the questions below to structure your discussions with them. If they are not currently taking treatment for TB please leave the box blank.

What treatments are they currently taking?
When did they start?
When are they due to finish?
Was this treatment completed or interrupted?
Which hospital do they attend for their TB care?

Active tuberculosis

Previous TB Treatment

Have you previously taken TB treatment?

If the patient is previously taken treatment for TB, please use the questions below to structure your discussions with them. If they have never had treatment for TB please leave the box blank.

Which hospital did you attend for your TB care?
How long did this treatment last?
Was this treatment completed or interrupted?

[V] Personal history of tuberculosis

Screening Outcomes

Please follow UKHSA National TB Guidance in Secure Settings:

- Reception Screening Algorithm
- Testing or screening on arrival in Secure Estate

Suspected tuberculosis

At risk of TB without Symptoms

At risk of tuberculosis

*Tuberculosis screening

If uncertain or reporting symptoms for <three weeks then consider creating a Recall for repeat symptom check as per local protocols.

New Recall

Follow-up Actions

- *Sputum examination
- *Standard chest X-ray requested
- *Referral to GP
- *Referral to tuberculosis screening service
- *Infection isolation NDS

Alert Health Protection Team and TB team within 24 hours

Previous Page Next Page

Screening outcomes

- Suspected TB
- At risk of TB
- Included RECALL in both reception and secondary screen: Uncertain about symptoms

Follow-up Actions

- Sputum examination, simple and confirmatory way to diagnose TB
- Alert HPT within 24 hours

SECONDARY SCREENING – Page 1

THINK TB!

Tuberculosis Screening

Tuberculosis Screening and Outcomes

Tuberculosis Screening

Remember to include any relevant information using the additional option (pencil icon)

Tuberculosis Screening

08 Sep 2025

Travel abroad (XM1Zb)

06 Oct 2025

Loss of appetite (XM07Y)

16 Oct 2025

Referral to GP (8H62.)

21 Oct 2025

Tuberculosis screening (6831.)

Notes

TB Screening completed - Medium risk of infectious TB

21 Oct 2025

At risk of tuberculosis (Y4856)

06 Nov 2025

Standard chest X-ray requested (5351.)

Do you have a cough lasting longer than 3 weeks?

Persistent cough

Do you have any of the following symptoms:

Blood in sputum - haemoptysis

Night sweats

Fever symptoms

Unexplained weight loss

No tuberculosis symptom

THINK TB! Especially if the patient has reported any social risk factors for TB? e.g. experiencing homelessness, current/previous drug misuse, previous incarceration or is born in a country of high or medium TB incidence.

If you are concerned the patient may have infectious TB, please follow UKHSA guidance, arrange isolation and follow-up actions (see next page).

UK Health Security Agency

Tuberculosis

Could you have TB?

Coughing for 3 weeks or longer

Feeling hot and feverish

Losing weight without trying

Sweating a lot at night

Not feeling hungry

Feeling very tired all the time

Speak to your healthcare team if you notice these signs.

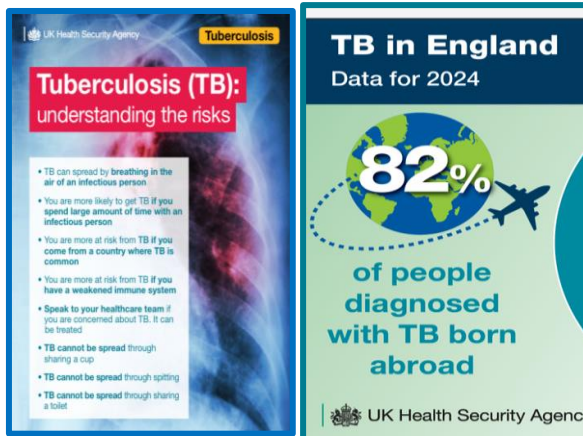
TB can be treated.

7 Public Health implications for the new screening templates for TB

Secondary Screening - Page 2

Screening Questions

- Whether born in a country of high and medium risk as defined by WHO – link provided to the WHO guidance;
- Travel to one of these countries
- Whether they have been in contact with someone with TB



Tuberculosis Screening | Tuberculosis Screening and Outcomes

Page 15 of 19

Record any relevant information using the additional option (pencil icon)

Screening Questions

Is the patient born in a high (>150 per 100k) or medium (>40 per 100k) prevalence country for TB?

Use the 'Tuberculosis profile by country' link, select the country from the drop-down list at the top of the page, select the 'Data Tables' tab and use 'Total TB incidence' and find the 'Rate per 100 000 population'

[Tuberculosis profile by country](#)

If born in high or medium risk for TB please tick the following box:

Country of origin high risk for tuberculosis ☐

Have they spent more than six months visiting or living in a high or medium incidence country for TB? ☐

Travel abroad ☐

Have you been in contact with someone with TB and which is the most recent year this contact took place?

Date of [V]Contact with or exposure to tuberculosis

Screening Outcomes

Please follow UKHSA National TB Guidance in Secure Settings:

- [Reception Screening Algorithm](#)
- [Testing or screening on arrival in Secure Estate](#)

*Suspected TB identified on this screening

Suspected tuberculosis ☐

At risk of TB without Symptoms

At risk of tuberculosis ☐

If 'Suspected TB' identified on reception screening use the pre-set option in the TB screening text box

*Tuberculosis screening

If uncertain or reporting symptoms for <three weeks then consider creating a Recall for repeat symptom check as per local protocols.

New Recall

Follow-up Actions

- *Sputum examination ☐
- *Standard chest X-ray requested ☐
- *Referral to GP ☐
- *Referral to tuberculosis screening service ☐
- *Infection isolation NOS ☐
- Alert Health Protection Team and TB team within 24 hours

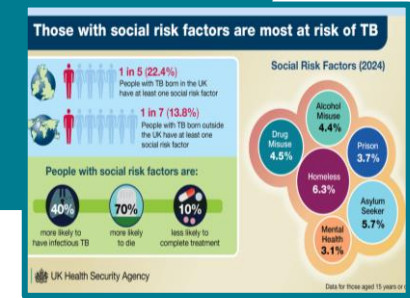
Previous Page Next Page

Screening outcomes

- Suspected TB
- At risk of TB
- Included **RECALL** in both reception and secondary screen: Uncertain about symptoms

Follow-up Actions

- Sputum examination a very efficient, simple and confirmatory way to diagnose TB
- Contact HPT within 24 hours



Thank you!

National Clinical Templates

Abbey James, HJIS Clinical Systems Trainer

Templates in SystmOne with TB content

- Reception Screening
 - SEAT Male (Secure Estate Assessment Tool)
 - SEAT Female
 - IRCAT – IRC (Immigration Removal Centres)
 - IRCAT – STHF (Short-Term Holding Facilities)
- Secondary Screening
 - SEAT Male
 - SEAT Female
 - IRCAT – IRC (Immigration Removal Centres)



Technical Queries only

necsu.hjtraining@nhs.net



UK Health
Security
Agency

TB – Awareness raising materials for PPD settings.

Ian Palmer – National Health and Justice Team, UKHSA.

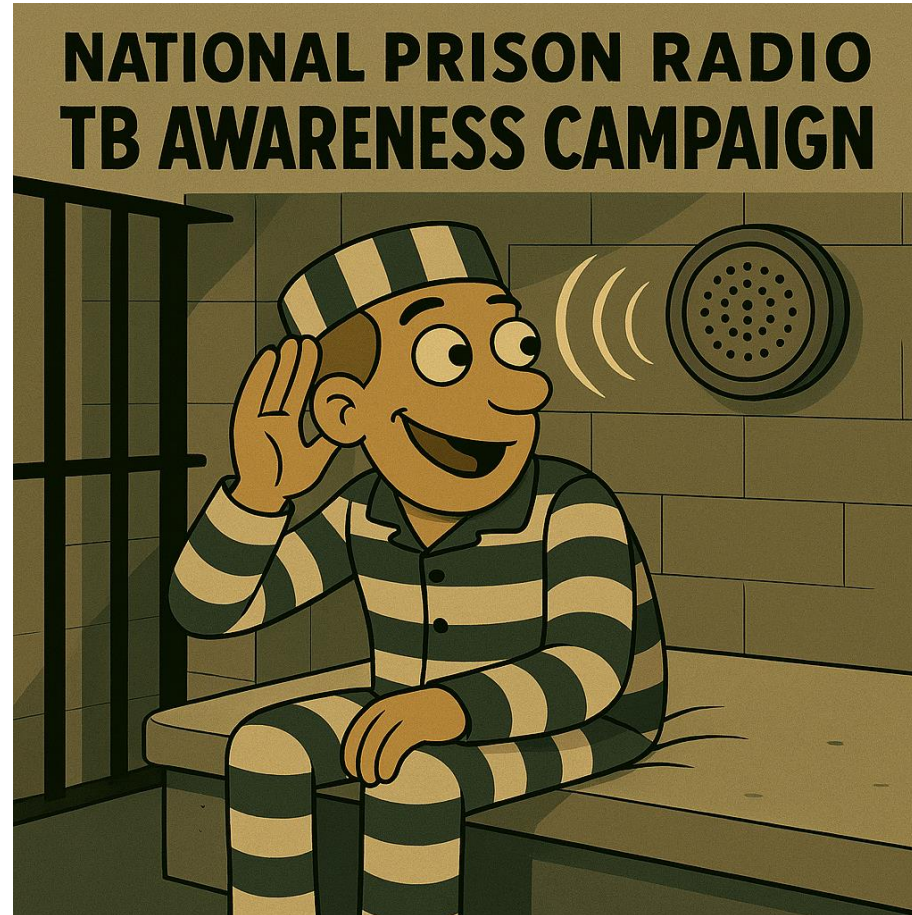
Background

- T&F Group formed at the request of the National H&J Health Protection Network. In response of increasing number of cases in prisons.
- Membership,
 - UKHSA
 - H&J Team,
 - TB Team
 - Regional HP Teams
 - Comms
 - NHS
 - National H&J Team
 - Regional Public Health Leads
 - HMPPS
 - National Public Health Team
 - Comms
 - Health & Safety
- The T&F group concluded October 2025.

Key Objectives

- To improve the awareness of the symptoms and risks associated with TB for those people in prisons and other places of detention (PPD's) by producing a range of communication resources for both prisoners and staff, including Healthcare teams.
- To highlight the importance of treatment continuity post release.

National Prison Radio TB Awareness campaign



Prison radio campaign

- Commissioned National Radio Association (NRA) to run a three-month radio campaign. This included a series of adverts that are played regularly between the scheduled programmes. The campaign was extended by a further three months.
- The ads covered, **Symptoms, Transmission Routes, Treatment and Myth busting**
- A longer programme was recorded with interviews with a prison Healthcare Clinical Lead, a prison GP, a community TB Consultant and someone with lived experience of TB.
- The campaign ran from February to August 2024. An evaluation of its reach and effectiveness was carried out.
- A 5 month repeat campaign to run from November 2025 to March 2026

Training webinars for staff



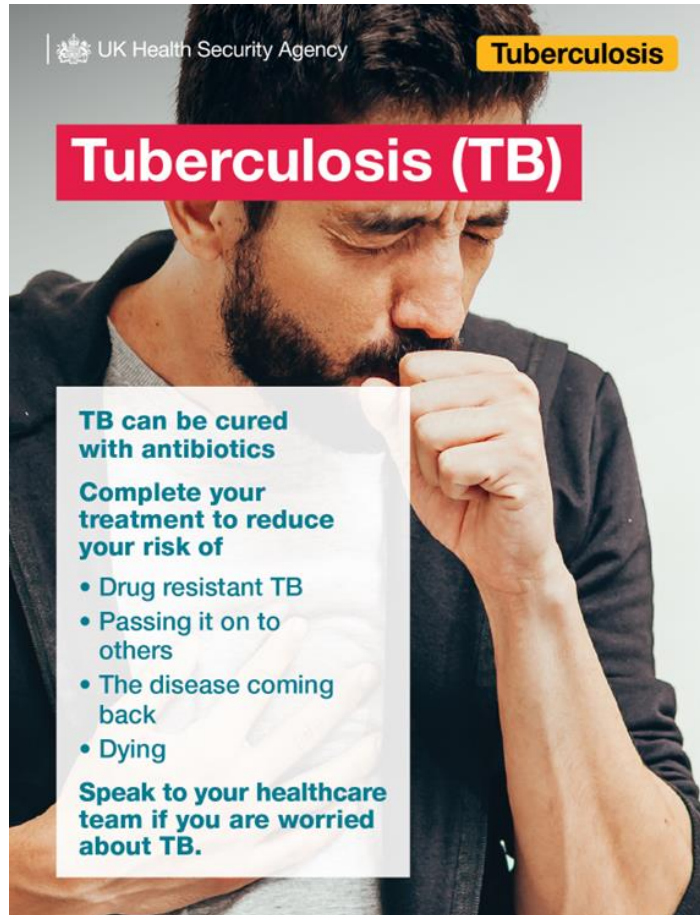
Webinar

- Live webinar event held 26th June 2025
- 285 attendees including operational prison staff and healthcare staff
- Event covered the risks, symptoms, treatment and myths of TB.
- The attendees were asked for their feedback, **89%** said that their understanding of TB had improved.
- A recording of the webinar is available via the WEPHREN website - [Webinars and videos • WEPHREN](#)

Posters, Leaflets & other Resources



- Developed a number of resources based on existing TB Toolkit graphics.
- Included A4 posters and visuals for TV screens.
- All available on the UKHSA Health & Justice Landing Page. [Public health in prisons and secure settings - GOV.UK](#)



UK Health Security Agency

Tuberculosis

Tuberculosis (TB)

TB can be cured with antibiotics

Complete your treatment to reduce your risk of

- Drug resistant TB
- Passing it on to others
- The disease coming back
- Dying

Speak to your healthcare team if you are worried about TB.

Continuing your TB treatment after release




Speak to your healthcare team

about how you will continue
your treatment for TB
on release

Visuals for 16:9 screens

UK Health Security Agency **Tuberculosis**

Could you have TB?



Coughing for 3 weeks or longer

Feeling hot and feverish

Losing weight without trying

Sweating a lot at night

Not feeling hungry

Feeling very tired all the time

UK Health Security Agency **Tuberculosis**

Speak to your healthcare team if you notice these signs.

TB can be treated.

Next steps

- TB resources and communications will continue to be reviewed and updated
- A short staff training package is being developed
- Exploring opportunities to work with Wayout TV



UK Health
Security
Agency

Reception Screening Forms

Jessica Townsend
TB Nurse Specialist
National TB Unit

First Night Reception Screening Template

- Scenario Number 1 – ‘Matt’
- 28 year old male, white UK born, homeless with a known history of drug use.
- Presents to first night screening with a cough for a long time, unsure of weight loss and feeling like his clothes are wet at night from sweating.

Tuberculosis Screening

Current Health Conditions & Disability - Page 2 | Current Health Conditions & Disability - Page 3 | COVID-19 | **Tuberculosis Screening** | Tuberculosis Screening Outcomes

Tuberculosis Screening Page 21 of 24

Record any relevant information using the additional option (pencil icon)

NCTS - TB Screening view cannot be shown when previewing a template

Do you have a cough lasting longer than 3 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Persistent cough	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any of the following symptoms:	<input type="checkbox"/>	<input type="checkbox"/>
Blood in sputum - haemoptysis	<input type="checkbox"/>	<input type="checkbox"/>
Night sweats	<input type="checkbox"/>	<input type="checkbox"/>
Fever symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
No tuberculosis symptom	<input type="checkbox"/>	<input type="checkbox"/>

THINK TB! Especially if the patient has reported any social risk factors for TB?
e.g. experiencing homelessness, current/previous drug misuse, previous incarceration or is born in a country of high or medium TB prevalence.

If you are concerned the patient may have infectious TB, please follow UKHSA guidance, arrange isolation and follow-up actions (see next page).

[Managing TB in prisons](#)
[Tuberculosis incidents by country](#)

[Previous Page](#) [Next Page](#)

Yes

Yes

Yes

What are the red flags here for TB?

Tuberculosis Treatment

Tuberculosis Screening | Tuberculosis Screening Outcomes | Page 22 of 24

Tuberculosis Treatment, Screening Outcomes and Follow-up Actions

Record any relevant information using the additional option (pencil icon)

Current TB Treatment

Are you currently taking TB treatment?

If the patient is currently taking treatment for TB, please use the questions below to structure your discussions with them. If they are not currently taking treatment for TB please leave the box blank.

What treatments are they currently taking?
When did they start?
When are they due to finish?
Was this treatment completed or interrupted?
Which hospital do they attend for their TB care?

Active tuberculosis

Previous TB Treatment

Have you previously taken TB treatment?

If the patient is previously taken treatment for TB, please use the questions below to structure your discussions with them. If they have never had treatment for TB please leave the box blank.

Which hospital did you attend for your TB care?
How long did this treatment last?
Was this treatment completed or interrupted?

[V] Personal history of tuberculosis

Screening Outcomes

Please follow UKHSA National TB Guidance in Secure Settings:

[Reception Screening Algorithm](#)
[Testing or screening on arrival in Secure Estate](#)

Suspected tuberculosis ☐

At risk of tuberculosis ☐

*Tuberculosis screening

If uncertain or reporting symptoms for <three weeks then consider creating a Recall for repeat symptom check as per local protocols.

New Recall

Follow-up Actions

*Sputum examination ☐

*Standard chest X-ray requested ☐

*Referral to GP ☐

*Referral to tuberculosis screening service ☐

*Infection isolation NOS ☐

Alert Health Protection Team and TB team within 24 hours

Previous Page | Next Page

Current TB Treatment

- Are you currently taking any TB treatment? – No

Previous Treatment

- Have you previously taken TB treatment? – Yes
- Which hospital did you attend for TB care? – not sure somewhere in London.
- How long did the treatment last? – about 4 – 5 months at the start of the year took the tablets on and off.
- Was this treatment interrupted or completed? – resident not sure if it was completed but felt better so stopped going to appointments and taking tablets.

**Is this a case of incomplete treatment?
Are you concerned this could be active TB?**

Outcome and Follow Up Actions.

Tuberculosis Screening | Tuberculosis Screening Outcomes

Tuberculosis Treatment, Screening Outcomes and Follow-up Actions

Page 22 of 24

Record any relevant information using the additional option (pencil icon)

Current TB Treatment

Are you currently taking TB treatment?

If the patient is currently taking treatment for TB, please use the questions below to structure your discussions with them. If they are not currently taking treatment for TB please leave the box blank.

What treatments are they currently taking?

When did they start?

When are they due to finish?

Was this treatment completed or interrupted?

Which hospital do they attend for their TB care?

Active tuberculosis

Previous TB Treatment

Have you previously taken TB treatment?

If the patient is previously taken treatment for TB, please use the questions below to structure your discussions with them. If they have never had treatment for TB please leave the box blank.

Which hospital did you attend for your TB care?

How long did this treatment last?

Was this treatment completed or interrupted?

[V] Personal history of tuberculosis

Screening Outcomes

Please follow UKHSA National TB Guidance in Secure Settings:

- [Reception Screening Algorithm](#)
- [Testing or screening on arrival in Secure Estate](#)

Suspected tuberculosis ☐

At risk of tuberculosis ☐

*Tuberculosis screening

If uncertain or reporting symptoms for <three weeks then consider creating a Recall for repeat symptom check as per local protocols.

New Recall

Follow-up Actions

- *Sputum examination ☐
- *Standard chest X-ray requested ☐
- *Referral to GP ☐
- *Referral to tuberculosis screening service ☐
- *Infection isolation NOS ☐

Alert Health Protection Team and TB team within 24 hours

Previous Page Next Page

Outcome

Suspected Tuberculosis

Follow Up Actions

Sputum examination - AFB smear and culture

Referral to GP - make sure the GP sees the individual

CXR - as soon as possible

Referral to TB service – ask local TB service if they are aware of the individual and refer.

Isolate

What other action would you take?
RECALL!

Follow Up Actions

8. Residents with symptoms compatible with TB disease on arrival at a secure site or develop during their stay

The secure setting healthcare doctor or nurse should assess any resident in a secure setting with any of the following symptoms:

- history of a cough
- coughing up blood
- unexplained weight loss
- high temperature
- drenching night sweats
- swollen lymph nodes
- loss of appetite
- tiredness
- backpain

Guidance

Management of tuberculosis in secure settings in England

Updated 9 October 2025

If an individual is identified as having any of the above the symptoms, they should be promptly referred to the local NHS TB service. If the individual is coughing up fresh blood or is clinically unstable, urgent transfer to a local emergency department should be considered, with staff taking appropriate transmission-based precautions.

If a resident has symptoms compatible with pulmonary or laryngeal TB, they should be placed in respiratory isolation as soon as possible [Section 11.1.1](#). Residents who are isolating away from others should have regular opportunities to discuss their wellbeing and any anxieties with a member of staff. A review of infectiousness should be considered and discussed at 2 weeks of treatment with the clinical team responsible for care.

Secondary Screening Template

- Scenario Number 2 – ‘Ayesha’
- 27 year old female, born in Pakistan, history of drug use but not currently using.
- At the first night reception screening she answered yes to unexplained weight loss, night sweats and lethargy for several months.
- She was recalled at 5 days for a secondary screen.

Tuberculosis Screening and Outcomes

Tuberculosis Screening

Tuberculosis Screening and Outcomes

Tuberculosis Screening

Page 21 of 24

Record any relevant information using the additional option (pencil icon)

NCTS - TB Screening view cannot be shown when previewing a template

Do you have a cough lasting longer than 3 weeks?

Persistent cough

☐

Do you have any of the following symptoms:

Blood in sputum - haemoptysis

☐

Night sweats

☐

Fever symptoms

☐

Unexplained weight loss

☐

No tuberculosis symptom

☐

THINK TB! Especially if the patient has reported any social risk factors for TB? e.g. experiencing homelessness, current/previous drug misuse, previous incarceration or is born in a country of high or medium TB incidence.

If you are concerned the patient may have infectious TB, please follow UKHSA guidance, arrange isolation and follow-up actions (see next page).

Managing TB in prisons

Tuberculosis incidents by country

Previous Page

Next Page

Page 1 Secondary Screening

SEAT Male Secondary Screening TB pages

Tuberculosis Screening

Tuberculosis Screening and Outcomes

Tuberculosis Screening and Outcomes

Page 16 of 16

Record any relevant information using the additional option (pencil icon)

Screening Questions

Is the patient born in a high (>150 per 100k) or medium (>40 per 100k) prevalence country for TB?

Use the 'Tuberculosis profile by country' link, select the country from the drop-down list at the top of the page, select the 'Data Tables' tab and use 'Total TB incidence' and find the 'Rate per 100 000 population'

Tuberculosis profile by country

If born in high or medium risk for TB please tick the following box:

Country of origin high risk for tuberculosis

☐

Have they spent more than six months visiting or living in a high or medium incidence country for TB?

Travel abroad

☐

Have you been in contact with someone with TB and which is the most recent year this contact took place?

Date of [V]Contact with or exposure to tuberculosis

Screening Outcomes

Please follow UKHSA National TB Guidance in Secure Settings:

Reception Screening Algorithm

Testing or screening on arrival in Secure Estate

'Suspected TB' identified on this screening

Suspected tuberculosis

☐

At risk of TB without Symptoms

At risk of tuberculosis

☐

If 'Suspected TB' identified on reception screening use the pre-set option in the TB screening text box

Tuberculosis screening

If uncertain or reporting symptoms for <three weeks then consider creating a Recall for repeat symptom check as per local protocols.

New Recall

Follow-up Actions

Sputum examination

☐

Standard chest X-ray requested

☐

Referral to GP

☐

Referral to tuberculosis screening service

☐

Infection isolation NCS

☐

Alert Health Protection Team and TB team within 24 hours

Previous Page

Next Page

Page 2 Secondary Screening

33 Presentation title

Secondary Screening Template

The screenshot shows a web application interface for 'Tuberculosis Screening'. The top navigation bar includes links for 'Mental Health Screening', 'Neurodiversity', 'Vaccinations - Page 1', 'Vaccinations - Page 2', 'Vaccinations - Page 3', 'Tuberculosis Screening' (which is highlighted), and 'Tuberculosis Screening and...'. The main heading is 'Tuberculosis Screening' with a sub-note: 'Record any relevant information using the additional option (pencil icon)'. On the left, there is a large white box with the text 'NCTS - TB Screening view cannot be shown when previewing a template'. The right side of the form contains several questions and checkboxes, each with a pencil icon for editing:

- Do you have a cough lasting longer than 3 weeks?
Persistent cough
- Do you have any of the following symptoms:
 - Blood in sputum - haemoptysis
 - Night sweats
 - Fever symptoms
 - Unexplained weight loss
- No tuberculosis symptom

Below these questions, there is a 'THINK TB!' section with text: 'Especially if the patient has reported any social risk factors for TB? e.g. experiencing homelessness, current/previous drug misuse, previous incarceration or is born in a country of high or medium TB incidence.' and a note: 'If you are concerned the patient may have infectious TB, please follow UKHSA guidance, arrange isolation and follow-up actions (see next page).' At the bottom left, there are links for 'Managing TB in prisons' and 'Tuberculosis incidents by country'. At the bottom right, there is a 'Next Page' link.

Ayesha's Symptoms

- No cough
- Night sweats
- No fevers
- Yes unexplained weight loss

Secondary Screening - Screening Questions Continued

Screening Questions

Is the patient born in a high (>150 per 100k) or medium (>40 per 100k) prevalence country for TB?

Use the 'Tuberculosis profile by country' link, select the country from the drop-down list at the top of the page, select the 'Data Tables' tab and use 'Total TB incidence' and find the 'Rate per 100 000 population'

[Tuberculosis profile by country](#)

If born in high or medium risk for TB please tick the following box:

Country of origin high risk for tuberculosis

☐

Have they spent more than six months visiting or living in a high or medium incidence country for TB?

☐

Travel abroad

☐

Have you been in contact with someone with TB and which is the most recent year this contact took place?

Date of [V]Contact with or exposure to tuberculosis

☐ Country

☐ Group

Pakistan

☒ English

☐ Español

☐ Français

☐ Русский

Tuberculosis profile: Pakistan

Data last updated: 2025-04-07

CHART

DATA TABLES

Population, 2023: 248 million

Estimated by the UN Population Division.

Estimates of TB burden

Estimates of TB burden are produced by WHO in consultation with countries. Ranges represent uncertainty intervals.

	Number	Rate per 100 000 population
Total TB incidence, 2023	686 000 (465 000–911 000)	277 (188–368)
TB incidence in people living with HIV, 2023	2 700 (1 700–3 800)	1.1 (0.7–1.5)
Multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) incidence, 2023	15 000 (9 800–21 000)	6.1 (4–8.3)
TB deaths in HIV-negative people, 2023	47 000 (37 000–58 000)	19 (15–23)
TB deaths in people with HIV, 2023	1 500 (1 200–1 900)	0.62 (0.48–0.79)

Screening Questions

Is the patient born in a **high** (>150 per 100K) or **medium** (>40 per 100K) prevalence country for TB? **Yes**

Have they spent more than 6 months visit or living in a high incidence country for TB? **Yes**

Have you been in contact with someone with TB and which is the most recent year this contact took place? **Yes in 2023 was living with a man who said he had TB in he took a lot of tablets.**


TB profile


Q Is this Ayesha at risk of TB? And why?

Screening Outcomes

Screening Outcomes

Please follow UKHSA National TB Guidance in Secure Settings:

 [Reception Screening Algorithm](#)

 [Testing or screening on arrival in Secure Estate](#)

*Suspected TB identified on this screening

Suspected tuberculosis

☐

At risk of TB without Symptoms

At risk of tuberculosis

☐

If 'Suspected TB' identified on reception screening use the pre-set option in the TB screening text box

*Tuberculosis screening



If uncertain or reporting symptoms for <three weeks then consider creating a Recall for repeat symptom check as per local protocols.

 New Recall

Follow-up Actions

*Sputum examination

☐

*Standard chest X-ray requested

☐

*Referral to GP

☐

*Referral to tuberculosis screening service

☐

*Infection isolation NOS

☐

Alert Health Protection Team and TB team within 24 hours

[Next Page](#)

Screening Outcomes

Suspected Tuberculosis

Follow-up Actions

- Standard CXR
- Referral to TB service
- Referral to GP

Q Would you take the same actions?
Additional Action RECALL