TB IN
THE ZAMBIAN PRISONS
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Overview

- TB/HIV/AIDS Prevalence in the Prisons
- What is being done?
- Conclusion
TB is one of the most important opportunistic infections among inmates with HIV/AIDS.
TB Prevalence in Prison

- TB prevalence in prisons is up to 10-20x that of the general population
COUNTRY PICTURE

- Currently about 17,000 inmates. (2012-2013)
- 27% -- inmates with HIV
- 15% -- STIs
- 5,285/100,000 – TB
- Between 1995 and 2000, 2,397 inmates and 263 staff died of AIDS related illnesses in the country’s prisons. (Simooya et al. 2000)

The report, published in 2010, describes the poor and inadequate conditions within Zambian prisons including limited or no HIV/TB testing or treatment, lack of medical infrastructure and staff, and limited access to basic necessities such as soap.
## Target Prisons

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<tr>
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<th>Kabwe Complex</th>
<th>Lusaka Central</th>
<th>Livingstone</th>
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<tbody>
<tr>
<td><strong>Year Built</strong></td>
<td>1940</td>
<td>1923</td>
<td>1971</td>
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<tr>
<td><strong>Maximum capacity</strong></td>
<td>800 inmates</td>
<td>260 inmates</td>
<td>400</td>
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<td><strong>Current capacity</strong></td>
<td>1768</td>
<td>1400</td>
<td>801</td>
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What is being done?

- Development of guidelines for TB control in prisons
- Screening of prison inmates, prison staff and families and the surrounding communities for TB using microscopy and digital x-ray
What is being done?

Decongestion of Cells and TB/HIV Isolation Cells
Training of Officers in TB control and Prevention
Peer Education among Inmates
Administrative and Environmental Control
Provision Of TB Drugs
Nutrition
Results

- 366 inmates diagnosed with TB
- Bacteriologically confirmed 158 (43%)
- Clinically diagnosed 208 (57%)
- Accepted HIV testing 307/366 (83.8%)
- TB/HIV Co-infected 101/307 (33%)
- History of prior incarceration 72 (20%)
- Prior History of TB 46 (13%)
- Of the 366 inmates diagnosed with TB, 90% initiated TB treatment and 56% were cured or had completed treatment. Overall, 147 (40%) inmates were lost to follow-up
Challenges:

- Overcrowding and lack of isolation space
- Provision and continuity of TB care is undermined by systemic factors unique to the prison environment including unexpected release and frequent transfers to other prisons. (poor referral system)
- Lost to follow-up is exacerbated by inadequate communication between clinics. Inherent delay in TB culture turnaround time contributed to lack of treatment initiation.
- Lack of diagnostic facilities in prisons
Recommendations

• Rapid TB diagnostic tools should be used in prison TB screening algorithms
• Linkages between NTP, prisons and community health clinics require strengthening for continuity of TB care upon release
• Prison health management teams should be established
• Electronic prisoner management & tracking systems should be implemented
Way forward

- Prison Service Medical directorate already established
- ZPS opening more open air prisons to decongest prisons
- “Three I’s” project has done assessments in TBIC in prisons plus use of gene Xpert for screening