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# Measures for the prevention and control of tuberculosis to persons deprived of freedom in Brazilian presidents

Medidas para la prevención y control de la tuberculosis a personas privadas de libertad en presidentes brasileños

Medidas de prevenção e controle da tuberculose às pessoas privadas de liberdade em presídios brasileiros

## ABSTRACT

**OBJECTIVE:** To identify tuberculosis (TB) prevention and control measures for people deprived of liberty (PPL) and living with TB in Brazilian prisons. **METHOD:** This is an integrative review, from March to December 2018. The databases used were: SciELO, LILACS and MEDLINE, based on the keywords Health care; Tuberculosis; Prison. Studies, published between 2012 and 2018, in Portuguese, English and Spanish with Brazil as the country of origin and complete original articles were included. **RESULTS:** 181 studies were found, after exclusions 2 studies were analyzed. The main factors addressed by the selected articles bring public policies aimed at the PLP regarding the forms of TB prevention and control in Brazilian prisons. **CONCLUSION:** It was found that the implementation of public policies aimed at TB control in the prison system is partially carried out. The lack of studies related to TB prevention and control measures in Brazilian prisons was identified.

**DESCRIPTORS:** Health Care; Tuberculosis; Prisons;

## RESUMEN

**OBJETIVO:** Identificar medidas de prevención y control de la tuberculosis (TB) para las personas privadas de libertad (PPL) y que viven con TB en las cárceles brasileñas. **MÉTODO:** Se trata de una revisión integradora, de marzo a diciembre de 2018. Las bases de datos utilizadas fueron: SciELO, LILACS y MEDLINE, con base en las palabras clave Health care; Tuberculosis; Prisión. Se incluyeron estudios, publicados entre 2012 y 2018, en portugués, inglés y español con Brasil como país de origen y artículos originales completos. **RESULTADOS:** Se encontraron 181 estudios, luego de las exclusiones se analizaron 2 estudios. Los principales factores abordados por los artículos seleccionados traen las políticas públicas dirigidas al PLP sobre las formas de prevención y control de la TB en las cárceles brasileñas. **CONCLUSIÓN:** Se encontró que la implementación de políticas públicas orientadas al control de la TB en el sistema penitenciario se realiza parcialmente. Se identificó la falta de estudios relacionados con las medidas de prevención y control de la tuberculosis en las cárceles brasileñas.

**DESCRIPTORES:** Atención a la Salud; Tuberculosis; e Prisiones.

## RESUMO

**OBJETIVO:** Identificar medidas de prevenção e controle da tuberculose (TB) a Pessoas Privadas de Liberdade (PPL) e que vivem com TB nos presídios brasileiros. **MÉTODO:** Trata-se de uma revisão integrativa, março a dezembro de 2018. As bases de dados utilizadas foram: SciELO, LILACS e MEDLINE, a partir dos descritores Atenção à saúde; Tuberculose; Prisão. Foram incluídos estudos, publicados entre 2012 e 2018, em português, inglês e espanhol com o Brasil como país de origem e artigos originais completos. **RESULTADOS:** Foram encontrados 181 estudos, após exclusões 2 estudos foram analisados. Os principais fatores abordados pelos artigos selecionados trazem as políticas públicas voltadas às PPL quanto às formas de prevenção e controle da TB nos presídios brasileiros. **CONCLUSÃO:** Detectou-se que a implementação das políticas públicas voltadas ao controle da TB no sistema prisional é realizada de forma parcial. Foi identificado a carência de estudos relativos às medidas de prevenção e controle da TB nas prisões brasileiras.

**DESCRIPTORES:** Atenção à saúde; Tuberculose; Prisão;

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**INTRODUCTION**

**P**eople Deprived of Liberty (Pessoas Privadas de Liberdade - PPL) represent a serious public health problem with regard to the control of infectious diseases such as tuberculosis (TB).<sup>1</sup> The profile of PPLs living with TB in Brazil is a young population, predominantly male, black, with low education, low purchasing power, co-infected with HIV/AIDS.<sup>2</sup> Santos (2014) reports the health conditions in which the PPL are submitted, exposed to overcrowded and poorly ventilated environments, with poor nutrition, using drugs, living with precarious or non-existent health services, determining factors for the high rate of TB in Brazilian prisons.<sup>3</sup> Population growth in prison and issues related to social inequality have been stressing the institutions responsible for the elaboration of public policies that aim to improve living conditions in the prison system.<sup>4</sup>

The Ministry of Health (MH) recommends strategies for the prevention and control of TB that include the PPL. There are obstacles that hinder the implementation of TB prevention and control strategies in Brazilian prisons, such as stigmatization and segregation, lack of human and financial resources, inadequate health services, restriction of the autonomy of PPL with low participation in treatment and actions prevention and the lack of information on TB.<sup>5</sup> The National Tuberculosis Control Program (Programa Nacional de Controle da Tuberculose - PNCT), created in 2006, aims to develop strategies

related to decentralization and horizontalization.<sup>6</sup> The program recognizes the importance of these strategies for combating TB, extending them to all health services of the Unified Health System (Sistema Único de Saúde - SUS).<sup>5</sup>

“PNCT is integrated into the Health Services network. It is developed through a unified program, carried out jointly by the federal, state and municipal spheres. It is subject to a policy of programming its actions with well-defined technical and assistance standards, guaranteeing from the free distribution of medicines and other necessary inputs to preventive and disease control actions. This allows the population universal access to their actions.”<sup>6</sup>

In the last three decades, the State has developed specific policies for the PPL, Lermen et al (2015) brings in its studies policies aimed at the prison population, namely: the Law of Penal Execution (Lei de Execução Penal - LEP)<sup>7</sup>, which guarantees health rights in prisons. The LEP provides health care to the entire prison population, whether temporary or imprisoned, comprising medical, pharmaceutical and dental care; the National Health Plan in the Penitentiary System (Plano Nacional de Saúde no Sistema Penitenciário - PNSSP)<sup>8</sup>, which legitimizes the guarantee of access to health for the PPL, its proposal is to guarantee comprehensive health actions, in addition to assistance for the prevention and health promotion of the prison population; the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (Política Nacional de Atenção Integral à Saúde das

Pessoas Privadas de Liberdade no Sistema Prisional - PNAISP)<sup>9</sup>, which aims to contribute to the control and/or reduction of the most frequent health problems of the Brazilian prison population, as well as working on the logic of disease prevention and health promotion.

Given the current Brazilian scenario, related to population growth in prison and the endemic situation of TB at the national level, it is important to understand how health care has been developed for people deprived of liberty and living with TB. The present study aims to identify tuberculosis (TB) prevention and control measures for people deprived of liberty (PPL) and living with TB in Brazilian prisons.

**METHOD**

This is an integrative literature review, as the study allows for a critical analysis of the researches that were selected, enabling the interpretation and synthesis of the collected data, in addition to pointing out knowledge gaps that need to be filled in with the realization new studies, based on six steps: 1) identification of the theme and selection of the hypothesis or research question for the elaboration of the integrative review; 2) establishment of criteria for inclusion and exclusion of studies/sampling or literature search; This is an integrative literature review, as the study allows for a critical analysis of the researches that were selected, enabling the interpretation and synthesis of the collected data, in addition to pointing out knowledge gaps that need to be filled

in with the realization new studies, based on six steps: 1) identification of the theme and selection of the hypothesis or research question for the elaboration of the integrative review; 2) establishment of criteria for inclusion and exclusion of studies/sampling or literature search.<sup>(10)</sup> The guiding question of the study was established: "What measures of prevention and control of tuberculosis (TB) are deprived of liberty (PPL) and who live with TB in Brazilian prisons?" which assists in the process of carrying out activities, also including the definition of participants, interventions and the results they aim to achieve.<sup>11</sup>

The search for articles was carried out in the period of September 2018 in the following electronic databases Scientific Electronic Library Online (SciELO); Latin American and Caribbean Literature on Health Sciences (Lilacs); and Medical Literature Analysis and Retrieval System Online (Medline). The descriptors

were defined by the virtual health library DeCS (Health Science Descriptors): Health care; Tuberculosis; Prison; Health Care; Tuberculosis; Prisons; Attention to Health; Tuberculosis; and Prisons. For the combination of these DeCs, the Boolean operators OR and AND were used. Studies, published between 2012 and 2018, in Portuguese, English and Spanish with Brazil as the country of origin and complete original articles were included. The selection process of the articles was carried out by two researchers. During the process there were disagreements and new analyzes were carried out together so that it could reach consensus. The selection was initially made by reading the title, followed by the abstract and full article. An instrument developed by the authors was used to gather and synthesize the data that included the following variables: authors, year / city, journal, methodological approach and main results. Monograph, dissertation, thesis

and report studies were excluded. A total of 181 articles were found, after the selection resulted in 173 references excluded by title and abstract and 4 references excluded for not answering the problem question after reading in full, with 2 articles removed for duplication. The final sample of this review was composed of 2 articles. The studies were synthesized in order to present TB prevention and control measures and the implementation of health policies aimed at the PPL.

## RESULTS

The data obtained were grouped and presented in a table, in order to allow a better visualization of the studies included in the integrative review. The information was inserted: author / year; kind of study; and magazine; Tuberculosis prevention and control actions in Brazilian prisons (Chart 1). The studies deal with multiple cases with a qualitative approach and study of multiple speeches with theoretical-methodological referential basis of French-based discourse analysis. Some factors, with regard to TB prevention and control measures, were most mentioned: the PNCT, PNSSP and PNAISP. In addition, they bring instruments used to prevent and control the disease within the prison system, sputum smear microscopy, radiography, tuberculin skin test, Antimicrobial Sensitivity Test (Teste de Sensibilidade ao Antimicrobiano - TSA), anti-HIV testing, notification and DOT.

## DISCUSSION

The health conditions of PPL are related to social issues such as: young population, with low education, low purchasing power and coming from regions with a high incidence of TB. In addition, the issue of overcrowding of cells and confinement in poorly ventilated places with poor sanitary conditions is presented, factors that lead to the spread of the disease. Valença, Possuelo, Cezar-Vaz and Silva (2016) report that TB

Figure 1 - Flowchart of the stages of study and selection of articles in the SciELO, LILACS and MEDLINE databases

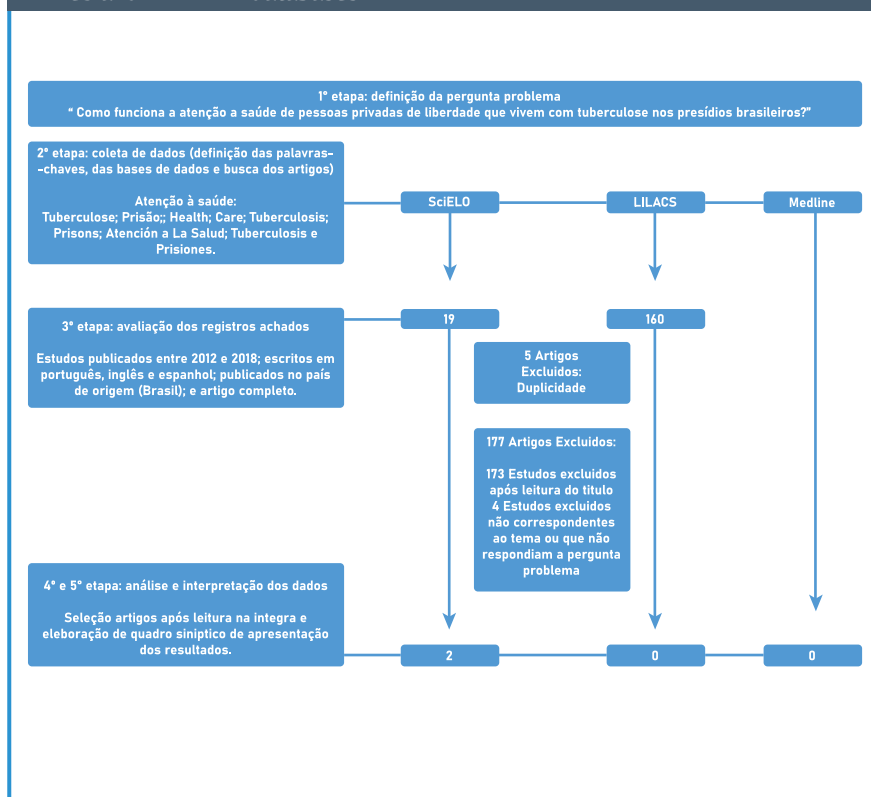


Chart 1 - Characterization of studies according to authorship, year of publication, type of study and Tuberculosis prevention and control actions in Brazilian prisons

ANO	PERIÓDICO	TIPO DE ESTUDO	A ATENÇÃO À SAÚDE DE PPL QUE VIVEM COM TB NOS PRESÍDIOS BRASILEIROS
2015 <sup>12</sup>	Cadernos de Saúde Pública.	Estudo de casos múltiplos com abordagem qualitativa.	as ações do PNCT são parcialmente implementadas nas prisões estudadas nos dois dos estados com maior população prisional do Brasil e com altas taxas de incidência de TB. No Caso 1, a Unidade de Análise 1 (UA1) e Unidade de Análise 2 (UA2) dispõem de exame de inegrosos, busca ativa dos sintomáticos realizados de forma sistemática (campanhas) e o TDO, realizado por profissionais de saúde. No Caso 2, os autores apresentam que o Hospital Penal (UA3), unidade onde foram implementadas ações para prevenção e controle da doença, dispunha de mais recursos humanos, exames laboratoriais e radiológicos. Ainda no Caso 2, a Unidade de Análise 4 (UA4) e Unidade de Análise 5 (UA5) utilizam o rastreamento radiológico, que apresentou melhor desempenho, inclusive na detecção de suspeitos assintomáticos. No que diz respeito à entrega dos medicamentos em ambos os casos, a função é realizada por profissionais de saúde durante a semana e no final de semana pelo agente de segurança, sendo o tratamento auto administrado.
2012 <sup>13</sup>	Texto & Contexto Enfermagem.	Estudo de múltiplos discursos com fundamento referencial teórico-metodológico da análise de discurso de matriz francesa.	O estudo traz que os direitos constitucionais à saúde das PPL, nas unidades prisionais, passam por processos de assujeitamento, trazendo a ideia de instituição punitiva. As ações médicas se limitam ao diagnóstico da doença, onde as PPL chegam ao serviço de saúde em um estado clínico grave, trazendo à tona a relação com a medicina curativa, do mesmo modo encontra-se a subordinação do reconhecimento da doença ao saber médico, o apenado não tem propriedade em identificar sinais e sintomas sugestivos para TB. O atraso de medidas de prevenção e controle da doença se justificam pelo contexto no qual as PPL estão inseridas, em uma instituição disciplinar, redutora de autonomias, bem como em formações discursivas que definem papéis (por construção social) e motivam visões acerca dos sujeitos no interior da rede penitenciária. O artigo apresenta que no processo regulatório do acesso das PPL sintomática para TB, as práticas assistenciais para o diagnóstico da doença revelam linhas de poder envolvendo outras PPL e/ou agentes de segurança, que deliberam o acesso do apenado doente aos serviços. Neste estudo, o presídio é identificado como um lugar de morte, de sofrimentos, de preocupações. Ao hospital, unidade de referência da doença na região do estudo, por sua vez, atribui-se a representação de lugar de vida, saúde, cuidado. O estudo não deixa explícito como se dá o fluxo de acesso ao serviço de saúde do apenado doente.

in the prison environment is associated with individual characteristics and the subject's life condition before incarceration, as well as with environmental factors related to imprisonment, previously mentioned.<sup>(1)</sup> Since TB is a serious public health problem, with regard to the control of infectious diseases, due to its high endemic levels registered worldwide<sup>(6)</sup> and for social reasons, it becomes important to think about TB prevention and control strategies in the prison environment based on the nationally recommended PP.

The approach of the articles identified

in the thematic analysis is directly related to the TB prevention and control measures established by the Ministry of Health at the prison level. According to the World Health Organization (WHO), policies to control tuberculosis infection in prison institutions must be developed.<sup>5</sup> Procópio (2014) shows that the implementation of PP requires operational structures<sup>14</sup>, that is, institutional places where health services are offered and connections that communicate them in a health care network throughout the national territory<sup>15</sup>, universally offered to society as a whole. The translation of this

structure in Brazil is the Unified Health System (SUS).

Among the PPs related to the PPL, the following stand out: the PNSSP, a program that guarantees access to the health of the PPL, its proposal is to guarantee comprehensive health actions, in addition to assistance for the prevention and health promotion of the prison population; PNAISP, a policy that legitimizes the guarantee of the right to health for all PPL, aims to guarantee the access of this population to SUS, respecting the precepts of human rights and citizenship<sup>4</sup>, with PNAISP every prison

unit authorized by SUS will become a point of attention for the Health Care Network; finally, the structure that organizes TB prevention and control actions in the country, the PNCT, has the principle of diagnosing and treating patients early, preventing primary TB and prioritizing more vulnerable populations, such as population groups with greater social or health potential, biological risk of falling ill.<sup>14</sup> In view of this scenario, it is important to understand how PPs have been developed and their implementation in Brazilian prisons.

Regarding the analysis made of the articles selected for this integrative review, Article 1 shows that the actions of TB prevention and control measures are partially implemented in Brazilian prison units, highlighting the favorable and unfavorable aspects of the implementation of these PP aimed at the PPL. It is noteworthy that the studies used different instruments in the implementation of the actions. Five prison health units were analyzed, divided between Case 1 and Case 2. The study was conducted in two unidentified Brazilian states that have high rates of disease incidence. Only units with male prisoners were considered, which make up the vast majority of the incarcerated population and because it is the gender with the highest prevalence of TB.<sup>14</sup> It is evident that the implementation of PP is not carried out in full in the two cases presented, there are still differences between the implementation of PP in different locations. Comparing the two cases, it was observed that Case 1 presents actions favorable to the implementation of measures for the prevention and control of the disease, such as the location of the health unit being in the same pavilion where the detainees are located, the need for no escort to access the health service, periodic active search campaigns, ticket and contact exams, anti-HIV test offer, culture exams and TSA for diagnosed and symptomatic cases, case notification, DOT, case monitoring by a mul-

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tidisciplinary team and the guarantee of medicines. On the other hand, even in Case 1, unfavorable aspects are observed, such as the health unit being in precarious conditions and extramural radiography for few cases.

Case 2 brings favorable aspects, such as a health unit in good condition, sputum smear tests, radiography tests, case monitoring by a specific team, guarantee of medications and notification of cases. However, as an unfavorable aspect, which differs from Case 1, it brings the need for an escort to access the health service, lack of transport to the reference health units, passive case detection and interrupted radiological screening, lack of resources for anti-HIV offer, culture test, TSA, weekly medication dispensing, self-administered treatment and professional staff not active in the treatment.

Article 2 presents in full the health conditions of the PLP who live with TB and who are diagnosed with the disease late in Brazilian prisons based on the analysis of multiple prisoners' discourses. The study was carried out in the state of Paraíba and, as in the previous article, only male inmates were included. The text attributes the health conditions of the inmates to circumstances favorable to the spread of infectious diseases such as TB, since they live in unhealthy conditions, contributing to the high rates of incidence and prevalence of the disease compared to the out-of-wall population.<sup>16</sup>

The PPL exemplify, through reports that refer to the presence of TB among the inmates, perception of the transmission of the disease and the way of interpretation for its identification, that medical actions are limited to the diagnosis of the disease, with the inmates arriving to the health service in a serious clinical condition. The same reports bring the role of the prison administration's power in regulating the patient's access to health care. However, the study does not make it explicit how the flow of access to the health service of the convicted patient occurs.

The PNSSP, the PNAISP and the PNCT recommend similar health actions for the control of TB in the prison system, such as the search for TB cases, identification of respiratory symptoms, sputum smear examination, radiography and TSA examination, immediate and supervised treatment, offer of HIV testing, registration in the Register Book, notification of cases, prevention of healthy PPL and the development of educational actions.<sup>17,18</sup> Unlike PNSSP and PNAISP, which complement each other and aim to guarantee the right to health by the PPL, the PNCT aims to reduce mortality, morbidity and transmission of TB, implementing actions at the national level.<sup>14</sup> The strategies established by the aforementioned PP are identified in Article 1 as favorable factors in the implementation of the policy. However, in Article 2, these actions are not explicitly mentioned, but it is evident from the statements of the inmates that they are not implemented in the study institution.

The DOT in the analysis units of Case 1 of Article 1 was performed on weekdays by a health professional. On weekends, the delivery of the medicine was under the responsibility of the security officer. In Case 2, the medication was dispensed weekly by a health professional, the treatment being self-administered. Self-administered treatment is also mentioned by the detainees in Article 2, making it evident that DOT is not implemented, a key element in TB control, which consists of the health professional seeing the patient swallowing the medications daily. This practice aims to strengthen the patient's adherence to treatment, reducing cases of abandonment and increasing the likelihood of cure.<sup>14</sup> This element makes up the strategies recommended by WHO 19, one of the objectives being standardized treatment under the supervision of the medical or nursing staff, administration by security officers is not recommended by the PNCT.<sup>14</sup>

The various obstacles that hinder the

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implementation of TB control strategies in Brazilian prisons are highlighted, highlighting the underestimation of signs and symptoms suggestive of the disease, risk of stigmatization and segregation due to the recognition of the disease, lack of human and financial resources, less opportunity for diagnosis and treatment, little access to TB information.<sup>5</sup>

PPs guarantee access to health by PPL. These policies must address all dimensions of health, especially the improvement of conditions of incarceration and provide access to all inmates.<sup>20</sup> It becomes necessary for these actions to be implemented in a way that meets the PPL at the entrance door of the system, as well as throughout the sentence.<sup>14</sup>

It is noteworthy that guaranteeing the access of PPL to health actions and services is a responsibility shared by the Ministries of Justice (MJ) and Health (MH), its implementation implies an effective partnership between the Secretariats of Health and Justice/Penitentiary Administration at the state and municipal levels.<sup>20</sup>

## CONCLUSION

The research identified a lack of studies related to TB prevention and control measures in the Brazilian prison context. It can be inferred that the implementation of the PP related to TB prevention and control measures for the PPL is carried out partially.

The existence of obstacles to the effective implementation of health actions in the prison system is striking, due to the poor living and health conditions of the PPL, in addition to the precarious working conditions of health and safety professionals. The importance of the intersectoral perspective between the MH and MJ is emphasized, respecting the exclusive competences of each sector, in order to guarantee the health rights and maintain the human rights of the inmates, aiming at the improvement of the strategies aimed at the prevention and control of TB in these establishments. ■

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