EDITORIAL

Finding tuberculosis in prisons in India: who benefits?

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In this issue of *Public Health Action*, Shewade et al. report on an 'enhanced case-finding' intervention implemented in 2014 in all functioning prisons (28/30) in the Indian state of Chhattisgarh.¹ Prisoners and their warders were initially 'sensitised' about tuberculosis; subsequently, those seeking evaluation of their symptoms were supported to access sputum smear microscopy for a diagnosis of tuberculosis. Community volunteers supported sputum transport in some prisons. Compared to the previous year, the observed rate of prisoners evaluated for tuberculosis with smear microscopy increased by 39%, while the case notification rate from prisons in the state increased by 38%.

A closer look at the data shows that while the proportion smear-positive amongst those examined averages 7.1% (96/1348) across all prisons, this could be markedly higher in select prisons in the state; for instance, in the Central Prison in Jagdalpur, one in every three persons evaluated was diagnosed with tuberculosis. And while the article documents the diagnosis and start of treatment for three multidrug-resistant (MDR) patients, it does not mention tuberculosis among prison staff, most of whom generally remain in prison service until retirement. The article concludes that enhanced case finding 'has value in improving TB case detection'.

Prisons in Chhattisgarh state are twice (233.9%) as overcrowded as the Indian national average (114.4%). India's National Crime Records Bureau (NCRB) reported the total prison population in the country at 419 623 on December 2015;² this translates to a prison population rate (PPR) of just 33 per 100 000 population. In contrast, China, which has a similar national population, has a prison population that is more than three times higher, estimated at 1 649 804 in 2015. In fact, India has one of the lowest PPRs globally: in 2015, India's PPR (33) was 20 times lower than that for

the USA (666) and nine times lower than that for Brazil (307).³

This relatively simple intervention demonstrates how tuberculosis case detection among prisoners in Chhattisgarh could be improved. This has at least two implications for tuberculosis control in India: improved health outcomes for prisoners and prison staff diagnosed and started on treatment, and the potential to reduce tuberculosis transmission within prisons in the country. The NCRB report from India also notes that 67.2% of prisoners in 2015 had not been convicted; they were pre-trial detainees or remand prisoners, implying a constantly changing prison population with additional implications for their exposure to tuberculosis and tuberculosis transmission in the larger community. The World Health Organization identifies prisoners and prison staff as a 'tuberculosis risk group', and prioritises them for early detection of tuberculosis through systematic screening.⁴ Improving tuberculosis control in prisons in India and implementing these recommendations will not only benefit prisoners and prison staff, who are particularly vulnerable, it also has the potential to benefit the larger community.

References

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