

## CREW HEALTH ADVICE

# Crew Health Advice: Pulmonary Tuberculosis

Seafarers, by the nature of their work, are exposed to a variety of occupational hazards, including epidemic diseases such as tuberculosis.

To date, the UK P&I Club PEME Programme has detected 752 (5.76%) cases of seafarer Tuberculosis present in crew at their pre-sea medical examinations. A recent case involving Pulmonary Tuberculosis resulted in one crew member receiving treatment for six months, after a local Department of Health medical failed to pick up pre-existing TB.

### What is TB?

TB is a bacterial disease that can be caught by breathing in the bacteria that cause it. This happens when tiny droplets from a cough of an infected person are breathed in.

### Am I guaranteed to get TB if I breathe in the droplets?

Some people become ill with TB. This is called 'active' TB. People can become ill within a few weeks, months or years of breathing in the bacteria. In most people, the body's immune system kills the bacteria and the person doesn't get ill.

In other people, the bacteria aren't killed but stay in the body at a low level, so the person doesn't get ill and isn't infectious. This is called 'latent' TB. If the bacteria start to multiply again, months or years later, the person could develop active TB. This sometimes

happens, for example, if the person's immune system is weakened by another disease such as HIV or treatments such as drugs for cancer.

### What are the signs and symptoms of TB?

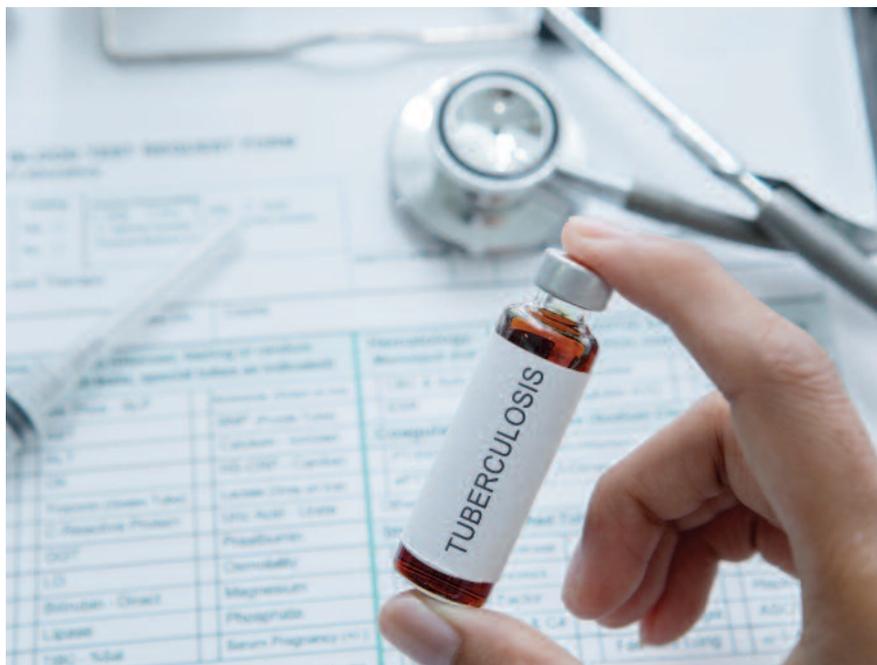
Active TB mainly affects the lungs, the most common symptoms are: persistent cough, extreme tiredness, loss of appetite, weight loss, fever and night sweats.

### But that sounds like lots of other illnesses...

Yes, it does, so it is important to inform your healthcare provider of all the



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### Where else can I get more information or support?

**British Lung Foundation**  
[www.lunguk.org](http://www.lunguk.org)

**TB Alert**  
[www.tbalert.org](http://www.tbalert.org)  
[www.thetruthabouttb.org](http://www.thetruthabouttb.org)

**WHO Factsheet**  
[www.who.int/news-room/factsheets/detail/tuberculosis](http://www.who.int/news-room/factsheets/detail/tuberculosis)

You can also visit **NHS Choices** (<https://www.nhs.uk>) for more information.

This information has been put together using the latest guidance from the National Institute for Health and Clinical Excellence.

places that you have travelled to in the last few months and any contact you may have had with people who have similar symptoms.

### How can I get tested?

Your healthcare professional will decide if you are high risk and refer you for testing. The tests that they may carry out are:

#### **Mantoux test**

A small amount of harmless TB protein is injected under the skin (you can't catch the disease from this test). The area is checked to see if your body has reacted to the TB protein 48-72 hours later.

#### **Interferon gamma release assay**

A blood test that is sometimes done after, at the same time as, or instead of, the Mantoux test. If the result is positive, you should have more tests to see whether you have TB.

#### **Sputum smear**

You may be asked to cough up a sputum specimen so that it can be examined for TB in the laboratory.

#### **Chest X-ray**

You may be given a chest X-ray to see whether you have TB in your lungs.

### So what happens if I test positive for TB?

You will be referred to a specialist treatment team who will start you on a combination of different antibiotics to treat the bacterial infection causing the TB. The length of the treatment is dependent on whether the infection is latent or active.

*This advice was compiled in collaboration with Red Square Medical, who offer a full range of maritime medical services, from training and consultancy services, right through to mass casualty incident planning and training. [www.redsquaremedical.com](http://www.redsquaremedical.com)*



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## CREW HEALTH PROGRAMME

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The Club was the first to launch a crew health scheme in 1996 due to increasing crew illness claims and a lack of accountability of clinics. Since 1996, the Crew Health programme has become one of the Club's leading loss prevention initiatives. The aim of the programme is to reduce the volume and value of crew illness claims which are caused by a pre-existing illnesses or disease. These underlying conditions often impact on the crew member's fitness for service and can endanger not only the health of the seafarer but also the onboard safety of other crew.

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Sophia joined Thomas Miller in 1992 and from 1994 worked as a claims handler dealing mainly with French and Spanish Members. In 2004, Sophia became the Crew Health Programme Director. Sophia has undertaken a large number of clinic audits, implemented the standard medical form and clinic guidelines. She has also lead the scheme through the largest period of growth and development with a doubling of approved clinic facilities and a four fold member increase. Sophia is a Director of Thomas Miller & Co. Ltd.

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Saidul Alom joined Crew Health from the European Region Service Team in 2004. Saidul provides administrative support to the Crew Health programme and is responsible for liaison with the approved clinics on financial billing matters and ensuring prompt payment of all clinic fees

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### **Stuart Last**

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Stuart joined Thomas Miller in 1998 as a claims trainee for UK P&I Club's Greek Members. In April 2005 Stuart joined Crew Health as the Team Administrator. Stuart is responsible for co-ordination of Member entries and administration for the clinic approval process.