

17 - PROFILE OF TUBERCULOSIS PATIENTS IN PARANÁ PENITENTIARIES

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INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by the bacterium *Mycobacterium tuberculosis*, which affects mainly the lungs. It is the single most infectious disease that kills and surpasses HIV / AIDS (Ferreira et al., 2014). Data published in the year 2018 report that 1.3 million people died of TB, and 10.4 million people became ill (2018). Pulmonary manifestation is the transmissible form of the disease, but it can affect other organs and systems, such as bones, kidneys and meninges (FERRI et al., 2014).

Symptoms include persistent, productive or non-productive cough (with mucus and possibly with blood), evening fever, night sweats and weight loss (SIQUEIRA, 2012).

Transmission occurs through the airways in almost all cases, with infection occurring from the inhalation of droplets containing bacilli by speech, sneezing and mainly by coughing of the patient with active TB (Ferreira et al., 2014).

High-risk groups include indigenous people, people living with HIV / AIDS, street people and people deprived of their liberty (PPL). In penitentiaries, TB is considered the most frequent and most frequent morbidity, followed by HIV / AIDS, malnutrition, mental illness and violence (UNITED STATES, 2016).

According to a survey conducted in 2015 by the National Penitentiary Department of the Ministry of Justice (DEPEN), Brazil now has 1,424 prison units, which house 0.2% of the Brazilian population, and 7.2% of new TB cases reported in 2012 comes from this group (BRAZIL, 2015). In Paraná there are 25 Penitentiaries in the masculine and feminine modality (BRAZIL, 2018a).

Brazil occupies the third place in prison population in the world, with the United States and China being the first places (MACEDO, MACIEL, STRUCTURER, 2017). The incidence of TB in the United States is up to 70 times higher among PPL than in communities considered free (UNITED STATES, 2016). In Brazil, incarcerated individuals have a chance to contaminate *Mycobacterium tuberculosis* up to 28 times higher than the general population (MACEDO, MACIEL and STRUCHINER, 2017).

Among those incarcerated in Japan, the incidence was 11 times higher than the non-deprived population (KAWATSU et al., 2015).

Among the causes of this population to be considered at risk are precarious conditions of hygiene, cells with poor ventilation, overcrowding and poor diet. Some studies suggest that prison TB is related to individual characteristics and pre-incarcerated conditions such as male sex, low schooling, poor health conditions and drug use (Valenzuela et al., 2016).

These data explain the need for TB to be one of the priorities of the National Tuberculosis Control Program (PNCT) (OLIVEIRA; NATAL; CAMACHO, 2015). The TB epidemic in prisons has long been known and its control is considered to be one of the priorities of the Ministry of Health. According to the PNCT 2011 guidelines, this group should be a priority considering the magnitude and high endemicity of the disease in underdeveloped countries (BRAZIL, 2018).

Oliveira and Cardoso (2004) stated that the presence of TB in the prison system has been described as a threat: without the control of TB in prisons, it is suggested that it would not be possible to control the disease outside of them. Thus penitentiaries are important in the origin and transmission of TB. The objective of this research was to identify the profile of persons deprived of their liberty in Paraná from 2012 to 2014.

METHODOLOGY

This is a cross-sectional descriptive study, with secondary data on TB patients in Paraná Penitentiaries in the period from 2012 to 2014, the data came from a public access database - Paraná (SINAN).

The variables gender, age, schooling, neighborhood where they lived, disease treatment, type of disease and comorbidities were tabulated in Microsoft Excel® spreadsheets according to absolute and relative frequencies.

In order to evaluate the general profile of the patients, as well as the evaluation of the most prevalent comorbidity, the frequencies of the categories were evaluated by means of the Chi-square test for Adherence.

The null hypothesis of equality of frequencies of each comorbidity in relation to the age groups (18 to 24, 25 to 35, > 35 years of age) and schooling was tested to determine the age of highest prevalence, as well as the prevalence of comorbidities related to schooling (Illiterate, Fundamental I incomplete, Fundamental I complete, Fundamental II incomplete, Fundamental II complete, Incomplete Medium, Full Middle, Incomplete Superior, Not Informed). This hypothesis was tested using the Chi-square test for proportions.

In all statistical tests, a significance level of 0.05 was assumed. The analyzes were performed with the help of statistical software XLSTAT (2017).

Because of the use and public domain data disseminated by DATASUS and because there was no identification of the people involved in the research, there was no need to process the proposal in a research ethics committee involving human beings.

RESULTS

A total of 110 prisoners with active TB were identified in the years from 2012 to 2014, and the majority were notified in 2014 (85.46%, $p < 0.0001$). These subjects were characterized according to the variables gender, age, schooling, treatment of disease and type of disease (table 01).

Of the patients analyzed, the majority were male (93.64%, $p < 0.0001$). As for schooling, the majority reported incomplete (32.72%) and complete (13.63%), followed by 18.18% with incomplete Elementary School II, with significant differences between observed frequencies ($p < 0.0001$, table 01).

The types of entry for each prisoner were evaluated, with new cases being significantly higher (79.09%) than relapses (8.18%), reentry after treatment abandonment (6.36%), transference (5.45%) or post-death (0.9%) ($p < 0.0001$).

Table 1 - Distribution of the profile of tuberculosis among inmates in penitentiaries in the state of Paraná, 2012 to 2014

Variable	Categories	N	%	P-valor
Year	2012	2	1,82	<0,0001
	2013	14	12,73	
	2014	94	85,46	
Sex	F	7	6,36	<0,0001
	M	103	93,64	
Education	illiterate	1	0,91	<0,0001
	Fundamental I incomplete	20	18,18	
	Fundamental I complete	9	8,18	
	Fundamental II incomplete	36	32,73	
	Fundamental II complete	15	13,64	
	Médio incomplete	7	6,36	
	Médio complete	6	5,45	
	Superior incomplete	2	1,82	
	Not informed	14	12,73	
	Entrancy	New case	87	
Relapse		9	8,18	
Re-entry		7	6,36	
Transfer		6	5,46	
Pos-death		1	0,91	

Source: Sinan/Tabnet, 2017

The age of greatest prevalence among TB detainees was different for males and females, while that for more detainees ranged from 25 to 35 years, which was more frequent in females over 35 years of age (Table 2).

Table 2 - Distribution of tuberculosis cases by sex and age group between prisoners in penitentiaries in the state of Paraná, 2012 to 2014

Tuberculosis	Age	N	%	P-valor
Male	18 a 24	17	16,50	0,001
	25 a 35	53	51,46	
	>35	33	32,04	
Female	18 a 24	2	28,57	0,001
	25 a 35	0	0	
	>35	5	71,43	

Source: Sinan/Tabnet, 2017

Regarding the prevalence of comorbidities, there were no significant statistical differences between disease frequencies ($p = 0.105$), and it was possible to affirm that alcoholism was the most frequent (12.73%). Among the detainees who reported other diseases, it was possible to list: drug addiction (44.44%), asthmatic bronchitis (22.22%), immunosuppression (11.11%), thrombosis (11.11%) and unidentified, 11%).

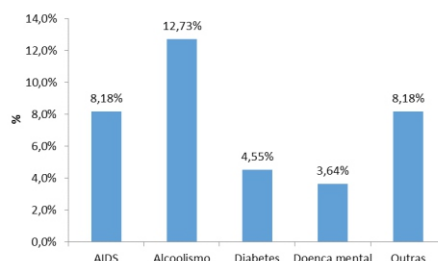


Figure 1 - Comorbidities of higher prevalence among inmates in penitentiaries in the state of Paraná, 2012 to 2014

Source: Sinan / Tabnet, 2017

In relation to the age of highest prevalence due to comorbidities, AIDS and Mental Illness did not present significant statistical differences between the age groups ($p > 0.05$), indicating that for this group of patients, there was no age of higher prevalence.

In relation to alcoholism, it was possible to observe a borderline statistical difference between the age groups ($p < 0.10$), and it can be stated that the age group over 35 years of age presented a significantly higher frequency of alcoholics (21.05%), when compared to the age groups of 18 to 24 years (0%) and 25 to 35 years (11.32%, table - 3).

As for the comorbidity of Diabetes Mellitus (DM), it was also possible to observe the borderline statistical difference ($p < 0.10$). It can also be stated that the age group older than 35 years presented a significantly higher DM frequency (10.53%), when comparing the age groups of 18 to 24 years (0%) and 25 to 35 years (1.89%, table - 3).

Table 3 - Definition of age of higher prevalence by comorbidity between inmates in penitentiaries in the state of Paraná, 2012 to 2014

Comorbidity	Age	N	%	P-valor
AIDS	18 a 24	2	10,53	0,649
	25 a 35	3	5,66	
	>35	4	10,53	
Alcoolismo	18 a 24	0	0,00	0,073
	25 a 35	6	11,32	
	>35	8	21,05	
Diabetes	18 a 24	0	0,00	0,086
	25 a 35	1	1,89	
	>35	4	10,53	
Mental Disease	18 a 24	2	10,53	0,207
	25 a 35	1	1,89	
	>35	1	2,63	
Others	18 a 24	1	5,56	0,089
	25 a 35	0	0,00	
	>35	0	0,00	

Source: Sinan/Tabnet, 2017

None of the comorbidities evaluated presented statistically significant differences related to the educational level of the patients ($p > 0.05$). Being that the carriers of TB with comorbidity aids and alcoholism appeared more in inmates with incomplete Elementary School I education (Table - 4).

Table 4 - Schooling related to the prevalence of comorbidity between inmates in penitentiaries in the state of Paraná, 2012 to 2014

Comorbidity	Education	n	%	P-valor
Aids	Fundamental I completo	1	11,11%	0,921
	Fundamental I incompleto	3	15%	
	Fundamental II completo	1	6,66%	
	Fundamental II incompleto	2	5,55%	
	Médio completo	1	16,67%	
	Médio incompleto	0	0%	
	Alcoolismo	Fundamental I completo	1	
Fundamental I incompleto	4	20%		
Fundamental II completo	1	6,66%		
Fundamental II incompleto	3	8,33%		
Médio completo	2	33,33%		
Médio incompleto	2	28,57%		
Diabetes	Fundamental I completo	2	22,22%	0,367
Fundamental I incompleto	1	5%		
Fundamental II completo	0	0%		
Fundamental II incompleto	2	5,55%		
Médio completo	0	0%		
Médio incompleto	0	0%		
Mental disease	Fundamental I completo	0	0%	
	Fundamental I incompleto	0	0%	
	Fundamental II completo	0	0%	
	Fundamental II incompleto	2	5,55%	
	Médio completo	1	16,66%	
	Médio incompleto	0	0%	

Source: Sinan/Tabnet, 2017

DISCUSSION

The analysis of the epidemiological situation of TB in Paraná prisons reveals a precarious situation, demonstrating that TB control remains a challenge for public health policies.

Knowing the magnitude of the problem and considering that the penitentiaries act on the transmission dynamics of the disease, it is important to know the profile of patients with TB. This modality of study can encourage the realization of early diagnosis and treatment, with the purpose of interrupting the transmission chain, thus developing strategies to control the disease within the Prison System, which is one of the main actions to control TB in the general population (BRAZIL, 2011).

The notification of only two cases of TB by Paraná penitentiaries during the year 2012 can be justified by the lack of screening of the detainee when entering the penal system and active, intermittent search, since the epidemiological picture of the disease in these spaces does not justify such a result. In fact, a possible increase in incidence can be attributed to an improvement in active search activities and new case reports.

Prison TB is associated with individual characteristics and life conditions prior to incarceration, as well as other environmental factors related to seclusion (VALENÇA et al., 2016).

The high proportion of the disease among men is a predominant factor in several studies, thus corroborating the epidemiological profile described for Brazil in 2012, where the incidence of the disease was 2.1 times higher among males (BRASIL, 2018). In the state of Espírito Santo, the same trend was observed, where 97.6% of the TB cases among prisoners were male (MACEDO, MACEDO, MACIEL, 2013).

In Japan, in a recent study on the profile of incarcerated TB, the observed data showed that 69.4% were male (KAWATSU et al., 2017). In Australia and the Republic of Macedonia, a country located in southeastern Europe, the data confirm those found in Paraná, where 92.3% and 98.2%, respectively, were males (MOYO; TAY; DENHOLM, 2018; ILIEVSKA-POPOSKA, et al., 2018). And in a survey of TB prisoners in Ethiopia, 99.2% of them were men (BEZA; HUNEGNAW; TIRUNEH, 2017), demonstrating the male profile of the incarcerated population, regardless of the income level of the countries.

The high incidence in males may occur due to economic, cultural and social factors related to exposure, since in most societies men are the only providers of the family, resulting in a greater exposure to Mycobacterium tuberculosis outside the home. Gender inequalities in health care can also be one cause of this difference. These aspects apply to both men incarcerated

or in freedom (BELO et al., 2010).

In the present study there was a higher frequency of patients in the groups with less years of study. The association of low schooling with patients with TB has been described in the literature (PEDRO, OLIVEIRA, 2013, BEZA, HUNEGNAW and TIRUNEH, 2017).

Rectifying what occurs in several countries, such as Australia and the Republic of Macedonia, new cases represent the largest portion of records, 84.6% and 93.10% respectively, followed by relapses, similar to what occurs in penitentiaries in the state of Paraná (MOYO; TAY; DENHOLM, 2018) (ILIEVSKA-POPOSKA, et al., 2018).

As for the age with higher prevalence, this study confirmed the indicated in the Panorama of TB in Brazil, in a study carried out in 2012. The disease affected more females in the age group above 35 years, for males the highest incidence (51.4%) was between 25 and 35 years (BRAZIL, 2015). Macedo, Macedo and Maciel (2013) elucidated similar results, where 49.7% of the male patients with TB were between 26 and 35 years old. A similar percentage (47.3%) was found in the Republic of Macedonia for an age group of 25 to 34 years (ILIEVSKA-POPOSKA, 2018).

Beza, Hunegnaw and Tiruneh (2017) found that 63% of those with TB had more than 30 years of age, yet in Australia prisons the largest number of cases was recorded in prisoners under 30 years of age, 65.4% of them Moya, Tay, Denne, 2018).

The most common comorbidities in this population also coincide with those found in some surveys conducted in the world. However, in a study done in Mexico, TB-AIDS comorbidity was the one that appeared the most, followed by TB-alcoholism (VENEZUELA-JIMENEZ, MANRIQUE-HERNÁNDEZ; IDROVO, 2017). In Thailand HIV was also one of the most present risk factors (MOYO; TAY; DENHOLM, 2018). However in the Republic of Macedonia there was no association of TB with HIV (ILIEVSKA-POPOSKA, et al., 2018).

CONCLUSION

In prisons health is still not considered a prisoner's right, making it difficult to diagnose and treat the disease early (SOUZA et al., 2012). There are still many barriers that hamper the development of actions that promote health in prisons. The TB Control Programs for this specific population are inadequate, and there are difficulties in accessing prisoners to health care.

With the data of the research it was possible to establish the characterization of the prisoners diagnosed with tuberculosis in the years 2012 to 2014 in the penitentiaries of Paraná. It was found that they were mostly men, aged between 26 and 35 years, with incomplete Elementary School II, and with alcoholism and AIDS as the most common comorbidity.

Although surrounded by walls, specificities of the confinement itself may result in weaknesses in the implementation of public health policies. Therefore, the relevance of research that brings the difficulties and the potential to establish and implement actions directed to this population is highlighted.

Knowledge about the profile of prisoners with TB can facilitate the formulation of strategies that can subsidize ways to prevent illness and transmission in this environment with a high incidence of pathology.

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Abstract

Epidemiological, descriptive, retrospective study of the profile of tuberculosis cases in penitentiaries in the state of Paraná, from the years 2012 to 2014. The data come from the Information System of Notification Diseases of Paraná (Sinan). 110 inmates diagnosed with tuberculosis were identified in this period, 93.64% of them were male, the highest percentage had incomplete elementary education II (32.72%). Investigating comorbidities, alcoholism and AIDS were highlighted, both with more cases in those above 35 years of age. It is noteworthy that of the total cases, 87 were new cases and 9 relapses. When crossing data on comorbidities and schooling, it was observed that the largest number of people affected by AIDS, alcoholism and diabetes had incomplete Elementary School I. Different studies involving inmates corroborated this research, reiterating that the profile of this population is similar, emphasizing the need to discuss public policies for health care, especially infectious diseases, such as tuberculosis among persons deprived of their liberty.

Keywords: Tuberculosis; prisons; epidemiology.

Résumé

Étude épidémiologique, descriptive et rétrospective du profil des cas de tuberculose dans les pénitenciers de l'État de Paraná, de 2012 à 2014. Les données proviennent du système d'information sur les maladies à notification du Paraná (Sinan). On a identifié 110 détenus atteints de tuberculose au cours de cette période; 93,64% d'entre eux étaient des hommes, le pourcentage le plus élevé ayant une éducation primaire élémentaire II incomplète (32,72%). Les enquêtes sur les comorbidités, l'alcoolisme et le sida ont été mises en évidence, les deux cas étant plus nombreux chez les personnes de plus de 35 ans. Il est à noter que sur le total des cas, 87 étaient des nouveaux cas et 9 rechutes. En croisant les données sur les comorbidités et la scolarité, il a été observé que le plus grand nombre de personnes touchées par le sida, l'alcoolisme et le diabète n'avaient pas achevé leurs études primaires. Différentes études impliquant des détenus ont corroboré ces recherches, rappelant que le profil de cette population était similaire, soulignant la nécessité de discuter des politiques publiques en matière de soins de santé, en particulier de maladies infectieuses, telles que la tuberculose chez les personnes privées de liberté.

Mots-clés: tuberculose; les prisons; épidémiologie.

Resumen

Estudio epidemiológico, descriptivo, retrospectivo referente al perfil de los casos de tuberculosis en las penitenciarias del estado de Paraná en los años de 2012 a 2014. Los datos proceden del Sistema de Información de Agravios de Notificación de Paraná (Sinan). Se identificaron a 110 detenidos diagnosticados con tuberculosis en ese período, siendo que el 93,64% de ellos eran del sexo masculino, el mayor porcentaje tenía enseñanza fundamental II incompleta (32,72%). Investigando las comorbilidades, se destacaron el alcoholismo y el sida, ambas con más casos en aquellos de más de 35 años de edad. Se destaca que del total de casos, 87 eran casos nuevos y 9 recidivas. Al cruzar los datos de las comorbilidades y escolaridad, se observó que el mayor número de acometidos por el sida, el alcoholismo y la diabetes tenían una enseñanza básica incompleta. Diferentes estudios que involucraron a detenidos corroboraron con esta investigación, reiterando que el perfil de esa población es similar, enfatizando la necesidad de discusión de políticas públicas para la atención en salud con destaque las enfermedades infecciosas, como la tuberculosis entre personas privadas de libertad.

Palabras clave: Tuberculosis; cárceles; epidemiología.

Resumo

Estudo epidemiológico, descritivo, retrospectivo referente ao perfil dos casos de tuberculose nas penitenciárias do estado do Paraná nos anos de 2012 a 2014. Os dados são provenientes do Sistema de Informação de Agravos de Notificação do Paraná (Sinan). Foram identificados 110 detentos diagnosticados com tuberculose nesse período, sendo que 93,64% deles eram do sexo masculino, a maior porcentagem tinha ensino fundamental II incompleto (32,72%). Investigando as comorbidades, destacaram-se o alcoolismo e aids, ambas com mais casos naqueles acima de 35 anos de idade. Destaca-se que do total de casos, 87 eram casos novos e 9 recidivas. Ao cruzar os dados das comorbidades e escolaridade, observou-se que o maior número de acometidos pela aids, alcoolismo e diabetes tinham Ensino Fundamental I incompleto. Diferentes estudos que envolveram detentos corroboraram com esta pesquisa, reiterando que o perfil dessa população é similar, enfatizando a necessidade de discussão de políticas públicas para a atenção em saúde com destaque as doenças infecto-contagiosas, como a tuberculose entre pessoas privadas de liberdade.

Palavras-chave: Tuberculose; prisões; epidemiologia.