INSERVICE:

TUBERCULOSIS

INCIDENCE OF TUBERCULOSIS

Tuberculosis is not evenly distributed among the population. The highest incidence is found in: African Americans, American Indians, Asians, Pacific Islanders, prison inmates, alcoholics, and IV drug users. Other is persons with risk factors such as HIV, or receiving chemotherapy Persons over 65 constitute a large number of TB infections. They account for 85% of nursing home residents, where there could be a large concentration of infected persons, who are immunosuppressed, and live within close proximity to the community served.

SPREAD OF INFECTION

The organism causing the disease, *Mycobacterium tuberculosis,* is carried by airborne droplets, and is highly contagious. The bacilli become established in the alveoli of the longs and spreads throughout the body. The disease may take up to 10 weeks to fully develop. The initial infection may rapidly progress to a severe clinical illness in at-risk patients. For those who do not carry the above-mentioned risk factors, the disease may take months even years to replicate symptoms of the disease. There is rapid progression of TB with patients having HIV. Some procedures utilized in health care may also contribute to the spread of TB: abscesses, suctioning. Resp. therapy. Needle sticks may spread TB.

RISK FOR HEALTH CARE WORKERS

The risk of exposure or contracting of the disease is higher in at-risk areas such as: E.R., ICU, clinics, nursing homes, in-field workers. Agency should ensure that appropriate TB prevention and control measures are taking for patients and staff to protect the spread of the disease. The following activities should take place: surveillance of staff, patient's family, and community; containment of the infection, with the appropriate course of treatment under supervision; assessment and monitoring of the disease progress, and of the agency infection control policies; education to patient, families, staff, visitors to ensure the compliance with the need for prevention and therapy.

DIAGNOSIS

Symptoms are: persistent cough, weight loss, loss of appetite or fever. This would be difficult to diagnose with positive HIV. The PPD Skin Test should be given to all health care workers yearly if exposure occurs. A positive skin test does not mean that the person has TB, but a follow-up chest x-ray should be done. A sputum test may also be required. Residents of long-term care facilities should also be tested yearly. When TB is confirmed, the Health Dept. must be notified.

CONTAINMENT

Patients diagnosed with TB must begin medication immediately. When the positive diagnosis is made, and the patient exhibits symptoms, isolation in home environment is necessary away from others. Repeat chest x-rays and sputum smears are obtained for follow-up. Persons in contact with the TB patient are at risk for contacting the disease, and must be monitored. Persons with a positive skin test, and negative chest x-ray should be monitored. If those persons have been exposed to an individual with TB, medications should be maintained for 6 months.

SUMMARY

Tracking the status of the patient with TB is essential. Both the therapy regimen and monitoring of testing must be included in the agency's policies. State and local health departments will assist in developing policies to train, contain, and maintain TB prevention. The incidence of TB is low among residents in community but higher in facilities. Steps must be taken to recognize, diagnose, treat and test individuals who have been exposed, and those who are at risk.