TB is a disease caused by Mycobacterium Tuberculosis. TB usually attacks the lung’s but can also attack lymph nodes, bones & joints, brain and other organs. TB disease should be suspected in persons who have the following symptoms: fever, fatigue, unexplained weight loss, loss of appetite and night sweats. If TB disease is in the lungs symptoms may include: persistent coughing, coughing up blood and night sweats.

TB is spread thru the air person to person. Tiny water particles called droplet nuclei containing M. Tuberculosis may be expelled into air when a person is infected with TB in the lungs, airway or larynx. A cough, sneeze, speaking or singing can release these particles into the air. Droplet nuclei can remain in the air for hours depending on the environment.

Tuberculosis is not evenly distributed among the population. The highest incidences are found in African Americans, American Indians, Asians, Pacific Islanders, prison inmates, alcoholics, and IV drug users. Others risk factors include HIV patients or someone receiving chemotherapy.

RISK FOR HEALTH CARE WORKERS

The risk of exposure or contracting the disease is higher in at-risk areas such as: the emergency room, intensive care unit, clinics, nursing homes, in-home workers. Facilities should ensure that appropriate TB prevention and control measures are taking to residents and staff to protect the spread of the disease. The following activities should take place: surveillance of staff, residents, and the facility; containment of the infection, with the appropriate course of treatment under supervision; assessment and monitoring of the disease progress, and of the facility infection control policies; education to residents, families, staff, visitors to ensure the compliance with the need for prevention and therapy.

The PPD Skin Test should be given to all health care workers yearly. 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 under negative pressure is necessary. Repeat chest x-rays and sputum smears are obtained for follow-up. Persons in contact with the TB patient are at risk for contracting 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 facilities’ system. State and local health dept. will assist in developing policies to train, contain, and maintain TB prevention. The incidence of TB is rising among residents in healthcare facilities. Steps must be taken to recognize, diagnose, treat and test individuals who have been exposed and those who are at risk.