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Health care practitioner's TB screening practice preferences

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Background: Tuberculosis has re-emerged as an infectious threatening disease. Some challenges encountered with tuberculosis are predominantly due to the lack of understanding of the disease, the rapid mutating properties of the TB microorganism, and to the lack of standardized TB screening. While great progress was made in the early 1900's towards the development of the tuberculine skin test (TST) and successful development of an effective vaccine; the problem with standardizing accepted screening practices remain.

Purpose: The purpose of this descriptive, cross-sectional study was to identify current TB screening practice preferences and commonalities among health care practitioners (HCPs) and to evaluate the length of time that takes HCPs to provide medical clearance to patients who tested positive for TB using a TST for screening.

Methods: There were 210 participants identified as HCPs actively involved in TB screening practices. They completed a sixteen questions questionnaire.

Results: Physicians were significantly more actively involved in TB screening than non-physician providers, (OR: 3.696 7 CI 1.047-13.047, p=0.03). Non-physician providers were significantly more likely to use the two-step tuberculine skin test (TST) (OR: 3.57; CI: 1.35-9.38; p = 0.007) and single blood assay (OR: 2.86; CI: 1.80-7.48; p = 0.002) than physicians.

Conclusions: The findings suggest that although much research has been done on TB screening, with the advent of numerous blood assays single TB screening test, most HCPs have been extremely cautious to adopt these new practices, and continue to rely on proven TB screening tests and practice methods that have been established for many decades. However, it does not indicate that there is a commonly accepted TB screening practice among practicing HCPs. On the contrary, the study supports the variation of TB screening styles currently in use.

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