

Biosafety in the Care of Tuberculosis Patients

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The contamination of *Mycobacterium tuberculosis* (MTB) by health professionals during the treatment of patients with Tuberculosis (TB) is an important topic which is the recent topic of discussion globally [1].

This risk of nosocomial transmission of MTB varies principally according to the local prevalence of Tuberculosis and to the effectiveness of the infection control program at the institutions on the country level [2].

Besides that, patients with pulmonary or laryngeal TB are the principal sources of transmission, although some infections have been reported after the manipulation of extrapulmonary sites [3-10]. Failures in the recognition, isolation and management of TB patients are important determinants of nosocomial outbreaks. Patients with multidrug-resistant TB, inadequately treated, can remain infected for long periods, and also there is an increase in the risk of TB transmission [2].

Since TB has become endemic in some countries and emergent in others, new strategies had to be implemented, especially because the migration movements turn TB in a worldwide problem even for countries where the control were already been reached [11].

Although, the TB control biosafety recommendations have been published [1,2] in some countries but due to the lack of specific biosafety legislation to guide the management plan in specific population and institutions, we are still facing high TB incidence of infection and diseases in health professionals [3-8]. In addition, there are few recommendations for TB control in primary care, where most of the part of tuberculosis patients has been diagnosed and treated in developed and developing countries [1].

The WHO publication calls attention for the biosafety measures and needs to it be a part of the scope of the TB programs [1]. Any measures aiming to combat the transmission of TB should take into account the working process at institution, whether it's a health institution or not (such as home shelter, prison) and should be implemented accordingly to the type of institution and the risk of the transmission of the MTB including community health care workers, laboratory workers and clinicians workers.

The scientific community and the health workers should recognize themselves as a population subject to the risk of developing

tuberculosis and actions should be implemented in order to build a biosafety regulation at country level in order to minimize the potential risks wherever TB patients are seeking care. This regulation should be evaluated and evidences of effectiveness should be performed and communicated to the scientific society.

To reach this task, the Journal of Biosafety can play an important role in publishing the findings and new information on tuberculosis biosafety measures in open access throughout the world.

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Received October 25, 2012; Accepted October 26, 2012; Published October 27, 2012

Citation: Noia Maciel EL (2012) Biosafety in the Care of Tuberculosis Patients. Biosafety 1:e124. doi:10.4172/2167-0331.1000e124

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