



PEAK

Tuberculosis Epidemiology, Diagnosis and Infection Control Recommendations for Dental Settings



Practice Enhancement and Knowledge

PEAK (Practice Enhancement and Knowledge) is a College service for members, whose goal is to regularly provide Ontario dentists with copies of key articles on a wide range of clinical and non-clinical topics from the dental literature around the world.

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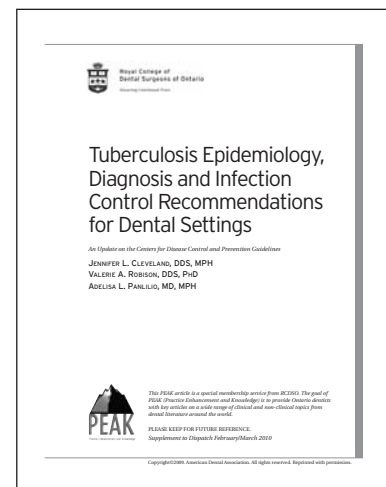
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In 1990 and again in 1994, the Centers for Disease Control and Prevention (CDC) published guidelines for preventing the transmission of tuberculosis (TB). The guidelines focused primarily on hospital-based health care settings to address an increased number of TB outbreaks, most of which involved multidrug-resistant strains. As a result of the widespread implementation of these recommendations and reductions in community rates, reports of TB transmission among health care practitioners and patients decreased over the next decade.

In 2005, CDC updated the guidelines to include inpatient, outpatient, home health care and correctional settings, as well as TB clinics.

The risk of TB transmission in dental settings is low. Nevertheless, it is important that oral health care workers are knowledgeable about the signs and symptoms suggestive of active TB and appropriate office protocols are in place to prevent its transmission.

With this issue of Dispatch, PEAK is pleased to offer members the





following article: “Tuberculosis epidemiology, diagnosis and infection control recommendations for dental settings – An update on the Centers for Disease Control and Prevention guidelines”, from the September 2009 issue of the Journal of the American Dental Association.

The article first reviews the transmission, pathogenesis, epidemiology and diagnosis of TB. It then presents the chief recommendations from the 2005 CDC guidelines applicable to dental settings. These recommendations emphasize the importance of maintaining appropriate infection prevention and control measures to combat another resurgence of TB and reduce the risk of transmission from patients with unsuspected or undiagnosed infectious TB to health care practitioners.

KEY POINTS TO CONSIDER

TB continues to be a leading cause of death around the world. It has been estimated that 2 billion persons are infected with Mycobacterium tuberculosis, and that 1.78 million persons died from TB in 2007. In addition, the prevalence of multidrug resistant TB is increasing and some forms are almost untreatable.

Only persons with active TB are infectious. The disease is spread through airborne particles that may be generated when persons with pulmonary or laryngeal TB sneeze, cough, speak or sing.

Signs and symptoms suggestive of active TB include a productive and persistent cough, bloody sputum, night sweats, weight loss, fever and anorexia.

Patients who present with signs and symptoms suggestive of TB should be offered a mask and removed from the reception/waiting area and seated in a secluded operatory as soon as possible.

Patients with suspected TB should be referred for medical evaluation and possible treatment.

Patients with suspected or confirmed TB should have all non-urgent dental treatment postponed until it has been determined that the patient either does not have the disease or is noninfectious.

All dental settings should conduct an annual risk assessment for TB transmission. In addition, oral health care workers should consult with their family physician about the need for baseline and annual TB skin testing.