Health Care Practitioners’ TB Screening Practice Preferences  
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ABSTRACT
Tuberculosis has re-emerged as an infectious disease. It affects millions of people every year. 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 Mycobacterium tuberculosis 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 CI 1.047-13.047, p = 0.03). Non-physician providers were significantly more likely to use the two-step tuberculin skin test (TST) (OR: 3.57; CI: 1.35-9.38; p = 0.007) and single blood assay (OR: 2.36; CI: 1.80-7.48; p = 0.028) than physicians.

DISCUSSION: Our findings revealed that differences exist among HCPs' reported confidence levels and knowledge on TB tests used. HCPs have continued to adopt a broad range of screening tests and practice methods for the initial and confirmatory TB screening process of individuals. There was not a single TB screening test or method capable of meeting all HCPs screening needs. TB screening tests used and practices employed were out of the HCPs' selection control, and was overwhelmingly imposed by their employers.

REFERENCES