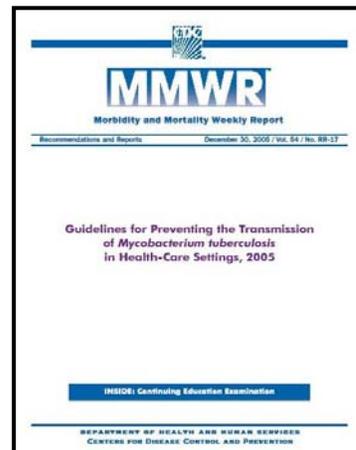


## CDC Guidelines for Preventing the Transmission of *Mycobacterium Tuberculosis* (4/06)

Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005;54 (No. RR-17): 1–141.

The tuberculosis (TB) infection-control measures recommended by Centers for Disease Control and Prevention (CDC) in 1994 were implemented widely in health-care facilities in the United States. The result has been a decrease in the number of TB outbreaks in health-care settings reported to CDC and a reduction in health-care-associated transmission of *Mycobacterium tuberculosis* to patients and health-care workers (HCWs). This report updates TB control recommendations reflecting shifts in the epidemiology of TB, advances in scientific understanding, and changes in health-care practice that have occurred in the United States during the preceding decade. The 2005 CDC document places emphasis on actions to maintain momentum and expertise needed to avert another TB resurgence and to eliminate the lingering threat to HCW, which is mainly from patients or others with unsuspected and undiagnosed infectious TB disease.



Dental procedures could stimulate coughing and dispersal of infectious particles, however the generation of droplet nuclei containing *M. tuberculosis* as a result of dental procedures has not been demonstrated. Patients and dental HCW share the same air space for varying periods, which contributes to the potential for transmission of *M. tuberculosis* in dental settings. For example, during primarily routine dental procedures in a dental setting, multi-drug resistant TB might have been transmitted between two dental workers. As a result, the 2005 CDC report provides recommendations to prevent the transmission of *M. tuberculosis* in dental health-care settings. The 2003 CDC Dental Infection-Control Guidelines also addressed TB. Highlights of the recommendations for dentistry include:

- Infection control policies for each dental health-care setting should be developed, based on the community TB risk assessment. The policies should include appropriate screening for latent TB infection and TB disease for dental HCWs, education on the risk for transmission to dental HCWs, and provisions for detection and management of patients who have suspected or confirmed TB disease.
- When taking a patient's initial medical history and at periodic updates, dental HCWs should routinely ask all patients whether they have a history of TB disease or symptoms indicative of TB.
- During clinical assessment and evaluation, a patient with suspected or confirmed TB disease should be instructed to observe strict respiratory hygiene and cough etiquette procedures. The patient should also wear a surgical or procedure mask, if possible. These patients should not be kept in the dental facility any longer than required to evaluate their dental condition and arrange a referral.
- Elective dental treatment should be postponed until a physician confirms that the patient does not have infectious TB, or if the patient is diagnosed with active TB disease, until confirmed the patient is no longer infectious.
- If urgent dental care must be provided for a patient who has suspected or confirmed infectious TB disease, dental care should be provided in a setting that meets the requirements for an airborne infection isolation (AII) room. Standard surgical face masks do not protect against TB transmission; dental HCWs should use respiratory protection (at least N95 disposable respirator) while performing procedures on such patients.

**DECS Comment: The USAF Guidelines for Infection Control in Dentistry address measures to prevent the transmission of TB, including the need for education and patient assessment. Since community TB risk assessments will vary depending upon location, USAF dental clinics are required to follow their medical treatment facility's guidance regarding developing, maintaining, and implementing a written TB infection-control plan; managing a patient with suspected or active TB; completing a community risk-assessment to guide employee tuberculin skin tests (TST) and follow-up; and managing dental HCWs with TB disease. The CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005 are available by visiting: [www.cdc.gov/tb/](http://www.cdc.gov/tb/).**