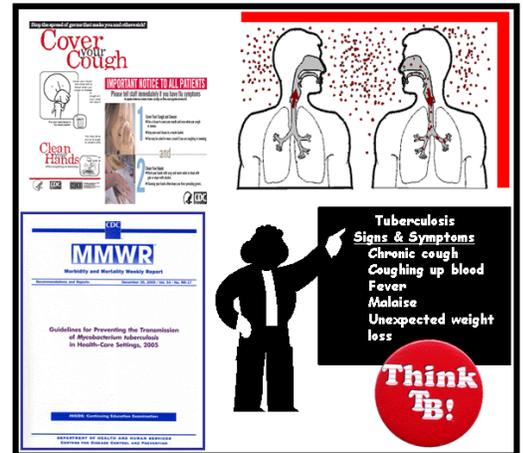


Tuberculosis Infection Control for Dentistry (10/09)

Cleveland JL, Robison VA, Panlilio AL. Tuberculosis epidemiology, diagnosis and infection control recommendations for dental settings: An update on the Centers for Disease Control and Prevention guidelines. *J Am Dent Assoc* 2009;140:1092–1099.

Although rates of tuberculosis (TB) in the U.S. have declined in recent years, disparities still exist between U.S.- and foreign-born people and between white and non-white people. Additionally, the number of TB outbreaks among health-care personnel and patients has declined since the implementation of the 1994 Centers for Disease Control and Prevention (CDC) guidelines to prevent transmission of *Mycobacterium tuberculosis*. The article provides updates on the epidemiology of TB, advances in TB diagnostic methods, and TB infection-control guidelines for dental settings. In 2008, 83% of all reported TB cases occurred in non-white persons and 17% occurred in white individuals. Foreign-born persons had a TB rate about 10 times higher than U.S.-born persons. New blood assays for *M. tuberculosis* have been developed to diagnose TB infection and disease. Changes from the 1994 guidelines incorporated into CDC's *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005* include revised risk classifications, new TB diagnostic methods, decreased frequencies of tuberculin skin testing in various settings, and new terminology. Although the principles of TB infection control have remained the same, the changing epidemiology of TB and new diagnostic methods led to revisions of the 1994 guidelines. **Dental health-care personnel (DHCP) should be aware of the modifications that are pertinent to dental settings and incorporate them into their overall infection-control program.**



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 (MTF) 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 DHCP with TB disease.

More than likely the MTF TB plan will cover the dental clinic; however you may need to include a section in your dental infection-control operating instructions describing how the dental clinic supports and executes the MTF plan.

If your MTF does not provide treatment for TB patients you still need to be equipped to manage a patient with active or suspected TB before they are referred to a facility that can manage TB patients. For example, it would be helpful to include protocols that describe respiratory hygiene and cough etiquette procedures for the patient (e.g., having the patient wear a surgical mask or be instructed to cover their mouth and nose when coughing and sneezing); evaluation procedures for the patient with suspected or known TB disease (e.g., evaluating the patient away from other patients and DHCP); and referral arrangements.

[Click here](#) for a copy of the CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005.