


**Tuberculosis in Community Clients,
Implications for Healthcare Workers**

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Tuberculosis in Community Clients

- Silver Chain is a large community healthcare provider with operations in Western Australia, South Australia, Queensland and as from December 2013, palliative services in a number of districts in New South Wales.
- Services include Hospital in the Home, Wound Care Clinics, Continence Management, Home Support Services, Allied Health Interventions, Primary Health Centres and Palliative Services.
- This presentation discusses three recent cases of active pulmonary tuberculosis (TB) in community clients.



Tuberculosis is.....

- Caused by *Mycobacterium tuberculosis*
- Transmitted by inhalation of the organism
- A slow progressive inflammatory disease usually in the lung
- Can be serious or even fatal
- Can be treated effectively with specialised antibiotic therapy



Tuberculosis is

- Only infectious and can only be transmitted once the disease is pulmonary and advanced
- Treatment usually renders cases non-infectious very quickly.



What TB is not -

- It is not old fashion – it is coming back (in 2012 there were 172 cases notified compared with only about 65 cases notified in 2003)
- It is not highly infectious
- It is not a dramatic disease
- It is not a dangerous disease – over 90% of cases in WA are treated successfully



What TB is not -

- It is not only a disease of the elderly and immunocompromised, in fact the highest number of cases in WA in 2012 were in the 15 year old – 44 year old age group (usually recent migrants)
- Even though Australia has a low rates of TB, the regions surrounding Australia all have high rates



Risk factors for TB?

The only risk factor for TB is breathing!*

*Dr Justin Waring, Medical
Director, WA Tuberculosis Control
Program



TB – Infection Control (in order of importance)

- Early diagnosis and treatment
- Contact tracing and preventative therapy
- Isolation (rarely necessary)



Case 1

- A young adult female was hospitalised with a lung abscess
- Discharged into the care of Silver Chain
- On the same day, laboratory results were received showing that she had an active TB infection
- Panic phone call from staff asking what they should do!



Case 2

- An elderly male living in a country region
- He had a history of a cough for over twelve months
- He had been receiving care from Silver Chain for an extended period
- When the cough was investigated, he was found to have active pulmonary TB disease
- Once again a panic call from staff – what do we need to do?



Case 3

- An elderly male had been receiving TB treatment in hospital
- He went into multi-organ failure and was discharged into the care of the Silver Chain Palliative Service
- He passed away the same day
- Yet another phone call – what do we need to do?



What did we do?

- All cases of TB in WA are managed by the Anita Clayton Centre
- A risk assessment is conducted for each case
- For healthcare workers, an infection risk is considered significant if the healthcare worker has provided eight or more hours of *cumulative* care



The Significance of the Three Cases – Case 1

- As the client was discharged into the care of Silver Chain on the day her diagnosis was confirmed, the staff had provided less than eight hours of cumulative care to this client.
- The risk to staff was therefore not considered significant, and no screening was carried out



The Significance of the Three Cases - Case 2

- Silver Chain staff had been providing care to this client for a prolonged period and therefore most healthcare providers involved had provided in excess of eight cumulative hours of care
- It was assessed that their risk of exposure was significant and all healthcare workers were screened
- None of the healthcare providers were found to be infected



The Significance of the Three Cases – Case 3

- The client had been on TB therapy, and passed away on the day he was discharged into our care, the healthcare providers had provided less than eight cumulative hours of care.
- The risk to staff was not considered significant, and no screening was carried out



Summary

- Clients with TB still cause fear in healthcare workers
- Discussing the risks with “experts” such as the Anita Clayton Centre, and communicating appropriate information to staff assists to alleviate fears
- In only one of the cases discussed, risk to healthcare providers was considered significant and screening was carried out
- Despite providing care for a prolonged period, no staff members tested positive



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