

ABSTRACT

Background: One third of the world’s population is estimated to be infected with Mycobacterium tuberculosis (MTB). A key to reducing transmission of MTB is early identification and treatment of those with latent tuberculosis infection (LTBI). The objective of this project was to describe and evaluate the percentage of immigrants identified with LTBI through the CSE at the Global Health Center (GHC) at the University of Louisville (UL) and the compliance with evaluation and prophylactic treatment.

Methods: This was a retrospective study of all patients seen during the CSE at the GHC at the UL from April- 2013 to July- 2015. Data were collected retrospectively from chart review and telephone interview with patients.

Results 98 patients with LTBI were included in this review, 51% were Hispanics followed by Asians (31%). Only 48% of the patients referred to the local HD were seen at the TB Clinic for evaluation of LTBI, 34.7 % of them agreed to start prophylactic treatment and 14.2 % completed it successfully. Reasons for non-compliance included: lack of understanding of the condition and treatment importance, the patient’s perception of side effects vs “minimal benefits” and the long waiting time for appointment at the local HD.

Conclusions The Civil Surgeon examination is a reliable process for identifying immigrants with LTBI, however, the goal of ensuring that the individuals have access to and complete LTBI treatment was not reached in the majority of those infected with Mycobacterium tuberculosis. These data indicate the need for a new process to address the existing CDC recommendations regarding LTBI treatment.

INTRODUCTION

One third of the world’s population is estimated to be infected with Mycobacterium tuberculosis (MTB). Early identification and prophylactic treatment is a priority for prevention of transmission of disease and a priority as a global strategy for the World Health Organization (WHO) for 2015. The Civil Surgeon Exam (CSE), therefore has an important role as a gateway to LTBI screening and treatment among immigrant populations. The objective of this project was to describe and evaluate the percentage of immigrants identified with LTBI through the CSE at the Global Health Center (GHC) at the University of Louisville (UL) and the compliance with evaluation and prophylactic treatment.

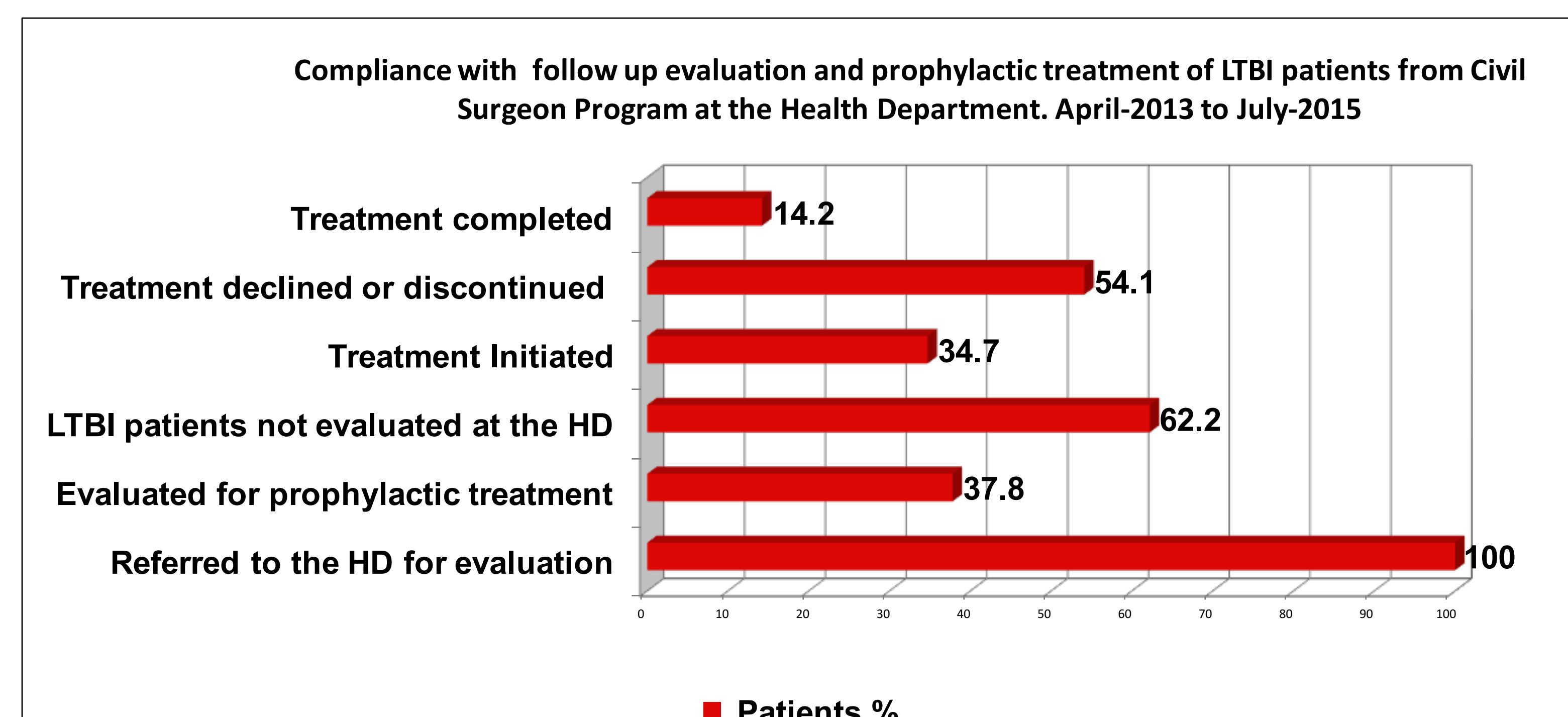
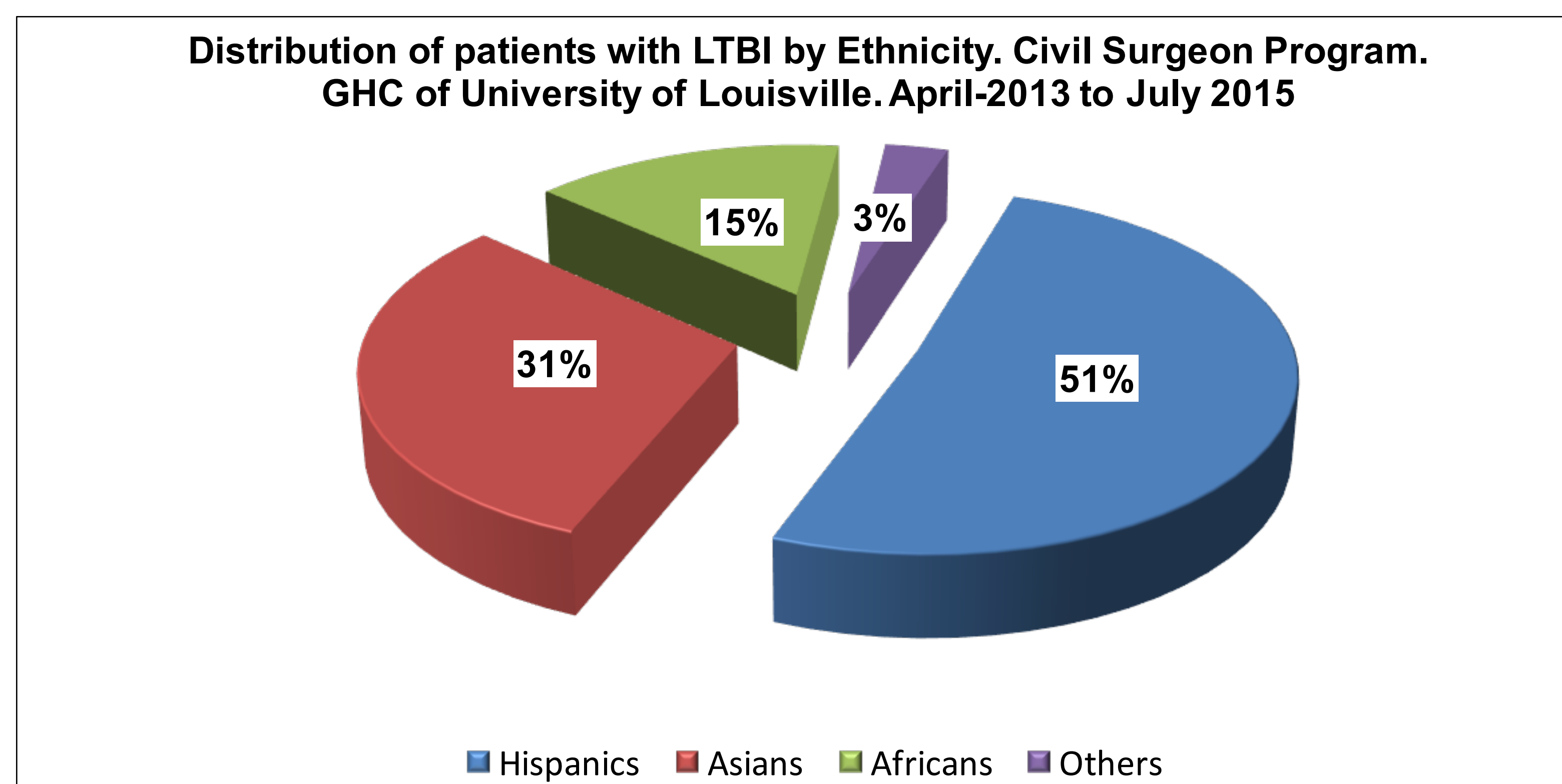
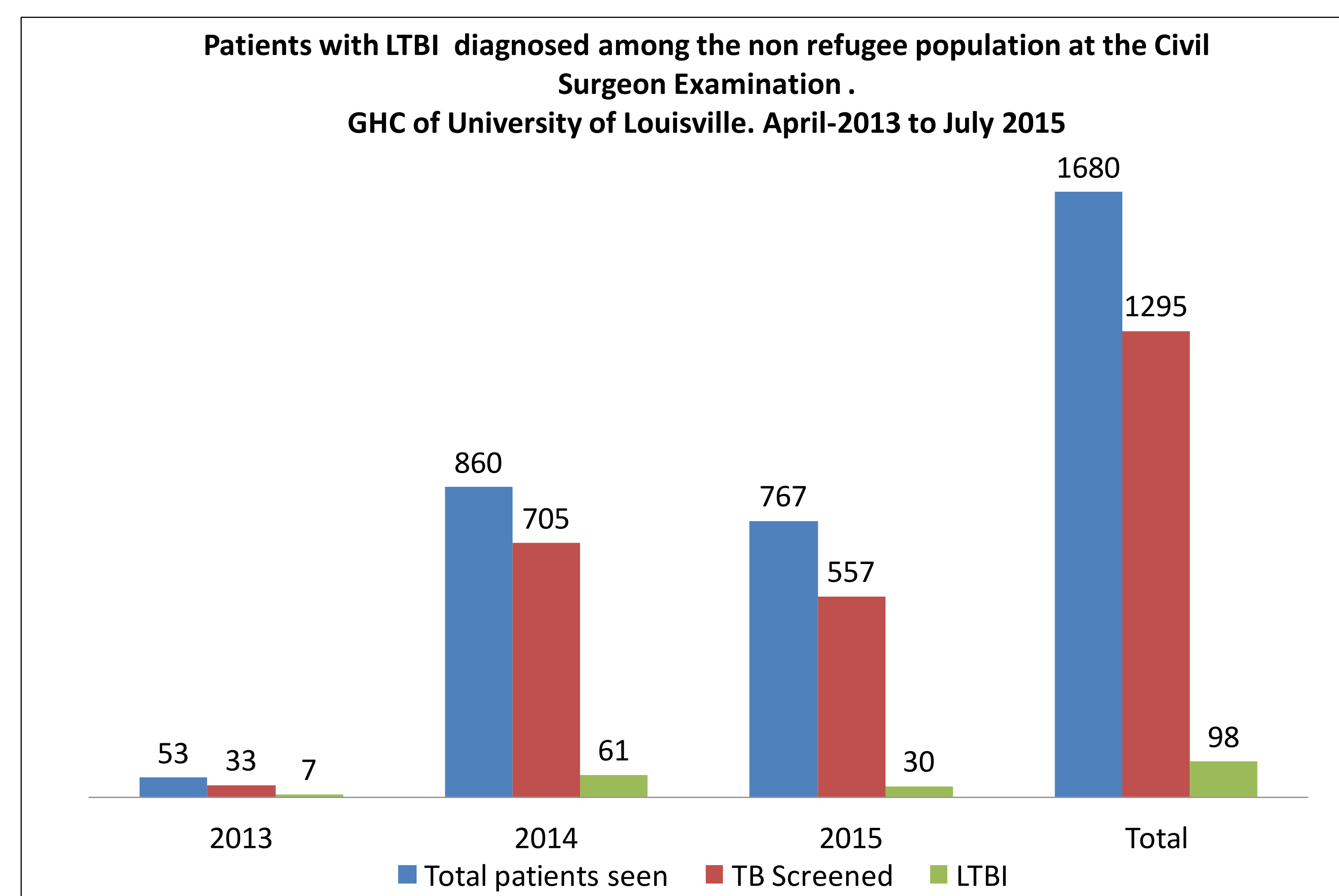
METHODS

This was a retrospective study of all patients seen during the CSE at the Global Health Center at the University of Louisville, KY from April- 2013 to July- 2015. Data on LTBI screening results, ethnicity, country of origin, compliance with therapy for LTBI and reasons for non-compliance with therapy were collected retrospectively from chart review and telephone interview with patients. Data was also obtained from chart review at the local Health Department.

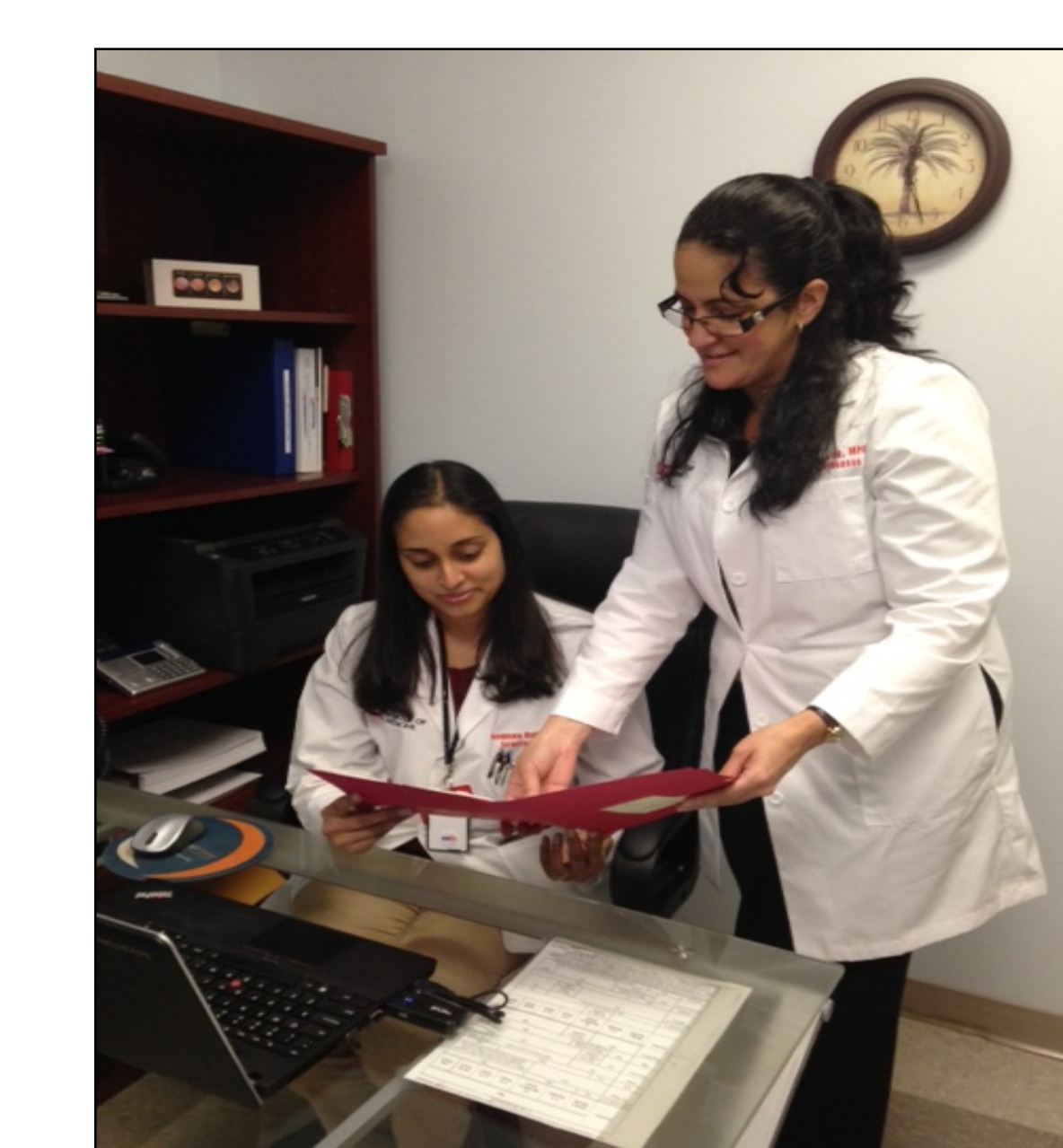
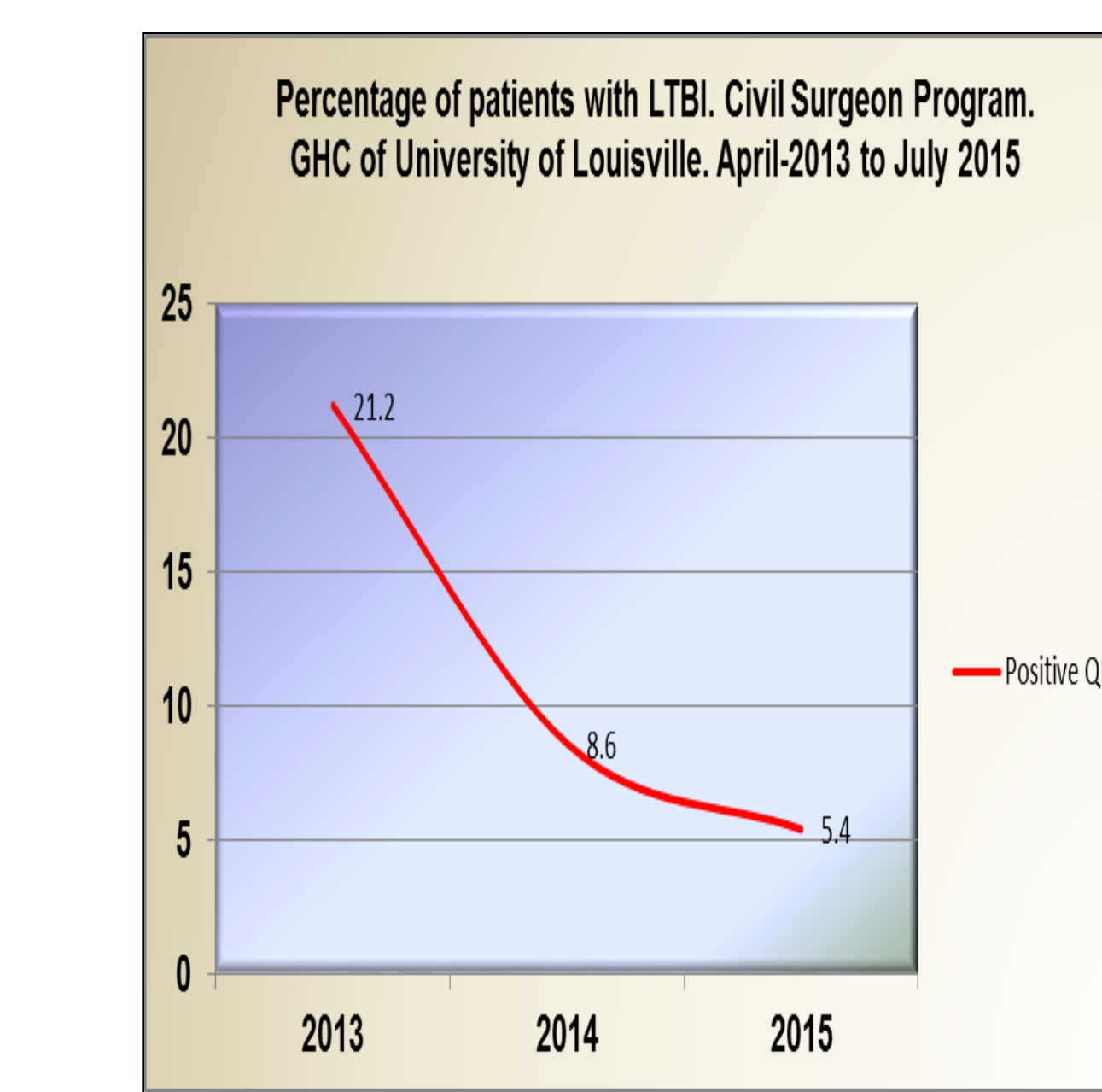
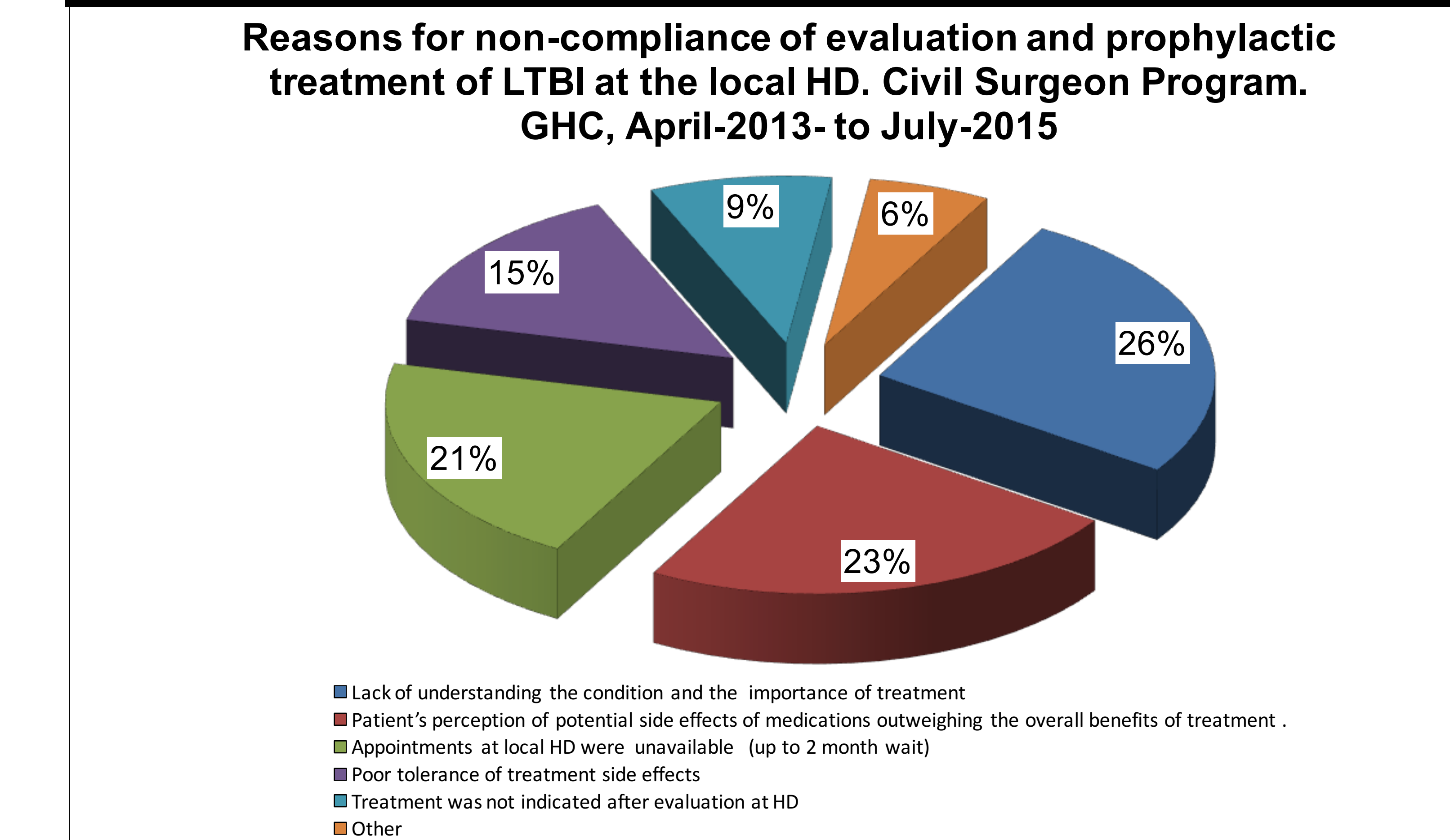
RESULTS

- A total of **1,295** patients were screened at the Civil Surgeon Exam in this study.
- Ninety-eight (**7.5%**) patients were diagnosed with LTBI.
- The majority of patients were Hispanic (**51%**); **31%** were Asian.
- All patients diagnosed with LTBI were referred to the local HD, however **62% (61)** did not keep their appointment for initial evaluation and treatment. **34.7 % (34)** of the total patients with LTBI agreed to start prophylactic treatment, however only **14.2 %** completed it successfully.
- Twenty-one (**21.4 %**) of (the patients were able to be contacted for follow-up questionnaire regarding the reasons for non- compliance with treatment. The main reasons for non-compliance were: lack of understanding of the condition and of the importance of prophylactic treatment (**9 patients, 42.8%**), the patient’s perception of potential side effects of medications outweighing the overall benefits of treatment (**8, 38.1%**) and the length of wait time to secure an appointment at the local Health Department (**7, 33.3%**).

RESULTS



RESULTS



CONCLUSIONS

The Civil Surgeon examination is a reliable process for identifying immigrants with LTBI, however, the goal of ensuring that the individuals have access to and complete LTBI treatment was not reached in the majority of those infected with *Mycobacterium tuberculosis*. These data indicate the need for a new process to address the existing CDC recommendations regarding LTBI treatment.

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