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Dialysis: A Key Population for LTBI Screening and Treatment

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The global burden of chronic renal disease will rise in the coming decades, placing this population at risk of developing tuberculosis disease (TB). In 2020, 1.5 million people worldwide died of TB. After COVID-19, TB is the second most common infectious killer. People with compromised immune systems, such as patients with chronic renal disease requiring dialysis (RD), have six to 25 times the risk of TB reactivation when burdened with the subclinical TB condition, latent tuberculosis infection (LTBI). LTBI, unlike TB disease or active TB, is not contagious and is asymptomatic. Some studies suggest an LTBI prevalence of 6.4%-40% in dialysis patients. Moreover, TB in RD patients is mainly extrapulmonary, difficult to diagnose timely, and carries high morbidity and mortality. Another point to consider is that people born in countries where TB is endemic are at a substantially greater risk of exposure to TB. States such as California, Texas, Florida, and New York, where TB is more prevalent than half of all states in the U.S., are also at risk due to migration. Furthermore, consistent with previous years, most reported TB cases in the U.S. are 71.5% among foreign-born people. Between 2000 and 2020, TB screening and treatment saved an estimated 66 million lives. As a strategy to eliminate TB in the U.S., LTBI screening, specifically focusing on identifying at-risk patients, is recommended for treatment planning and interventions. Nursing is instrumental in facilitating screening and prioritizing patient care planning to prevent TB disease and contamination of others. Nurses will provide an opportunity to develop individual knowledge base practice to align with coordination and integration of care in a multi-disciplinary method for the RD at risk population. Within their scope of practice, nurses can focus on each patient to improve patient outcomes by implementing culturally sensitive, effective patient-centered interventions in RD populations.

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