

Exposure of health workers to tuberculosis in inadequately funded public hospitals in a sub-urban city of Nigeria

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Respiratory protection in the public health sector in Nigeria is not yet a priority issue. Using tuberculosis and the public hospital as a case in point, health workers of different cadres are exposed to respiratory infections and diseases. Inadequate funding translates into unavailability of respiratory protection devices such as safety hoods / chambers in which tests for Acid Fast Bacilli (AFB) are carried out, no separate rooms in which patients produce sputum, no separate laboratories for making / staining sputum smears, inadequate standard operational procedures (SOP), no proper isolation wards etc. The direct consequence of this is that infectious aerosols abound in the hospital environment. Two Public hospitals with total staff strength of 1750 were considered for the period 2002 to 2005. 101 (5.8%) health care workers and ancillary staff were found to be tuberculin positive while 17 (1.0 %) were diagnosed with tuberculosis. Of this 17, 3 (17.6%) are nurses, 4 (23.5%) doctors, 1 (5%) Laboratory staff, 3 (17.6%) ward maids and 6 (35.5%) ancillary staff (one of which died in 2005). Proportion of tuberculin positive staff against total staff strength at α 0.05 level of significance was not significant ($P = 0.058$), while proportion of tuberculin positive staff diagnosed with tuberculosis was significant ($P = 9.714 \times 10^{-3}$). In contrast, over the same period, a private mission Tuberculosis / Leprosy treatment centre having better facilities and SOP, recorded only one case of tuberculosis disease in a member of staff that got married to a TB patient. Provision of better facilities will reduce the exposure of health workers to TB in the hospital environment.