Abstract
Tuberculosis Training and Medical Needs Assessment in Puerto Rico

Background:

A National Needs Assessment (NNA) was conducted in 2011 by the request of the Centers of Disease Control and Prevention (CDC) to assess the training and medical consultation needs of tuberculosis (TB) throughout the United States. The NNA consisted of an online survey followed by a Key informant interview with each state. When the Southeastern National Tuberculosis Center (SNTC) reviewed the responses throughout their territory (11 southeastern states in addition to Puerto Rico and the US Virgin Islands), it was evident that another approach would be needed to collect information from Puerto Rico, whose official languages are Spanish and English, but the majority speak Spanish. For this project, the survey instrument was adapted from the NNA survey to better address the needs of Puerto Rico.

Methods:

The adaptation of the NNA involved reducing the number of questions by half and translating the document into Spanish. A key contact in Puerto Rico distributed an online and paper version of the adapted needs assessment to individuals that had direct contact with patients with tuberculosis. After four weeks, paper surveys were collected and manually entered into the online system. Data was analyzed using descriptive statistics.

Results:

Fifty-eight respondents completed the online survey and 20 completed the paper version resulting in 78 total responses. Means were used to rank the perceived need for training topics. The top five identified training topics needed were: 1) The use and interpretation of interferon-gamma release assays (IGRAs) (4.17), 2) Outbreak response planning (4.12), 3) TB genotyping (4.12), 4) Treating pediatric TB (4.11), and 5) Legal issues related to TB (4.11). Seventy-two percent (n=47) of the respondents reported that their state program provided their trainings. Regarding medical consultation, 50% (n=14) reported the state program as their contact for medical consultation needs. The majority (77%) preferred future medical consultation to be conducted in person or in the hospital, clinic or private practice.

Conclusion:

Needs assessments and key informant interviews are vital to reaching the goal of TB elimination in the US as the needs of the individuals in direct contact with patients change with technology advances and fluctuation of funding sources. With one-third of the world’s population infected with the mycobacterium and 53% of all US cases comprising of foreign-born residents, it is imperative to continue to stay in front of the disease with state of the art training and medical consultation resources. The results of this needs assessment will be entered into the national data along with being delivered to the new Field Medical Officer of Puerto Rico to aid in the creation and delivery of tuberculosis training and medical consultation tools.