MOBBS TRAVELLING FELLOWSHIP AWARD - 2011.

REPORT FOLLOWING ATTENDANCE AT THE CANADIAN RESPIRATORY CONFERENCE (28TH to 30TH APRIL 2011)

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Summary

The Mobbs travelling fellowship award enabled me to attend the Canadian Respiratory conference for a poster presentation. My presentation highlighted the Tuberculosis screening and management protocol in the UK, in comparison to other countries. The conference also provided a platform to discuss, compare current practice and inculcate useful ideas which would influence future occupational health practice and research.

Introduction

I was awarded the Mobbs T ravelling Fellowship for 2011. This award enabled me to attend the Canadian Respiratory Conference (CRC 2011) at Niagara Falls, Ontario, Canada from April 28 -30 2011, where I presented a poster on "Treatment of Latent Tuberculosis infection diagnosed during pre-employment screening in healthcare workers – A UK experience". This report describes my experience at the conference.

Background

In 2009/2010, I performed a cross-sectional study on two hundred and forty six new entrant healthcare workers with risk factors for Tuberculosis (TB), who were screened pre-employment with Interferon Gamma Release Assay (IGRA) tests. Health care workers (HCW) have been shown to have a higher risk of tuberculosis and show higher levels of LTBI, compared with the general population. (1) The aim of the study was to evaluate the prevalence of LTBI in workers in a London teaching hospital using the QuantiFERON TB Gold in Tube test. The study also identified the risk factors associated with the diagnosis of LTBI, and evaluated the outcome of the screening process and treatment of healthcare workers diagnosed with LTBI. The poster which I presented at a moderated poster session, was derived from my MFOM/MSc dissertation on "Latent Tuberculosis in a cohort of new entrant healthcare workers in a London Teaching hospital" Following the acceptance of my abstract, my presentation was allocated a slot in the session entitled "Mycobacterial Diseases" at the conference

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The Canadian Respiratory Conference is held annually and attracts practitioners from varied backgrounds including Respiratory Medicine, Infectious Disease, Occupational Medicine, Tropical Medicine, General Practice and Immunology.
Majority of the delegates were from Canada, United States of America, there were a few from the United Kingdom, and some attendees and speakers from further afield. I was able to liaise with the conference organizers to secure Fellow/Resident registration fees which amounted to savings of about 500 dollars!!

Learning objectives

Given that transmission of TB in healthcare workers is a global issue, especially from an occupational health perspective. I hoped to achieve the following by attending the conference:

1. The opportunity to highlight the UK TB surveillance process and NICE guidelines in an international forum, and network with delegates who have been involved in similar studies in healthcare workers.
2. Opportunity to interact and exchange ideas with other professionals, broaden my knowledge of the subject, and to compare and contrast TB surveillance models used in other countries.
3. Explore, the usefulness of diagnostic tools used in other countries, and learn about current trends with a view to adding to the limited knowledge on Latent tuberculosis Infection (LTBI) and clarifying the usefulness of Interferon Gamma Release Tests in LTBI diagnosis.
4. To identify research opportunities as a follow up to the initial study.

The Conference

The theme of the 2011 Canadian Respiratory Society Conference was “A Breath of Fresh Air”. The importance of evidence-based medical practice and interventions in Respiratory Medicine were emphasised throughout the conference.

The conference provided a forum to discuss updates on topical issues in Respiratory Medicine, which included Tuberculosis, and also provided practitioners with an opportunity to compare their clinical practice.

There were exhibition stands during the three days of the conference, where pharmaceutical companies and other providers advertised their products. The official language for the conference was English, but there were translation facilities for the French speaking delegates during all the conference sessions.

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My practice in Occupational Medicine includes Tuberculosis screening for healthcare workers, and Health Surveillance for occupational Asthma. The presentations in these areas were relevant and beneficial, and added value to my practice. The presentations also highlighted the difference in clinical practice across continents and raised some questions about the relevance of the current NICE guidelines for occupational TB screening in the UK.

My Poster Presentation

I gave a 15-minute oral presentation of my study, the findings, and the implications of TB screening in relation to the treatment outcomes.

The main points of the moderated poster presentation were:

1. The study showed that treatment acceptance and compliance rates were satisfactory in the cohort of patients that were studied. Side effects of treatment did not impact significantly on compliance. Interventions like education, counselling, support, and possibly directly observed prevention therapy could improve treatment outcomes.
2. Points of discussion included the fact that there was a huge expenditure on screening for TB, which did not necessarily result in significant acceptance or completion of treatment for LTBI. In the UK, employment is not restricted if treatment for LTBI is declined. It was noted that factors that limit the effectiveness of the treatment strategy include the failure of persons with LTBI to accept or complete treatment. (2)

3. The audience discussed the different screening practices in their locations, and compared these to the guidelines in the UK. In some South American countries, TB policies were such that, treatment was mandatory pre employment, once a diagnosis of LTBI was made.
4. The presentation went well. It would have been helpful if the audience had been given a chance to provide written feedback for individual poster presentations.

Variations to TB epidemiology screening and management in other countries

1. Canada has a TB Rate of 4.7/100.000 compared with the UK which has a rate of about 15/100.000. 65% of cases are in foreign born persons. In the socially marginalized groups and in susceptible populations in Canada, rates of 174/100,000 have been reported. Much lower rates of 1/100,000 have been reported in the Atlantic Region.
2. The differences in approach to management included extensive use of Prophylactic Isoniazid Therapy (PIT) for all HIV positive patients, which is not widely practised in the UK.
3. Tuberculin Skin Tests was still widely used for TB screening for TB in many centres, with just a handful using the Interferon Gamma Release Assay (IGRA) tests.
4. There were similarities between the practice in America and Canada.

Other highlights of the conference

1. The fascinating plenary session on "Health Literacy and your practice" was quite stimulating. It was very relevant to occupational health practice. It was interesting to note that the percentage of population who have difficulty with health information in Canada was more than 60%; however difficulties were identifiable in specific population segments. Delegates were introduced to frameworks to assess the strengths and weaknesses in their own practice or work setting, relating to patients' health literacy. The speaker explained how specific tools or strategies could be applied to improve patient understanding. It was emphasized Health literacy is about more than literacy, but also about other media "literacies": visual, audio, television and social media.

Barriers to health literacy and communication were highlighted, and the importance of addressing socio-cultural factors in Health Literacy, were discussed. The need for practitioners to adapt their practice to meet the information and communication needs of their clients was emphasized. Delegates were pointed to useful websites where tools were available to assist practitioners in assessing and improving Health Literacy in their work places.

2. Another thought provoking plenary session on the Epidemiology of Respiratory diseases titled "Is Asthma a Vanishing Disease?" - also tracked the improvement of management of Asthma in Canada.
3. The sessions on Mycobacterial Diseases discussed updates on Tuberculosis (TB) Diagnostics, Management of TB, Latent Tuberculosis and Multi-Drug-Resistant TB (MDR TB).
4. Management protocols for occupational Asthma were discussed during the sessions on Asthma, and issues with health surveillance were illustrated during the session on "Normal Spirometric Reference Values: When the Best Fit May Not Be the Best Solution".
5. The session on "Ventilatory Support in ITU" also broached on occupational health implications of ventilatory support during the HINI epidemic
6. Fitness to work issues were highlighted in the accredited symposium on "Improving Daily Life for COPD Patients: Relieving Symptoms and Preventing Disease Progression" which was co-developed by the Canadian Thoracic Society and Boehringer Ingelheim, and also in the workshop on "Assessing Driving Risk in Patients with Sleep Apnoea: Who is Safe to Drive?"

Networking opportunities

I met with key researchers in the field of Tuberculosis and Occupational Asthma, some of whom had contributed to the studies referred to in my original dissertation. I exchanged ideas and contact details with some researchers. On a lighter note, there was a 2 kilometre run, / walk early on the second day of the conference. This also provided an excellent opportunity to interact with other delegates and to explore the hilly terrains around Niagara Falls.

The Niagara

Falls.

Conclusion

Attending this conference was a useful learning experience for me. I was able to achieve all my learning objectives and so much more. I was able to imbibe some learning points which would positively influence my future practice. Some presentations and discussions highlighted the short comings of the current TB screening process in the UK, and also provided ideas on useful areas of research to improve our practice.

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Acknowledgement

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References

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