

Introduction: Tuberculosis (TB) is a communicable disease that is caused by the bacterium, mycobacterium TB. Smear positive TB is a highly infectious disease, and it is transmitted from one person to another through droplet nuclei when the TB infected person coughs, sneezes, speaks and talks. The person who inhales air contaminated by the tubercle bacilli is usually infected. Of those becoming infected, 10–12% will develop tuberculosis disease after a period ranging from weeks to decades. Risk to the health workers is of paramount importance to the global fight against Tuberculosis.

Non adherence to infection control guidelines at the health facilities and by health workers can increase the prevalence of antimicrobial resistant pathogens, increasing rates of health workers morbidity and mortality as a result of mycobacterium tuberculosis infections.

Objectives: The overall objective of this study was to establish the degree of adherence to control measures on prevention of TB infection among health workers in Bombo and Nakasongola military referral hospitals. While the specific objectives were: To determine the level of adherence to administrative control measures on TB infection, to assess the level of adherence to environmental control measures against TB infection, to examine the level of adherence to utilization of Personal Protective Measures for TB infection, and to identify the factors affecting adherence to TB infection control measure in Nakasongola and Bombo military hospitals.

Methodology: This was a cross sectional study design. The study population constituted health workers at risk of TB in both Nakasongola and Bombo military referral hospitals and these were mainly nurses, clinical officers, medical officers, lab technicians, and physicians. Selection of the two hospitals Bombo and Nakasongola military referral hospitals was purposively. Mean while xvsimple random sampling was used to select the departments within the hospital. Also purposive sampling technique was used to obtain the health workers on duty on the day of the study for each hospital. A combination of Key informant interviews, and semi-structured self administered questionnaires were used as prime methods of data collection.

Results: Most staff (82%) were adherent to the administrative control measures. Adherence to personal Protective equipment control measures of TB was low, with some staff not adhering to measures (22%). Most staff (57%) were adherent to the environmental control measures. Test for associations between the factors that influenced adherence to tuberculosis infection control

practices among the health workers showed that statistically significant associations were Job satisfaction ($p=0.001$), Having a functioning TB screening equipment for TB infection prevention at the hospital ($p=0.003$), Work experience ($p=0.005$), Reception of specialized TB infection control training ($p=0.018$), Rating of communication with the hospital management ($p=0.005$), having a copy of TB infection control guidelines ($p=0.028$), Attendance of any continued medical education sessions at the health facility ($p=0.022$), Having TB related training concerning control measures ($p=0.002$) and supervision of health workers for consistent application of infection control measures ($p=0.007$).

Recommendations: Healthcare facilities should Lobby for funding to procure equipment that are used in infection control and discuss the importance of compliance with the TB infection control recommendations during self assessment meetings Future research should also focus on adherence to infection control measures among health workers in non military hospitals.

Conclusion: Overall adherence to tuberculosis control measures was fairly high with more than half (57%) of the respondents being adherent to them. However a lot has to be done to achieve better adherence levels and prevent TB transmission among health workers.