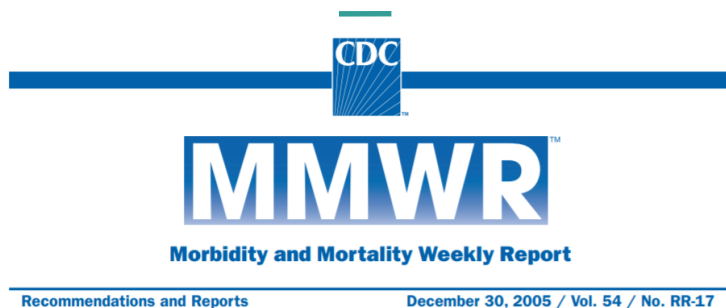
 **CDC HEALTHCARE  
PERSONNEL (HCP)  
TB SCREENING UPDATE**

## What's the point?

- The goal of serial testing is to identify unrecognized TB transmission
- If a facility has recognized TB transmission, a lapse in infection prevention controls has occurred.
- To the point:
  - Guidelines and recommendations do not override any local or state requirements
  - Not generalizable, only apply to healthcare settings



**Guidelines for Preventing the Transmission  
of *Mycobacterium tuberculosis*  
in Health-Care Settings, 2005**

2005

At Hire	<ul style="list-style-type: none"> <li>• Symptom screen</li> <li>• TST or IGRA testing if no prior history of TB or LTBI</li> </ul>
Post Exposure	<ul style="list-style-type: none"> <li>• Symptom evaluation</li> <li>• TST or IGRA testing for those with negative test at baseline and without prior history of TB or LTBI</li> </ul>
Serial Screening and Testing	<ul style="list-style-type: none"> <li>• Annual facility risk assessment</li> <li>• For medium risk or risk for ongoing exposure</li> </ul>
Follow up LTBI	<ul style="list-style-type: none"> <li>• Treatment referral and annual symptom review</li> </ul>

## Why was a change needed ?

- Few HCP test positive for TB on baseline
- Few HCP convert testing (negative to positive)
- Half revert to negative after a positive test
- Not enough evidence to assess incidence and transmission of TB disease, but no cases among HCP were reported in study group

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## Baseline Testing

### BOX 1. Indications for two-step tuberculin skin tests (TSTs)

Situation	Recommended testing
No previous TST result	Two-step baseline TSTs
Previous negative TST result (documented or not) >12 months before new employment	Two-step baseline TSTs
Previous documented negative TST result ≤12 months before new employment	Single TST needed for baseline testing; this test will be the second-step
≥2 previous documented negative TSTs but most recent TST >12 months before new employment	Single TST; two-step testing is not necessary (result would have already boosted)
Previous documented positive TST result	No TST
Previous undocumented positive TST result*	Two-step baseline TST(s)
Previous BCG† vaccination	Two-step baseline TST(s)
Programs that use serial BAMT,§ including QFT¶ (or the previous version QFT)	See Supplement, Use of QFT-G** for Diagnosing <i>M. tuberculosis</i> Infections in Health-Care Workers (HCWs)

\* For newly hired health-care workers and other persons who will be tested on a routine basis (e.g., residents or staff of correctional or long-term-care facilities), a previous TST is not a contraindication to a subsequent TST, unless the test was associated with severe ulceration or anaphylactic shock, which are substantially rare adverse events. If the previous positive TST result is not documented, administer two-step TSTs or offer BAMT. **SOURCES:** Aventis Pasteur. Tuberculin purified protein derivative (Mantoux) Tubersol® diagnostic antigen. Toronto, Ontario, Canada: Aventis Pasteur; 2001. Parkdale Pharmaceuticals. APLISOL (Tuberculin purified protein derivative, diluted [stabilized solution]). Diagnostic antigen for intradermal injection only. Rochester, MI: Parkdale Pharmaceuticals; 2002. Froeschle JE, Ruben FL, Bloh AM. Immediate hypersensitivity reactions after use of tuberculin skin testing. Clin Infect Dis 2002;34:E12-3.

† Bacille Calmette-Guérin.

§ Blood assay for *Mycobacterium tuberculosis*.

¶ QuantiFERON®-TB test.

\*\* QuantiFERON®-TB Gold test.

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Please note: An erratum has been published for this issue. To view the erratum, please click [here](#).



# MMWR™

## Morbidity and Mortality Weekly Report

Recommendations and Reports

December 16, 2005 / Vol. 54 / No. RR-15

### Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis Recommendations from the National Tuberculosis Controllers Association and CDC

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# 2019

At hire

- Symptom screen
- TST or IGRA testing if no prior history of TB or LTBI
- **individual TB risk assessment**

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## Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

**HCP should be considered at increased risk for TB if any of the following statements are marked “Yes”:**

	Temporary or permanent residence of $\geq 1$ month in a country with a high TB rate	YES <input type="checkbox"/>
	Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe	NO <input type="checkbox"/>
<b>OR</b>		
	Current or planned immunosuppression, including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone $\geq 15$ mg/day for $\geq 1$ month) or other immunosuppressive medication	YES <input type="checkbox"/>
		NO <input type="checkbox"/>
<b>OR</b>		
	Close contact with someone who has had infectious TB disease since the last TB test	YES <input type="checkbox"/>
		NO <input type="checkbox"/>

## Dual testing

Group	Testing Strategy	Considerations
Likely to be Infected High Risk of Progression (TST $\geq$ 5mM)	<b>Adults</b> <b>Acceptable:</b> IGRA OR TST Consider dual testing where a positive result from either result would be considered <b>positive</b>  <b>Children <math>\leq</math> 5 years of age</b> <b>Preferred:</b> TST <b>Acceptable:</b> IGRA OR TST  Consider dual testing where a positive result from either would be considered <b>positive</b> <sup>1</sup>	Prevalence of BCG vaccination Expertise of staff and/or laboratory Test availability Patient perceptions Staff perceptions Programmatic concerns
Likely to be Infected Low to Intermediate Risk of Progression (TST $\geq$ 10mM)	<b>Preferred:</b> IGRA where available <b>Acceptable:</b> IGRA or TST	
Unlikely to be Infected (TST $>$ 15mM)	<b>Testing for LTBI is not recommended</b> <b>If necessary:</b> <b>Preferred:</b> IGRA where available. <b>Acceptable:</b> Either IGRA OR TST <b>For serial testing:</b> <b>Acceptable:</b> Either IGRA OR TST  Consider repeat or dual testing where a negative result from either would be considered <b>negative</b> <sup>2</sup>	

Lewinsohn CID 1/15/2017

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## 2019

At hire	<ul style="list-style-type: none"> <li>Symptom screen</li> <li>TST or IGRA testing if no prior history of TB or LTBI</li> <li><b>individual TB risk assessment</b></li> </ul>
Post exposure (Unchanged)	<ul style="list-style-type: none"> <li>Symptom evaluation</li> <li>TST or IGRA testing for those with negative test at baseline and without prior history of TB or LTBI</li> </ul>

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## 2019

At hire	<ul style="list-style-type: none"> <li>Symptom screen</li> <li>TST or IGRA testing if no prior history of TB or LTBI</li> <li>individual TB risk assessment</li> </ul>
Post exposure (Unchanged)	<ul style="list-style-type: none"> <li>Symptom evaluation</li> <li>TST or IGRA testing for those with negative test at baseline and without prior history of TB or LTBI</li> </ul>
Serial Screening and Testing	<ul style="list-style-type: none"> <li>Annual facility risk assessment</li> <li><del>For medium risk or risk for ongoing exposure</del></li> <li>Screening and testing can be considered for certain groups</li> <li>Routine testing is NOT recommended</li> <li>Annual TB education including TB exposure risks</li> </ul>

## Facility Risk Assessment

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MMWR

December 30, 2005

**Appendix B. Tuberculosis (TB) risk assessment worksheet**

This model worksheet should be considered for use in performing TB risk assessments for health-care settings and nontraditional facility-based settings. Facilities with more than one type of setting will need to apply this table to each setting.

Scoring: ✓ or Y = Yes    X or N = No    NA = Not Applicable

**1. Incidence of TB**

- What is the incidence of TB in your community (county or region served by the health-care setting), and how does it compare with the state and national average?
- What is the incidence of TB in your facility and specific settings, and how do those rates compare? (Incidence is the number of TB cases in your community during the previous year. A rate of TB cases per 100,000 persons should be obtained for comparison.) \* This information can be obtained from the state or local health department.
- Are patients with suspected or confirmed TB disease encountered in your setting (inpatient and outpatient)?
  - If yes, how many are treated in your health-care setting in 1 year? (Review laboratory data, infection-control records, and databases containing discharge diagnoses for this information.)
  - If no, does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?
- Currently, does your health-care setting have a cluster of persons with confirmed TB disease that might be a result of ongoing transmission of *Mycobacterium tuberculosis*?

**Rate**

Community \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

Facility \_\_\_\_\_

Department 1 \_\_\_\_\_

Department 2 \_\_\_\_\_

Department 3 \_\_\_\_\_

**No. patients**

Year	Suspected	Confirmed
1 year ago	_____	_____
2 years ago	_____	_____
5 years ago	_____	_____

## 2019

At hire	<ul style="list-style-type: none"> <li>Symptom screen</li> <li>TST or IGRA testing if no prior history of TB or LTBI</li> <li>Individual TB risk assessment</li> </ul>
Post exposure (Unchanged)	<ul style="list-style-type: none"> <li>Symptom evaluation</li> <li>TST or IGRA testing for those with negative test at baseline and without prior history of TB or LTBI</li> </ul>
Serial Screening and Testing	<ul style="list-style-type: none"> <li>Annual facility risk assessment</li> <li><del>For medium risk or risk for ongoing exposure</del></li> <li>Screening and testing can be considered for certain groups</li> <li>Routine testing is NOT recommended</li> <li>Annual TB education including TB exposure risks</li> </ul>
Follow up LTBI	<ul style="list-style-type: none"> <li><del>Treatment referral</del> LTBI treatment is strongly recommended unless contraindications exist and annual symptom review</li> </ul>

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## Key Points

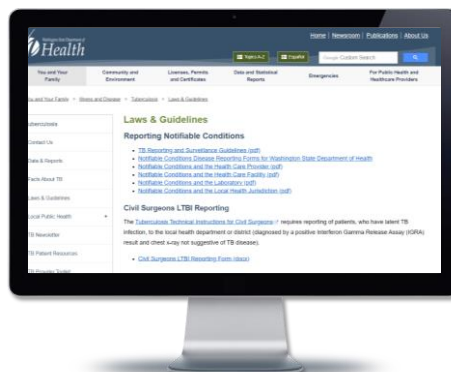
- Annual screening is not recommended
- Individual risk assessment is new and done at preplacement
- Annual facility risk assessment
  - Use to identify gaps in controls and guide annual education
- Encouragement of employees to complete LTBI treatment
- When healthcare facilities contact you...
  - Reminder- Guidelines and recommendations do not override any local or state requirements
  - Ask about their infection prevention policy

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## WA DOH TB Webpage

- DOH new policy statement
- Individual Risk assessment
- Symptom screening
- Facility risk assessment
- National Companion document from ACOEM and NTCA document will be coming out soon!



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