

Long-term Care Facilities Healthcare Personnel

The nationally recognized program for tuberculosis (TB) screening and testing of healthcare personnel is from the [Centers for Disease Control & Prevention \(CDC\)](#).

Definitions

TB risk assessment: Use of a questionnaire to determine a person's risk for TB infection

Symptom evaluation: Assessment for signs and symptoms of tuberculosis

TB testing: Performing an interferon gamma release assay (IGRA) blood test or tuberculin skin test (TST) to determine if a person has been infected with *M. tuberculosis* complex bacteria

Baseline TB Screening & Testing

Per the CDC guidelines, all healthcare personnel in the United States should be screened for TB upon hire (i.e. preplacement). TB screening includes:

- **A baseline individual [TB risk assessment](#)**
- **TB symptom evaluation**

[Symptoms for TB](#) include a cough that lasts for three weeks or longer, pain in the chest, coughing up blood or sputum, weakness or fatigue, weight loss, no appetite, chills, fever, and sweating at night.

- **TB testing**

Perform [baseline testing for all healthcare personnel](#) **without** a previous positive result. [IGRA or TST](#) may be performed; [IGRA may be preferred](#) in some instances, such as for individuals that have received the [BCG vaccine](#).

- If a TST is used as the baseline testing and the initial TST result is negative, two-step testing is required
 - This procedure can boost a potential reaction that has waned over time to establish a reliable baseline
 - The second test should be performed within one to three weeks after the first test
- If testing is positive, obtain a chest x-ray and refer to provider for additional workup for TB disease

Testing Healthcare Personnel with a History of Positive IGRA or TST

- Health care personnel that have documented positive IGRA or TST results should receive a baseline individual TB risk assessment and TB symptom screen upon hire (i.e. preplacement)
- A repeat TB test (IGRA or TST) is not required
- Treatment is encouraged for all healthcare personnel with untreated latent TB infection (LTBI), unless medically contraindicated

Postexposure Screening and Testing

- All healthcare personnel with a known exposure to TB disease should receive a TB symptom screen and timely testing, if indicated.
- Health care personnel with a previous negative TB test result should be tested immediately and re-tested 8 to 10 weeks after the last known exposure.
 - For consistency, the same type of TB test (e.g., TB blood test or TB skin test) should be used upon hire (i.e., preplacement) and for any follow-up testing.
- Health care personnel with a documented history of a positive TB test result do not need to be re-tested after exposure to TB. They should receive a TB symptom screen and if they have symptoms of TB, they should be evaluated for TB disease.

Annual Education

All health care personnel should receive TB education annually. TB education should include information on:

- TB risk factors
- Signs and symptoms of TB disease
- TB infection control policies and procedures

Annual Screening

- Annual TB testing of health care personnel **is not recommended** unless there is a known exposure or ongoing transmission at a healthcare facility.
- Healthcare personnel with untreated LTBI should receive an annual symptom screen.
 - Treatment is encouraged for all health care personnel with untreated LTBI, unless medically contraindicated.
 - Free LTBI treatment is available through the local health department.

Resources

[IDOH Long-Term Care Division Program Advisory Letters](#)

[CDC TB Screening and Testing of Healthcare Personnel](#)

[IDOH TB Prevention and Care Program](#)

[CDC Testing for TB Infection](#)

[CDC Diagnosing latent TB infection and TB disease](#)

[CDC Guidelines for preventing the transmission of mycobacterium tuberculosis in health-care settings. *MMWR* 2005; 54\(No. RR-17\).](#)

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