

TB Tips for Infection Preventionists



August 2023

TB and LTBI Point(s) of Contact and Discharge Planning

- The local health department (LHD) is the infection preventionist's (IP's) primary point of contact for tuberculosis (TB) and latent TB infection (LTBI):
 - Know the LHD public health nurses (PHNs) in your area.
 - Please ensure discharge planning for TB suspects/cases is discussed with the LHD PHN BEFORE the patient is released.
 - Consider using a discharge planning checklist.

Reporting

- All TB cases and suspects as well as LTBI cases are reportable in Indiana via NBS:
 - Please report TB cases and suspects with a TB morbidity report.
 - Please report LTBI cases with an LTBI investigation.

TB Inpatient Care

- Please refer to provided guidance/treatment cards/your local LHD PHN for questions about TB inpatient care:
 - Please ensure specimens collected have smear, **PCR/NAAT** and cultures ordered.
 - Specimens can be referred to the IDOH Lab for PCR through LIMSNET.
 - For TB suspects not producing sputum spontaneously and where induction hasn't worked, it is suggested sputa be obtained when bronch is performed as sputa production seems to increase at this time.

Healthcare Personnel Screening

- Ensure facility follows the [CDC guidelines for screening of Health Care Personnel](#)¹:
 - Baseline testing for new staff, including TB personal risk assessment.
 - Requirement for annual TB education for all healthcare personnel.

How to report TB and LTBI

Please refer to the NBS TB/LTBI Reporting Guides/Flowcharts at the following link: https://www.in.gov/health/idepd/tuberculosis/training-and-education/tb-nbs-training-materials/#NBS_Training

- Education should include information on TB risk factors, the signs and symptoms of TB disease and TB infection control policies and procedures.
- No routine serial testing is required for staff unless there is known exposure or ongoing transmission at the healthcare facility.

¹ <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm> (accessed June 2022)

TB Infection Control Policies

- All facilities should have an internal plan for addressing TB exposures within the facility and conducting a contact investigation.
- Contact investigation results, including individual test results for staff, are reportable to the applicable LHD or IDOH.
- Facilities should still annually update the “Tuberculosis (TB) Risk Assessment Worksheet” (Appendix B, MMWR “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005”).

Resources for More Information

- Indiana TB website: www.TB.in.gov
- Centers for Disease Control and Prevention (CDC) TB website: <https://www.cdc.gov/tb/default.htm>
- Indiana Communicable Disease Reporting: <https://www.in.gov/health/idepd/communicable-disease-reporting/>
- NBS TB/LTBI Reporting Guides/Flowcharts: https://www.in.gov/health/idepd/tuberculosis/training-and-education/tb-nbs-training-materials/#NBS_Training
- CDC TB Screening and Testing of Health Care Personnel: <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>
- CDC TB Infection Control in Health Care Settings: <https://www.cdc.gov/tb/topic/infectioncontrol/TBhealthCareSettings.htm>
- Heartland’s Guidance on Release from Hospital Tuberculosis Isolation: https://www.heartlandntbc.org/wp-content/uploads/2021/12/guidelines_home_hospital_infectious_patients.pdf

Questions? Reach out to an IDOH TB regional nurse consultant or one of the other members of the IDOH TB Prevention and Care Program at 317-233-7434 or tbprogram@health.in.gov.

