



Tuberculosis Screening And Surveillance Guidance

The Colorado Department of Public Health and Environment's Health Facilities and Emergency Medical Services Division and Disease Control and Environmental Epidemiology | Tuberculosis Program developed these recommendations.

Purpose

These recommendations describe tuberculosis control activities appropriate for nursing homes and other facilities providing long-term care for elderly people. Such facilities include long-term-care wings or units in hospitals, adult foster-care homes, board and care homes, and other congregate settings for the elderly. The recommendations are intended for use by staff and administrators of these facilities, consultants to these facilities, and regulatory and licensing bodies.

Any person with symptoms consistent with mycobacterium tuberculosis (TB) disease, an abnormal CXR, or positive sputum smears or cultures will not be admitted to this facility until a medical provider deems that person non-infectious. If TB disease is suspected in a resident or healthcare worker, it will be reported to the county and/or state health department within 24 hours per reporting criteria.

For reporting or consultation call:

- Working hours: 1-303-692-2656
- After hours: 1-303-692-2700

TB testing is a condition of employment, prior to contact with patients, as well as with admission to this facility.

New admissions

All new admissions, except those with a documented severe hypersensitivity reaction to the PPD (e.g., ulceration or necrosis) will receive a two-step tuberculin skin test (TST). If the first TST is interpreted as negative, the second test will be placed one to three weeks after the first. If a documented negative TST result in the past 12 months is provided, it will be considered the first step, and only one step will be given. If documentation of a negative two-step test done in Colorado in the previous six months is provided, it will be considered adequate.

Current residents

Current residents shall receive an annual TB symptom screen. A TB Risk Assessment for the facility shall be completed annually by the DON, ADON or designee. If the facility is deemed “low risk,” as defined by this risk assessment tool, annual TSTs shall only be done on those residents demonstrating undiagnosed, active symptoms compatible with TB or who have been exposed to anyone with documented or suspected active, TB disease. The medical director shall sign off on the facility TB assessment before it will be considered complete.

Healthcare workers

Baseline TB screening prior to first day of work is required for all healthcare workers (HCWs) hired by the facility. Baseline screening consists of evaluation to determine if there are current symptoms of active, TB disease and testing by a two-step TST. If there is a documented negative, with documented induration in mm, TST within 12 months of hire that is provided to the hiring agent, only a one-step TST test is required.

Those with a documented severe hypersensitivity to the PPD (e.g., ulceration or necrosis) shall receive an Interferon Gamma Release Assay (IGRA), which is a QuantiFERON or T-Spot blood test, rather than a TST. Persons who have a documented history of vaccination with BCG are recommended to have an IGRA rather than a TST.

Pregnancy is not considered a contraindication to receiving a TST. If a staff member does not wish to be tested with a TST, she may choose to have an IGRA instead. This document shall not dictate who is responsible for the cost of IGRA's as this is according to facility policy.

Anyone with a positive result from a TST or an IGRA shall have a CXR and medical evaluation prior to starting work. Anyone with abnormal CXR or signs/symptoms indicative of active, pulmonary TB disease shall be referred for further evaluation. Employees shall not be allowed to work until fully evaluated and cleared of infectious disease. It is the expectation that contracted agencies can provide evidence of TST or CXR status for all credentialed providers and consultants who will be seeing patients in the facility following the same provisions as outlined above.

Annual screening for HCWs

Annual HCW TB screening shall be completed to assess for new risk factors and current symptoms of active, TB disease. Further testing may be required if:

- the facility is NOT considered low-risk on the annual, TB Facility Risk Assessment (or)
- the HCW has had known, direct exposure to a patient with active, TB disease within the previous year (or)
- the HCW has visited a country identified as TB endemic: within Africa, Asia/Pacific, Eastern Europe (including Russia), Latin America (including Mexico) (or)
- the HCW has symptoms compatible with active, TB disease in the absence of another diagnosis

Procedure (assuming facility is determined to be low risk)

1. HCWs shall be screened annually for symptoms of active, TB disease and sign an annual attestation that they have not had direct exposure to anyone with active, TB disease, visited a TB endemic area in the past year or have active symptoms compatible with active, TB disease (e.g., cough > 3 weeks, anorexia, fatigue, unexplained weight loss, fevers, night sweats, hemoptysis).
2. New residents who decline a TST due to a reported undocumented positive test will receive an IGRA. If positive result, the new resident shall have a CXR (or provide verified results of a CXR that had been done within 6 months in the absence of s/s or within 1 month in those with identified immune-compromising disease) and be screened for symptoms prior to admission.

Documentation

Documentation shall be maintained onsite for the following:

- Annual TB Facility Risk Assessment Tool.
- Employee name and demographics.
- TB screening results at date of employment or credentialing.
- TST dates and times of administration and date and time of read results, including measurement of induration AND interpretation of results.
- Dates and results of other diagnostic tests (i.e. IGRA, chest x-ray, sputum smear and culture).
- Summary of treatment, including date (as appropriate).
- Name and telephone number of treating physician.

Education

Tuberculosis education shall be provided to all staff as appropriate based upon determination by the facility and medical directors, DONs and clinical managers.