

Tuberculosis Screening for Long Term Care Facilities in Oregon *Summary of Key Points and Recommendations*

ANNUAL RISK ASSESSMENT

Annually determine if facility is classified as Low Risk, Medium Risk or Potential Ongoing Transmission using the document at:

<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Tuberculosis/Documents/tbriskassessment.pdf>

The “Community Epi Profile”, which is needed to complete the above, can be found at:

<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Tuberculosis/Documents/data/commriskasses.pdf>

Most long term care facilities in Oregon are low risk. Low risk = Fewer than three cases of TB disease in the facility for the preceding year.

TB SCREENING REQUIREMENTS (based upon above annual risk assessment)

Note: Per Oregon OSHA, employers must provide or pay for required employee TB screening. For more information, contact Oregon OSHA at <http://www.cbs.state.or.us/osha/contactus.html> .

Low Risk Facilities

Health Care Worker (HCW) Screening for Low Risk Facilities

- HCWs with documentation of a previously positive TB skin test (TST), Interferon Gamma Release Assay (IGRA) or treatment for latent TB infection (LTBI) or TB disease should not be given a TST or IGRA. They should be screened for TB symptoms. Any documented normal chest x-ray taken after the HCW’s diagnosis with LTBI is acceptable as evidence of a normal chest x-ray upon hire. If there is no documented normal chest x-ray, a new one should be given. Repeat symptom screening or chest x-rays are not needed unless the HCW reports symptoms of TB or an exposure occurs.
- Other HCWs should receive baseline TB screening within 30 days of first patient contact. This should include risk assessment, symptom screening and a two-step (TST) or a single IGRA test.
- HCWs with a newly positive test result for TB infection should have a single chest x-ray to rule out TB disease.
- After baseline screening, additional TB testing isn’t needed unless an exposure occurs.

Resident Screening for Low Risk Facilities

- New residents with documentation of a previously positive TB skin test (TST), Interferon Gamma Release Assay (IGRA) or treatment for latent TB infection (LTBI) or TB disease should not be given a TST or IGRA. They should be screened for TB symptoms. Any documented normal chest x-ray taken after the resident's diagnosis with LTBI is acceptable as evidence of a normal chest x-ray upon admission. If there is no documented normal chest x-ray, a new one should be given. Repeat symptom screening or chest x-rays are not needed unless there are symptoms of TB or an exposure occurs.
- New residents transferred from another low risk facility in Oregon with a documented history of negative TB skin tests or IGRAs should have a symptom screening upon admission. Additional screening is not needed.
- Other residents should have baseline TB screening upon admission. This should include risk assessment, symptom screening and a two-step TST or a single IGRA.
- After baseline screening, additional TB screening isn't needed unless an exposure occurs.

Medium Risk Facilities

Health Care Worker (HCW) Screening for Medium Risk Facilities

- HCWs with documentation of a previously positive TB skin test (TST), Interferon Gamma Release Assay (IGRA) or treatment for latent TB infection (LTBI) or TB disease should not be given a TST or IGRA. They should be screened for TB symptoms. Any documented normal chest x-ray taken after the HCW's diagnosis with LTBI is acceptable as evidence of a normal chest x-ray upon hire. If there is no documented normal chest x-ray, a new one should be given. Repeat chest x-rays are not needed unless the HCW reports symptoms of TB or an exposure occurs. Symptom screening should occur annually for this group.
- Other HCWs should receive baseline TB screening within 30 days of first patient contact. This should include risk assessment, symptom screening and a two-step TST or a single IGRA test.
- HCWs with a newly positive test result for TB infection should have a single chest x-ray to rule out TB disease.
- After baseline testing, HCWs should be screened annually for TB (i.e. risk assessment, symptom screening and a single TST or single IGRA for HCWs with baseline negative results).

Resident Screening for Medium Risk Facilities

- New residents with documentation of a previously positive TB skin test (TST), Interferon Gamma Release Assay (IGRA) or treatment for latent TB infection (LTBI) or TB disease should not be given a TST or IGRA. They should be screened for TB symptoms. Any documented normal chest x-ray taken after the resident's diagnosis with LTBI is acceptable as evidence of a normal chest x-ray upon admission. If there is no documented normal chest x-

ray, a new one should be given. Repeat chest x-rays are not needed unless there are symptoms of TB or an exposure occurs.

- New residents should have baseline TB screening upon admission. This should include risk assessment, symptom screening and a two-step TST or a single IGRA.
- After baseline testing, residents should be screened for TB annually (i.e. risk assessment, symptom screening and a single TST or IGRA test for residents with baseline negative results).

Potential Ongoing Transmission

Consult with your local health department or the TB Control Program, Oregon Health Authority (971-673-0174) for guidance if you believe your facility meets this designation.

Sources:

Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. *MMWR* 2005;54 (No. RR-17).
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e

Oregon Administrative Rule, Division 19, OAR 333-019-0041
<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Tuberculosis/Pages/oars.aspx>