



# Technical Bulletin

## Division of Public and Behavioral Health



**Date:** July 3, 2019

**Topic:** CDC Updated Recommendations for Tuberculosis Screening, Testing, and Treatment of Health Care Personnel

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**To:** Nevada Health Care Facilities, Infection Preventionists, and Infection Control Departments

**Current Situation:** The Division of Public and Behavioral Health (DPBH) Tuberculosis (TB) Program and Health Care Quality and Compliance (HCQC) acknowledge the Centers for Disease Control and Prevention (CDC) 2019 updated recommendations for *Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel* and provide guidelines for their application within Nevada state regulation.

**Summary:** On May 17, 2019, the CDC published updated recommendations to their *Guidelines for Preventing Mycobacterium Tuberculosis Transmission in Health Care Settings, 2005*, MMWR 2005;54(No. RR-17):[1-144]. These updates reflect changes in health care personnel (HCP) TB screening, testing, and treating activities within health care settings. The DPBH TB Program and HCQC herein summarize these updated changes in HCP TB testing recommendations as well as provide clarification in application to existing Nevada Administrative Code (NAC) 441A.375. The full CDC updated document can be found at [https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s\\_cid=mm6819a3\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w).

**Table 1. Comparison of 2005\* and 2019† Recommendations for TB Screening and Testing of U.S. Health Care Personnel**

<u>Category</u>	<u>2005 Recommendation</u>	<u>2019 Recommendation</u>
Baseline (preplacement) screening and testing	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI.	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI (unchanged); individual TB risk assessment (new)‡.
Postexposure screening and testing	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure.	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure (unchanged).
Serial screening and testing for HCP without LTBI	According to health care facility and setting risk assessment. Not recommended for HCP working in low-risk health care settings. Recommended for HCP working in medium-risk health care settings and settings with potential ongoing transmission.	Not routinely recommended (new); can consider for selected HCP groups (unchanged); recommend annual TB education for all HCP (unchanged), including information about TB exposure risks for all HCP (new emphasis).
Evaluation and treatment of positive test results	Referral to determine whether LTBI treatment is indicated.	Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated (new).

Abbreviations: IGRA = interferon-gamma release assay; LTBI = latent tuberculosis infection; TST = tuberculin skin test.

\* Jensen PA, Lambert LA, Iademarco MF, Ridzon R. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. MMWR Recomm Rep 2005;54(No. RR-17). <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>.

† All other aspects of the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005 remain in effect, including facility risk assessments to help guide infection control policies and procedures.

## Application to Existing Nevada Regulations and Policies

The recent updates to HCP TB testing activities apply to NAC 441A.375. Patients or clients of health care facilities, facilities for the dependent, homes for individual residential care and outpatient facilities, as defined within NRS 449, are not included within these updated recommendations.

**Table 2. Application of Updated HCP TB Screening Activities to Nevada Regulations (NAC 441A.375)**

1. **Routine serial testing in settings with low risk and medium risk classification are not recommended.**
  - a. An annual health care facility (HCF) risk assessment must be completed for the HCF, or settings within the HCF, for HCFs electing not to annually use IGRA or TST testing of HCP.
  - b. HCFs with more than one type of setting will need to apply the risk assessment for each setting.
  - c. HCF TB risk assessment informs and facilitates infection control policy and procedure within a HC setting.
  - d. The HCF risk assessment guidance and risk assessment worksheet can be found in Appendix B and C of the MMWR 2005;54(No. RR-17):[128-134], or accessed at the DPBH TB Program website: [http://dpbh.nv.gov/Programs/TB/dta/Forms/Tuberculosis \(TB\) - Forms/](http://dpbh.nv.gov/Programs/TB/dta/Forms/Tuberculosis_(TB)_-Forms/), “CDC TB Forms”.
  - e. HCF and settings risk assessments must be maintained as evidence of their completion.
2. **Baseline/Pre-placement TB screening should include IGRA or 2-step TST, symptom evaluation, and individual TB risk assessment\*.**
3. Settings that serve populations at high risk for TB disease (those with human immunodeficiency virus infection, local health department tuberculosis clinics) or laboratories that manipulate specimens which may contain *M. tuberculosis* are recommended to continue annual IGRA or TST testing.
4. Consideration to perform serial TB testing in certain settings, in groups who may experience higher occupational TB exposure risk (e.g., pulmonologists, respiratory therapists, emergency department personnel).
5. **Strong emphasis should be placed on the identification and the treatment of all HCP with untreated LTBI.**
  - a. Use of a short course, 12 dose LTBI treatment† is highly encouraged.
  - b. HCP who were treated for LTBI should receive proper documentation for treatment completion.
6. **Annual TB education with all HCP**
  - a. Emphasis on community and occupational TB exposure risks.
  - b. Early identification of individuals with suspected exposure to TB and review of TB signs and symptoms.
  - c. Maintaining records of annual training is highly encouraged.
7. Maintaining HIPAA compliant HCP records of documented HCP pre-placement testing results, individual risk assessment, symptoms evaluation, and if applicable, past testing/CXR results, past treatment evidence.

\* An example of a CDC created Individual TB Risk Assessment Form can be found at:

<https://www.cdc.gov/tb/topic/infectioncontrol/pdf/healthCareSettings-assessment.pdf>

† Short course LTBI regimens and related information can be found at: <https://www.cdc.gov/tb/topic/treatment/ltbi.htm>

### For More Information:

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Centers for Disease Control and Prevention TB website: <https://www.cdc.gov/tb/default.htm>

Nevada Division of Public and Behavioral Health: <http://dpbh.nv.gov/>



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