

 <p>Frequency of Tuberculin Skin Testing for Tuberculosis Infection for Adults in Various Settings</p>	Policy Number	TB-1002
	Effective Date (<i>original issue</i>)	August 12, 1997
	Revision Date (<i>most recent</i>)	June 26, 2008
	Subject Matter Expert (<i>title</i>)	Manager, Infectious Disease Intervention and Control Branch
	Approval Authority (<i>title</i>)	Manager, Infectious Disease Control Unit
	Signed by (<i>signature for hard copy; name for online</i>)	Susan C. Penfield, M.D.

1.0 Purpose

Since tuberculosis is an airborne disease, occupational exposure and transmission of infection can occur. Adults in some occupations and congregate settings are more at risk for exposure to persons with a high-risk of tuberculosis. This policy describes the settings and conditions that should prompt a tuberculin skin test (TST) as a part of screening for TB disease.

2.0 Policy

Screening of adults for symptoms of tuberculosis disease and by testing for latent TB infection in workplaces and congregate settings should be based on the risk of encountering someone with infectious TB disease and should consider both the count of persons with TB disease in the facility and the incidence of TB in the community.

3.0 Definitions

Health care workers (HCWs) – All paid and unpaid persons working in health-care settings who have the potential for exposure to *Mycobacterium tuberculosis* through air space shared with persons with infectious TB disease. Part time, temporary, contract, and full-time HCWs should be included in TB screening programs. All HCWs who have duties that involve face-to-face contact with patients with suspected or confirmed TB disease (including transport staff) should be included in a TB screening program.

Latent tuberculosis infection (LTBI) – A person with LTBI has the bacteria *Mycobacterium tuberculosis* present in their body as evidenced by a significant reaction to the TST, but is currently not exhibiting symptoms of active TB disease and does not have a chest radiograph suggestive of TB disease. A person with LTBI cannot transmit the infection.

TB Screening – A process that includes questions about TB symptoms and may include other diagnostic procedures, such as the tuberculin skin test, radiography, physical examination, or collection of specimens for laboratory analysis.

Tuberculin skin test (TST) – A diagnostic test that involves placing a measured amount of purified protein derivative between the layers of the skin (usually of the forearm) and measuring any resulting induration or swelling 48 to 72 hours after the placement of the test material.

Two-step TST – Procedure used for the baseline skin testing of persons who will receive serial TSTs. If an initial TST result is classified as negative, a second TST is administered 1-3 weeks after the first TST result was read. If the second result is positive, it is assumed that the change was due to boosting of the immune system's ability to recognize the test solution and that the first negative result was a false negative.

4.0 Persons Affected

- Administrators, directors or managers of academic institutions, correctional facilities, homeless shelters, health-care settings, residential facilities for children in institutional or foster care, and other sites where persons at high risk for TB work or spend time
- Persons responsible for infection control or occupational health
- All paid and unpaid persons working in settings where persons with infectious TB disease are expected to be found
- Local and regional health departments

5.0 Responsibilities

- Administrators, directors, or managers responsible for day-to-day operations of settings that serve persons at risk for exposure to infectious TB shall assure that their facilities have procedures in place to prevent the transmission of *Mycobacterium tuberculosis*.
- Persons responsible for infection control or occupational health will perform a TB risk assessment for their setting and recommend appropriate TB screening for employees and persons served in the facility.
- Based on the facility risk assessment, supervisors will determine if employees under their supervision are at risk for exposure to persons with infectious TB disease and will assure that at-risk employees receive appropriate TB screening.
- Local and regional health departments shall monitor TB surveillance data for their area to determine if there are settings where targeted testing programs are appropriate.

6.0 Procedures

For procedures on administering, reading, and interpreting a tuberculin skin test by the Mantoux method, see Tuberculin Skin Testing at <http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>.

6.1 Academic Institutions

6.1.1 Faculty and staff of academic institutions are at no greater risk than the general public, so TB screening should be limited to known exposures to persons with infectious TB disease.

6.1.2 When academic institutions choose to require TB screening for foreign-born students or other students that will live in dormitories of the institution, they are responsible for reporting occurrences of LTBI or TB disease as described in the Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter A.

6.1.2 Academic institutions that train future health care workers should screen students at entry and according to the risk of the health care setting where practical experience is gained. When training is provided in multiple settings, use the higher of the risk ratings to determine the frequency of TB screening for the students.

6.2 Community Health Settings

6.2.1 Health care workers (HCW) should be screened for tuberculosis based on risk as described in the recommendations of the Centers for Disease Control and Prevention publication "Guidelines for Preventing of Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," MMWR, Vol. 54, RR-17, which is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e.

6.2.1 Local health departments that report 3 or more TB cases per year to DSHS should provide TB screening at hire and at least annually according to the CDC guidelines cited above for those employees that work in areas where patients with TB disease are expected to be found.

- 6.2.2 Local health departments that provide TB services in counties which report 2 or fewer TB cases per year should consider providing TB screening at the same level as for medium risk facilities for those employees who provide TB services even in those years when 2 or fewer TB cases are reported.
- 6.2.3 Employees of the Texas Department of State Health Services should receive TB screening according to TB-1001 DSHS Employee Tuberculin Skin Testing and Management.
- 6.2.4 Immigrants and refugees with Class A, B1, and B2 TB notification status should be screened for TB by the local or regional health department and receive treatment as appropriate.
- 6.2.5 Residents of long term care facilities should be screened for TB at entry and thereafter they should be screened at a frequency according to the risk assessment of the facility as described in the "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005" cited above.
- 6.3 Correctional Facilities
 - 6.3.1 Inmates and employees of correctional facilities and others who visit correctional facilities on a regular basis should be screened for tuberculosis based on the recommendations of the Centers for Disease Control and Prevention publication "Prevention and Control of Tuberculosis in Correctional and Detention Facilities," MMWR, Vol. 55, RR-09, which is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5509a1.htm>.
 - 6.3.2 Certain correctional facilities that are subject to the provisions of the Texas Health and Safety Code, Chapter 89, should also follow the TB screening procedures for inmates, employees and volunteers described in the Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter H, available at [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sc_h=H&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sc_h=H&rl=Y).
- 6.4 Facilities Providing Services to Homeless Persons
 - 6.4.1 In cooperation with the local or regional health department, a risk assessment should be performed for the setting to identify the potential for exposure to persons with infectious TB disease. Based on the risk assessment, the local or regional health department shall determine whether to partner with the facility to implement a targeted screening and testing program at the facility. Outcomes of the targeted screening and testing program should be monitored periodically to determine if the program should be continued.
 - 6.4.2 After a known exposure to someone with infectious TB disease, staff and clients should be screened based on the duration and frequency of their exposure.
- 6.5 Other Workplaces
 - 6.5.1 Employees in other workplaces where persons with infectious TB disease may be expected to be found should be screened for tuberculosis based on risk. Local data about the incidence of TB cases in a workplace will enable the local or regional health department to determine if a targeted TB screening and testing program would be beneficial to the community. When a local or regional health department institutes a targeted testing and screening program for a workplace, the health department is responsible for monitoring the number of persons found to have TB disease or latent TB infection compared to the number of tuberculin skin tests placed and read.
 - 6.5.2 Most workplaces and occupations in Texas have only a low risk for encounters with persons with infectious TB disease and should not require routine TB screening for employees at low risk for TB exposure, infection or disease.

- 6.5.3 There are no DSHS recommendations for routine screening using a TB symptom questionnaire or TST for workers in food service; barber shops; beauty salons; elementary, middle or high schools; or other workplaces where the risk for encountering a person with infectious TB disease is no greater than for the general public.
- 6.5.4 Workplaces that provide non-healthcare related services, especially residential services, to clients whose risk for progression to TB disease, if infected, is very high may choose to provide or require TB screening for employees to protect the health of their clients.
- 6.5.5 For facilities that provide care to children under a permit or license from the Texas Department of Family and Protective Services in general residential operations and residential treatment centers, child placing agencies, and individual foster homes, there are rules available at [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=3&ti=40&pt=19](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=40&pt=19) in the Texas Administrative Code, Title 40, Part 19, Chapters 746, 747, 748, 749 and 750 that describe the required actions for screening for tuberculosis.
- 6.5.6 For facilities that provide care to adults under a permit or license from the Texas Department of Aging and Disability Services for adult day care and day activity and health service requirements, rules related to TB screening are contained in Texas Administrative Code, Title 40, Part 1, Chapter 98, Subchapter D, Rule §98.61-§98.62 available at [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=1&ch=98&sc h=D&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=1&ch=98&sc h=D&rl=Y)
- 6.5.7 For facilities that provide care to adults in assisted living facilities under a permit or license from the Texas Department of Aging and Disability Services, rules related to TB screening are contained in Texas Administrative Code, Title 40, Part 1, Chapter 92, Subchapter C, Rule §98.41 available at [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=1&ch=92&sc h=C&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=1&ch=92&sc h=C&rl=Y)

7.0 Revision History

Date	Action	Section
August 12, 1997	New	
April 8, 1998	Revised	
December 1, 1998	Revised	
March 23, 2000	Revised	
August 3, 2000	Revised	
June 26, 2008	Revised	