

Tuberculosis Screening for Oregon Hospitals Summary of Key Points and Recommendations

Annual Risk Assessment

Determine annually if facility is classified as Low Risk, Medium Risk or Potential Ongoing Transmission using document at: <http://www.oregon.gov/DHS/ph/tb/docs/tbriskassessment.pdf>

The necessary data to complete the risk assessment (The Community TB Profile) can be found at: <http://www.oregon.gov/DHS/ph/tb/data/commriskassess.pdf>

Due to the low TB incidence in Oregon, most hospitals will be low risk.

Inpatient Setting Less than 200 Beds

- If **less than three TB patients** for the preceding year, **classify as low risk**.
- If **greater than or equal to three TB patients** for the preceding year, **classify as medium risk**.

Inpatient Setting More than 200 Beds

- If **less than six TB patients** for the preceding year, **classify as low risk**.
- If **greater than or equal to six TB patients** for the preceding year, **classify as medium risk**.

NOTE: Risk classification should usually be determined for the entire setting. However, in certain settings (e.g. with multiple sites or services) specific areas defined by geography, functional units, patient population or job type within the location might have separate risk classifications.

Low Risk Screening Recommendations

Health Care Worker (HCW) Screening for Low Risk

- All HCWs should receive baseline TB screening within 30 days of hire. This should include risk assessment, symptom screening and two-step TB skin test (TST) or a single quantiferon gold blood test.
- After baseline screening, additional TB screening isn't needed unless an exposure occurs
- HCWs with a baseline positive or new positive test result for TB infection or documentation of treatment for latent TB infection (LTBI) or TB disease should have a chest x-ray to rule out active TB disease (or an interpretable copy within the past 6 months). Repeat symptom screening or chest x-ray is not needed unless clinically indicated (ex. HCW reports symptoms of TB) or an exposure occurs.

Medium Risk Screening Recommendations

Health Care Worker (HCW) Screening for Medium Risk

- All HCWs should receive baseline TB screening within 30 days of hire. This should include risk assessment, symptom screening and two-step TB skin test (TST) or a single quantiferon (QFT) gold blood test.
- After baseline testing, HCWs should have TB screening annually (i.e. risk assessment, symptom screening and testing for infection with a single TST or QFT for HCWs who had baseline negative results).
- HCWs with a baseline positive or new positive test result for TB infection or documentation of treatment for latent TB infection (LTBI) or TB disease should have a chest x-ray done to rule out active TB disease (or an interpretable copy within the past 6 months). Instead of receiving an annual TST, HCWs with LTBI should receive a symptom screening each year. This symptom screening should include education about the symptoms of TB disease with instruction to report symptoms immediately to occupational health.

Potential Ongoing Transmission

- Consult with your local health department or State TB program 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 (currently under revision)

<http://www.oregon.gov/DHS/ph/tb/oars.shtml>