

Tuberculosis Screening and Long Term Care Facilities in Oregon

Summary of Key Points and Recommendations

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

<http://www.oregon.gov/DHS/ph/tb/data/commriskassess.pdf>

Most facilities in Oregon are low risk. Low risk = less than 3 TB patients for the preceding year.

Low Risk

Health Care Worker (HCW) Screening for Low Risk

- All HCWs should receive baseline TB screening upon 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.

Resident Screening for Low Risk

- All new residents should receive baseline TB screening upon admission. This should include risk assessment, symptom screening and two-step TB skin test (TST) or a single quantiferon gold blood test.
- New residents transferred from another low risk facility in Oregon with a documented history of negative TB skin tests should have a symptom screening upon admission. A two step TST is not required.
- After baseline screening, additional TB screening isn't needed unless an exposure occurs.
- Residents 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). Repeat symptom screening or chest x-ray screening is not needed unless clinically indicated (ex. resident reports symptoms of TB) or an exposure occurs.

Medium Risk

Health Care Worker (HCW) Screening for Medium Risk

- All HCWs should receive baseline TB screening up hire. This should include risk assessment, symptom screening and two-step TB skin test (TST) or a single quantiferon gold blood test.

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- After baseline testing, HCWs should receive TB screening annually (i.e. risk assessment, symptom screening and a single TST or single quantiferon gold blood test for HCWs with 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, these HCWs should receive a symptom screening each year. This symptom screening should include education of employee about the symptoms of TB disease and instruction to the HCW to report symptoms immediately to occupational health.

Resident Screening for Medium Risk

- All new residents should receive baseline TB screening upon admission. This should include risk assessment, symptom screening and two-step TB skin test (TST) or a single quantiferon gold blood test.
- After baseline testing, residents should receive TB screening annually (i.e. risk assessment, symptom screening and a single TST or single quantiferon gold blood test for residents with baseline negative results).
- Residents 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, these residents should receive a symptom screening each year.

Potential Ongoing Transmission

- Consult with your local health department or State TB program for guidance if you believe your facility meets this designation.

Source:

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 26, OAR 333-026-0005 (currently under revision)
http://www.sos.state.or.us/archives/rules/OARs_300/OAR_333/333_026.html