

# Tuberculosis Screening for Oregon Hospitals

## *Summary of Key Points and Recommendations*

### **ANNUAL RISK ASSESSMENT**

Determine annually if hospital is classified as Low Risk, Medium Risk or Potential Ongoing Transmission using document at:

<https://www.oregon.gov/oha/ph/DISEASESCONDITIONS/COMMUNICABLEDISEASE/TUBERCULOSIS/Pages/managetb.aspx>

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

<https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/TUBERCULOSIS/Documents/commriskassess.pdf>

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

- **Inpatient Setting: Fewer than 200 beds**

- If fewer than three cases of TB disease in the hospital in the preceding year, classify as low risk.
- If more than or equal to three cases of TB disease in the hospital for the preceding year, classify as medium risk.

- **Inpatient Setting: More than 200 beds**

- If fewer than six cases of TB disease in the hospital for the preceding year, classify as low risk.
- If more than or equal to six cases of TB disease in the hospital for the preceding year, classify as medium risk.

### **HEALTH CARE WORKER 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/osh/contactus.html>

## **Low Risk Hospitals**

- 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.
- After baseline screening, additional TB testing isn't needed unless an exposure occurs.
- HCWs with a newly positive test result for TB infection should have a single chest x-ray to rule out TB disease.

## **Medium Risk Hospitals**

- 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.
- 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 with negative baseline tests should be screened annually for TB (i.e. risk assessment, symptom screening and a single TST or IGRA). HCWs with positive TSTs or IGRAs should receive annual symptom screening.

## **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](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>