Tuberculosis Screening for Long Term Care Facilities in Oregon

Summary of Key Points and Recommendations

ANNUAL RISK ASSESSMENT

Annually determine if facility is classified as Low Risk, Medium Risk or Potential Ongoing Transmission using the document at:

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

Most long term care facilities in Oregon are low risk. Low risk = Fewer than three cases of TB disease in the facility for the preceding year.

TB 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/osha/contactus.html.

Low Risk Facilities

Health Care Worker (HCW) Screening for Low Risk Facilities

- 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.

- HCWs with a newly positive test result for TB infection should have a single chest x-ray to rule out TB disease.

- After baseline screening, additional TB testing isn’t needed unless an exposure occurs.
Resident Screening for Low Risk Facilities

- New residents 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 resident’s diagnosis with LTBI is acceptable as evidence of a normal chest x-ray upon admission. 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 there are symptoms of TB or an exposure occurs.

- New residents transferred from another low risk facility in Oregon with a documented history of negative TB skin tests or IGRAs should have a symptom screening upon admission. Additional screening is not needed.

- Other residents should have baseline TB screening upon admission. This should include risk assessment, symptom screening and a two-step TST or a single IGRA.

- After baseline screening, additional TB screening isn’t needed unless an exposure occurs.

Medium Risk Facilities

Health Care Worker (HCW) Screening for Medium Risk Facilities

- 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. Symptom screening should occur annually for this group.

- 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 should be screened annually for TB (i.e. risk assessment, symptom screening and a single TST or single IGRA for HCWs with baseline negative results).

Resident Screening for Medium Risk Facilities

- New residents 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 resident’s diagnosis with LTBI is acceptable as
evidence of a normal chest x-ray upon admission. If there is no documented normal chest x-ray, a new one should be given. Repeat chest x-rays are not needed unless there are symptoms of TB or an exposure occurs.

- New residents should have baseline TB screening upon admission. This should include risk assessment, symptom screening and a two-step TST or a single IGRA.

- After baseline testing, residents should be screened for TB annually (i.e. risk assessment, symptom screening and a single TST or IGRA test for residents with baseline negative results).

**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:**

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