
FREQUENTLY ASKED QUESTIONS: TB TESTING OF HEALTH CARE PERSONNEL

In May 2019, the Centers for Disease Control and Prevention (CDC) updated their recommendations for [tuberculosis \(TB\) testing of health care personnel](#). The Pennsylvania TB Program follows the CDC guidelines.

WHICH HEALTH CARE PERSONNEL SHOULD BE SCREENED FOR TB?

The CDC recommends that all health care personnel be screened for TB upon hire (i.e., pre-placement). Pre-placement screening should include a TB risk assessment, a TB symptom screen, and a TB test. These recommendations should be used for people who work or volunteer in health care settings, including inpatient and outpatient settings, laboratories, emergency medical services (EMS), medical settings in correctional facilities, home-based health care and outreach settings, long-term care facilities, and homeless shelters.

WHAT IS INCLUDED IN A TB SCREENING?

TB screening is a process that includes an individual [risk assessment](#), a [symptom evaluation](#), and a [TB test](#) (e.g., a TB blood test or a TB skin test).

A positive TB test indicates that a person has been infected with TB bacteria. It does not specify whether the person has [latent TB infection](#) (LTBI) or has progressed to [TB disease](#). Anyone with a newly positive TB test should receive a symptom evaluation and chest x-ray to rule out TB disease. Additional workup may be needed based on these results.

HOW OFTEN SHOULD HEALTH CARE PERSONNEL BE SCREENED FOR TB?

Health care personnel should be screened for TB upon hire with an individual [risk assessment](#), a [symptom evaluation](#), and a [TB test](#) (e.g., a TB blood test or a TB skin test). Thereafter, annual TB testing is **not** recommended unless there is a known exposure to a case of infectious TB disease or ongoing transmission.

Health care personnel that have been diagnosed with LTBI and declined treatment should receive an annual [TB symptom](#) screen. Symptoms for TB disease include any of the following: a cough lasting longer than three weeks, unexplained weight loss, night sweats or a fever, and loss of appetite.

All health care personnel should receive TB education annually. TB education should include information on TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures. In addition, TB education should strongly encourage that health care personnel diagnosed with LTBI complete preventive treatment.

WHAT TYPES OF TESTS CAN BE USED TO TEST FOR TB INFECTION?

Either a [TB blood test or a TB skin test](#) can be used to test for TB infection. For consistency, the same type of TB test should be used upon hire (i.e., pre-placement) and for any follow-up testing.

The interferon gamma-release assay (IGRA) TB blood test is the preferred TB test for anyone who received the [bacille Calmette–Guérin \(BCG\)](#) TB vaccine. Prior vaccination with the BCG vaccine does not affect the results of the TB blood test but can result in a false positive with the TB skin test.

SHOULD TWO-STEP TB TESTING BE DONE?

If the TB skin test is used to test for TB infection upon hire (i.e., pre-placement), [two-step testing](#) should be done. However, if the health care worker has documentation of a negative TB skin test within the past 12 months, then just one TB skin test is needed upon hire and will count as the second-step test.

Two-step testing does not apply to the TB blood test. Even if a potential new hire had a negative TB blood test within the past 12 months, a new TB blood test should be done upon hire. The new test is done to determine whether the individual has been exposed to TB since the previous test.

WHAT IF SOMEONE UNDERGOING PRE-PLACEMENT SCREENING HAS A NEWLY POSITIVE TB TEST?

Health care personnel with a newly positive TB test result should receive a symptom evaluation and chest x-ray to rule out TB disease. Additional workup may be needed based on these results.

If TB disease is suspected, **immediately** notify the health care worker's local PA Department of Health [state health center](#) or [county or municipal health department](#).

If a diagnosis of TB disease is eliminated and the health care worker is diagnosed with LTBI, [treatment](#) is strongly recommended. Shorter treatment regimens, including once-weekly isoniazid and rifapentine for 3 months and daily rifampin for 4 months, should be used as they are more likely to be completed when compared to the traditional regimens of 6 or 9 months of isoniazid.

Health care personnel diagnosed with LTBI who do not take LTBI treatment should receive an annual TB symptom screen to detect early evidence of TB disease and to reevaluate the risks and benefits of LTBI treatment. If the benefit of treatment is expected to exceed the risk, the health care worker should continue to be strongly encouraged to complete LTBI treatment.

HOW SHOULD HEALTH CARE PERSONNEL WITH A DOCUMENTED HISTORY OF A PRIOR POSITIVE TB TEST BE SCREENED?

Health care personnel with a documented history of a prior positive TB test should receive an individual TB risk assessment and TB symptom screen upon hire (i.e., pre-placement). Repeating the TB test (e.g., TB blood test or TB skin test) is not required. Additionally, individuals with a prior positive TB test should either receive a chest x-ray or provide documentation of a normal chest x-ray within the past six months, upon hire.

Health care personnel with untreated LTBI should receive a yearly symptom screen to detect early evidence of TB disease and to reevaluate the risks and benefits of LTBI treatment. If the benefit of treatment is expected to exceed the risk, the health care worker should continue to be strongly encouraged to complete LTBI



treatment. Repeat chest x-rays are not required unless health care personnel are [symptomatic](#) or as part of the repeat evaluation prior to starting LTBI treatment.

WHO SHOULD I CONTACT FOR MORE INFORMATION ABOUT SCREENING HEALTH CARE PERSONNEL FOR TB?

For questions about the screening of health care personnel for TB, contact the Pennsylvania TB Program at 717-787-6267.