TITLE: Tuberculosis Screening for Medical Staff	**SEARCH WORD:** tuberculin skin test, TST, PPD
DEPARTMENT: Employee Health, Medical Staff	
VP APPROVAL: Bruce Middendorf, MD, CMO	**DIRECTOR/MANAGER APPROVAL:** Sherry Ann Ward Terri Sartain
EFFECTIVE DATE: 03/2006	**REVIEWED DATE(no changes):** 12/2014
LAST REVISED DATE: 08/2019	**REVISION HISTORY:** 09/2011

PURPOSE:
To provide a measure for monitoring the medical staff for exposure to tuberculosis, the potential for active tuberculosis disease, and hence the transmission of the disease to others.

POLICY STATEMENT:
In accordance with the 2019 Centers for Disease Control (CDC) and National Tuberculosis Controllers Association recommendation, the following screening and testing guidelines will be observed for all medical staff and allied health professional (AHP) staff members.

PROCEDURE:

1. Tuberculin Screening of New Medical & AHP Staff:
    a. All medical staff and AHP staff applicants will be screened for tuberculosis utilizing an Interferon-Gamma Release Assay (IGRA).. The screening will include a medical history and TB symptom review.
    b. Medical staff or AHP staff applicants with a positive test who are asymptomatic will have a repeat IGRA test. Those with a second positive IGRA will be considered infected with M. tuberculosis.
    c. Any medical staff or AHP staff, applicant or member, having a documented positive IGRA test will:
        - complete a TB health questionnaire
        - submit documentation of a chest x-ray
        - submit documentation of being evaluated by their private physician and/or their county health department of their residence.
        - submit documentation of appropriate follow-up with confirmation of absence of communicability for placement in the individual's credentialing file. (Refer to *Tuberculosis Health Questionnaire*)

    While prophylactic treatment is strongly encouraged, the staff member may decline the therapy. Any medical or AHP staff choosing to decline treatment for latent TB infection will be screened annually for symptoms of TB.

2. Annual Screening:

    a. In the absence of known exposure or evidence of on-going TB transmission, health care personnel without latent TB infection will not undergo routine serial TB screening or testing at any interval after baseline.

3. Post TB Exposure Testing

    a. When the TB exposure protocol is implemented, Infection Control, Employee Health and/or a clinical patient unit Director/Manager will notify and refer medical staff members or AHP staff to the Employee Health Nurse for follow-up of possible TB exposure.

    b. All medical staff members or AHP staff with a known exposure to TB will be offered an IGRA test immediately (unless they have been tested in the past 3 months). Those with negative results will be retested 12 weeks from time of exposure. If an IGRA test cannot be obtained, a tuberculin skin test will be initiated.

    c. If the 12 week results of the test is positive, the individual will have a chest x-ray. If the test is positive, but the chest x-ray shows no active disease, the individual must consult his/her private physician or local health department for consideration of starting preventive measures. Any medical staff member or AHP staff showing evidence of active disease should not practice, should remain home and be treated appropriately. A medical staff member or AHP staff should be able to return to practice after a release from their private physician or health department is received. Medication should be taken exactly as prescribed.

    d. Medical staff members and AHP staff who have a documented history of positive IGRA or PPD skin test do not require repeat testing or chest x-ray unless they have symptoms suggestive of tuberculosis. (Refer to *Tuberculosis Health Questionnaire*)

    e. The Infection Control Oversight Committee Chairman will be notified of any active disease, of the appropriate follow-up and may be consulted upon request of the Medical Staff Office or the medical staff member or AHP.

    f. Appropriate follow-up and treatment is the responsibility of the medical staff person. This procedure serves as an adjunct to the medical staff person's health and well-being, plus the safety of co-workers and patients.

REFERENCES:

American Thoracic Society/Infectious Diseases Association of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children. *CID 2017:64*

Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. *Centers for Disease Control and Prevention MMWR, May 17,2019/68 (19); 439-443.*

Medical Staff
Tuberculosis Health Questionnaire

Physician or AHP Name: _____
(please print)

You must provide documentation of receiving a test for tuberculosis during the initial credentialing process or after a known exposure to Mycobacterium tuberculosis. A Quantiferon blood test will be provided for you. Please answer the questions at the bottom of this form, sign and date.

1. Quantiferon ordered on _____ (date)

   Quantiferon results: _____ Negative _____ Positive ____ Indeterminate.
   If the quantiferon is positive or indeterminate, a repeat test will be ordered.

2. Repeat Quantiferon: _____ N/A ordered on _____(date)

   Repeat Quantiferon results: ____ Negative ___ Positive ____ Indeterminate
   If the repeat test is positive or indeterminate, a chest x-ray will be ordered.

   Chest x-ray (2 view) ordered on _____(date)

EHS Staff Signature_____ Date_____

<u>BCG Vaccination</u>
A history of previous vaccination with BCG does not change the requirement for Quantiferon testing unless a positive test (quantiferon or PPD) testing is provided to EHS.

Please answer the following questions:

	Yes	No
1. Productive cough for more than 2 weeks		
2. Persistent weight loss without dieting		
3. Persistent low grade fever		
4. Night sweats		
5. Loss of appetite		
6. Coughing up blood		
7. Shortness of breath		
8. Chest Pain		

Signature: _____ **Date:** _____
(*Physician or AHP*)