AAMC Standardized Immunization Form-2025

Tuberculosis (TB) Screening and Testing - Frequently Asked Questions (Information from the CDC)

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1. Why were the recommendations for TB screening, testing, and treatment of health care personnel updated in 2019?

Experts from the Centers for Disease Control (CDC), National TB Controllers Association (NTCA), state and local public health departments, academia, and occupational health associations developed the updated recommendations after conducting a systematic review of scientific studies on TB screening and testing of health care personnel. The changes reflect the overall decrease in the number of people diagnosed with TB disease and the low incidence of TB due to occupational exposure among health care personnel in the United States.

2. Which health care personnel should be screened for TB?

All U.S. health care personnel should be screened for TB upon hire (i.e., pre-placement). Pre-placement TB 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.

3. How often should health care personnel be screened for TB?

Health care personnel should be screened for TB upon hire (i.e., pre-placement). **Annual TB testing is not recommended** unless there is a known exposure or ongoing transmission.

4. What is recommended instead of serial annual TB testing?

All health care personnel should receive **annual TB education**. TB education should include information on TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures.

5. What are TB risk factors?

a. Temporary or permanent residence (≥1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe), OR

b. Current or planned immunosuppression, including HIV infection, receipt of an organ transplant, treatment with a TNF-alpha agonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for > 1 month), or other immunosuppressive medication, OR

c. Close contact with someone who has had infectious TB disease since your last TB test.

6. What are the symptoms of TB disease?

Symptoms of 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.

7. What are TB tests?

Either a **TB blood test (IGRA)** (Interferon Gamma Release Assay) or a **TB skin test (TST)** using tuberculin purified protein derivative (PPD) 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. An IGRA is preferred for testing persons who have previously received BCG (as a vaccine or for cancer therapy).

8. Should two-step TB skin testing be conducted?

If the TST is used to test for TB infection upon hire (i.e., pre-placement), the **two-step TST test** protocol should be followed. Two-step testing is NOT required for IGRA.

9. What does it mean if I have a positive TB test?

A positive TB test only tells that a person has been infected with TB bacteria. It does not tell whether the person has **latent TB infection** (LTBI) or has progressed to **TB disease**.

10. What if health care personnel at low risk for TB infection test positive for TB upon hire (i.e., pre-placement)?

The risk assessment and symptom evaluation help guide decisions when interpreting test results. Low-risk health care personnel who test positive for TB infection should have a second TB test to confirm the result. For example, health care personnel with a positive TB test who do not have any TB symptoms are unlikely to be infected and are at low risk for progression to TB disease. These persons should receive a second confirmatory TB test. If the second test is also positive, the health care personnel is considered to have a TB infection and should be evaluated with a chest x-ray and TB symptom screen to rule out TB disease.

11. 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). Additionally, individuals with a prior positive TB test should receive a chest x-ray or provide documentation of a recent normal chest x-ray. Requirements regarding acceptable documentation may be determined by local or state regulations. Repeating the TB test (e.g., TB blood test or TB skin test) is not required.

12. What if my state regulations are different than the CDC recommendations?

State and local TB screening and testing regulations may have different requirements. The CDC and the National TB Controllers Association (NTCA) TB screening and testing recommendations do not override or replace state regulations. For TB regulations in your area, please contact your state or local TB control program.

13. Do the CDC and the National TB Controllers Association (NTCA) recommend treatment for health care personnel diagnosed with latent TB infection (LTBI)?

Yes. The CDC and the NTCA strongly encourage health care personnel diagnosed with LTBI to take treatment to prevent the development of TB disease. Several treatment regimens are available, including short-course regimens. Shorter treatment regimens of 3-4 months should be used as they are more likely to be completed when compared to the traditional regimens of 6-9 months (see references below). 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. 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.

REFERENCES:

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2. CDC. Clinical Testing Guidance for Tuberculosis of Healthcare Personnel. https//www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/?
3. CDC. Baseline TB Screening and Testing. https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/baseline-testing.html
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