

Tuberculosis Screening and Testing: Residents of Care Facilities (to include Assisted Living and Nursing Homes)



Definitions:

TB risk assessment: Use of a questionnaire to determine a person's risk for TB infection.

Symptom evaluation: Assessment for signs and symptoms of active tuberculosis (TB) disease.

TB testing: Performing an interferon gamma release assay (IGRA) blood test or tuberculin skin test (TST) to determine if a person has been infected with *M. tuberculosis* complex bacteria.

Recommendations and Requirements for Admission

Screening for the presence of communicable disease, including TB, is required upon admission by Department of Health Services (DHS) WI Admin. Codes for residents of care facilities and includes the following three steps:

■ TB risk assessment

Perform a baseline TB risk assessment questionnaire to determine risk for TB infection. See resources for an example questionnaire¹.

■ Symptom evaluation

Symptoms for TB include cough lasting more than three weeks AND one of more of the following: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue.

■ TB testing

Perform baseline testing for all residents without documented evidence of prior LTBI or TB disease. See page 2 for screening of residents with previous positive result. IGRA or TST may be performed; IGRA is preferred.

- If testing is positive, obtain chest x-ray and refer to provider for additional workup for TB disease.
- In the absence of newly identified risks or symptoms, previous documented negative IGRA or TST results (within 12 months) may be used.
- If TST is used as the baseline testing, 2-step testing is recommended for residents who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before admission.

- Initial risk assessment, testing, and symptom evaluation can serve as a baseline should an exposure occur and a TB contact investigation become necessary. Additionally, baseline risk assessment, testing, and symptom evaluation can facilitate the detection and treatment of latent tuberculosis infection (LTBI) and TB disease to reduce the risk of transmission within the facility.



Timing and Frequency of Screening

■ Admission Screening

- Timing depends on facility type (see *Table 1* on page 4).
- Ideally done immediately prior to admission.

■ Who May Perform Screening

- The type of clinician qualified to perform the screening depends on facility type (see *Table 1* on page 4).



■ Readmission Screening

- If a resident with a negative baseline leaves the facility and is later readmitted, perform a risk assessment questionnaire and symptom evaluation.
- Only re-test if resident has incurred new risk factors for TB infection.

➤➤➤ **Annual (Serial) Testing for Residents:** Most Wisconsin health care facilities are considered low risk for TB; annual testing by IGRA or TST is **not recommended**.² ➤➤➤

Testing Residents with a History of Positive IGRA or TST

- Residents that have documented positive IGRA or TST results or documented treatment for TB or LTBI do not need baseline TST or IGRA.
- Obtain a baseline chest x-ray and symptom evaluation. Previous baseline radiographs (within 6 months) may be used for asymptomatic residents. Chest x-ray should be repeated if resident is symptomatic.
- Serial (annual) follow-up chest x-rays are not recommended.
- Treatment for LTBI is recommended to reduce the risk of progression to active TB disease.

➤➤➤ **Individuals with a history of TB or LTBI will likely have positive IGRA and TST results for their lifetime.** ➤➤➤



Testing After a TB Exposure Event

- For those determined to have been exposed, perform evaluation for signs and symptoms of TB disease.
- For those who previously had negative results, administer an IGRA or TST . Do not perform IGRA or TST for persons with previous positive results.
- Repeat symptom evaluation and IGRA or TST at 8–10 weeks after the end of exposure if the initial result was negative.
- If the symptom evaluation or the initial or the 8- to 10-week follow-up IGRA or TST is positive, further evaluate the resident for TB disease, including performing a chest x-ray.
- Residents, family, and caregivers should be educated on the signs and symptoms of TB disease and should seek medical evaluation if these occur.



Table 1. Summary of WI Administrative Codes

Type of Facility	Wis.Admin. Code ch. DHS*	Clinician to Perform	Timing
Skilled nursing facility (nursing home)	132	Physician, physician assistant, or advanced nurse practitioner	90 days prior to admission
Community-based residential or respite facilities (CBRFs)	83	Physician, physician assistant, advanced nurse practitioner, or licensed registered nurse	90 days prior to OR within 7 days after admission
Adult family homes	88	Physician, physician assistant, or licensed registered nurse	90 days prior to OR within 7 days after admission
Facility serving people with developmental disabilities	134	Physician, physician assistant, or advanced nurse practitioner	Not specified; prior to admission is recommended
Community substance abuse treatment facilities	75	Not specified	Immediately upon admission and annually thereafter

*For more information, please visit: <http://docs.legis.wisconsin.gov/code/>



Resources

1. Wisconsin Tuberculosis Program TB Risk Assessment Questionnaire Screen.
www.dhs.wisconsin.gov/forms/f02314.pdf
2. Centers for Disease Control and Prevention. (2005) Guidelines for preventing the transmission of mycobacterium tuberculosis in health-care settings. *MMWR* 2005; 54(No. RR-17).
3. Centers for Disease Control and Prevention (2017). Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: Diagnosis of tuberculosis in adults and children, *Clinical Infectious Diseases*, 64(2): 111-5. Retrieved from <https://www.cdc.gov/tb/publications/guidelines/pdf/ciw778.pdf>

