

TUBERCULOSIS SCREENING

Recommendations for Tuberculosis Screening in Long-Term Care Facilities

(Low-Risk <3 cases/year)

- A clinical evaluation should always be considered for admission. This evaluation may include sputum smear and cultures, a chest x-ray, and a check for presence or absence of symptoms compatible with tuberculosis.
- Tuberculin skin test (Mantoux test) should be administered to all new residents and staff as soon as their residency or employment begins, unless they have documentation of a previous positive reaction. A two-step procedure is advisable for the initial testing to establish a reliable baseline. If both skin tests are negative, repeat the skin test yearly.
- All persons with a positive reaction to the skin test (refer to CDC guidelines) should have a chest x-ray to identify current or past disease. Chest x-rays should be read by a radiologist or sent to TB Control for interpretation. Converters (from negative to positive) should be treated unless there are contraindications, such as liver disease or other increased risk of toxicity to the medication. If the skin test is positive and there is no evidence of disease, an annual risk assessment should be recorded.
- If a person's x-ray shows no active tuberculosis disease process and the person does not exhibit symptoms consistent with active tuberculosis, admission should not be denied on the basis of a positive skin test.
- For persons with abnormal chest x-ray findings, abnormal sputum smears and/or culture results, or exhibiting symptoms consistent with active tuberculosis, admission should be delayed until active tuberculosis is ruled out.
- Symptoms compatible with tuberculosis are: persistent cough (>3 weeks), fatigue, complaints of bloody sputum, night sweats, loss of appetite, unexplained fever or unexplained weight loss. Staff should be trained to detect persons who might have TB and initiate clinical lab and clinical referral.
- Persons with abnormal chest radiographs and/or symptoms compatible with tuberculosis should also have sputum smear and culture examinations.

- All employees and volunteers of >10 hours per week should have a skin test. If positive, have a chest x-ray and be assessed for prophylaxis and evaluated annually with risk assessment. If skin test is negative, should have annual skin tests. Each tuberculin positive resident/employee with a normal chest x-ray should be evaluated annually and a record should be kept that documents the presence or absence of symptoms of tuberculosis. Further chest x-rays are not necessary unless there has been a new exposure or symptoms develop.

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Signed _____

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