



Long-Term Care Regulatory Provider Letter

Number: PL 20-25
Title: Revised Recommendations for Tuberculosis Screening, Testing, and Treatment of Health Care Personnel
Provider Types: Assisted Living Facility, Day Activity and Health Services Facility, Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions, Home and Community Support Services Agency, Nursing Facility, and Prescribed Pediatric Extended Care Center
Date Issued: April 09, 2020

1.0 Subject and Purpose

The Texas Health and Human Services Commission (HHSC) is issuing this letter to inform providers that the Center for Disease Control and Prevention (CDC) has made changes to its 2005 guidelines related to tuberculosis (TB) screening, testing, and treatment of health care personnel. Specifically, on May 17, 2019, the CDC and the National TB Controllers Association (NTCA) released from those in the 2005 CDC "[Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings](#)." The revisions add a recommendation that pre-placement TB screening of all U.S. health care personnel include an individual TB risk assessment. In addition, annual TB testing for health care personnel is no longer recommended unless there is known TB exposure or ongoing transmission of TB in the setting. The revised recommendations also encourage treatment for all health care personnel with latent TB infection. The revisions are summarized in the table on page 4 of this letter.

2.0 Provider Responsibilities & Policy Details

LTCR providers should review their infection prevention and control policies and practices and align them with the revised recommendations, to the

extent the recommendations are consistent with applicable regulatory requirements for the setting. Providers should adopt, implement, and enforce their policies and procedures, and ensure staff are trained accordingly. The revisions recommend conducting and documenting a TB test, TB risk assessment, and a TB symptom evaluation at hiring as a baseline reference.

After an initial screening, annual TB testing for health care personnel is recommended only when there is known TB exposure or ongoing TB transmission at a facility or agency. However, annual TB symptom evaluation is recommended for personnel with untreated latent TB infection and should be considered for certain groups at increased occupational risk for TB exposure or in settings in which TB transmission has occurred in the past.

The revisions also recommend annual TB education for health care personnel that includes the following topics:

- TB risk factors;
- the signs and symptoms of TB disease; and
- TB infection control policies and procedures.

For more information regarding the revised recommendations, visit the CDC website at: <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>.

3.0 Background/History

Recent data has suggested that U.S. healthcare personnel are no longer at an increased risk for TB. Based on this new data, the CDC has revised the recommendations made in its 2005 guidelines related to TB screening, testing, and treatment of health care personnel. This letter notifies providers of the changes so that they can revise their own policies and practices accordingly.

4.0 Contact Information

If you have any questions about this letter, please contact the Policy, Rules and Training Section by email at PolicyRulesTraining@hhsc.state.tx.us or call (512) 438-3161.

Key Changes in the Recommendations
From the 2019 CDC Guidelines

	2005 Recommendations	2019 Recommendations - Key Changes
Screening	Recommended for all health care personnel pre-placement/upon hire Annual screening may be recommended based on risk assessment of healthcare facility and setting	Individual baseline TB risk assessment added Annual TB screening no longer routinely recommended for the most health care personnel unless occupational risk or ongoing exposure
Post-Exposure testing	Recommended IGRA or TST test for all health care personnel when an exposure is recognized*If that test is negative, do another test 8-10 weeks after the last exposure*	No change
Treatment of Positive TB Test	Referral to determine whether latent TB infection (LTBI) treatment is indicated	Treatment is encouraged for all health care personnel with untreated LTBI. Shorter course (3 to 4 month) treatments encouraged over the longer (6 or 9 month) regimes because they are easier to complete
TB Education	Recommended annually for all health care personnel*	Annual education should include information about TB risk factors, the signs and symptoms of TB disease. And TB infection control policies and procedures

This table has been made available in the public domain by the [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](https://www.cdc.gov/nchstp/newsroom/2019/recommendations-for-tb-screening.html), at the following web address:
<https://www.cdc.gov/nchstp/newsroom/2019/recommendations-for-tb-screening.html>.