



CDPHE Update on TB

There has been some confusion about TB testing and yearly risk assessments, so I wanted to relay my understanding of the guidance.

- Annual skin testing is not recommended. That is, you do NOT need to test residents and staff EVERY year.
- HOWEVER.....
- **Test new admissions and new hires** for TB using either a Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) upon admission or upon hire if there is no documentation of a previously negative TB test.
- Anyone with exposure to TB and symptoms should also be tested (again).
- If initial testing comes back negative, you can perform a yearly risk assessment instead of testing the person again.
- If initial testing is TB positive, alert the public health department and ensure that the person is treated prior to coming to work.
- Go here for further details and watch the video ->[TB: Health care personnel screening | Department of Public Health & Environment \(colorado.gov\)](#)

[Healthcare Provider TB Testing Algorithm](#)

[TB Update 8_14_24 RLTCF All FacilitiesDownload](#)

[CDPHE TB recs 2020Download](#)



Bilateral LE Cellulitis is Rare:

I've brought this up before, but this little one pager (below) might say it better than I do.

- LE cellulitis is typically unilateral. Bilateral LE cellulitis is rare.
- Lymphedema, Stasis dermatitis, Venous Insufficiency ([Lipodermatosclerosis](#)), and other types of dermatitis are more often bilateral and might look like bilateral LE cellulitis.
- Be concerned about bilateral cellulitis if there is trauma to BOTH legs that might act as a port of entry for bacteria, rapid onset/progression, fever, elevated WBC, bilateral chronic/recurrent wounds of the LE.
- Use antibiotics judiciously in cases with bilateral/symmetric LE redness and swelling.

[Bilateral LE CellulitisDownload](#)

Infectious Dz Report

[What's Going Around A Communicable Disease Report August 18 - August 31,](#)

[2024Download](#)

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