



Tuberculosis Screening and Surveillance Guidance for Long-Term Care Facilities

These recommendations were developed in cooperation with the Colorado Department of Public Health and Environment’s Health Facilities & Emergency Medical Services Division and the Disease Control and Public Health Response Division-Tuberculosis Program.

Purpose

These recommendations describe tuberculosis control activities appropriate for nursing homes and other facilities providing long-term care for elderly persons. Such facilities include long-term care wings or units in hospitals, adult foster-care homes, board and care homes, and other congregate settings for the elderly. The recommendations are intended for use by staff and administrators of these facilities, consultants to these facilities, and regulatory and licensing bodies.

Any person with symptoms consistent with *mycobacterium tuberculosis* (TB) disease, an abnormal chest radiography (CXR), or positive sputum smears or cultures will not be admitted to this facility until that person is deemed to be non-infectious by a medical provider. If TB disease is suspected in a resident or healthcare worker, it will be reported to the county and/or state public health department within 24 hours per state reporting requirements.

For reporting or consultation call:

Phone (working hours)	303-692-2656
CDPHE After Hours	303-370-9395

New Admissions

All new admissions, will receive a 2-step tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) blood test and symptom screen. [Signs and symptoms](#) of active TB disease include: persistent cough for more than 3 weeks, night sweats, fever, unexplained weight loss, loss of appetite, hemoptysis, chills, fatigue and chest pain. IGRAs are recommended for persons who received the bacilli Calmette-Guerin (BCG) vaccine and anyone with a documented severe hypersensitivity reaction to the TST solution (e.g., ulceration or necrosis). In a 2-step TST, if the first TST is interpreted as negative, the second test will be placed 1 to 3 weeks after the first. If a documented negative TST result in the past 12 months is provided by the resident, it will be considered the first step, and only one step need be given. If the resident provides documentation of a negative two-step test or one IGRA which was performed in Colorado in the previous 6 months, it will be considered adequate. If the symptom screen is positive for respiratory disease, the resident will have a CXR and/or further medical evaluation and must receive medical clearance for TB disease before admission to the facility.

If any previous TB test was positive:

- Refer to a physician for medical evaluation and possible testing with IGRA if the previous positive was from a TST. Included in the medical evaluation is assessment for signs and symptoms of active disease.
- If symptoms are present or a chest x-ray suggests possible active TB disease:
 - The resident should *not* be admitted to the facility until further assessment is done unless there is a safe, agreed-upon plan of care that will be performed in the facility.
 - The LPHA or State TB Nurse Consultant should be notified to help guide the process.

(Continued on page 2)





- Remind the person to promptly report symptoms suggestive of TB disease, such as a cough of more than 2 weeks duration with or without fever, night sweats, or weight loss.
- Further skin testing is not recommended.

Current Residents

Annual skin testing is not routinely recommended. TB skin testing shall be completed on those residents who have been exposed to anyone with documented or presumptive active TB disease in collaboration with the local public health agency. Current residents, who have been identified with TB infection in the past, shall receive an annual TB symptom screen. If symptoms are present, it is recommended that the resident have a CXR and a medical evaluation for active TB disease.

Presumptive Active TB Disease

Any resident or employee demonstrating signs and symptoms of active TB should be referred to their provider for evaluation. All presumptive cases of active TB disease are required to be reported to the [local or state public health agency](#) within 24 hours.

Healthcare Personnel

Per policy, TB testing is a condition of employment, prior to contact with patients. Comprehensive guidance for testing of health care personnel can be located on the Colorado Department of Public Health and Environment [website](#).

Documentation to be Maintained by Facility

Documentation shall be maintained onsite for the following:

- Employee name and demographics who was tested for TB
- TB screening results at date of employment or credentialing
- TST dates and times of administration and date and time of read results, including measurement of induration AND interpretation of results
- Dates and results of other diagnostic tests, if applicable (i.e. IGRA, CXR, sputum smear and culture)
- Summary of treatment, including date (as appropriate)
- Name and telephone number of treating physician
- Results of annual TB facility risk assessment

Education

Tuberculosis education shall be provided to all staff (paid and unpaid) on an annual basis.