

Summary of the Updated Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019

The CDC, in collaboration with the National TB Controllers Association (NTCA), recently published an update to the 2005 MMWR, Guidelines for Preventing *Mycobacterium tuberculosis* Transmission in Health-Care Settings. Updated CDC recommendations for screening and testing health care personnel (HCP) are detailed below.

1. Pre-employment (baseline) screening: (1) TB test[†], (2) individual TB risk assessment, and (3) TB sign & symptom evaluation.
 - a. New HCP with documented history of latent TB infection (LTBI) or a positive TB test should not receive a baseline TB test but should receive both an individual risk assessment and a symptom evaluation.
 - b. New HCP with documented history of a negative TST within 12 months should receive a single TST (to complete the two-step TST), an individual TB risk assessment, and a TB sign & symptom evaluation.
 - c. New HCP without documented TB screening or documented more than 12 months ago should receive a TB test[†], an individual TB risk assessment, and a TB sign & symptom evaluation.
2. Serial screening & testing: In the absence of a known exposure of ongoing transmission, no serial TB testing[±] for those without LTBI after baseline; annual TB education for all HCP.
 - a. May consider serial testing[±] for certain groups who may be at risk for occupational exposure.
 - b. For HCP with untreated LTBI, complete a TB sign & symptom screen annually.
3. LTBI Treatment: Encourage treatment for all HCP with untreated LTBI, unless treatment is contraindicated.
 - a. Emphasize shorter-course regimens, including 3 (3HP) and 4 (4R) months.

All other aspects of the 2005 Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings remain in effect, including facility risk assessments to help guide infection control policies and procedures.

Abbreviations: HCP=health care personnel, IGRA=interferon gamma release assay; LTBI=latent TB infection; TST=tuberculin skin test

† Two-step TST or one IGRA

± One TST or one IGRA (suggest using same test type as baseline testing to avoid discordant results)

References:

- Sosa LE, Nijie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68-439-443. DOI: https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w.
- Jensen PA, Lambert LA, Iademarco MF, Ridzon R. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. MMWR Recomm Rep 2005;54(No. RR 17)/ DOI: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>.

Comparison between the 2005 and 2019 recommendations with resources for 2019 recommendations:

	2005 Recommendation	2019 Recommendation	Suggested Resources
Baseline (pre-placement) screening and testing	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI.	TB screening of all HCP, including a symptom evaluation, individual TB risk assessment (new) , and test for those without documented prior TB disease or LTBI (unchanged).	<ul style="list-style-type: none"> • Sign & Symptom Review • TB Risk Assessment
Post-exposure screening and testing	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure.	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure (unchanged).	Work with your local health department to conduct a TB contact investigation
Serial screening and testing for HCP without LTBI	According to health care facility and setting risk assessment. Not recommended for HCP working in low-risk health care settings. Recommended for HCP working in medium-risk health care settings and settings with potential ongoing transmission.	Not routinely recommended (new) ; can consider for selected HCP groups (unchanged); recommend annual TB education for all HCP (unchanged), including information about TB exposure risks for all HCP (new emphasis) .	<ul style="list-style-type: none"> • Testing for LTBI (TST Workshop) • TB 101 for Health Care Workers • Interactive Core Curriculum on TB • TB Self-Study Modules • TB Risk Assessment • Sign & Symptom Review
Evaluation and treatment of positive test results	Referral to determine whether LTBI treatment is indicated.	Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated (new) .	<ul style="list-style-type: none"> • Treatment regimens for LTBI • CDC’s LTBI Online Resource Hub