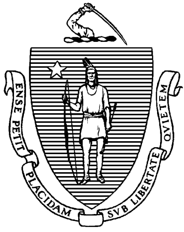

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
305 South Street, Jamaica Plain, MA 02130

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Division of Global Populations and
Infectious Disease Prevention
Tel: (617) 983-6970
Fax: (617) 983-6990
www.mass.gov/dph/cdc/tb
www.mass.gov/dph/refugee

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

ADVISORY

Recommendations for Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel

August 15, 2019

The Centers for Disease Control and Prevention and the National Tuberculosis Controllers Association (NTCA) released updated recommendations for tuberculosis screening, testing, and treatment of U.S. health-care personnel in May, 2019. The HCP recommendations update the screening and testing recommendations in the 2005 guidelines for preventing the transmission of TB in health care settings and the changes reflect the overall decrease of tuberculosis (TB) cases and the low incidence of TB among health care personnel (HCP) in the U.S. due to occupational exposure. The recommendations for facility risk assessments and infection control practices did not change and are from the 2005 guidelines.

MDPH strongly endorses the updated CDC guidance and recommends:

1. **TB screening with an individual TB risk assessment and symptom evaluation at baseline (preplacement).**
2. **TB testing with an interferon-gamma release assay (IGRA) or a tuberculin skin test (TST) for persons *without documented prior TB disease or latent TB infection (LTBI).***
3. **No *routine* serial TB testing at any interval after baseline in the absence of a known exposure or ongoing transmission.**
4. **Encouragement of treatment for all health care personnel with untreated LTBI, unless treatment is contraindicated.**
5. **Annual symptom and risk screening for health care personnel with untreated LTBI.**
6. **Annual risk assessment (e.g., travel to high incidence regions, risk for exposure at other work sites, potential community exposure, etc.) for all health care personnel with negative TST/IGRA, with TB testing only as indicated by risk.**
7. **Annual TB education for all health care personnel.**

The Massachusetts Department of Public Health (DPH) encourages adoption of the updated recommendations. Central to the updates is that the **routine** practice of annual testing of HCP

is no longer recommended. Annual/periodic testing may be considered for those HCP at risk for occupational exposure (e.g., pulmonary physicians, respiratory therapists, emergency department staff, TB clinic staff). For those HCP who will have annual testing, TST is preferred due to high rates of false conversions/reversions with serial IGRA. Review of experience of unexpected test conversions over the past 3-5 years of annual testing may indicate if risk for a specific group or facility area warrants serial testing.

CDC has published a Frequently Asked Questions (FAQ) on the updated recommendations. The National TB Controllers Association and the American College of Occupational and Environmental Medicine are developing a companion document focused on the implementation of the updated recommendations. A link to that document will be added when it is released.

See the DPH Latent Tuberculosis Infection Testing and Treatment for High-Risk Populations for additional information.

Contact the DPH TB Program at 617-983-6970 for additional assistance.
www.mass.gov/tuberculosis