

Frequently Asked Questions about...

Tuberculosis (TB)

In assisted living facilities (ALFs) and nursing homes (NHs), all residents, employees, and volunteers should be evaluated and considered free of communicable disease, including TB, before admission or employment.

Q. What is tuberculosis?

- A. Tuberculosis (TB) is a disease caused by a bacterium called *Mycobacterium tuberculosis* that is spread from person-to-person through the air. TB usually affects the lungs, but it can also affect other parts of the body. If a person inhales air containing *M. tuberculosis* droplets, he or she may become infected. However, not everyone infected with TB bacteria becomes sick or can spread the disease.

Q. What is the difference between latent TB infection (LTBI) and TB disease?

	Latent TB infection	TB disease
<i>Mycobacterium tuberculosis</i> bacteria present	Yes, but inactive	Yes, active
Positive TB skin test or Interferon Gamma Release Assay (IGRA) blood test	Yes	Maybe
Symptomatic (coughing for more than 3 weeks, fever, night sweats, fatigue, unexplained weight loss, loss of appetite, or other symptoms depending on the site of the disease)	No	Yes
Abnormal chest x-ray	No	Usually
Infectious and may be able to spread to other people	No	Maybe
Medication available	Yes; reduces the risk of developing TB disease	Yes; treats TB disease

A person with active TB disease may require a period of isolation if they are infectious. Release from isolation by the health department means a person is safe to return to normal activities.

Q. What are some risk factors for TB?

- A. TB risk factors include recent contact with a person with active TB disease, HIV-positive status, prior residence in a country where TB is prevalent, residence/employment in a congregated living facility [such as a nursing home (NH), assisted living facility (ALF), homeless shelter, or prison/jail], certain chronic medical conditions such as diabetes or kidney disease, and treatment with drugs such as Humira/Remicade.

Q. How should a facility address an individual with TB symptoms in order create a safe environment for all?

- A. Any staff, resident, or patient with symptoms consistent with TB must immediately be excluded from the congregate setting, and be referred to a clinician or the local health department (LHD) for evaluation. Before return, the person must present a written statement from the LHD that he/she is free of communicable TB.

Physicians, laboratories, healthcare facilities (including NHs), and ALFs must report all suspected and active cases of TB disease to the local health department.

NHs and ALFs are also required to report any clusters of tuberculin skin test (TST) or interferon gamma release assay (IGRA) blood test conversions that occur within a short period of time.

Tuberculosis (TB) requirements by facility type

	Healthcare facilities (includes nursing homes)	Assisted living facilities
Patients/residents: new admissions	Physician or health department clearance based on a risk screening which may or may not include TST/IGRA* testing	Physician or health department clearance based on a risk screening which may or may not include TST/IGRA* testing
Patients/residents: infectious TB admissions	May admit only with airborne precautions if private room has All**, staff are appropriately trained, and facility has proper personal protective equipment (PPE)	May not admit
Staff: new employee/volunteer screening for those with potential for shared airspace with TB patients/suspects	<ul style="list-style-type: none"> • TB risk assessment questionnaire performed by clinician, health department staff, or by facility infection control staff • Two-step TST or single IGRA • A follow-up chest x-ray is required if TST/IGRA* is positive 	<ul style="list-style-type: none"> • TB risk assessment questionnaire performed by a clinician or health department staff • TST/IGRA* only if individual risk identified • A follow-up chest x-ray is required if TST/IGRA* is positive
Staff: annual employee screening for those with potential for shared airspace with TB patients/suspects	Must complete a facility risk assessment*** per CDC guidelines <ul style="list-style-type: none"> • If low risk- baseline testing only • If medium risk-annual TB risk questionnaire and single TST/IGRA* 	Risk assessment questionnaire is sufficient unless positive risk is identified at which point TST/IGRA*testing should occur
Governing authority	Occupational Safety and Health Administration (OSHA) Guidelines / Centers for Disease Control and Prevention (CDC)	Virginia Department of Social Services (DSS) - Virginia Regulations <ul style="list-style-type: none"> • 22 VAC 40-72-290 • 22 VAC 40-72-350

* TST/IGRA: tuberculin skin test/interferon gamma release assay blood test

** All: airborne infection isolation

** A facility risk assessment is part of a healthcare facility's infection control plan and is used to determine the level of risk for TB transmission in a facility and what ongoing screening and testing program needs to be in place

Q. In addition to contacting my local health department, where can I get more information about tuberculosis?

A. The VDH Tuberculosis Program - contains sample screening and reporting forms

<http://www.vdh.state.va.us/epidemiology/DiseasePrevention/Programs/Tuberculosis/>

Centers for Disease Control and Prevention (CDC):

- General information and fact sheets: www.cdc.gov/tb
- Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005: <http://www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm>

Occupational Safety and Health Administration (OSHA):

- General information: <http://www.osha.gov/SLTC/tuberculosis/index.html>
- Facility respiratory protection plan requirements: <http://www.osha.gov/SLTC/respiratoryprotection/index.html>