Webinar: Tuberculosis Screening, Testing and Treatment of U.S. Healthcare Personnel (HCP)
September 16, 2020
Virginia Department of Health

Questions and Answers

Question: For confirmed positive testing [related to a new hire HCP]. You retest after a positive result to confirm it is positive if you had a previous negative test? How long do you wait to repeat positive test after the positive?

Answer: For a new hire HCP - the only time that you would repeat a positive test for TB infection is if they were low risk, and no reason for exposure could be identified. If any risk was identified, a repeat test is not advised.

Question: It seems that the recommendation is to do a symptom screening for annual clearance. How should it be defined that someone needs testing clearance annually? What about for physicians?

Answer: Annual symptom screening is only required for those who have a positive test for TB infection and have not taken treatment. Annual TB testing will be determined by your facility based on the individual's risk. For example, respiratory therapists, and those working in the emergency room may be considered at a high risk for exposure and should receive annual TB testing. Additionally, all HCP should receive annual TB education and should be advised to report any new risk or exposure - as this may warrant TB testing or additional evaluation.

Question: Any idea when regulations will change to reflect the updates?

Answer: VDH TB Program is working to reach out to licensing agencies to advocate that changes to regulations be made, but the adoption of these recommendations may unfortunately take time. The Program is also happy to reach out to any contacts that you may have. Please share these via email: tuberculosis@vdh.virginia.gov

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Question: I thought that BCG did interfere with QuantiFERON-TB Gold test. Is this correct?

Answer: The BCG vaccine does not cross react with the QuantiFERON or the T-SPOT. These are both Interferon Gamma Release Assay (IGRA) tests. These blood tests are a great option for your HCP with a history of BCG vaccination. BCG can interfere with the tuberculin skin test.

Question: Regarding assessing HCP for identified exposure to TB I recall learning there is a portion of time; in close proximity; in an enclosed environment; without adequate PPE to help make determination. Are there specific related guidelines included in the new guidelines?

Answer: Table 2 in the companion document addresses factors that may decrease and increase the risk of TB transmission. Additionally, VDH had developed some tools to assist you in making testing decisions during contact investigations. These tools can be found on our website: https://www.vdh.virginia.gov/tuberculosis/tb-disease/ The tools are close to the bottom of this page under the Contact Investigation section. Your local health department can also assist you with the contact investigation and making testing decisions.

Question: Are environmental health specialists considered HCP? They conduct inspections in food establishments.

Answer: This would be a decision made by your organization and can be a tough decision. The first step would be determining if they are considered "HCP." If yes, they should at least have screening and testing upon hire. The next step would be determining if they have an occupational risk high enough to warrant annual testing.

Question: Where do I find the sample TB screening form for Healthcare workers annual screening?

Answer: Here is the sample HCP risk assessment:
https://www.cdc.gov/tb/topic/infectioncontrol/pdf/healthCareSettings-assessment.pdf

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Question: In your presentation today several times it was reviewed that the stay in a high risk area was > 1 month. The current TB 512 form [the risk assessment form used by Virginia health departments] states "3 months". Will that be changed?

Answer: VDH TB Program has had multiple discussions about the time period spent in other countries and when TB testing should be triggered. There isn't a significant amount of research surrounding the time period spent in high risk countries and TB testing, which leads to the different time periods when testing might be triggered. For example, the 512 has >3 months; the VDH simplified risk assessment states *"Clinicians may make individual decisions based on the information supplied during the evaluation. Individuals who have traveled to TB-endemic countries for the purpose of medical or health tourism < 3 months may be considered for further screening based on the risk estimated during the evaluation.";* and the CDC risk assessment for healthcare personnel states *"Temporary or permanent residence of ≥1 month in a country with a high TB rate."*

After discussion with TB experts, when developing the simplified VDH risk assessment, the Program felt that the 3 month time period for general population screening was appropriate. However, each case should be considered individually and a conversation should be had about whether the time spent was related to a healthcare setting, healthcare work, or just general travel to the country, as this could change the risk of exposure significantly. If the individual had traveled to the high risk country and worked in a healthcare setting or received healthcare, the trigger for testing should be considered earlier due to a possible increased risk of exposure. This, we believe, is why you see the 1 month timeframe in the CDC document and the recommendations we discussed today. Because HCPs may be at a higher risk for exposure when traveling to high risk countries and performing work in healthcare settings.
