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All U.S. health care personnel should be screened for tuberculosis (TB) upon hire (i.e., preplacement). This process includes a risk assessment, symptom evaluation, and TB blood test or TB skin test. The TB screening process for health care personnel includes: CDC recommendations do not override or replace state regulations. State and local regulations may differ to meet local needs. Contact your state or local TB control program for the testing regulations in your state. Health care personnel should be considered at increased risk for TB if any of the following risk factors are present: Use an individual TB risk assessment to help interpret test results and determine whether health care personnel are at increased risk. Health care personnel at lower risk for TB who have a positive test result for TB infection should have a second TB test (either a TB blood test or TB skin test). Symptoms of active TB disease include: If baseline testing is performed using a TB blood test (also known as Interferon Gamma Release Assay or IGRA): Using a TB blood test for baseline testing of health care personnel does not require two-step testing. TB blood tests are the preferred TB test for people who have received the Bacille Calmette-Guérin (BCG) vaccine. If the Mantoux tuberculin skin test (TST) is used for baseline testing of health care personnel, use two-step testing. Two-step testing is recommended for the initial TB skin test for adults who may be tested periodically, such as health care personnel. This procedure is especially important for settings that are classified as low risk where testing is indicated only upon exposure. Some people with latent TB infection have a negative reaction to the TB skin test when tested years after being infected. However, if they are tested again within a

year of the first test, they may have a positive reaction. The first TB skin test can "trigger the memory" of the immune system, boosting its ability to react to the second TB skin test. It may appear that these people were infected between the first and second tests. However, the second positive test reaction is actually a boosted reaction due to TB infection that occurred a long time ago. The TB skin test should be placed and read by a designated, trained health care provider. Consult with your state and local public health authorities to determine who is authorized to place and read TB skin tests in your state. Health care personnel with a documented history of a prior positive TB test result should receive an individual TB risk assessment and TB symptom screen upon hire (i.e., pre-placement). Repeating the TB test (e.g., TB blood test or TB skin test) is not required. Health care personnel with a prior positive TB test should also receive a chest x-ray or provide documentation of a normal chest x-ray. Repeat chest x-rays are not required unless health care personnel develop signs or symptoms of TB disease or as part of the repeat evaluation prior to starting treatment for latent TB infection. Local or state regulations may determine the requirements regarding acceptable documentation. Contact your state TB program for the regulations in your state. Health care personnel with untreated latent TB infection should receive a yearly TB symptom screen to detect early evidence of TB disease and to reevaluate the risks and benefits of treatment for latent TB infection. Treatment is strongly encouraged for health care personnel diagnosed with latent TB infection. Short course, rifamycin-based regimens are the preferred treatment options for latent TB infection because they have higher completion rates. Health care settings in the United States should have a TB infection control plan., including TB screening and testing of health care personnel.

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