



# Health Alert



City of Chicago  
Lori Lightfoot, Mayor

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Chicago Department of Public Health  
Dr. Allison Arwady, MD, Acting Commissioner

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

June 13, 2019

### Key Messages and Action Steps:

- On May 17, 2019 the National Tuberculosis Controllers Association (NTCA) and CDC issued [updated recommendations](#) for tuberculosis (TB) screening, testing, and treatment of U.S. Health care personnel (HCP)\* which include the following key points:
  - Baseline (preplacement) TB screening with an individual risk assessment and symptom evaluation
  - Baseline (preplacement) 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)
  - No routine serial TB testing at any interval after baseline in the absence of a known exposure or ongoing transmission
  - Strong encouragement of treatment for all HCP with untreated LTBI, unless medically contraindicated
- CDPH endorses these updated recommendations and encourages health care facilities to develop internal processes and/or linkages to external partners for LTBI treatment for their HCP.
- The CDPH TB clinic has limited capacity and is unable to accept most referrals for LTBI treatment at this time.

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

**Background:** TB rates in the United States and Chicago have declined substantially over the past two decades. A systematic review (detailed in the updated recommendations) suggests that U.S. HCP may no longer be at increased risk for LTBI and TB disease from occupational exposures. Routine serial testing of U.S. HCP consumes resources with little detection of TB test conversions indicative of health care transmission. Increasing LTBI treatment among HCP might further decrease TB transmission in health care settings.

**Recommendations:** In addition to those listed in the box above, all HCP should receive TB education on an annual basis. HCP *with a newly positive test* result should undergo symptom evaluation and chest radiograph to assess for TB disease. Additional workup might be indicated based on those results. HCP *with prior positive TB test and documented normal chest radiograph* do not require a repeat radiograph unless they are symptomatic or starting LTBI treatment. HCP who do not complete LTBI treatment should be monitored with annual symptom evaluation to detect early evidence of TB disease.

### Resources:

- [Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019](#), MMWR vol. 68, issue 19
- CDC [Frequently Asked Questions](#) about the updated recommendations, including a table comparing the 2005 and 2019 recommendations
- CDPH Tuberculosis Control program [website](#) and CDPH [disease reporting](#) information
- Illinois Department of Public Health [Control of Tuberculosis Code](#)
- Sample individual TB risk assessment forms: [CDC](#) and [IDPH](#)

**Contact us:** We are interested and available to collaborate with facilities implementing these changes and want to hear about your needs, challenges, and successes. Contact Dr. Kathy Ritger, TB Medical Director, at (312) 746-5992 or Stephanie Atella, TB Program Director, at (312) 746-5987. To report suspected/confirmed TB cases, call 312-743-9000.