

Wisconsin HAI Long-Term Care Education Series

January 25, 2024



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Tuberculosis (TB) Screening for LTC Staff and Residents

Wisconsin TB Program

Claire Leback, MPH RN

Andrea Liptack, MSN, RN

Mary Pulchinski BSN, RN

January 25, 2024



Agenda

Baseline employment screening

Annual (serial) screening recommendations

Post-exposure

Agenda

Baseline employment screening

Annual (serial) screening recommendations

Post-exposure

Baseline screening:

Now “post-offer/pre-placement” POPP

= Point of hire or
transfer into a clinical
role



Baseline/POPP Screening:




- 1 Risk Assessment
- 2 Symptom evaluation
- 3 Testing





Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

HCP should be considered at increased risk for TB if any of the following statements are marked "Yes":

	Temporary or permanent residence of ≥ 1 month in a country with a high TB rate	YES <input type="checkbox"/>
	Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe	NO <input type="checkbox"/>
OR		
	Current or planned immunosuppression,	YES <input type="checkbox"/>
	including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication	NO <input type="checkbox"/>
OR		
	Close contact with someone who has had infectious TB disease since the last TB test	YES <input type="checkbox"/>
		NO <input type="checkbox"/>

CDC Risk Assessment

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.

Individual risk assessment information can be useful in interpreting TB test results (see Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infect Dis 2017;64:111–5).

Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439–43.
https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w



Centers for Disease Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION

All of the information on this form shall be kept confidential.

Perform testing by interferon gamma release assay (IGRA) or tuberculin skin test (TST) if there are TB risk factors and/or symptoms identified by the questions below, or if testing is required (e.g., baseline employment testing).

Do not perform testing by IGRA or TST if the patient has previously confirmed latent tuberculosis infection (LTBI) or tuberculosis (TB) disease.

Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

If any of the following boxes are checked, recommend LTBI testing.

See page 2 for more detailed information on the risk assessment questions below.

SYMPTOM EVALUATION

YES NO Recent TB symptoms: Persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue

RISK FOR TB INFECTION

YES NO Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Travel is of extended duration or including likely contact with infectious TB.

YES NO Close contact to someone with infectious TB disease

RISK FOR PROGRESSION TO TB DISEASE

YES NO Human immunodeficiency virus (HIV) infection

YES NO Current or planned immunosuppression including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication in combination with risk for infection from above

☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. No risks or symptoms for TB were identified.

☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. Risk factors and/or symptoms for TB have been identified; further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

WI TB Program (WTBP) Risk Assessment

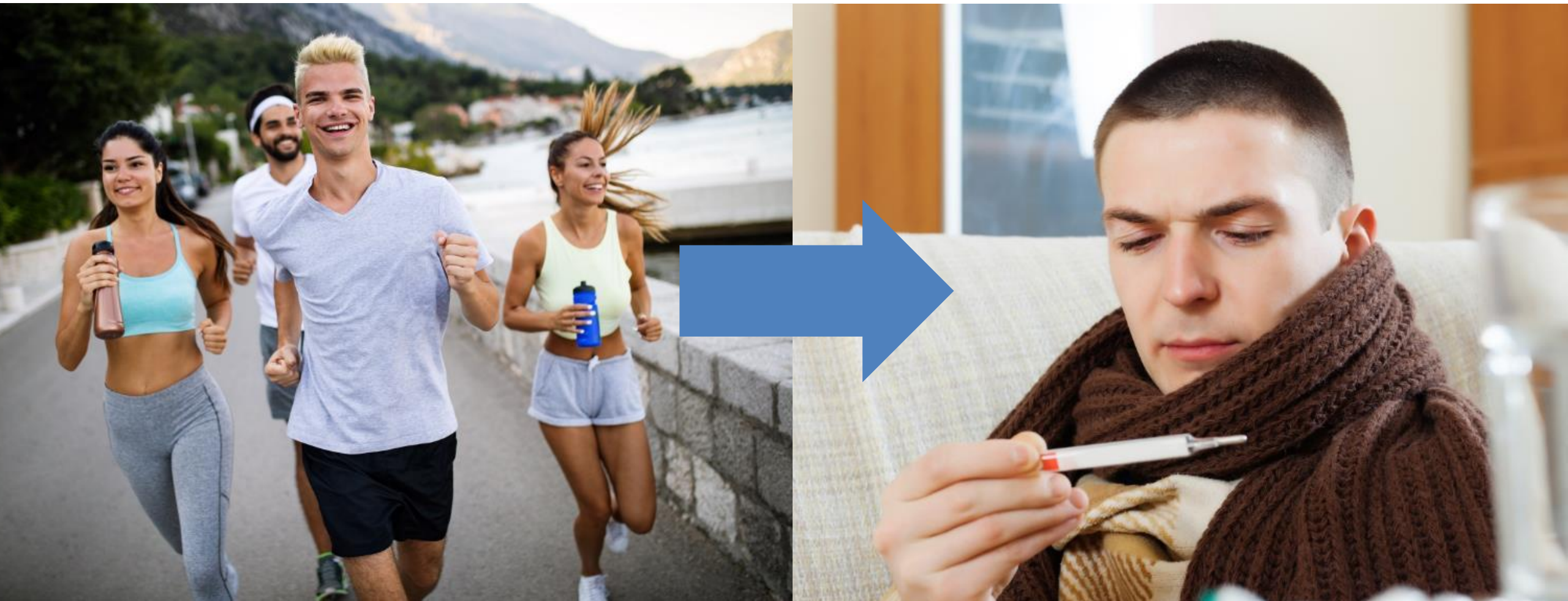


**Birth, travel,
or
residence in
TB endemic
countries**

Close contact with active TB



Immunocompromising conditions:



NOT A RISK (IN WISCONSIN):

Nursing homes, healthcare facilities

Jails, Prisons

Homeless shelters



Rationale

Knowing the individual's risk helps us interpret the test result and determine next steps

Example

Skin tests have different positive cutoffs (5/10/15mm) based on risk.



**Confirmatory test may be
needed for low risk (CDC, 2017)**



Risk assessments (for everyone)



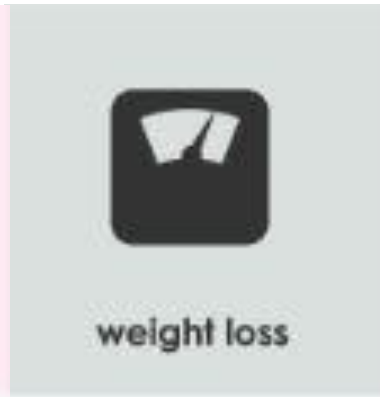
Helps interpret test results

Helps determine whether confirmatory test needed (low-risk)

Baseline/POPP Screening:

- 1 Risk Assessment
- 2 Symptom evaluation
- 3 Testing

Symptom evaluation



and others
(depending on site of
infection)...

Rationale

Helps screen for active disease

May indicate need for repeat chest x-ray (CXR) in previous latent TB infection (LTBI)

WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION

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Do not perform testing by IGRA or TST if the patient has previously confirmed latent tuberculosis infection (LTBI) or tuberculosis (TB) disease.

Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures, and/or molecular testing to rule out active TB disease.

See page 2 for more detailed information on the risk assessment questions.

SYMPTOM EVALUATION

YES NO Recent TB symptoms: Persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss.

RISK FACTORS

YES NO Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Travel is of extended duration or including likely contact with infectious TB.

YES NO Close contact to someone with infectious TB disease

RISK FOR PROGRESSION TO TB DISEASE

YES NO Human immunodeficiency virus (HIV) infection

YES NO Current or planned immunosuppression including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month), or other immunosuppressive medication in combination with risk for infection from above

☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. No risks or symptoms for TB were identified.

☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. Risk factors and/or symptoms for TB have been identified; further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

WI TB Program Risk Assessment & Symptom Evaluation

Symptom evaluation



For **all new hires**,
regardless of previous
testing status

Helps screen for active
disease

Helps determine if repeat
CXR is needed

Baseline/POPP Screening:

- 1 Risk Assessment
- 2 Symptom evaluation
- 3 Testing

Testing...

Those without past +s or LTBI

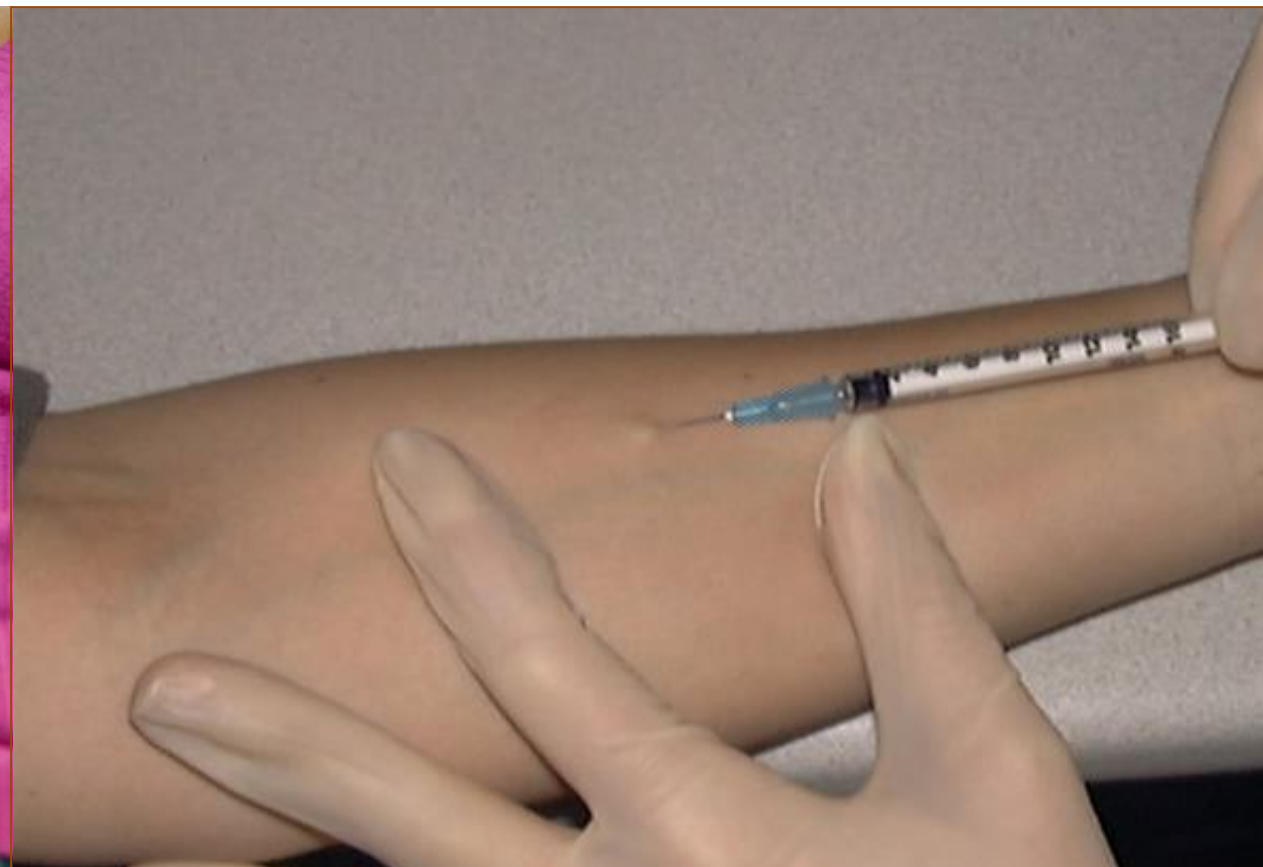
Helps screen for TB infection,
establishes baseline result

Result should be available
before contact with patients

Testing...

Interferon gamma release assay (IGRA) (preferred)

TST (two-step)





Differing Positive Cut-offs

**10mm: enhanced
surveillance/referral*,
medical risk, foreign
born**

15mm: HCP without risk

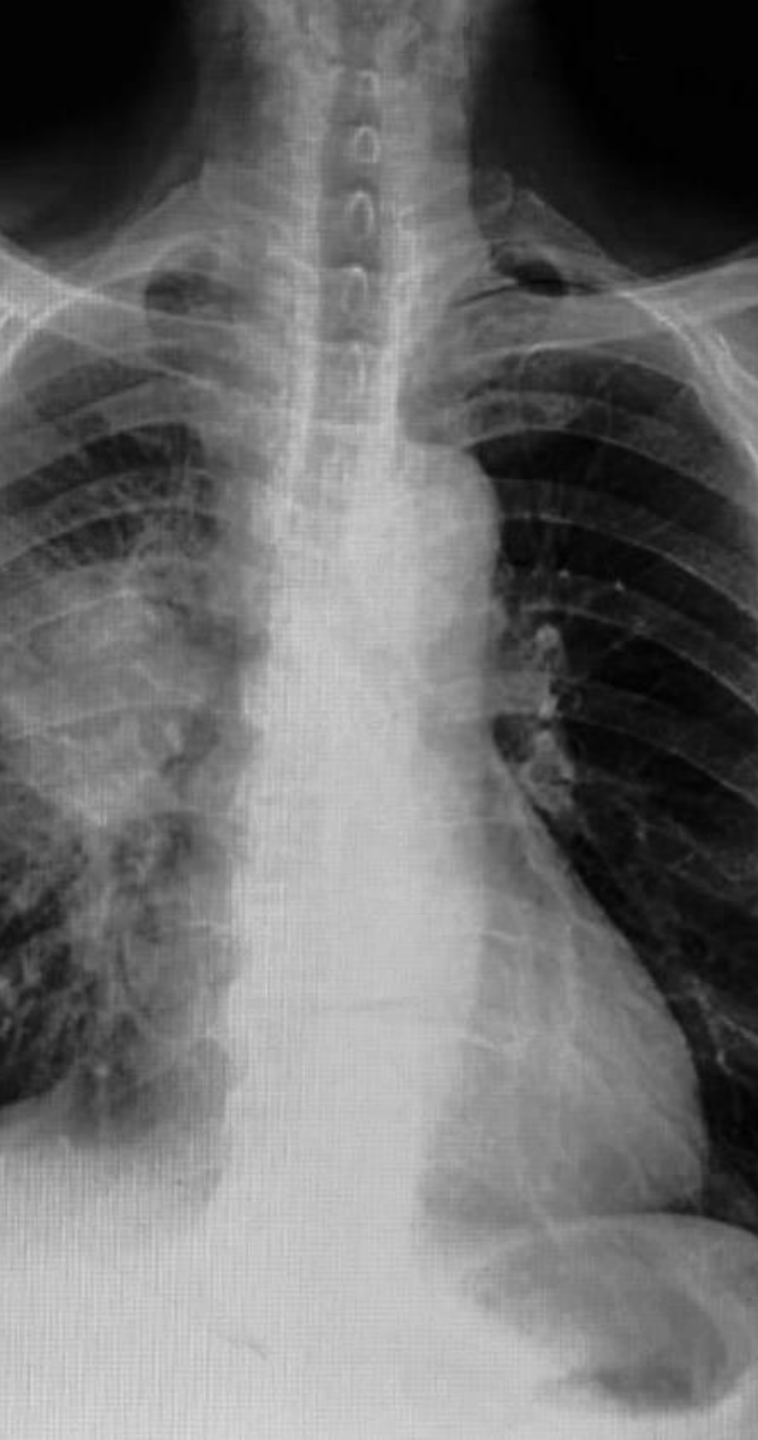
Repeat past + test?

Confirm + in low-risk individual

No documentation is available

Discordant results (consider risk)

BCG vaccinated individuals who may benefit from an IGRA

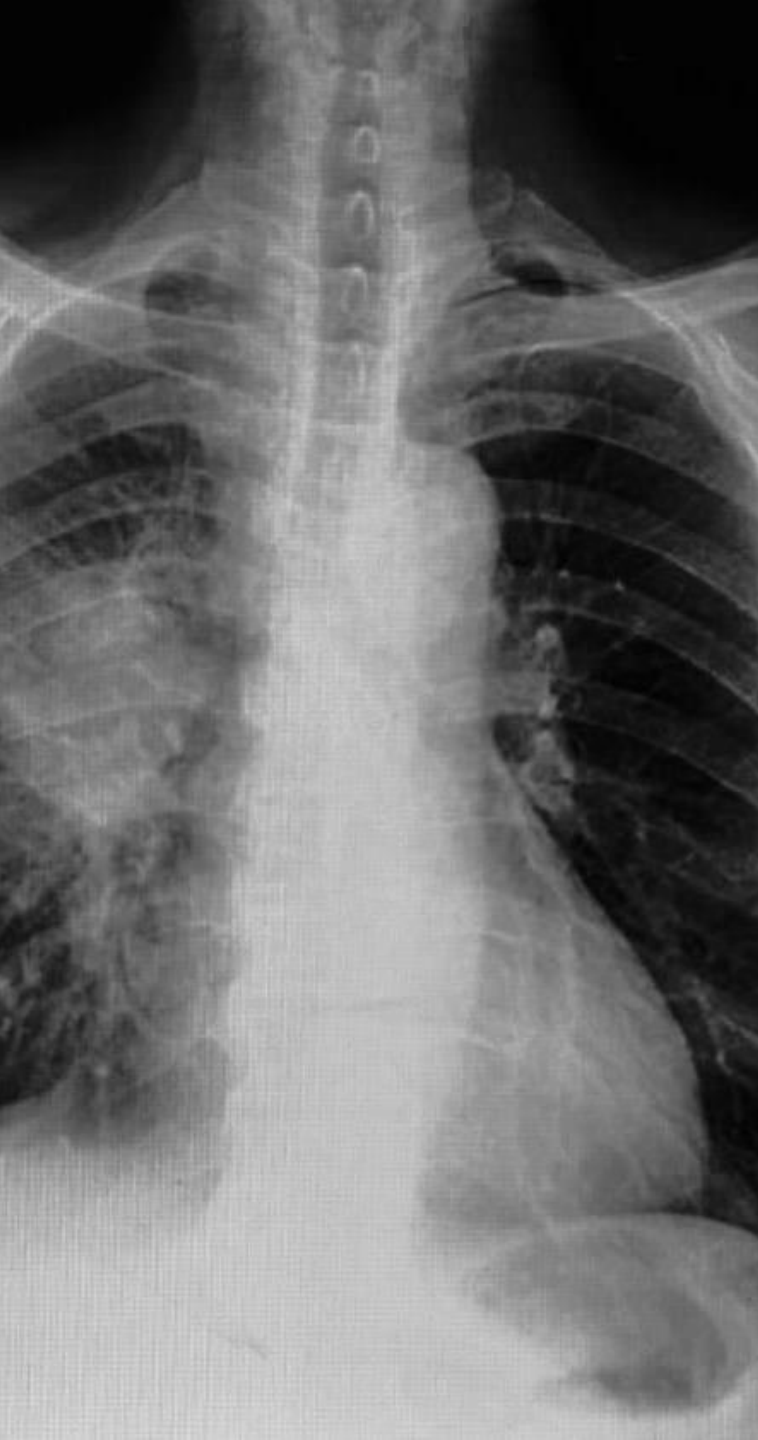


Previously positive/ LTBI

New risk assessment

New symptom evaluation

Documentation of negative CXR



Newly positive/ LTBI

Symptom evaluation & risk
assessment

Chest x-ray

Baseline/POPP Testing



For all new hires without
LTBI

Understand when to
repeat tests and CXRs

Result should be
available before
contact with patients

**How long are
results “good”?**



TB Tests

Nat'l guidelines

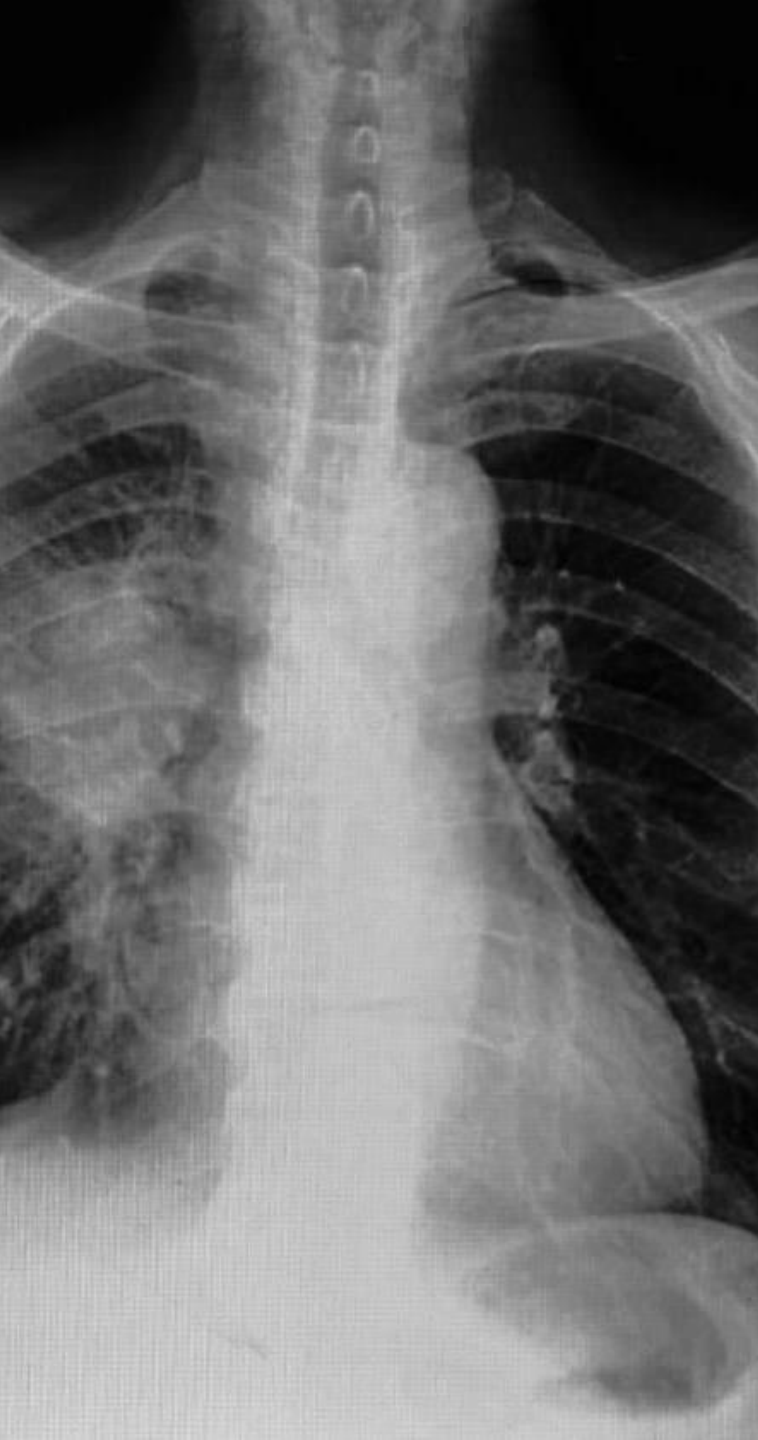
Institutions...should use a consistent approach considering time interval, exposure risk, and medical history

Consider 1 year cut-off for TSTs (JOEM, 2020)

WI TB Program

In the absence of new symptoms or risks, previously documented negative IGRA or TST results from within the past

12 months may be used



Repeat CXR (previous LTBI)?

Asymptomatic HCP with documented prior positive TB tests **do not require** imaging for clearance if they have **documentation of normal chest imaging after the prior positive TB test** (JOEM 2020) within 6 months (WTBP)

Repeat CXR during POPP?



Re-imaging *can also be considered* upon review of their TB risk assessments:

- When there has been **known exposure** or extended time spent in regions with elevated TB rates

Repeat CXR during POPP?



- Prior imaging is **not well documented** or is **not normal**
- **Abnormal CXR** from past
- HCP was **not treated for LTBI** and **has risk factors for progression**

WI Administrative Statute

Nursing homes:

DHS 132.24 and 132.42

CBRFs: DHS 83.17 and 83.28

Home health agencies: 133.06

And others...



Agenda

Baseline employment screening

Annual (serial) screening recommendations

Post-exposure

MMWR (2019):

“In the absence of a known exposure of evidence of ongoing TB transmission, U.S. healthcare personnel... without LTBI **should not undergo routine serial TB screening or testing at any interval after baseline.**”

Rationale

A systematic review found a low percentage of U.S. HCP have a positive TB test at baseline and upon serial testing.

Working in healthcare was not a risk factor for a positive TB test

A photograph of four fluffy ducklings sitting on a mossy rock. The ducklings have brown and yellow downy feathers and dark beaks. A white speech bubble with a black outline is positioned above the first three ducklings, containing the text "I'm the exception!". To the right of the speech bubble, there are three small white dots.

I'm the exception!

...

Exceptions

Laboratorians who handle specimens with suspected or confirmed *M. tuberculosis* (Blue Ribbon Panel)

Community narcotic TX centers (WI DHS 75.15 (17))

“High risk” groups/facilities

Exceptions (cont'd)

“High risk” groups/facilities

Number of patients with infectious pulmonary TB

Delays in initiating airborne isolation

Conversions indicating ongoing transmission with prior serial testing

Annual recommendations

TB education, including risks of infection/progression

Symptom evaluation (for untreated LTBI)

Annual components

Component	National guidelines	WI TB Program
Risk assessment	Not recommended	Consider, as part of education
Symptom evaluation		
Testing		
Education		

WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION

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Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

If any of the following boxes are checked, recommend LTBI testing.

See page 2 for more detailed information on the risk assessment questions below.

SYMPTOM EVALUATION

YES NO
☐ ☐ Recent TB symptoms: Persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue

RISK FOR TB INFECTION

YES NO
☐ ☐ Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Travel is of extended duration or including likely contact with infectious TB.

YES NO
☐ ☐ Close contact to someone with infectious TB disease

RISK FOR PROGRESSION TO TB DISEASE

YES NO
☐ ☐ Human immunodeficiency virus (HIV) infection

YES NO
☐ ☐ Current or planned immunosuppression including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication in combination with risk for infection from above

☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. No risks or symptoms for TB were identified.

☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. Risk factors and/or symptoms for TB have been identified; further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Risk Assessment & Symptom Evaluation (F-02314)

Look for new risks

**WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION
FOR ANNUAL EMPLOYEE SCREENING**

All of the information on this form shall be kept confidential.

Perform testing by interferon gamma release assay (IGRA) or tuberculin skin test (TST) if there are risk factors identified by the questions below, or if testing is required (e.g., baseline employment testing).

Do not perform testing by IGRA or TST if the patient has previously confirmed latent tuberculosis infection (LTBI) or tuberculosis (TB) disease.

Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

If any of the following boxes are checked, recommend LTBI testing.

See page 2 for more detailed information on the risk assessment questions below.

SYMPTOM EVALUATION

1) Recent TB symptoms: Persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue.

RISK FOR TB INFECTION

2) Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Travel is of extended duration or including likely contact with infectious TB.

3) Close contact to someone with infectious TB disease

RISK FOR PROGRESSION TO TB DISEASE

4) Human immunodeficiency virus (HIV) infection

5) Current or planned immunosuppression including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication in combination with risk for infection from above.

☐ I, as the individual/patient listed below, have reviewed the TB risk factors and symptoms listed on this form (see 1-5 above). I attest that, to my knowledge, I do not have any risks or symptoms for TB.

☐ I, as the individual/patient listed below, have reviewed the TB risk factors and symptoms listed on this form (see 1-5 above). I have one or more risks or symptoms for TB. I understand that further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Name Screener, if applicable (Print):

Assessment Date:

Individual/Patient Name (Print):

Date of Birth:

Individual/patient signature (optional):

Risk Assessment & Symptom Evaluation for Annual Employee Screening (F-02314E)

Annual Components

Component	National guidelines	WI TB Program
Risk assessment	Not recommended	Consider, as part of education
Symptom evaluation	Only for untreated LTBI	Consider, as part of education (all)
Testing		
Education		

WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION

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Do not perform testing by IGRA or TST if the patient has previously confirmed latent tuberculosis infection (LTBI) or tuberculosis (TB) disease.

Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures and... rule out active TB disease.

Page 2 for more detailed information on the risk assessment and symptom evaluation.

SYMPTOM EVALUATION

YES NO Recent TB symptoms: Persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue.

YES NO Born in or traveled to high-risk country:
• Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
• Travel is of extended duration or including likely contact with infectious TB.

YES NO Close contact to someone with infectious TB disease

RISK FOR PROGRESSION TO TB DISEASE

YES NO Human immunodeficiency virus (HIV) infection

YES NO Current or planned immunosuppression including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication in combination with risk for infection from above

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WI TB Program Risk Assessment & Symptom Evaluation

Annual components

Component	National guidelines	WI TB Program
Risk assessment	Not recommended	Consider, as part of education
Symptom evaluation	Only for untreated LTBI	Consider, as part of education (all)
Testing	Not recommended	Not recommended
Education		

Annual components

Component	National guidelines	WI TB Program
Risk assessment	Not recommended	Consider, as part of education
Symptom evaluation	Only for untreated LTBI	Consider, as part of education (all)
Testing	Not recommended	Not recommended
Education	Recommended	Recommended

Rigorous annual TB
education for healthcare
personnel will take on
greater importance (JOEM, 2020)



Agenda

Baseline employment screening

Annual (serial) screening recommendations

Post-exposure



Please note: An erratum has been published for this issue. To view the erratum, please [click here](#).



MMWRTM

Morbidity and Mortality Weekly Report

Recommendations and Reports

December 16, 2005 / Vol. 54 / No. RR-15

Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis Recommendations from the National Tuberculosis Controllers Association and CDC

Post-exposure Management

Baseline (<4 weeks)

Symptom screen- all

Testing- previous negatives

CXR- new positives and
+symptoms

LTBI treatment- all
confirmed LTBI

Post-exposure (>8 weeks)

Symptom screen- all

Testing- previous negatives

CXR- new positives and
+symptoms

LTBI treatment- all
confirmed LTBI

Post-exposure Management

Baseline (<4 weeks)

8+ weeks post-exposure

SAME

Symptom screen- all

Symptom screen- all

Testing- previous negatives

Testing- previous negatives

CXR- new positives and
+symptoms

CXR- new positives and
+symptoms

LTBI treatment- all
confirmed LTBI

LTBI treatment- all
confirmed LTBI

A photograph of four fluffy ducklings sitting on a mossy rock. The ducklings have brown and yellow downy feathers and dark beaks. A white speech bubble with a black outline is positioned above the first three ducklings, containing the text "I'm the exception!". To the right of the speech bubble, there are three small white dots.

I'm the exception!

...

Post-exposure Management

Baseline (<4 weeks) 

Symptom screen- all

Testing- previous negatives

CXR- new positives and
+symptoms

LTBI treatment- all
confirmed LTBI

Baseline testing >4 weeks?

JOEM 2020

1. Symptom evaluation
2. History of prior TB infection or treatment
3. Risk of progression to disease

WI TB Program

Early positives in a contact investigation can guide testing strategy

Weigh decision with timing, extent of exposure, knowledge of immunologic response

Post-exposure Management

Baseline (<4 weeks)

Post-exposure (>8 weeks)

Symptom screen- all

Symptom screen- all

Testing- previous negatives

Testing- previous negatives

CXR- new positives and
+symptoms

CXR- new positives and
+symptoms

LTBI treatment- all
confirmed LTBI



LTBI treatment- all
confirmed LTBI



RECOMMEND TREATMENT FOR ALL CONFIRMED LTBI?

Strongly encouraged
for new LTBI or old
untreated LTBI

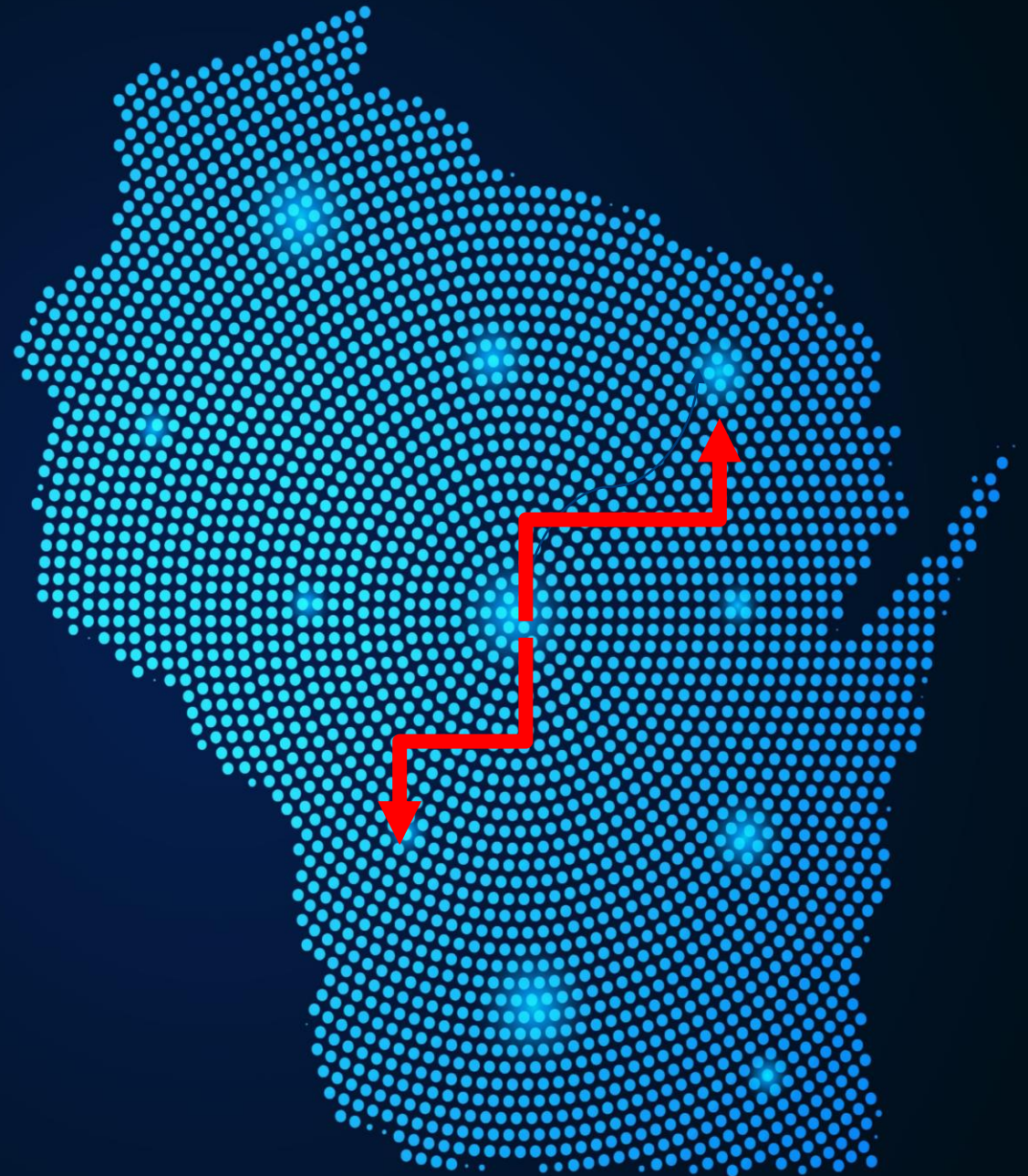
For previously treated
LTBI, rarely retreat



Contact investigation is as much an art as a science.

Don't hesitate to ask for assistance with identifying contacts.

Please reach out to the WITB
Program for assistance with
contact tracing in large
investigations



Residents of LTC Facilities



- Follow same screening protocol as “POPP”/baseline screening for staff
- Encourage LTBI treatment if not medically contraindicated
- Do not recommend annual screening or risk assessments

Tuberculosis Screening and Testing: Residents of Care Facilities (to include Assisted Living and Nursing Homes)



Definitions:

TB risk assessment: Use of a questionnaire to determine a person's risk for TB infection.

Symptom evaluation: Assessment for signs and symptoms of active tuberculosis (TB) disease.

TB testing: Performing an interferon gamma release assay (IGRA) blood test or tuberculin skin test (TST) to determine if a person has been infected with *M. tuberculosis* complex bacteria.

Recommendations and Requirements for Admission

Screening for the presence of communicable disease, including TB, is required upon admission by Department of Health Services (DHS) WI Admin. Codes for residents of care facilities and includes the following three steps:

■ TB risk assessment

Perform a baseline TB risk assessment questionnaire to determine risk for TB infection. See resources for an example questionnaire¹.

■ Symptom evaluation

Symptoms for TB include cough lasting more than three weeks AND one of more of the following: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue.

■ TB testing

Perform baseline testing for all residents without documented evidence of prior LTBI or TB disease. See page 2 for screening of residents with previous positive result. IGRA or TST may be performed; IGRA is preferred.

- If testing is positive, obtain chest x-ray and refer to provider for additional workup for TB disease.
- In the absence of newly identified risks or symptoms, previous documented negative IGRA or TST results (within 12 months) may be used.
- If TST is used as the baseline testing, 2-step testing is recommended for residents who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before admission.

- Initial risk assessment, testing, and symptom evaluation can serve as a baseline should an exposure occur and a TB contact investigation become necessary. Additionally, baseline risk assessment, testing, and symptom evaluation can facilitate the detection and treatment of latent tuberculosis infection (LTBI) and TB disease to reduce the risk of transmission within the facility.

TB Screening and Testing Residents of Care Facilities

<https://www.dhs.wisconsin.gov/publications/p02382a.pdf>



Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff)



Definitions:

TB risk assessment: Use of a questionnaire to determine a person's risk for TB infection.

Symptom evaluation: Assessment for signs and symptoms of active tuberculosis (TB) disease.

TB testing: Performing an interferon gamma release assay (IGRA) blood test or tuberculin skin test (TST) to determine if a person has been infected with *M. tuberculosis* bacteria.

Screening and Testing Upon Hire

Screening for latent TB infection (LTBI) and TB disease should be performed before assumption of duties in which HCP and caregivers will have direct contact with patients and includes the following three steps:

■ TB risk assessment

Perform a baseline TB risk assessment questionnaire for HCP and caregivers to determine risk for TB infection. See resources for an example questionnaire¹.

■ Symptom evaluation

Symptoms for TB include cough lasting more than three weeks AND one of more of the following: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue.

■ TB testing

Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI or TB disease. See page 2 for screening of staff with previous positive results. IGRA or TST may be performed; IGRA is preferred. See *Figure 1* on page 2 for interpretation of test results for low risk individuals.

- If testing is positive, obtain chest x-ray and refer HCP or caregiver to provider for additional workup for TB disease.
- In the absence of newly identified risks or symptoms, previous documented negative IGRA or TST results (within 12 months) may be used.
- If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire.

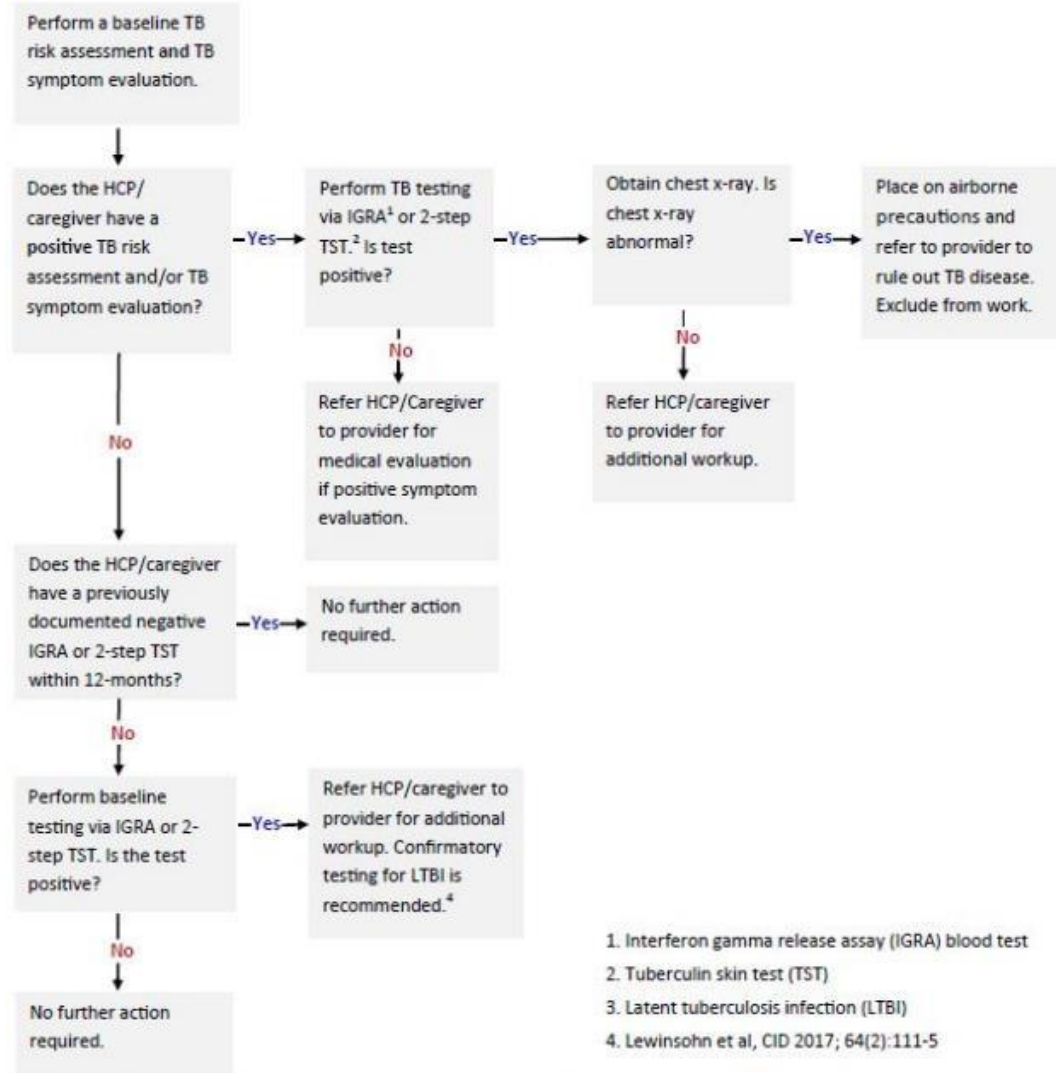
- Initial risk assessment, testing, and symptom evaluation can serve as a baseline should an exposure occur and a TB contact investigation become necessary. Additionally, baseline risk assessment, testing, and symptom evaluation can facilitate the detection and treatment of latent tuberculosis infection (LTBI) and TB disease in HCP before employment begins and reduce the risk of transmission to patients and other HCP.

HCP TB Screening Fact Sheet

dhs.wi.gov/publications/p02382.pdf



Decision Tree: Tuberculosis Screening of Health Care Personnel (HCP) and Caregivers upon Hire



HCP TB Screening Decision Tree

dhs.wi.gov/publications/p02530.pdf



Questions?



Main TB Phone Line: 608-261-6319



Fax: 608-266-0049



TB Program Email:
DHSWITBProgram@dhs.wisconsin.gov



Website:
www.dhs.wisconsin.gov/tb/index.htm



Regional Infection Preventionists

- **Western Region:** [Nikki Mueller, MLS\(ASCP\)CM, MBA, CIC](#), Phone: 608-628-4464
- **Northern Region:** [Anna Marciniak, MLS\(ASCP\), CIC](#), Phone: 608-590-2980
- **Northeastern Region:** [Tess Hendricks, BS, MLS, CIC](#), Phone: 608-338-9071
- **Southeastern Region:** [Aimee Mikesch, BSN, RN, LTC-CIC](#), Phone: 608-867-4625
- **Southern Region:** [Paula Pintar, MSN, RN, ACNS-BC, CIC, FAPIC](#), Phone: 608-471-0499



HAI Prevention Program Contact Information



Email: dhswhaipreventionprogram@dhs.wisconsin.gov



Phone: 608-267-7711



Website: www.dhs.wisconsin.gov/hai/contacts.htm

HAI Infection Prevention Education webpage

HAI Infection Prevention Education

The resources below are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections.

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment.

IPs serve as a resource to other staff and programs within their facilities.

In addition to the state in-person trainings and online references below, there are a number of links to trusted education resources, including the CDC (Centers for Disease Prevention and Control), the Centers for Medicare and Medicaid Services (CMS), and the Association for Professionals in Infection Control and Epidemiology (APIC).



The [IP Starter Kit](#) provides Infection Preventionists a brief background and resources for some of the many infection prevention-related responsibilities within health care facilities.

Resources for infection preventionists Long-Term Care Education series

The long-term care (LTC) education series provides education presentations on topics that include infection prevention, HAIs, antibiotic stewardship, disease surveillance, and outbreak response for staff at skilled nursing facilities, assisted living facilities, local health departments, and other LTC stakeholders. Each session features a new, timely topic presented by the Department of Health Services (DHS) program staff, HAI Infection Preventionists, partner organizations, or other external subject matter experts.

View the [full library](#) of education sessions. **Note:** All 2021 and 2022 education sessions can be found by visiting the full library

Have a topic request?

Send topic ideas or requests that you have for the long-term care education series or the IP lunch and learn series to DHSWIHAIPreventionProgram@dhs.wi.gov.

Upcoming LTC Education Session

Date: February 22, 2024

Topic: Antimicrobial Stewardship



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**