**Definitions:**

- **Medical evaluation:** Assessment of signs and symptoms of active tuberculosis (TB) disease.
- **Risk assessment:** Use of a questionnaire to determine a person’s risk for TB infection.
- **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 for Screening and Testing Upon Hire**

Screening for TB infection and disease is recommended for health care personnel (HCPs) upon hire and includes the following components: risk assessment, testing, and medical evaluation, if indicated.

- A baseline TB risk assessment questionnaire screen should be performed for HCPs to determine risk for TB infection. See Resources for an example questionnaire.
- For testing, an IGRA or TST may be performed (IGRA is preferred). See Figure 1 on page 2 for interpretation of testing results.
- If testing is positive, obtain chest x-ray and refer HCP to provider for medical evaluation.
- At the discretion of the facility, previous documented negative IGRA or TST results (within 12 months) may be used; however, a new baseline TB risk questionnaire screen and medical evaluation, if indicated, should be performed.
  - If TST is used as the baseline testing, two-step testing is recommended for HCP who have not had TST testing previously or have only had one negative TST test more than 12 months ago.
  - If two or more TST tests were previously performed, all results are negative, and documentation of results is available, a single TST may be performed before hire.
- Initial risk assessment, testing, and medical evaluation can serve as a baseline should an exposure occur and a TB contact investigation be necessary. Additionally, baseline risk assessment, testing, and medical 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.
- Screening should be performed before assumption of duties in which HCP will have direct contact with patients.
- HCP should be educated on the signs and symptoms of TB disease and risk for disease progression, and should seek medical evaluation if these occur.
Figure 1. Interpretation of Test Results in Low Risk Individuals

The need for serial testing is an institutional decision based on the setting’s risk classification.²

Most Wisconsin health care facilities are considered low risk for TB; serial testing by IGRA or TST is not recommended.

Instead of serial testing, low-risk facilities should consider an annual TB risk assessment questionnaire for HCP.

Annual (Serial) Testing for HCP

- The need for serial testing is an institutional decision based on the setting’s risk classification.²
- Most Wisconsin health care facilities are considered low risk for TB; serial testing by IGRA or TST is not recommended.
- Instead of serial testing, low-risk facilities should consider an annual TB risk assessment questionnaire for HCP.

Testing HCP with History of Positive IGRA or TST

- HCP that have documented positive IGRA or TST results or documented treatment for TB or LTBI do not need baseline TST or IGRA.
- Obtain a baseline chest x-ray and medical evaluation. At the discretion of the facility, documentation of previous x-ray results (within six months) may be used for employment.
- Serial follow-up chest x-rays are not recommended; however, an annual TB risk assessment questionnaire and medical evaluation should be administered.
- HCP should be educated on the signs and symptoms of TB disease and risk for disease progression, and should seek medical evaluation if these occur.
- Treatment for LTBI is recommended to reduce the risk of progression to active TB disease.

Individuals with a history of TB or LTBI will likely have positive IGRA and TST results for their lifetime.

Perform medical evaluation for signs and symptoms of TB disease.

Administer an IGRA or TST for those who previously had negative results.

Repeat symptom screen and IGRA or TST at 8–10 weeks after the end of exposure if the initial result was negative.

If the symptom screen or the initial or the 8– to 10-week follow-up IGRA or TST is positive, evaluate the HCP for TB disease including performing a chest x-ray.

HCP should be educated on the signs and symptoms of TB disease and should seek medical evaluation if these occur.

Wisconsin administrative codes address the regulatory requirements for testing of HCPs and long-term care residents. Please see Figure 2 below for additional information.

### Figure 2. Wisconsin Admin. Codes

<table>
<thead>
<tr>
<th>Wisconsin Admin. Code</th>
<th>Health Care Facility Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS 50</td>
<td>Regulates enforcement of DHS 124</td>
</tr>
<tr>
<td>DHS 75</td>
<td>Community substance abuse facilities</td>
</tr>
<tr>
<td>DHS 83</td>
<td>Community based residential facilities</td>
</tr>
<tr>
<td>DHS 88</td>
<td>Adult family homes</td>
</tr>
<tr>
<td>DHS 124</td>
<td>Hospitals</td>
</tr>
<tr>
<td>DHS 132</td>
<td>Nursing homes</td>
</tr>
<tr>
<td>DHS 133</td>
<td>Home health agencies</td>
</tr>
<tr>
<td>DHS 134</td>
<td>Facilities serving those with developmental disabilities</td>
</tr>
</tbody>
</table>

For more information, see [http://docs.legis.wisconsin.gov/code/admin_code/dhs](http://docs.legis.wisconsin.gov/code/admin_code/dhs)

### Resources