Tuberculosis Screening and Testing: Residents of Adult Long-Term Care Facilities

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.

Requirements and Recommendations for Admission

Medical evaluation for the presence of communicable disease, including TB, is required by Department of Health Services (DHS) statutes for all residents upon admission to a long-term care (LTC) facility. The type of clinician qualified to perform the evaluation and timing of the evaluation depends on facility type (see Table 1 on page 2).

- Complete baseline TB risk assessment questionnaire screen, if not done as part of medical evaluation, to determine risk of TB infection. See Resources for an example questionnaire.¹

- Perform an IGRA or TST if not done as part of medical evaluation.
  
  - Time frame of testing depends on setting and should follow requirements of medical evaluation.
  
  - If TST is used as the baseline testing, two-step testing is recommended for residents who have not had TST testing previously or have only had one negative TST test more than 12 months ago. 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.²
  
  - 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 admission.²

- Initial testing, evaluation, and risk assessment can serve as a baseline should an exposure occur and a TB contact investigation be necessary. Additionally, baseline testing, evaluation, and risk assessment can facilitate the detection and treatment of LTBI and TB disease in residents to reduce the risk of transmission to health care providers and other residents.

Annual (Serial) Testing for Residents: Most Wisconsin health care facilities are considered low risk for TB; annual testing by IGRA or TST is not recommended.²
### Table 1. Summary of Wisconsin regulations for LTBI screening and testing by LTC setting

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Wis. Admin. Code ch. DHS*</th>
<th>Clinician to Perform</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled nursing facility (nursing home)</td>
<td>132</td>
<td>Physician, physician assistant, or advanced nurse practitioner</td>
<td>90 days prior to admission</td>
</tr>
<tr>
<td>Community-based residential or respite facilities (CBRFs)</td>
<td>83</td>
<td>Physician, physician assistant, advanced nurse practitioner, or licensed registered nurse</td>
<td>90 prior to within 7 days of admission</td>
</tr>
<tr>
<td>Adult family homes</td>
<td>88</td>
<td>Physician, physician assistant, or licensed registered nurse</td>
<td>90 days prior to and within 7 days of admission</td>
</tr>
<tr>
<td>Residence for adult developmentally disabled</td>
<td>134</td>
<td>Physician, physician assistant, or advanced nurse practitioner</td>
<td>Not specified; prior to admission is recommended</td>
</tr>
<tr>
<td>Community substance abuse treatment facilities</td>
<td>75</td>
<td>Not specified</td>
<td>Immediately upon admission and annually thereafter</td>
</tr>
</tbody>
</table>

*For more information, please visit: [http://docs.legis.wisconsin.gov/code/](http://docs.legis.wisconsin.gov/code/)

### Testing Residents with a History of Positive IGRA or TST

- Residents 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 complete evaluation for TB disease. At the discretion of the facility, documentation of previous x-ray results (within six months) may be used.
- Serial (annual) follow-up chest x-rays are not recommended.
- 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.

Health care personnel (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 link in Table 1 for additional information.

Resources

