

## TUBERCULOSIS SCREENING RECOMMENDATIONS FOR LONG-TERM CARE SETTINGS

---

Low Risk: < 3 TB patients/year

Medium Risk: > 3 TB patients/year

- A clinical evaluation should always be considered for admission. This evaluation may include sputum smear and cultures, a chest x-ray, and a check for presence or absence of symptoms compatible with tuberculosis (TB).
- A baseline TB screening using two-step tuberculin skin test (Mantoux test) or a single blood assay for *M. tuberculosis* (BAMT), when available, should be administered to all new residents and staff as soon as their residency or employment begins, unless they have documentation of a previous positive reaction.
- After baseline testing for infection with *M. tuberculosis*, additional screening is not necessary for a *low risk setting* unless an exposure to *M. tuberculosis* occurs.
- After baseline testing for infection with *M. tuberculosis*, persons in a *medium risk setting* should receive TB screening annually (i.e., symptom screen and testing for infection with *M. tuberculosis* for those with a baseline negative results).
- All persons with a baseline positive or newly positive test result *M. tuberculosis* infection (i.e., tuberculin skin test or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease should receive one chest radiograph result to exclude TB disease. Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician.
- If a person's x-ray shows no active tuberculosis disease process and the person does not exhibit symptoms consistent with active TB, admission should not be denied on the basis of a positive skin test.
- Persons with abnormal chest radiographs and/or symptoms compatible with TB should also have sputum smear and culture examinations.