

Tuberculosis screening for non-healthcare settings

Tuberculosis (TB) screening is required in some non-health care settings (e.g., daycares or shelters) to meet legislative or workplace policy requirements for student placements, volunteers, or employment to ensure those entering the setting on a regular basis, >150 hours annually, do not have active Tuberculosis disease.

Timing of screening

Initial TB screening or repeat screening (i.e., if initial screening was undocumented) for occupational purposes should be completed either up to 6 months before starting work, placement, or volunteering, or within 1 month after beginning the role.

TB screening includes Screening tests

A review of signs and symptoms for TB; history of TB disease or TB infection or exposure to TB and a risk assessment.

Both the TB Skin Test (TST) or Interferon Gamma Release Assay (IGRA) are acceptable TB screening tests, although IGRA is preferred in those who have lived in TB endemic countries.

Repeat screening

Repeat screening is **not required** unless the baseline screening result was negative and there are **new risk factors identified**. Routine screening and annual screening are not required.

Previous documented positive results

For documented previous positive TST/IGRA, no further follow up is required if the person is asymptomatic. If the person has TB symptoms or new risk factors are identified, then a new CXR (PA & Lateral) is required.

Persons presenting with symptoms of TB Cough >3 weeks, fever, night sweats, hemoptysis, chest pain, unexplained weight loss, loss of appetite	Asymptomatic persons presenting with previous history of TB disease or TB Infection (TBI, also known as LTBI)	Asymptomatic persons without documented history of TB disease or infection or new risk factors for developing TB disease are identified. New risk factors include close contact with someone with infectious TB, current or planned immunosuppression, travel or residence in a country with elevated TB rates for ≥3 months. For more information visit: bit.ly/TB-risk-factors
<ol style="list-style-type: none"> 1. Complete the history. 2. Complete a risk assessment. 3. Order CXR. 4. Collect 3 sputa (morning is preferred). 5. Refer to a TB Specialist if TB disease is suspected. 	<ol style="list-style-type: none"> 1. Complete the history. 2. Complete a risk assessment for those with TBI to assess for presence of new risk factors. 3. Order a CXR for individuals not previously treated for TBI that would benefit from treatment. 4. Collect sputum for individuals with abnormal CXR results. 5. Consider TB Preventive treatment (TPT) in those with TBI and risk factors for TB reactivation if active disease has been ruled out and there is history of inadequate treatment or no treatment at all. 6. Refer to a TB Specialist as required (e.g., TB disease is suspected or TBI with abnormal radiology). 	<div data-bbox="989 873 1965 1084"> <ol style="list-style-type: none"> 1. Complete the history. 2. Complete a risk assessment. 3. Complete a symptom review. 4. Screen for TBI with a TST or IGRA if there is no documented baseline or the baseline was negative and there are new risk factors. </div> <div data-bbox="982 1084 2011 1534"> <div> <div>TST / IGRA negative</div> <div>No further follow up required.</div> </div> <div> <div>TST / IGRA positive</div> <div> Complete the following: <ol style="list-style-type: none"> 1. Order a CXR. 2. Collect sputum if symptomatic or abnormal CXR. 3. Consider TBI treatment if active disease is ruled out. 4. Refer to a TB Specialist as required (e.g., if TB disease is suspected or TBI with abnormal radiology). </div> </div> </div>