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Los Angeles County Tuberculosis Control Program Guidance on Tuberculosis Screening, Testing and Treatment of Health Care Personnel During COVID-19 Pandemic Response

The Los Angeles County (LAC) Tuberculosis Control Program (TBCP) acknowledges the evidence-based recommendations in, “Tuberculosis Screening, Testing and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association (NTCA) and CDC, 2019” (*MMWR Morb Mortal Wkly Rep.* 2019 May 17;68(19):439-443). This guidance endorses a departure from universal annual tuberculosis (TB) testing of health care personnel (HCP). A companion document was issued by the American College of Occupational and Environmental Medicine (ACOEM) and NTCA (*J Occup Environ Med.* 2020 Jul;62(7):e355-e369) to guide the practical implementation of this strategy.

Regulations are in place that continue to mandate HCP TB testing in the California Code of Regulations (CCR) Title 8, Section 5199 (Cal OSHA Aerosol Transmissible Disease Standard) and Title 22, Division 5, Licensing and Certification of Health Facilities. Selected TB testing requirements have been relaxed during the COVID-19 pandemic; links may be found here for reference: <https://ctca.org/guidelines/healthcarepersonnel/>.

In accordance with the above evidence-based recommendations and regulatory requirements, and with consideration of the high morbidity of TB disease in LAC, TBCP recommends annual TB testing for certain HCP whose regular job duties may place them at higher risk for repeated TB exposure. These duties include performing high hazard procedures (e.g., sputum induction, nebulization, bronchoscopy, endoscopy, autopsy), working in pre-triage patient care areas in urgent care and emergency medicine settings, or working in the mycobacteriology sections of clinical microbiology laboratories.

More recently, CDC has issued guidance on TB testing in relation to COVID-19 vaccination, available as a web document at: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>. Specifically, the guidance states that the reliability of a positive TST or IGRA result after COVID-19 vaccination is expected to be the same as without vaccination, and that the reliability of a negative TST or IGRA result after COVID-19 vaccination has not been studied. LAC TBCP recommends that TST or IGRA testing proceed without delay when administratively due or medically

indicated, without consideration of timing in relation to COVID-19 vaccination. According to the CDC, COVID-19 vaccination administration should not be delayed due to a TST or IGRA test. Tests can be administered prior, during or after COVID-19 vaccination. Active TB disease patients or patients undergoing TB disease evaluation are eligible to receive the COVID-19 vaccine.

For all HCP with untreated TB infection, LAC TBCP recommends preventive treatment with any of the currently recommended regimens, unless treatment is contraindicated. Preference is given to one of the short-course rifamycin-based preventive treatment regimens due to favorable toxicity profiles, equivalent efficacy, and improved treatment completion rates. For more information, please see: <http://ph.lacounty.gov/tb/toolkittreat.htm>.

LAC TBCP’s updated recommendations for TB screening, testing and treatment of HCP are summarized in the following table:

Time point	Universal Requirements	Targeted Recommendations	Temporary Regulatory Considerations
On-hire	<p>If no documented evidence of prior TB: TB risk assessment, symptom review, and TB testing.</p> <p>If documented evidence of prior TB <i>with</i> documented normal chest X-ray (CXR) ≤90 days prior to employee health assessment: TB risk assessment and symptom review.</p> <p>If documented evidence of prior TB <i>without</i> documented normal CXR ≤90 days prior to employee health assessment: TB risk assessment, symptom review, CXR.</p>	<p>HCP with untreated TB infection: encourage treatment and provide linkage-to-care.</p> <p>HCP with on-hire TST or IGRA result at any time prior, during or after COVID-19 vaccination.</p> <p>Trainees with prior TB and documented normal CXR ≤90 days prior to matriculation in a training program in which they will rotate through multiple healthcare settings may be cleared with a negative annual symptom review, alone.</p>	<p>Primary Care Clinics (and associated Mobile Health Care Units): TB test requirement suspended until 60 days after end of the state of emergency but should be completed sooner if practicable.</p> <p>Hospice provider: TB test requirement suspended until 30 days after end of the state of emergency but should be completed sooner if practicable.</p>
Annual	All: TB education. Voluntary (opt-in) testing is recommended and should be made accessible to all HCP during annual TB education.	High-risk HCP (defined in text: high-hazard procedures, pre-triage areas, mycobacteriology bench) without documented evidence of prior TB: TB testing.	Annual testing of high-risk HCP may be postponed until the end of emergency but should be resumed at the next annual review after the end of the emergency or sooner if practicable.

		HCP with documented evidence of prior TB: symptom review and, if untreated TB infection, encourage treatment and provide linkage-to-care.	
After unprotected TB exposure	<p>If no evidence of prior TB: symptom review, examination, and TB testing.</p> <p>For HCP with documented evidence of prior TB: symptom review, examination, and CXR.</p> <p>HCP with negative post-exposure TST or IGRA result within <4 weeks after COVID-19 vaccination: repeat TB test ≥4 weeks after COVID-19 vaccination.</p>	<p>HCP with untreated TB infection: encourage treatment and provide linkage-to-care.</p> <p>Depending on exposure history, HCP with prior treated TB and certain medical risk factors (e.g., HIV, solid-organ transplant, treatment with TNF-alpha inhibitor) may benefit from re-treatment; this scenario is rare, and clinical consultation is strongly recommended.</p>	Not applicable.
Any time	<p>HCP with newly positive TST or IGRA result: TB risk assessment, symptom review, examination and CXR; consider clinical consultation.</p> <p>HCP with positive TB symptom review: examination, TB testing and CXR; consider clinical consultation.</p> <p>HCP with abnormal CXR findings: prompt clinical consultation is recommended; notify TBCP immediately if TB disease suspected.</p>	HCP with untreated TB infection: encourage treatment and provide linkage-to-care.	

Symptom review for TB should include: "Have you had any of the following symptoms?: unexplained fever lasting more than 3 weeks; cough lasting more than 3 weeks; fatigue lasting more than 3 weeks; hemoptysis; unintended weight loss; drenching night sweats."

A proposed example of annual TB education for HCP can be found at:

<http://links.lww.com/JOM/A785>.

For questions regarding the interpretation of the current ATD standard, please contact the nearest Cal/OSHA Consultative service office: http://www.dir.ca.gov/dosh/consultation_offices.html.

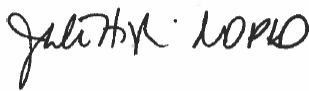
The California Department of Public Health (CDPH), Licensing and Certification (L&C) has provided guidance in All Facilities Letter 19-28 for facilities to apply for program flexibility to deviate from the TB screening requirements in the Title 22 CCR. AFL 19-28 may be found at this link:

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-19-28.aspx>. For questions regarding employee health assessments under Title 22, please contact the Los Angeles County L&C District Office.

If you would like to receive updates on the work being done to address the alignment of California law with CDC best practice recommendations, please send your name and contact information to the following email address (tbc@ph.lacounty.gov). Please write, "Tuberculosis Screening, Testing and Treatment of U.S. Health Care Personnel" in the subject line.

Thank you for your cooperation and partnership to support and protect the public health of LAC.

Sincerely,

A handwritten signature in black ink that reads "Julie Higashi MD PhD". The signature is written in a cursive, flowing style.

Julie Higashi, MD PhD