Updated National Guidance for Tuberculosis Screening of Health Care Personnel – Amended Employee Health Program Regulations (7 AAC 12.650)

July 7, 2020

Background

Historically, health care personnel (HCP) in the United States were at increased risk for developing latent tuberculosis infection (LTBI) and tuberculosis (TB) disease from occupational exposures. Current national and Alaska-specific epidemiologic data show that occupational exposures resulting in LTBI or TB disease among HCP are now rare events. As such, on May 17, 2019, the U.S. Centers for Disease Control and Prevention (CDC) and the National Tuberculosis Controllers Association (NTCA) released updated recommendations for TB screening, testing, and treatment of health care personnel. These recommendations update the HCP screening and testing section of the 2005 CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings. All other aspects of the 2005 Guidelines document remain in effect, including facility risk assessments to help guide infection control policies and procedures. Previously, State of Alaska regulations included requirements for annual TB screening of HCP (7 AAC 12.650). However, the Alaska Administrative Code was recently amended to be more in line with these updated national guidelines.

Highlights from CDC’s Updated 2019 Recommendations

- HCP should receive baseline individual TB risk assessment, symptom screening, and TB testing (e.g., TB blood test or TB skin test) upon hire/pre-placement.
- Annual TB testing of HCP is not recommended unless there is a known exposure or ongoing transmission in a health care setting.
- HCP with a positive TB blood test or TB skin test should be screened for symptoms of active TB and have a chest x-ray performed to rule out TB disease.
- Treatment for HCP with latent TB infection should be strongly encouraged. Shorter-course treatment regimens are well tolerated and have higher rates of completion than are seen with isoniazid daily for 9 months.
- HCP with untreated latent TB infection should be screened annually for symptoms of TB disease (e.g., a cough lasting longer than three weeks, coughing up blood, unexplained weight loss, night sweats or fever, and loss of appetite). Treatment of their latent TB infection should be encouraged at every opportunity.
- All HCP should receive annual TB education. TB education should include information on the signs and symptoms of TB disease, TB risk factors, and TB infection control policies and procedures.
Regulatory Changes effective 7/04/20

The introductory language of 7 AAC 12.650(a) is amended to read:

7 AAC 12.650. Employee health program. (a) A [EACH] facility must establish and maintain [HAVE] an employee health program that

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