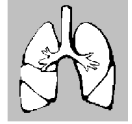




CDHS/CTCA JOINT GUIDELINES Tuberculosis Screening Guidelines for Drug Treatment Programs in California



The following guidelines have been developed by the California Department of Health Services, Tuberculosis Control Branch in consultation with the Executive Committee of the California Tuberculosis Controllers Association. These guidelines are official State Recommendations and have been endorsed by the California Tuberculosis Controllers Association.

These guidelines are based on recommendations of the Centers for Disease Control and Prevention, and the California Department of Alcohol and Drug Programs Substance Abuse Prevention and Treatment Block Grant Guidelines. Alcohol and drug treatment programs should also consult with their licensing agency and their local health department TB Control Program for the TB control regulations and policies for their specific program.

Initial Screening

- I. Perform an assessment for risk factors for human immunodeficiency virus (HIV) infection
 - A. If HIV risk factors are present, recommend HIV counseling and testing unless the person is HIV positive or has had a negative HIV test within the last 6 months.
 - B. HIV risk factors include any of the following:
 1. Injection drug use
 2. Treatment for sexually transmitted disease
 3. Multiple sex partners
 4. Male having sex with a male
 5. Exchange of sex for drugs or money
 6. Unprotected sex with someone with or at risk for HIV infection
- II. Persons without HIV infection
 - A. This category includes:
 1. Persons without HIV risk factors
 2. Persons with HIV risk factors who have had a negative HIV test in the last 6 months

B. Requirements for admission to drug treatment programs

1. TB symptom screen and TB history prior to admission (see **TB Symptoms and TB History**)
2. Mantoux tuberculin skin test (TST) recorded in millimeters of induration (not more than 3 months prior to or 7 days after admission)
3. Persons with a positive TST reaction of 10 mm or greater at this time should receive a chest x-ray and a medical evaluation for TB treatment or preventive therapy and provide medical clearance within 45 days after admission. The TST should not be performed if there is a reliable history of a prior positive TST reaction. If the history is not reliable, the TST should be performed.
4. Persons with a history of positive TST
 - A. Written documentation of millimeters of induration should be sought for persons with a history of a positive TST.
 - B. Such persons should not receive skin testing at admission or subsequently.
 - C. Unless there is documentation of the person completing at least 6 months of preventive therapy, such persons should provide a physician's medical clearance within 45 days of admission, including a medical evaluation and chest x-ray. A chest x-ray within the prior 6 months is acceptable.

III. Persons with or at risk for HIV infection

A. This category includes:

1. Persons who have had a positive HIV test or AIDS diagnosis
2. Persons with HIV risk factors who have not had an HIV test in the last 6 months

B. Requirements for admission to drug treatment programs

1. TB symptom screen and TB history prior to admission (see **TB Symptoms and TB History**)
2. Mantoux tuberculin skin test (TST) recorded in millimeters of induration (not more than 3 months prior to or 7 days after admission)
3. Chest x-ray, regardless of TST result, within 1 month prior to or 7 days after admission
4. Persons with a positive TST reaction of 5 mm or greater at this time should be referred for evaluation for TB treatment or for preventive therapy within 14 days of admission

5. Persons with a history of positive TST
 - A. Written documentation of millimeters of induration should be sought for persons with a history of positive TST.
 - B. Such persons should not receive skin testing at admission or subsequently.
 - C. Unless there is documentation of the person completing at least 12 months of preventive therapy, such persons should provide a physician's medical clearance within 14 days of admission, including medical evaluation and chest x-ray. A chest x-ray within the past 1 month is acceptable.

Follow-Up Screening

- I. Routine follow-up screening should be done annually unless the local TB Control Program recommends it be more frequent.
- II. All persons should receive a TB symptom screen (see **TB Symptoms and TB History**).
- III. Persons with a prior negative TST should receive a Mantoux TST.

TB Symptoms and TB History

- I. TB Symptoms
 - A. Symptoms can be a cough lasting more than 3 weeks, with one or more of the following:
 1. Recent unintentional weight loss of 5 pounds or more
 2. Fever of more than 100°F
 3. Night sweats
 4. Recent fatigue
 - B. At all times, regardless of any skin test result, any client, staff, or volunteer with TB symptoms or abnormal chest x-ray consistent with TB should be referred immediately for medical evaluation to rule out communicable TB.
 1. Until written physician's clearance is obtained, temporarily bar from participation any person with symptoms of TB or abnormal chest x-ray consistent with TB.
 2. For such clearance, physicians should follow CDHS/CTCA "Guidelines for Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings," (4/97).

II. TB History

- A. Persons should be asked about history of TB exposure, treatment, or diagnosis.
- B. If the person has been diagnosed with or treated for TB disease in the past two years, bar from admission until verbal clearance is obtained from an authorized representative of the local TB Control Program, followed by written clearance within 7 days.

NOTE: No set of guidelines can cover all individual screening situations which can and will arise. Thus, when questions on individual situations not covered by these guidelines do arise, consult with the Local TB Control Program or the California Department of Health Services, TB Control Branch, for further information.

Suggested Readings:

1. Centers for Disease Control and Prevention. Essential Components of a Tuberculosis Prevention and Control Program - Screening for TB and TB Infection in High-Risk Populations. MMWR 1995; 44 (No. RR-11).
2. Centers for Disease Control and Prevention. What Drug Treatment Centers Can Do to Prevent TB.
3. Center for Substance Abuse Treatment. The Tuberculosis Epidemic: Legal and Ethical Issues for Alcohol and Other Drug Abuse Treatment Providers. TIP Series 18; 1995.