



CDPH/CTCA Joint Guidelines

***Tuberculosis (TB) Screening
Guidelines for Substance
Use Disorder Treatment
Programs in California***

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Preface

The following Guidelines have been developed by the California Department of Public Health (CDPH), Tuberculosis Control Branch (TBCB) and the California TB Controllers Association (CTCA). These Guidelines provide statewide recommendations for tuberculosis control in California. If these Guidelines are altered for local use, then the logo should be removed and adaptation from this source document acknowledged.

No set of guidelines can cover all individual situations that can and will arise. When questions arise on individual situations not covered by these guidelines, consult with your local TB Controller or TBCB.

TB Symptoms and TB History

- I. TB Symptoms (see Appendix 1 for a sample TB Symptom Screen Checklist)
 - A. For a more complete overview of TB, including symptoms, history, transmission, risk factors, diagnosis and screening, see Reference 3, pages 3-7.
 - 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 shall 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 CDPH/CTCA "Guidelines for the Assessment of Tuberculosis Patient Infectiousness and Placement into High and Lower Risk Settings." (See Reference 8)
- II. TB History
 - A. Persons should be asked about history of TB exposure, diagnosis, or treatment for active TB disease or latent TB infection (LTBI).
 - 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.

Initial Screening

- I. TB symptom screening shall be conducted by the drug treatment program physician, physician assistant (PA), nurse practitioner (NP) or other licensed health professional employed by the drug treatment program, or by a physician, PA, PHN, or NP affiliated with the treatment program's county TB Control office .
- II. Recommend HIV counseling and testing unless the person is documented to be HIV positive or has documentation of a negative HIV test within the last 6 months.
- III. Persons without HIV infection or other severe immunocompromising conditions*

A. Requirements for admission to drug treatment programs

1. TB symptom screen and TB history prior to admission (see **TB Symptoms and TB History**)
2. Documentation of : (1) Mantoux tuberculin skin test (TST) recorded in millimeters of induration; or (2) an FDA-approved blood test for TB infection, used in accordance with Centers for Disease Control and Prevention (CDC) guidelines (see Reference 11), such as an interferon gamma release assay (IGRA) performed not more than 3 months prior to or 7 days after admission. *(Note that this guideline is more stringent than California law in Reference 2 which allows “6 months prior to or 30 days after admission”).*
3. Persons with a positive TST reaction of 10 mm or greater or a positive should receive a chest x-ray and a medical evaluation for TB treatment, LTBI treatment, and / or TB clearance within 7 days of 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 or FDA-approved blood test for TB infection.
 - a. Written documentation of millimeters of induration should be sought for persons with a history of a positive TST. Such persons should not routinely receive skin testing at admission or subsequently. Similarly, documentation should be sought for those with history of a positive FDA-approved blood test for TB infection.
 - b. If the TST or FDA-approved blood test for TB infection results cannot be reliably documented, either: (1) a FDA-approved blood test for TB infection should be performed; or (2) the person should be medically evaluated for repeat TST.
 - c. Unless there is documentation of the person completing an appropriate regimen of LTBI treatment (see Reference 7), such persons should provide a physician’s medical clearance within 7 days of admission, including a medical evaluation and chest x-ray. A chest x-ray within the prior 6 months is acceptable.

* *Includes organ transplants and persons on high dose steroid therapy; see Reference 10. An individualized assessment should be made to determine the significance of these and other immunocompromising conditions.*

** *If TB Class 4, immunosuppressed, or recently exposed to a case of active pulmonary TB, 5 mm induration should be considered positive.*

*** *California law (Title 9CCR § 10567) requires that the above testing shall be conducted under licensed medical supervision.*

III. Persons with HIV infection or other severe immunocompromising conditions

A. Requirements for admission to drug treatment programs

1. TB symptom screen and TB history prior to admission (see **TB Symptoms and TB history**)

2. TST recorded in millimeters of induration or negative FDA-approved blood test for TB infection, used in accordance with CDC guidelines, performed not more than 3 months prior to or 7 days after admission.
3. Chest x-ray, regardless of TST or FDA-approved blood test for TB infection result, within 1 month prior to or 7 days after admission
4. Persons with a positive TST reaction of 5 mm or greater or positive FDA-approved blood test for TB infection result at this time should be referred for evaluation for TB treatment or LTBI treatment within 7 days of admission
5. Persons with a history of a positive TST or FDA-approved positive blood test for TB infection
 - a. Written documentation of millimeters of induration should be sought for persons with a history of positive TST. Such persons should not routinely receive skin testing at admission or subsequently. Documentation of a positive FDA-approved blood test for TB infection result should likewise be sought.
 - b. Individuals without documentation should be assessed per local Health Department protocol.
 - c. Unless there is documentation of the person completing an appropriate regimen of LTBI treatment (see Reference 7) and absent any TB symptoms or known exposure, such persons should provide a physician's medical clearance within 7 days of admission, including medical evaluation and chest x-ray. A chest x-ray within the past 3 months is acceptable.

Follow-Up Screening

- I. Routine follow-up screening should be done annually as required by Title 9 CCR § 10567 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 or FDA-approved blood test for TB infection should receive a TST or FDA-approved blood test for TB infection.

References

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 2005; 54; (No. RR-17)
2. California Code of Regulations, (Title 9, sec. 10567), “Resident Health Screening.”
 - (a) *Every resident shall complete a health questionnaire which shall identify any health problems or conditions which require medical attention, or which are of such a serious nature as to preclude the person from participating in the program.*
 - (b) *Every resident shall be tested for tuberculosis under licensed medical supervision within six (6) months prior to or thirty (30) days after admission and annually thereafter if continuous participation is maintained.*
 - (1) *Residents with a known record of tuberculosis or record of positive testing shall not be required to be retested if a physician verifies the individual has been under regular care and monitoring for tuberculosis.*
 - (c) *Licensee's staff shall carefully review each resident's health questionnaire, interview each resident regarding information given, and ensure that:*
 - (1) *A resident seeks and obtains medical or dental assistance for any significant health problems while remaining in residency; or*
 - (2) *Be referred to an appropriate facility which can provide required service.*
 - (d) *A licensee that primarily provides detoxification services will be exempt from the requirement of Section 10567(b) of this subchapter.*
 - (e) *The licensee is responsible for ensuring that each resident is provided with a safe, clean, and healthful environment.*
3. CDPH/CTCA Joint Guidelines, “Prevention and Control of Tuberculosis in California Long-Term Health Care Facilities,” 2005
4. California Uniform Application, Substance Abuse Prevention and Treatment Block Grant, FY 2008, OMB No. 0930-0080, expires September 30, 2010.
5. California Code of Regulations, Title 8: General Industry Safety Orders, Division 1, Chapter 4, Subchapter 7, Article 109, sec. 5199, “Aerosol Transmissible Diseases,” (under review by Office of Administrative Law)
6. IDU/HIV Prevention, “Substance Abuse Treatment and Public Health: Working Together to Benefit Injection Drug Users,” U.S. Centers for Disease Control and Prevention, February 2002.
7. CDPH/CTCA Joint Guidelines, “Targeted Testing and Treatment of Latent TB Infection in Adults and Children,” 2006
8. CDPH/CTCA Joint Guidelines, “Guidelines for the Assessment of Tuberculosis Patient Infectiousness and Placement into High and Lower Risk Settings,” 2009
9. CTCA Guidelines, “Guidelines for Tuberculosis (TB) Screening and Treatment of Patients with Chronic Kidney Disease (CKD), Patients Receiving Hemodialysis (HD), Patients

Receiving Peritoneal Dialysis (PD), Patients Undergoing Renal Transplantation and Employees of Dialysis Facilities,” 2007

10. American Thoracic Society / Centers for Disease Control and Prevention. Targeted tuberculin testing and treatment of latent tuberculosis infection. *Am. J Respir Crit Care Med.* 2000 161: S221-247.
11. Centers for Disease Control and Prevention. Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection—United States, 2010. *MMWR* 2010; 59; No. RR-5.

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APPENDIX 1

Tuberculosis Symptom Screen

Do you have any of the following symptoms?

1. A cough lasting for 3 weeks or longer Yes ___ No ___
2. Coughing up blood Yes ___ No ___
3. Fever or night sweats Yes ___ No ___
4. Unexplained weight loss Yes ___ No ___

If the answer to question 1, is Yes AND the answer to any of the other questions is YES, refer for an urgent medical evaluation, including a chest radiograph (CXR). The client needs to wear a mask and may not participate in the program until determined not to have active tuberculosis (TB) disease in an infectious state, as certified in writing by a medical provider.