



Considerations for Timing of Tuberculosis (TB) Testing and COVID-19 Vaccination California Department of Public Health (CDPH) Notification: March 22, 2021

This notification updates prior statements on this topic from CDPH. As more information is learned and new vaccines are approved, the guidance around timing of TB testing and COVID-19 vaccination **may be updated.**

Background

On January 7, 2021, the CDC Division of TB Elimination issued recommendations regarding the timing of tests for TB infection, the interferon gamma release assay (IGRA) and the tuberculin skin test (TST), for persons receiving the COVID-19 vaccine (see CDC's original notification, [TB Tests and mRNA COVID-19 Vaccines | CDC](#), which specifically referred to the mRNA COVID-19 vaccines available at that time). Although little is known about how COVID-19 vaccines may affect TST and IGRA results, some other types of vaccines (i.e. live vaccines such as MMR) may reduce the reliability of negative TB test results. Positive result reliability is expected to be adequate but negative result reliability has not been studied. To avoid the theoretical interference with TB test results, CDC recommended that TST or IGRA be performed at the same time as, or before, COVID-19 vaccination. When the COVID-19 vaccine has already been given, CDC recommended waiting 4 weeks following the last dose to perform TST or IGRA testing. If TST or IGRA is performed within 4 weeks after vaccination, providers should have a low threshold to repeat TB testing if the result is negative and there is concern for a false-negative result.

On February 10 and March 5, 2021, CDC clarified its guidance when TB testing is performed to meet administrative requirements, e.g. for healthcare employment (see [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)). This new guidance applies to all COVID-19 vaccines available at the time of this letter. In the context of this new CDC guidance, the limited evidence to guide changes in TB testing relative to COVID-19 vaccination, and the current legal framework in California governing occupational testing, CDPH TB Control Branch offers the general guidance below.

General Principles

- COVID-19 vaccination should not be delayed for TB testing.
- TB testing should not be delayed under the following circumstances: known TB exposure, presence of TB symptoms, suspected TB disease, or for detecting LTBI in a patient who has new medical risk such as: prior to initiating life-saving treatment including organ transplantation; immunosuppression; or new diagnosis of HIV.
- Persons with symptoms concerning for pulmonary TB should proceed with TB testing regardless of COVID-19 vaccination status. Regardless of TST or IGRA result, these persons should have TB disease excluded with a thorough clinical evaluation, chest radiograph, and, if warranted, 3 sputum specimens for acid-fast bacilli smear, mycobacterial culture, and nucleic acid amplification testing without delay.
- Once TB disease is excluded, as above, persons with evidence of latent TB should be offered treatment for latent TB infection. Short-course regimens (i.e. once weekly rifampin and isoniazid for 12 weeks or daily rifampin for 16 weeks) have shown improved treatment



completion and reduced frequency of adverse drug events. Routine TB symptom screening among healthcare personnel should be performed if the TST or IGRA is postponed.

Specific considerations for timing of TB testing and COVID-19 vaccination in California

- The California Code of Regulations (Title 8 §5199 and Title 22 §70723) require TB testing for healthcare personnel at onboarding and annually.
- Newly hired healthcare personnel are priority groups for COVID-19 vaccine administration.
- The limited information currently available on the effect of COVID-19 vaccination on TB IGRA or TST results does not suggest a clear preference on TB test timing in the context of COVID-19 vaccination.
- Both TB testing postponement and false negative TB tests can lead to delays in TB disease detection.
- The concern for false negative TST or IGRA result when TB testing occurs within the 4 weeks following vaccination can be mitigated by repeating testing in those with higher risk who have a negative test.

Recommended Options for TB testing

In the setting of routine pre-employment and serial testing of healthcare personnel **where TB testing cannot be performed prior to or at the time of COVID-19 vaccination**, CDPH encourages healthcare providers and employers to consider and select among two possible paths for timing TB testing until further definitive information becomes available:

- a. **Defer routine TB testing until 4 weeks after the last COVID-19 vaccine administration.** Because the mRNA COVID-19 vaccines require 2 doses administered 3 or 4 weeks apart, the delay to TB testing could be up to 8 weeks. However, the newer single-dose vaccine shortens this delay. Healthcare facilities' record keeping should be updated to ensure that personnel who must have their TB testing deferred receive it in a timely manner.

OR

- b. **Proceed with TB testing when administratively due.** Providers following this pathway should have a low threshold to repeat TB testing 4 weeks after COVID-19 vaccination, if the result is negative and the person tested has elevated risk for TB.

Please see CDC guidance on TB testing and COVID-19 vaccines via the link below:
<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>