



Guidance for TB Screening, Testing and Treatment of Health Care Personnel January 2025

CTCA 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](#)". 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](#) to guide the practical implementation of this strategy. In California, state regulatory requirements require annual screening for specific occupations and settings, these include:

- Title 8: California Department of Industrial Relations (CalOSHA) Aerosol Transmissible Diseases Standard, California Code of Regulations, Title 8, Division 1, Chapter 4, Subchapter 7, Group 16, Article 109, Section 5199; (<https://www.dir.ca.gov/title8/5199.html>)
- Title 22, under which places requirements on type of healthcare facility (rather than the employee. (<http://government.westlaw.com/linkedslice/default.asp?Action=TOC&RS=GVT1.0&VR=2.0&SP=CCR-1000 with the following TB testing requirements>) (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/California-TB-Testing-Regulations.aspx>)
- Other facility based requirements:
 - California Health and Safety Code Division 2, Chapter 1, Section 1226.1 (Primary Care Clinics): [Law section \(ca.gov\)](#)
 - [California Code of Regulations, Title 9, Division 1, Chapter 3.5, Section 784.12 \(Mental Health Rehabilitation Centers\): View Document - California Code of Regulations \(westlaw.com\)](#)

The following serves as a reminder to guide implementation of the national evidence-based recommendations in the context of the regulatory requirements in California. The California TB Controllers Association (CTCA) recommends annual TB testing for certain health care personnel (*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, bronchoscopy, endoscopy, intubation, autopsy) and working in specific settings which include pre-triage patient care areas in urgent care and emergency medicine settings, mycobacteriology sections of clinical microbiology laboratories, and correctional/detention settings.

Healthcare facilities that have Title 22 mandated annual TB testing requirements must continue annual testing for HCP working in their facilities unless granted Title 22 program flexibility allowing them to deviate from these TB testing requirements. CTCA recommends that facilities download the CTCA Title 22 Program Flexibility checklist and review and sign off on the attestation to follow CTCA recommendations for required and best practices as outlined in the checklist. Facilities should submit the form to their local public health TB program to notify the local health program of their intent to apply for program flexibility for annual HCP TB testing. CTCA recommends that facilities submit their signed Title 22 Program Flexibility checklist with their program flexibility request on the Risk and Safety Solutions application tool to the CDPH Centralized Program Flex Unit. For questions regarding employee health assessments under Title 22, contact **the Standards Interpretation Unit at StandardsInterpretationUnit@cdph.ca.gov**.

For all HCP with untreated TB infection (i.e., latent TB), CTCA recommends preventive treatment with any of the currently recommended regimens for TB infection, 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: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-LTBI-Treatment.aspx>



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*HCP is defined as licensed healthcare personnel and other unlicensed staff working in direct clinical service settings, e.g., non-HCP sharing airspace with potential TB patients. ^aTB in the table refers to both TB disease and TB infection.

Time point	Universal TB Evaluation Requirements for HCP – (Requirements applied to all staff)	Targeted Recommendations for HCP – (Requirements for all staff indicated)
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 with documented normal chest X-ray (CXR) ≤90 days prior to employee health assessment: TB symptom review.</p> <p>If documented evidence of prior TB without documented normal CXR ≤90 days prior to employee health assessment: TB symptom review and CXR.</p>	<p>HCP with untreated TB infection (i.e., latent TB): provide treatment OR encourage treatment and provide linkage-to-care. Document treatment outcome.</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 symptom review, alone.</p>
Annual	<p>All: TB education about risks of TB disease exposure, signs and symptoms of TB disease, and benefits of testing if risk identified and treatment if TB infection or TB disease is identified. Ability to opt into annual TB testing for any HCP should be included in the annual education for all HCP. Best practice for annual education would include individualized risk assessment for new TB disease exposures as per California Adult Tuberculosis Risk Assessment and User Guide and TB testing if new risk identified.</p> <p>If yes to any new risk factor on the CA TB Adult Risk Assessment questions, repeat TB testing shall be required. In addition, all HCP who opt in for annual TB testing should be provided the desired TB testing.</p>	<p>High-risk HCP (defined in text: high-hazard procedures, pre-triage areas, mycobacteriology bench, correctional/detention center) without documented evidence of prior TB: symptom review and TB testing.</p> <p>HCP with documented evidence of prior TB: symptom review and, if untreated TB infection (i.e., latent TB), provide treatment OR encourage treatment and provide linkage-to-care. Document treatment outcome.</p>
After exposure	<p>If no evidence of prior TB: symptom review, examination, and immediate TB testing. HCP who were wearing a fit tested respirator (i.e., N95, PAPR) during the entire TB disease exposure may opt out of post exposure TB testing. Repeat TB testing should be obtained 8-10 weeks after the last TB disease exposure if initial testing was prior to 8 weeks from exposure. It is best practice to use the same TB testing modality for post-exposure testing.</p> <p>For HCP with documented evidence of prior TB: symptom review, examination, and CXR.</p>	<p>HCP with untreated TB infection (i.e., latent TB): provide treatment OR encourage treatment and provide linkage-to-care. Document treatment outcome.</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 with your local public health TB program is strongly recommended.</p>
Any time	<p>Newly positive TST or IGRA result: TB risk assessment, symptom review, examination and CXR; consider clinical consultation.</p> <p>Positive TB disease symptom review: examination, TB testing and CXR; report to your local health department and consider clinical consultation.</p> <p>Abnormal CXR findings: prompt clinical consultation is recommended; report to your local health department immediately if TB disease is suspected.</p>	<p>With untreated TB infection (i.e., latent TB): provide treatment OR encourage treatment and provide linkage-to-care. Document treatment outcome.</p>



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RESOURCES:

The California Adult TB Risk Assessment for asymptomatic adults is available at:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-Adult-TB-Risk-Assessment.pdf>

Symptom review for TB should include: “Have you had any of the following symptoms: unexplained fever lasting more than 2-3 weeks; cough lasting more than 2-3 weeks; fatigue lasting more than 2-3 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.

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 jthigpen@ctca.org with the subject line “TB Screening, Testing and Treatment of HCP”.

REFERENCES:

1. California Code of Regulations (CCR) Title 8, Section 5199 (Cal OSHA Aerosol Transmissible Disease Standard) <https://www.dir.ca.gov/title8/5199.html>
2. Title 22, Division 5, Licensing and Certification of Health Facilities
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-08-Attachment-02.pdf>