

California TB Controllers Association (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 in the California Health and Safety Code, California Code of Regulations and the CalOSHA Aerosol Transmissible Disease Standard all require a variety of 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](#)
- Title 22 regulations are based on the licensure of the facility (rather than the employee) and many health care facilities are licensed under [Title 22](#) with [these TB testing requirements](#).
- [California Health and Safety Code Division 2, Chapter 1, Section 1226.1 \(Primary Care Clinics\)](#)
- California Code of Regulations, Title 9, Division 1, Chapter 3.5, Section 784.12 (Mental Health Rehabilitation Centers) <https://www.dhcs.ca.gov/services/MH/Documents/95-05.pdf>

The following serves as a reminder about how to implement the evidence-based recommendations in the context of the regulatory requirements in California. CTCA recommends annual TB testing for certain 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), working in 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 to test HCP working in their facilities unless granted Title 22 Program Flexibility or obtain approval from the local Health Officer to relax Title 22 annual TB testing.

For all HCP with untreated TB infection (i.e. latent TB), CTCA recommends preventive treatment with any of the currently recommended regimens, 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>

≠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. ±TB in the table refers to both TB disease and TB infection.

Time point	Universal Requirements – <i>(Requirements applied to all staff)</i>	Targeted Recommendations – <i>(Requirements for all staff indicated)</i>
On-hire	<p>If no documented evidence of prior <b>TB</b>: <b>TB</b> risk assessment, symptom review, and TB testing.</p> <p>If documented evidence of prior <b>TB</b> <i>with</i> documented normal chest X-ray (CXR) ≤90 days prior to employee health assessment: symptom review.</p> <p>If documented evidence of prior <b>TB</b> <i>without</i> documented normal CXR ≤90 days prior to employee health assessment: 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 <b>TB</b> 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: <b>TB</b> 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. Best practice for annual education would include individualized risk assessment for new TB disease exposures as per <u>California Adult Tuberculosis Risk Assessment and User Guide</u> 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 <b>TB</b>: symptom review and TB testing.</p> <p>HCP with documented evidence of prior <b>TB</b>: 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 <b>TB</b>: 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 <b>TB</b>: 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 <b>TB</b> 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: <b>TB</b> 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>



## TB Screening, Testing and Treatment of Health Care Personnel in California March 2024

### 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](http://www.dir.ca.gov/dosh/consultation_offices.html).

The California Department of Public Health (CDPH), Center for Health Care Quality has provided guidance in All Facilities Letter 19-28 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-19-28.aspx>) for facilities to apply for program flexibility to deviate from the TB screening requirements in the Title 22 CCR. For questions regarding employee health assessments under Title 22, Contact **the Standards Interpretation Unit at [StandardsInterpretationUnit@cdph.ca.gov](mailto:StandardsInterpretationUnit@cdph.ca.gov)**.

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](mailto: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>