NEW YORK STATE OF OPPORTUNITY. Department of Health

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April 6, 2021

DAL: **DHCBS 21-05**
Subject: **TB Testing Clarification**

Dear Administrator:

On December 16, 2020, the Department adopted regulatory changes to 10 NYCRR 763.13, 766.11 and 794.3, and issued DAL DHCBS 20-14, "Annual TB Testing," which was followed by DAL DHCBS 21-03, "Frequently Asked Questions Regarding Annual TB Testing." The changes mark a shift from annual TB testing of employees to creation of a baseline for each employee that is accompanied by education and encouragement of employees with latent TB infection (LTBI) to seek treatment in order to prevent progression to active disease.

The Division of Home and Community Based Services (DHCBS) has received additional questions from home care providers as to how best to implement the changes, and this DAL is intended to clarify activities related to onboarding as well as treatment of existing personnel. This DAL also applies to Personal Assistants under the Consumer Directed Personal Assistance Program (CDPAP).

Onboarding

Baseline TB screening is required of all prospective employees and is done to rule out active TB before placing home care personnel on a case. The initial TB screening establishes the baseline for future tests in the event of new exposure or symptoms and is used to identify LTBI and offer treatment or consultation for treatment as appropriate.

Baseline TB screening involves the following:

1. Individual risk assessment – this assessment will include review of the following:
    - Birthplace/residence – temporary or permanent residence (for ≥1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe):
    - Current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone>15mg/day for ≥1 month) or other immunosuppressive medication;
    - Determination if the individual has had close contact with someone who has TB;
    - Documentation of prior TB tests, either a tuberculin skin test (TST) or an interferon-gamma release assay (IGRA) blood test and results if available;
    - History of TB, LTBI and treatment; and
    - Symptom review.

2. TB History – determination of previous TB or LTBI and treatment as well as results from prior tests if available.
3. Symptom review – productive cough for more than 3 weeks; coughing up blood; unexplained weight loss; fever, chills or drenching night sweats for no known reason; persistent shortness of breath; unexplained fatigue for more than 3 weeks; and chest pain.
4. Test for TB infection, either by interferon gamma release assay (IGRA) or tuberculin skin test (TST) for those without LTBI or TB disease.

A licensed practitioner (e.g., MD, RN, PA and NP) or qualified occupational health professional should complete the individual risk assessment and review the results with the individual. A sample questionnaire was included with DAL DHCBS 21-03. The individual risk assessment, including the TB history and symptom review is conducted by the licensed practitioner and documented. Providers are reminded that responses to TB screening questionnaires include protected personal information, and therefore must be kept confidential.

TB Testing

TB testing can be accomplished using an IGRA or TST, although it is recommended that IGRA be used as much as possible. Borderline, indeterminate, or invalid results will require retesting. Individuals who have completed baseline screening, including the first TST or IGRA TB test, can work without restriction if the test is negative. If an individual with a positive test has a repeat test that is negative and has no clinical symptoms of TB, they may be regarded as acceptable for hire; however, documentation (TB test results with signature of a licensed provider) must be produced.

IGRA:

- ***A single negative IGRA test done within the prior 12 months may be accepted.***

- Individuals with a positive IGRA should receive medical evaluation for TB, including symptom evaluation, a chest x-ray and other tests as indicated. Employers should have documentation of the chest x-ray in the employee's file along with documentation of treatment for LTBI or TB disease.

TST:

- If the individual has only one TST in the past 12 months, that test would be considered the first of the two-step process, the second step being the repeat TST test and it is ***recommended*** that this test be done three months prior to the first day of work. However, as previously indicated, individuals who have completed baseline screening, including the first TST or IGRA, can work without restriction if the test is negative.

- If an individual has not had a TB test within the last twelve months, or has never had a TB test and TST is being done for the first time, it is recommended that the second TST placement be repeated after 1-3 weeks to establish a baseline. The 1-3-week interval

placement is not a requirement and the second TST in the two-step process can be placed after that timeframe if using a TST that was placed within the last twelve months. ***Providers should take into consideration whether the prospective employee is in process of receiving COVID-19 vaccine which is described in the next section.***

- Individuals with a positive TST, should receive medical evaluation for TB, including symptom evaluation, a chest x-ray and other tests as indicated. Employers should have documentation of the chest x-ray in the employee's file along with documentation of treatment for LTBI or TB disease

An individual with LTBI is not infectious but if the individual has not had prior treatment, they should be strongly encouraged to complete treatment as they are at risk of developing active TB disease in the future. Employees who do not complete LTBI treatment should be monitored with annual symptom evaluation and education. This is important as conditions and medications (e.g., diabetes, cancer, tobacco use, and immune suppression from medications or aging) could substantially increase the risk of developing active TB.

Providers should use a consistent approach to use applicants' prior tests and the approach needs to be reflected in the organization's policies and procedures.

TB Testing and COVID-19 Vaccination

Deferring the second step of a TST test may be necessary when prospective employees are in the middle of a COVID vaccine series.

For prospective employees who require baseline TB testing at onboarding at the same time they are to receive a COVID-19 mRNA vaccine, the CDC recommends the following sequence:

- Perform TB symptom screening on all personnel;
- If using IGRA, draw blood prior to COVID-19 mRNA vaccination;
- If using TST, place prior to COVID-19 mRNA vaccination;
- If COVID-19 mRNA vaccination has already occurred, defer TST or IGRA testing until 4 weeks after completion of 2-dose COVID-19 mRNA vaccination.

For further guidance regarding COVID-19 vaccination and TB tests, refer to the CDC letter of January 7, 2021 https://www.cdc.gov/tb/publications/letters/covid19-mrna.html and to the CDC Covid-19 vaccine clinical considerations guidance https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html. Since the CDC updates information on a regular basis, continued reference to the CDC website is recommended as vaccination guidance may change as additional vaccines become available.

Further guidance and references for next steps for evaluation and treatment of LTBI and post-exposure can be found in the December 16, 2020 DAL DHCBS 20-14. Providers are **strongly advised** to review the recommendations from the American College of Occupational and Environmental Medicine: https://journals.lww.com/joem/Fulltext/2020/07000/Tuberculosis_Screening,_Testing,_and_Treatment_of.22.aspx. as this document provides screening assessment and educational tools as well as important guidance related to treatment of latent TB and other circumstances that need to be considered over the period of employment.

Annual Screening and Education

Those employees without LTBI should not undergo TB testing at any interval after baseline testing at time of onboarding unless there is known exposure or evidence of ongoing TB transmission. Routine serial screening may be considered for individuals at increased occupational risk such as personnel working in settings with documented transmission or who work in settings requiring serial testing (e.g., Assisted Living Programs). Organizational processes should be outlined in updated policies and procedures.

Providers are required to provide annual in-service education on TB, and it should include information on the treatment of LTBI, including the symptoms of active disease.

Annual TB education can be incorporated into in-service trainings or held separately.

Out of Country Travel by Employees

Personnel who risk exposure to active TB disease through travel of a month or more to a region of high incidence are recommended to undergo pre- and post-travel symptom screening. Post-travel screening should occur more than 8 weeks after returning and serial TB screening and testing may be warranted for employees who regularly visit these regions.

Exposure to TB

As home care workers have the potential of being exposed to TB through travel, living conditions and working in facilities, providers are again advised to carefully review the recommendations of the American College of Occupational and Environmental Medicine and establish a method for identifying potential exposure. Home care and hospice providers that regularly enter facilities in which there is the potential for exposure need to determine how they will assess the risk of transmission and whether or not they will adopt serial TB screening or testing in the face of specific indicators (e.g., settings in which there has been transmission, number of active cases). Policies and procedures must reflect organizational decisions regarding serial TB screening and testing.

Adult Homes and Enriched Housing Programs

Assisted Living Residences do not require annual TB testing but Adult Homes and Enriched Housing Programs are currently subject to annual testing until such time as Title 18 regulations may be updated.

Additional Questions

Questions about TB should be directed to the New York State Department of Health Bureau of Tuberculosis Control at tbcontrol@health.ny.gov.

Questions about employee or client screening should be directed to the unit which oversees a specific health setting. Home care and hospice questions should be sent to homecare@health.ny.gov, questions regarding Adult Care Facilities (ACFs) and Assisted Living Programs should be sent to acf@health.ny.gov and questions regarding Nursing Facilities should be sent to nh@health.ny.gov. Questions regarding CDPAP should be sent to consumerdirected@health.ny.gov .

Sincerely,

Carol A Rodat

Carol A. Rodat
Director
Division of Home and Community Based Services