

Chapter 59 – Tuberculosis (TB) Screening

This checklist may be utilized to assure that you are complying with the State of Iowa Administrative Code Chapter 59.

Y	N	Rule/Code Section	Criteria
		481-59.1 (135b, 135c) Purpose.	The intent of this chapter is to outline requirements and procedures to conduct tuberculosis screening for health care workers in health care facilities and hospitals and for residents of health care facilities.
		481-59.3	TB risk assessment
		59.3(1)	Annually, a health care facility or hospital shall conduct a TB risk assessment to evaluate the risk for transmission of <i>M. tuberculosis</i> , regardless of whether a person with suspected or confirmed TB disease is expected to be encountered in the facility or hospital. The TB risk assessment shall be utilized to determine the types of administrative, environmental, and respiratory protection controls needed and serves as an ongoing evaluation tool of the quality of TB infection control and for the identification of needed improvements in infection control measures.
		59.3(2)	The TB risk assessment shall include the number of persons with infectious TB encountered in the facility or hospital that resulted in the facility's or hospital's conducting a contact investigation of exposed HCW's or patients during the previous 12 months.
		59.3(3)	TB cases include persons who had undiagnosed infectious pulmonary or laryngeal TB while in the facility or hospital during the preceding year. This does not include persons with LTBI (treated or untreated), persons with extrapulmonary TB disease, or persons with pulmonary and laryngeal TB who have met criteria for noninfectiousness.
		481-59.4 (135B, 135C) Health care facility or hospital risk classification.	The infection control team or designated staff in a health care facility or a hospital is responsible for determining the type of risk classification. The facility's or hospital's risk classification is used to determine frequency of serial TB screening. The facility or hospital risk classification may change due to an increase or decrease in the number of TB cases during the preceding year. The following criteria are consistent with those of the Centers for Disease Control and Prevention (CDC), TB Elimination Division, as outlined in the MMWR December 30, 2005/Vol.54/No.RR-17, "Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, 2005"
		59.4(1)	Type of Risk Classification
		59.4(1)a	" Low Risk " means that a facility or hospital is one in which persons with active TB disease are not expected to be encountered and in which exposure to TB is unlikely.
		59.4(2)	Classification criteria-low risk. a. Inpatient settings with 200 beds or more. If a facility or hospital has fewer than six TB patients for the preceding year, the facility or hospital shall be classified as low risk. b. Inpatient settings with fewer than 200 beds. If facility or hospital has fewer than three TB patients for the preceding year, the facility or hospital shall be classified as low risk.
		59.6(1)	Health care facilities or hospitals classified as low risk. After establishing baseline TB screening for HCWs, serial TB screening of HCW's is not necessary for health care facilities or hospitals classified as low risk.
		59.7(1)	HCWs transferring from a low-risk health care facility or hospital to another low-risk health care facility or hospital. HCWs with documentation of baseline TB screening who are transferring from a low-risk health care facility or hospital to another low-risk health care facility or hospital do not need to repeat baseline TB screening if the time frame between employment from one facility or hospital to another does not exceed 90 days. If the time frame between employment from one facility or hospital to another exceeds 90 days, baseline TB screening shall be restarted for an HCW with a previous negative test result and a TB symptom screen shall be performed for an HCW with a previous positive TB test result in accordance with 59.5(5).

		59.7(2)	HCWs transferring from a low-risk health care facility or hospital to a medium-risk health care facility or hospital. HCWs with documentation of baseline TB screening who are transferring from a low-risk health care facility or hospital to a medium-risk health care facility or hospital do not need to repeat baseline TB screening if the time frame between employment from one facility or hospital to another does not exceed 90 days. If the time frame between employment from one facility or hospital to another exceeds 90 days, baseline TB screening shall be restarted for an HCW with a previous negative test result and a TB symptom screen shall be performed for an HCW with a previous positive TB test result in accordance with 59.5(5).
		59.7(3)	HCWs transferring from a low-or medium-risk health care facility or hospital to a health care facility or hospital classified as potential ongoing transmission. HCWs with documentation of baseline TB screening who are transferring to a potential ongoing risk health care facility or hospital does not need to repeat baseline TB screening if the time frame between employment from one facility to another does not exceed 90 days. If the time frame between employment from one facility to another exceeds 90 days, baseline TB screening shall be restarted for an HCW with a previous negative test result and a TB symptom screen shall be performed for an HCW with a previous positive TB test result in accordance with 59.5(5).
		59.4(1)b	“Medium Risk” means that a facility or hospital is one in which healthcare workers will or might be exposed to persons with active TB disease or to clinical specimens that might contain M. tuberculosis.
		59.4(3)	Classification criteria – medium risk. a. Inpatient settings with 200 beds or more. If a facility has six or more TB patients for the preceding year, the facility or hospital shall be classified as a medium risk. Inpatient settings with fewer than 200 beds. If a facility or hospital has three or more TB patients for the
		59.6(2)	Health care facilities or hospitals classified as medium risk. a. After establishing baseline TB screening, HCWs in health care facilities or hospitals classified as a medium risk shall receive serial TB screening annually. However, an HCW with a previous positive TB test result shall only receive annual TB symptom screening in accordance with 59.5(5). b. An HCW with a baseline positive or new positive test result for M. tuberculosis infection or documentation of previous treatment for LTBI or TB disease shall receive one chest radiograph result to exclude TB disease. Instead of participating in serial testing, HCWs should receive a symptom screen annually. This screen should be accomplished by educating HCWs about symptoms of TB disease and instructing HCWs to report any such symptoms immediately to the occupational health unit. Treatment for LTBI should be considered in accordance with CDC guidelines.
		59.7(4)	HCWs transferring from a medium-risk health care facility or hospital to a low-risk health care facility or hospital. a. An HCW who is transferring from a medium-risk health care facility or hospital to a low-risk health care facility or hospital and whose previous TB test result was negative shall receive a symptom screen and a single TST or IGRA upon employment if the time frame between employment from one facility to another does not exceed 90 days. If the time frame between employment from one facility or hospital to another exceeds 90 days, baseline TB screening shall be restarted. b. An HCW who is transferring from a medium-risk health care facility or hospital to a low-risk health care facility or hospital who previous TB result was positive shall receive a symptom screen upon employment in accordance with 59.5(5).
		59.4(1)c	“Potential ongoing transmission” means that a facility or hospital is one in which there is evidence of person-to-person transmission of M. tuberculosis. This classification is a temporary classification. If it is determined that this classification applies to a facility or hospital, the facility or hospital shall consult with the department of public health's TB control program.
		59.4(4)	Classification criteria – potential ongoing transmission. If evidence of ongoing M. tuberculosis transmission exists at a facility or hospital, the facility or hospital shall be classified as potential, ongoing transmission, regardless of the facility's or hospital's previous classification.
		59.6(3)	Health care facilities or hospitals classified as potential ongoing transmission. HCWs in facilities or hospitals classified as potential ongoing transmission shall receive serial TB screening every eight to ten weeks until lapses in infection control have been corrected and no additional evidence of ongoing transmission is apparent. However, an HCW with a previous positive TB test

			result shall only receive TB symptom screening in accordance with 595(5). The potential for ongoing transmission classification should be used only as a temporary classification. This classification warrants immediate investigation and corrective steps. After a determination that ongoing transmission has ceased, the setting shall be reclassified as a medium risk for a minimum of one year.
		59.7(5)	<p><i>HCWs transferring from a health care facility or hospital classified as potential ongoing transmission to a low- or medium-risk health care facility or hospital.</i></p> <p>a. An HCW who is transferring from a health care facility or hospital classified as potential ongoing transmission to a low- or medium-risk health care facility or hospital and whose previous TB test result was negative shall receive a symptom screen and a single TST or IGRA upon employment if the time frame between employment from one facility to another does not exceed 90 days. IF the time frame between employment from one facility or hospital to another exceeds 90 days, baseline TB screening shall be restarted.</p> <p>b. An HCW who is transferring from a health care facility or hospital classified as potential ongoing transmission to a low- or medium risk health care facility or hospital and whose previous TB test result was positive shall receive a symptom screen upon employment in accordance with 59.5(5).</p>
481-59.5 (135B, 135C) Baseline TB screening procedures for health care facilities and hospitals.			
		59.5(1)	<p>All HCWs shall receive baseline TB screening upon employment. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) testing using the two-step TST procedure or a single IGRA to screen for infection with M. tuberculosis. IF the first-step TST result is negative, the second stage of the two-step TST is recommended one to three weeks after the first TST result was read. Administration of the second stage of the two-step TST shall not exceed 12 months after the first TST result was read. If initiation of the second stage of the two-step TST is greater than 12 months from when the first TST result was read, the two-step procedure must be restarted. If the first-step TST result is positive, it is not necessary to perform the second stage of the two-step TST.</p> <ul style="list-style-type: none"> • If a HCW has not completed a COVID-19 vaccine series previously, TB testing should occur at the same time as the initiation of the COVID-19 vaccine. (for placement of TST or drawing blood for IGRA). (CDC Guidance) • If a HCW has received 1 or more doses of a COVID-19 vaccine, TB testing should be deferred until 4 weeks post vaccine series. (series indicating 4 weeks following single dose vaccine or 4 weeks following 2nd dose of 2 dose vaccine. (CDC Guidance) • If a HCW is being tested for other reasons besides onboarding, the facility (possibly in conjunction with the facility medical director) should outweigh the risks and benefits of delaying TST/IGRA). (CDC Guidance) • TB screening for symptoms should be completed on all new employees regardless of vaccination status. (CDC Guidance)
		59.5(2)	An HCW may begin working with patients or residents after a negative TB symptom screen (i.e. no symptoms of active TB disease) and a negative TST (i.e. first step) or negative IGRA. The second TST may be performed after the HCW starts working with patients or residents.
		59.5(3)	An HCW with a new positive test result for M. tuberculosis infection (i.e. TST or IGRA) shall receive one chest radiograph result to exclude TB disease. Repeat radiographs are not needed unless signs or symptoms of TB disease develop or unless a repeat radiograph is recommended by a clinician. Treatment for LTBI should be considered in accordance with CDC guidelines.
		59.5(4)	An HCW with documentation of past positive test results (i.e. TST or IGRA) and documentation of the results of a chest radiograph indicating no active disease, dated after the date of the positive TST or IGRA test result, does not need another chest radiograph at the time of hire.
		59.5(5)	TB, TST or IGRA tests for M. tuberculosis infection do not need to be performed for HCWs with a documented history of TB disease, documented previously positive test result for M. tuberculosis infection, or documented completion of treatment for LTBI or TB disease. A TB symptom screen and documentation of a previously positive test result for M. tuberculosis infection can be substituted for a baseline test result if the documentation includes a recorded TST result in millimeters or IGRA result. All other HCWs should undergo baseline testing for M. tuberculosis infection to ensure that the test result on record in the setting has been performed or measured using the recommended diagnostic procedures.

		59.5(6)	Previous BCG vaccination is not a contraindication to having an IGRA, a TST or a two step skin testing administered. HCWs with previous BCG vaccination should receive baseline and serial testing in the same manner as those without BCG vaccination. Evaluation of TST reactions in persons BC-vaccinated should be interpreted using the same criteria for those not BCG-vaccinated. An HCWs history of BCG vaccination should be disregarded when administering and interpreting TST results. Prior BCG vaccination does not cause a false-positive IGRA test result.
481-59.8 (135B, 135C) Baseline TB screening procedures for residents of health care facilities.			
		59.8(1)	<p>Baseline TB screening is a formal procedure to evaluate residents for LTBI and TB disease. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease, and (2) using the two-step TST procedure or a single IGRA to screen for infection with M. tuberculosis. If the first-step TST result is negative, the second stage of the two-step TST is recommended one to three weeks after the first TST result was read. Administration of the second stage of the two-step TST shall not exceed 12 months after the first TST result was read. If the second stage of the two-step TST is greater than 12 months from when the first TST result was read, the two-step procedure must be restarted. If the first-step TST result is positive, it is not necessary to perform the second stage of the two-step TST.</p> <ul style="list-style-type: none"> • If a resident has not completed a COVID-19 vaccine series previously, TB testing should occur at the same time as the initiation of the COVID-19 vaccine. (for placement of TST or drawing blood for IGRA). (CDC Guidance) • If a resident has received 1 or more doses of a COVID-19 vaccine, TB testing should be deferred until 4 weeks post vaccine series. (series indicating 4 weeks following single dose vaccine or 4 weeks following 2nd dose of 2 dose vaccine. (CDC Guidance) • If a resident is being tested for other reasons besides onboarding, the facility (possibly in conjunction with the facility medical director and/or residents PCP) should outweigh the risks and benefits of delaying TST/IGRA). (CDC Guidance) • TB screening for symptoms should be completed on all new residents regardless of vaccination status. (CDC Guidance)
		59.8(2)	All residents shall be assessed for current symptoms of active TB disease upon admission. Within 72 hours of a resident's admission, baseline TB screening for infection shall be initiated unless baseline TB screening occurred within 90 days prior to the resident's admission.
		59.8(3)	A resident with a new positive test result for M. tuberculosis infection (i.e. TST or IGRA) shall receive one chest radiograph result to exclude TB disease. Repeat radiographs are not needed unless signs or symptoms of TB disease develop or unless a repeat radiograph is recommended by a clinician.
		59.8(4)	Residents with documentation of past positive test results (i.e. TST or IGRA) and documentation of the results of a chest radiograph indicating no active disease, dated after the date of the positive TST or IGRA test result, do not need another chest radiograph at the time of admission.
		59.8(5)	TB, TST or IGRA tests for M. tuberculosis infection do not need to be performed for residents with a documented history of TB disease, documented previously positive test result for M. tuberculosis infection, or documented completion of treatment for LTBI or TB disease. Documentation of a previously positive test result for M. tuberculosis infection can be substituted for a baseline test result if the documentation includes a recorded TST result in millimeters or IGRA result, including the concentration of cytokine measured (e.g. IFN-g). All other residents should undergo baseline testing for M. tuberculosis infection to ensure that the test result on record in the setting has been performed and measured using the recommended diagnostic procedures.
		59.9	Serial TB screening procedures for residents in healthcare facilities. After baseline TB screening is accomplished, serial TB screening of residents is not recommended.
		59.10	Performance of screening and testing. Any nurse licensed in Iowa and properly trained to screen for TB and perform TB testing may screen for TB and perform TB testing.

Quality Assurance Review:

1. Check yes/no above if your TB screening policies and procedure contain each element in the rules.
2. Review employee health records for evidence of baseline TB screening on hire.
3. Review employee health records for appropriate baseline TB skin test or IGRA testing. If positive noted was a chest radiograph completed?
4. Assure procedures are in place and completeness of annual TB risk assessment. If indicated is serial symptom screening and/or TST or IGRA testing being completed?

5. Review resident records for completion of baseline symptom screening on admit/readmit.
6. Review resident records for completion of baseline TST or IGRA testing. If positive noted was a chest radiograph completed?

Additional Resources:

Link to IAC 481-59: [08-29-2018.481.59.pdf \(iowa.gov\)](#)

Link to CDC guidance on baseline TB testing and COVID-19 vaccines (notated in red throughout the document) [TB Tests and mRNA COVID-19 Vaccines | Dear Colleague Letters | TB | CDC](#)

Developed 3/31/21