TB Risk Classification

Risk Classification	Need for Testing	Frequency of Testing
Low risk	Should be used for settings in which persons with TB disease are **not** expected to be encountered.	Exposure to *M. tuberculosis* in these settings is unlikely, and further testing is **not** needed unless exposure has occurred.
Medium risk	Should be used for facilities in which the risk assessment has determined that HCWs will possibly be exposed to persons with TB disease.	Repeat testing should be done annually.
Potential ongoing transmission	Should be temporarily assigned to any setting where there is evidence of person-to-person transmission of *M. tuberculosis* in the past year.	Testing should be repeated every 8 to 10 weeks until there is **no** evidence of ongoing transmission.

Risk classifications for various health-care settings and recommended frequency of screening for *Mycobacterium tuberculosis* infection among health-care workers

Risk classifications for various health-care settings and recommended frequency of screening for *Mycobacterium tuberculosis* infection among health-care workers (HCWs)*

Risk classification†

Setting	Low risk	Medium risk	Potential ongoing transmission§
Inpatient <200 beds	<3 TB patients/year	≥3 TB patients/year	Evidence of ongoing *M. tuberculosis* transmission, regardless of setting
Inpatient ≥200 beds	<6 TB patients/year	≥6 TB patients/year	
Outpatient; and nontraditional facility-based	<3 TB patients/year	≥3 TB patients/year	
TB treatment facilities	Settings in which • persons who will be treated have latent TB infection (LTBI) and not TB disease • a system is in place to promptly detect and triage persons who have signs or symptoms of TB disease to a setting in which persons with TB disease are treated • no cough-inducing or aerosol-generating procedures are performed	Settings in which • persons with TB disease are encountered • criteria for low risk are not otherwise met	
Laboratories	Laboratories in which clinical specimens that might contain *M. tuberculosis* are not manipulated	Laboratories in which clinical specimens that might contain *M. tuberculosis* might be manipulated	
Recommendations for Screening Frequency			
Baseline two-step TST or one BAMT¶	Yes, for all HCWs upon hire	Yes, for all HCWs upon hire	Yes, for all HCWs upon hire

Serial TST or BAMT screening of HCWs	No**	At least every 12 months††	As needed in the investigation of potential ongoing transmission§§
TST or BAMT for HCWs upon unprotected exposure to *M. tuberculosis*	Perform a contact investigation (i.e., administer one TST or BAMT as soon as possible at the time of exposure, and, if the result is negative, give a second test [TST or BAMT, whichever was used for the first test] 8–10 weeks after the end of exposure to *M. tuberculosis*)¶¶		

* The term Health-care workers (HCWs) refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to *M. tuberculosis* through air space shared with persons with TB disease.

† Settings that serve communities with a high incidence of TB disease or that treat populations at high risk (e.g., those with human immunodeficiency virus infection or other immunocompromising conditions) or that treat patients with drug-resistant TB disease might need to be classified as medium risk, even if they meet the low-risk criteria.

§ A classification of potential ongoing transmission should be applied to a specific group of HCWs or to a specific area of the health-care setting in which evidence of ongoing transmission is apparent, if such a group or area can be identified. Otherwise, a classification of potential ongoing transmission should be applied to the entire setting. This classification should be temporary and warrants immediate investigation and corrective steps after a determination has been made that ongoing transmission has ceased. The setting should be reclassified as medium risk, and the recommended timeframe for this medium risk classification is at least 1 year.

¶ All HCWs upon hire should have a documented baseline two-step tuberculin skin test (TST) or one blood assay for *M. tuberculosis* (BAMT) result at each new health-care setting, even if the setting is determined to be low risk. In certain settings, a choice might be made to not perform baseline TB screening or serial TB screening for HCWs who 1) will never be in contact with or have shared air space with patients who have TB disease (e.g., telephone operators who work in a separate building from patients) or 2) will never be in contact with clinical specimens that might contain *M. tuberculosis*. Establishment of a reliable baseline result can be beneficial if subsequent screening is needed after an unexpected exposure to *M. tuberculosis*.

** HCWs in settings classified as low risk do not need to be included in the serial TB screening program.

†† The frequency of screening for infection with *M. tuberculosis* will be determined by the risk assessment for the setting and determined by the Infection Control team.

§§ During an investigation of potential ongoing transmission of *M. tuberculosis*, testing for *M. tuberculosis* infection should be performed every 8–10 weeks until a determination has been made that ongoing transmission has ceased. Then the setting should be reclassified as medium risk for at least 1 year.

¶¶ Procedures for contact investigations should not be confused with two-step TSTs, which are used for baseline TST results for newly hired HCWs.

From :CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health- care settings, 2005. *MMWR* 2005; 54 (No. RR-17). http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

Summary of updates to TB Screening, Testing, and Treatment Recommendations of U.S. Health Care Personnel

Summary of updates to TB Screening, Testing, and Treatment Recommendations of U.S. Health Care Personnel

	2005 Recommendations	2019 Recommendations — Key Changes
Screening	Recommended for all health care personnel pre-placement/upon hire* Annual screening may be recommended based on risk assessment of health care facility and setting	Individual baseline TB risk assessment added Annual TB screening no longer routinely recommended for most health care personnel unless occupational risk or ongoing exposure
Post-exposure testing	Recommended IGRA or TST test for all health care personnel when an exposure is recognized* If that test is negative, do another test 8–10 weeks after the last exposure*	No change
Treatment of positive TB test	Referral to determine whether latent TB infection (LTBI) treatment is indicated	Treatment is encouraged for all health care personnel with untreated LTBI Shorter course (3 to 4 month) treatments encouraged over the longer (6 or 9 month) regimens because they are easier to complete
TB education	Recommended annually for all health care personnel*	Annual education should include information about TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures

*No change in the 2019 recommendations