TUBERCULOSIS (TB)
SCREENING AND TESTING

Tuberculosis (TB) is a contagious infectious disease caused by the bacteria *Mycobacterium tuberculosis* which is a slow-growing bacteria that grow best in areas of the body that have an abundance of blood and oxygen. For that reason, it is most often found in the lungs. TB can damage a person's lungs or other parts of the body and cause serious illness. TB is spread through the air when a person with TB disease in the lungs coughs, sneezes or speaks, sending germs into the air.

In British Columbia, there are more than 300 new cases of TB disease per year. Maintaining appropriate awareness of TB among health care professionals is critical to reducing transmission and initiating early prevention and treatment. Screening refers to a process that attempts to discover conditions suitable for early preventative or curative measures. The goal is to prevent transmission of TB to staff and persons in care. The TB Control Manual can be found on the Ministry of Health/British Columbia Center for Disease Control website: [http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis)

**LICENSED CHILD CARE FACILITIES:**

Routine tuberculosis screening is generally not recommended for employees of, or those parents ordinarily present at licensed child care facilities except those working in facilities located in aboriginal communities.

A review of provincial TB cases shows that no child had been infected as a result of exposure to a child care worker in non-Aboriginal communities in BC within the last ten years. Screening of child care employees is logistically difficult and can be costly due to the large turnover of employees. Historically, high rates of latent TB infection and active TB disease in First Nations communities have created an environment at increased risk for the development and transmission of TB. The incidence of TB disease in First Nations communities is far greater than that of Canadian-born/non-Aboriginal persons. These recommendations can be changed at the discretion of the local Medical Health Officer depending on local circumstances.

**LICENSED ADULT RESIDENTIAL CARE FACILITIES:**

All persons being admitted to a licensed community care facility and employees of these facilities should be assessed for their risk of tuberculosis by a health care professional and that health care professional must document the screening process (some exceptions apply*). Screening is the assessment of risk. The Medical Health Officer may make alternative policy decisions based on local disease incidence and prevalence subject to approval of the Director of Tuberculosis Control.

Screening is done to minimize the risk of spreading active TB disease as residents in care facilities tend to remain for long periods of time in an environment which would pose a risk to both the staff and the other residents. Preventing a case of TB from spreading within a facility reduces the need for extensive contact tracing and keeps others healthy.

[http://viha.ca/mho/](http://viha.ca/mho/)
<table>
<thead>
<tr>
<th>Tuberculin Skin Test (TST)</th>
<th>Chest X-Ray (CXR) &amp; Referral to TB Services</th>
<th>Symptom &amp; Risk Factor Inquiry</th>
<th>Submit Three Sputum Specimens for TB Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents: Complete prior to admission (May be done within 1 month prior to admission if not symptomatic) <em>See exceptions below</em></td>
<td>YES for residents less than 60 years of age</td>
<td>YES</td>
<td>YES If abnormal CXR (if done), or symptomatic, or HIV infection and TST result 5mm or greater (current or historical)</td>
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<tr>
<td>New Employees: (applies to all employees of Adult Residential Care Facilities including Detox Centres &amp; Residential Drug &amp; Alcohol Treatment Programs): Upon starting employment or at the discretion of the employer/institution</td>
<td>YES</td>
<td>YES, if symptomatic, or TST contraindicated, or TST result &gt;10 mm, or immune compromised</td>
<td>YES</td>
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**Exceptions in Licensed Adult Residential Care Facilities**:  

1. **Exclusions:**

   **Exclusions for Residents:**  
   Where there is difficulty arranging a chest radiograph at the time of admission, the following are acceptable:  
   - A normal chest radiograph completed within one year preceding admission for asymptomatic clients.

   **Exclusions for Employees:**  
   - Normal CXR in the past 6 months  
   - Pregnant employees should have CXR following delivery. Contact TB Control if symptomatic

   **Exclusion for Tuberculin Skin Test (TST) (Employees and Residents):**  
   - Previous TB  
   - History of anaphylaxis or severe reaction to TST  
   - Documented previous positive TST
2. **Employees Rejoining a Facility, Coming from another Facility or Without Documentation:**

The following employees of licensed adult residential care facilities should be screened for tuberculosis as follows:

- Employees rejoining the staff within a period of two years, or new employees who have worked in another licensed care facility, who have complete documentation of the results of all previous tuberculosis screening done by a health unit or by the TB Clinic, need not have this test repeated unless there has been known contact in the interval with active tuberculosis; and

- All current employees who have no documentation of a tuberculin test or other tuberculosis screening (i.e. CXR).

3. **Retesting:**

- No routine retesting of residents is required unless specifically recommended by the TB Clinic/Infection Control.

- On occasion, routine retesting of employees by a facility may be done for an exceptional reason, in consultation with the local health unit/department/TB Clinic.

4. **Recordkeeping:**

- All records and chest x-ray reports should be kept for as long as the client is a resident of the facility or as long as the individual is an employee of the facility. Screening results for all persons and all employees in care should be available to be reviewed by Licensing staff.

5. **Group Homes:**

- All licensed group home screening should be based on contact tracing of active cases. Routine screening is not required. (For the purposes of this Infosheet, “licensed group home” is defined as the residential service types of Community Living and Hospice as set out in the Residential Care Regulation (RCR).)

6. **Respite Clients:**

- Respite clients should be considered as if they are being received into full-time care before their first admission, i.e. a chest X-ray is required prior to admission. Results should stay with the chart/client’s admission record for future admissions. **Exception:** A chest x-ray should be done before a repeat admission for respite clients, if the client is ill with a respiratory infection at admission, OR if there is known exposure to TB between admissions or transfer.

7. **Transfers from Other Residential Care Facilities:**

- If a person in care is transferring between residential care facilities and has continuously been in care, whether in a licensed or unlicensed facility, and screening was completed prior to that person’s admission to the transferring facility, repeat screening (including a chest x-ray) is not required prior to admission to the next facility. Results should stay with the chart/client’s admission record to the facility receiving the transfer. **Exception:** A chest x-ray should be done before a transfer to another residential care facility, if the client is ill with a respiratory infection at admission, OR if there is known exposure to TB between admissions or transfer.
8. Detox and Residential Treatment Centres:

- The goal is to identify and treat individuals with active TB disease and prevent transmission to a vulnerable population in group settings. Detox facilities are often short stay settings. Thus, TB Control does not recommend TB skin testing as it requires a reading 48 to 72 hours after initial planting and only indicates infection as opposed to active disease. Chest X-rays (CXR), sputum collection and symptom assessment are more valuable tools in ruling out active disease which is the goal in screening for admission to detox and treatment centers.

<table>
<thead>
<tr>
<th>Residents and Timeframe for Initiating TB Screening</th>
<th>Tuberculin Skin Test (TST)</th>
<th>Chest X-Ray (CXR) and Referral to TB Services</th>
<th>Symptom and Risk Factor Inquiry</th>
<th>Submit Three Sputum Specimens for TB Testing (Collect 1 specimen immediately, then 2 additional on the following 2 days)</th>
</tr>
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<tr>
<td>Entering Detox and/or Residential Drug &amp; Alcohol Treatment Programs: Complete prior to or following entry to facility if not symptomatic</td>
<td>If client likely to return for TST read</td>
<td>If client is unlikely to return for TST read, or symptomatic, or TST is contraindicated, or TST result &gt;10 mm, or immune compromised</td>
<td>Yes</td>
<td>Symptomatic, or abnormal chest x-ray (if done), or HIV infection and TST result 5 mm or greater (current or historical)</td>
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9. Records for Residents Are Missing:

- It may be that residents were screened and/or tested at one time, but that the records no longer exist at some facilities. If the records are “missing or lost”, the facility should discuss with the physician for the person in care*, or should arrange to have affected residents screened for TB. If a facility has no record of either TB screening or testing for a person in care, they are in non-compliance with the RCR. Note: Records may be available through the physician/health unit/TB clinic depending on how long ago the screening occurred, but it is possible that to be in compliance with the legislation, the facility might have to arrange for screening for a person in care. A resident who is completely unable to provide a CXR might need to be considered on a case by case basis for symptom inquiry only. Please consult with your Licensing Officer.

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<thead>
<tr>
<th>South</th>
<th>Central</th>
<th>Courtenay</th>
<th>North</th>
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<tbody>
<tr>
<td>Victoria</td>
<td>Nanaimo</td>
<td>Courtenay</td>
<td>Campbell River</td>
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<tr>
<td>201 – 771 Vernon Avenue</td>
<td>29 – 1925 Bowen Road</td>
<td>355 – 11th Street</td>
<td>200 – 1100 Island Highway</td>
</tr>
<tr>
<td>Victoria, BC V8X 5A7</td>
<td>Nanaimo, BC V9S 1H1</td>
<td>Courtenay, BC V9N 1S4</td>
<td>Campbell River, BC V9W 8C6</td>
</tr>
<tr>
<td>Ph: 250.519.3401</td>
<td>Ph: 250.739.5800</td>
<td>Ph: 250.331.8620</td>
<td>Ph: 250.850.2110</td>
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<tr>
<td>Fax: 250.519.3402</td>
<td>Fax: 250.740.2675</td>
<td>Fax: 250.331.8596</td>
<td>Fax: 250.850.2455</td>
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