June 6th, 2019

Dear colleague:

I hope this message finds you well. I am reaching out in my role as the Tuberculosis Controller for the DC Department of Health.

As you may be aware, the National Tuberculosis Controllers Association and the Centers for Disease Control and Prevention published new guidelines on May 17th, 2019 regarding tuberculosis (TB) screening, testing and treatment of health care personnel (HCP). This document updates guidelines published in 2005. These new guidelines affect hospital personnel through the District of Columbia Municipal Regulations for Hospital Personnel and Operations Title 22, Chapter B20, Section 17, Subsection 3.

These new guidelines specify the following:

- All health care personnel should receive a preplacement (prior to active status) screening consisting of the following:
  - Tuberculosis risk assessment,
  - Tuberculosis symptom evaluation,
  - Tuberculosis testing either through an intradermal tuberculin skin test or a blood-based interferon gamma release assay.

- All health care personnel should receive post-exposure screening and testing after known exposure to a person with potentially infectious TB disease without use of adequate personal protection.

- Serial tuberculosis screening and testing is not recommended for those without known exposure, evidence of ongoing TB transmission, or high occupational risk.
  - Individualized institutional determinations for serial screenings can occur based on number of patients encountered with infectious pulmonary TB, presence of airborne isolation for active cases, or evidence of ongoing TB transmission within a facility.

- All health care facilities should educate HCP about TB annually including risk factors, signs, and symptoms.

- HCP with new positive test results should undergo a symptom screen and a chest radiograph to evaluate for TB disease and be offered treatment for latent tuberculosis if no evidence of active disease.
  - If refusing treatment, HCP with positive tests results should be monitored with an annual symptom screen, and have a discussion about risks and benefits of LTBI treatment.

Please note that these guidelines do not affect current local regulations regarding reporting of active or suspected tuberculosis which must be done within 48 hours of diagnosis or the appearance of symptoms per Title 22, Chapter 22-B2. We encourage you to use our online case-report form available at the following address: https://redcap.doh.dc.gov/surveys/index.php/surveys/?s=7KLXPD3PD9

To assist with implementation of these new guidelines, we have developed a short presentation regarding the guidelines which will be available online at: https://docs.google.com/presentation/d/1LPQF7V1ojK_1oRGidRtB3-HRxKfhQoXantzAytwfLA/edit?usp=sharing. In addition, I will be outreaching to Infection Control Professionals in the local area to provide this presentation and discuss further questions in person over the summer.

We have developed a sample tuberculosis preplacement screening form, which includes a tuberculosis risk assessment and symptom screening form to assist occupational health staff in their assessments. These are guides and may be altered or changed to suit institutional needs. These are available on our website https://dchealth.dc.gov/service/tuberculosis-and-chest-clinic and are attached below.
Furthermore, we recommend that for further information regarding these changes you visit the CDC’s official website (https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm) which has additional educational materials. The CDC has additionally developed a comprehensive Frequently Asked Questions website regarding the new changes at the following website (https://www.cdc.gov/tb/topic/infectioncontrol/healthcarepersonnel-faq.htm). These materials are also available on our website.

Please contact the Tuberculosis Control Division if you have questions. We can be reached at 202-698-4040, Monday to Friday between the hours of 8:15am to 4:45pm.

I am also available at the below number if there are any additional questions.

Sincerely,

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202-770-9983