**Appendix 5. Risk Classifications for Health Care Settings and Recommended Frequency of Screening for Mycobacterium Tuberculosis Infection among Health Care Personnel (HCP)**

Adapted from 2005 MMWR CDC Guidelines, Appendix C

Updated to Reflect 2019 MMWR CDC/NTCA Recommendations

(changes are in **bold underlined text**)1,2

|  |  |
| --- | --- |
|  | **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 facilities | <3 TB patients/year | >3 TB patients/year |
| TB treatment facilities | Settings in which:* persons who will be treated have been demonstrated to 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* are manipulated |

**Recommended Frequency of Screening for Mycobacterium Tuberculosis Infection among Health Care Personnel (HCP)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Setting** | **Low risk** | **Medium risk** | **Potential ongoing transmission#** |
| Baseline two-step TST or one BAMT/IGRAP | Yes, for all HCP\* on hire | Yes, for all HCP on hire | Yes, for all HCP on hire |
| Serial TST or BAMT/IGRA | No\*\* | **No**\*\* | As needed in the investigation of potential ongoing transmission$$  |
| TST or BAMT/IGRA for HCP upon unprotected exposure to *M. tuberculosis++* | Perform a contact investigation (ie, administer one TST or BAMT/IGRA as soon as possible at the time of exposure and, if the result is negative, give a 2nd test [TST or BAMT/IGRA, whichever was used for the 1st test] 8-10 weeks after the end of exposure to *M. tuberculosisPP* |

\*The term health care personnel (HCP) refers to all paid and unpaid persons working in health care settings who have 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 (eg, 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 HCP 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.

PAll HCP should have a documented baseline two-step TST or blood assay (IGRA) **at hire**.

\*\*HCP in settings classified as low **or medium risk** do not need to be included in the serial testing program.

$$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.

PPProcedures for contact investigations should not be confused with two-step TSTs that are used for baseline TST results for newly hired HCP.

**++HCP who have unprotected exposure with confirmed active TB multiple times a year should be evaluated for potential ongoing transmission and considered for inclusion in serial testing until improved infection control procedures and environmental protections are in place.**