

Appendix C—Adult Tuberculosis Screening Tool for Workers Exposed to Respirable Crystalline Silica. Non-mandatory

Screening is the identification of those individuals—among a group with unknown disease status—who are likely to have a given medical condition. Because exposure to respirable crystalline silica increases the risk of developing active tuberculosis (TB) disease in workers who have latent TB infection, this standard requires that the physician or other licensed health care professional (PLHCP) conduct TB screening as part of both initial (baseline) and periodic examinations.

Persons undergoing TB screening do not necessarily require testing for latent TB infection:

- The PLHCP must offer testing for latent TB infection as part of initial (baseline) examinations.
- The PLHCP has discretion whether to offer testing for latent TB infection as part of periodic examinations.

The following TB screening tool is designed to help the PLHCP identify

- workers who should undergo comprehensive evaluation for active TB disease, (**section 1**) and
- workers who should receive testing for latent TB infection. (**section 2**)

As a decision aid for the PLHCP, this tool does not supersede the PLHCP's determination of which additional tests are offered to an employee under the medical surveillance section of Chapter 296-840 WAC, beyond those tests the standard requires. The employee medical information gathered using the screening tool is confidential and cannot be included in the written medical opinion for employers. Section 4 of Appendix B contains additional considerations on confidentiality under the medical surveillance section of Chapter 296-840 WAC.

The complete medical surveillance requirements for examinations and procedures under this chapter are described in WAC 296-840-145.



Adult Tuberculosis Screening Tool for Workers Exposed to Respirable Crystalline Silica

Provider's Name
Assessment Date

Patient's Name
Date of Birth

For use in meeting medical surveillance requirements per WAC 296-840-145.

This tool is designed to help providers identify:

- Adult workers who should undergo comprehensive evaluation for **active** tuberculosis (TB) disease (**Section 1**), *AND*
- Adult workers who should receive testing for **latent** TB (**Section 2**).

Section 1 — Symptom Screen for Active TB Disease

Workers who have any of the following symptoms may require further evaluation for active TB disease. This tool is intended to be an adjunct to clinical evaluation and is not a substitute for exercising sound clinical judgement. Responses should be considered in clinical context and should not automatically result in a comprehensive evaluation for active TB disease, unless indicated.

Signs and symptoms consistent with active TB disease in the lung, pleura, airways, or larynx.¹

- | | |
|--|---|
| <input type="checkbox"/> Cough (longer than 3 weeks) | <input type="checkbox"/> Weight Loss (without trying) |
| <input type="checkbox"/> Coughing Up Blood | <input type="checkbox"/> Loss of Appetite |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Unusual Fatigue | <input type="checkbox"/> Hoarseness |

For patients with clinical circumstances that require additional evaluation for active TB disease, consider the following: chest x-ray if not already obtained, sputum AFB smears, cultures and nucleic acid amplification testing.

A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease, but these tests can be useful for making the diagnosis and should be considered.

Continue to Page 2 to Begin Evaluation for Latent TB Testing

¹ Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005, 54 (No.RR-17): 16

Adapted from the Washington State Department of Health Adult Tuberculosis Risk Assessment and Symptoms Screening

Provider's Name
Assessment Date

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Section 2 — Risk Assessment for *Latent TB Infection*

Latent Tuberculosis Infection (LTBI) Testing is recommended if any of the eight boxes in the following Risk Assessment are checked.

If LTBI test result is positive and active TB disease is ruled out, LTBI treatment is recommended.

Retesting should generally only be done in persons with a previous negative test who have **new** risk factors since the last assessment.

Risk Assessment: Check appropriate risk factor boxes below.²

- Worker is undergoing initial (baseline) medical examination per WAC 296-840-145.
- Foreign-born person from a country with an elevated TB rate.
 - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
 - Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for foreign-born persons.
- Immunosuppression — current or planned.
 - HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g. infliximab, etanercept, others), steroids (equivalent of prednisone \geq 15 mg/day for \geq 1 month), or other immunosuppressive medication.
- Close contact to someone with infectious TB disease at any time.
- Certain foreign travel.
 - Travel to countries with an elevated TB rate may be a risk for TB exposure in certain circumstances (e.g. extended duration, likely contact with infectious TB cases, high prevalence of TB in travel location, non-tourist travel).
- Diagnosis of silicosis.
- Exposure to respirable crystalline silica for 25 years or more.
- Other risk factor: _____

Latent Tuberculosis Infection (LTBI) Testing is recommended if any of the eight boxes in the Risk Assessment are checked.

IGRA testing for LTBI is preferred in BCG vaccinated persons: because IGRA has increased specificity of TB infection in persons vaccinated with BCG, IGRA is preferred over the TST in these persons. Most persons born outside the United States have been vaccinated with BCG.

If LTBI test result is positive and active TB disease is ruled out, LTBI treatment is recommended.

² This list is not exhaustive. For additional information, see the Washington State Department of Health Adult TB Risk Assessment User Guide (www.doh.wa.gov)

In persons at low risk for tuberculosis infection and disease progression, **confirmatory testing is recommended if the initial test for LTBI is positive:**³

- Either a TST or an IGRA may be used for the second (confirmatory) test,
 - but if the TST is the initial positive test, it should not be used as the confirmatory test due to potential side-effects.
- Persons at low risk are only considered to have LTBI if both tests are positive.
 - Discordant testing is likely due to false positive results in persons at low risk.

DRAFT

³ Lewinsohn et al. 2017. *Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children*. Clin Infect Dis 64(2): e1-e33.