

Recommendations for Implementation of the Indiana State Department of Health's Tuberculin Shortage Guidelines for Long Term Care Facilities in the State of Indiana – July 11, 2019

The following recommendations are based on the Centers for Disease Control and Prevention guidance: Nationwide Shortage of Tuberculin Skin Test Antigens: CDC Recommendations for Patient Care and Public Health Practice. MMWR Morb Mortal Wkly Rep 2019;68:552–553. DOI: <http://dx.doi.org/10.15585/mmwr.mm6824a4> These recommendations will remain in effect until notice is provided by the ISDH that the shortage of Aplisol and/or Tubersol has subsided. At that time, all applicable rules/requirements will return to the pre-shortage requirements.

Recommendations for health facilities regulated by ISDH Long Term Care Division.

Pre-employment of Staff

Pre-employment screening requirements are based on the facility's infection control plan and the Indiana Administrative Code. Tuberculosis (TB) screening is required for new hires. One of the following screening methods should be used.

Tuberculin Skin Test (TST). A two-step screening is required unless the applicant had a TST within the past 12 months and can provide documentation of date given and read, results in millimeters and interpretation (positive or negative), then only a single (one step) follow-up TST is needed. If the TST is positive the applicant must be evaluated for TB infection/disease. Tubersol or Aplisol are acceptable skin test antigens.

Interferon Gamma Release Assay (IGRA) blood test for TB. Both T-Spot® and QFT-IT® are acceptable screening tests for TB and can be used in lieu of TST. If the IGRA is positive, applicant must be evaluated for Tuberculosis infection/disease. Since IGRAs do not cause boosting like the TSTs, only one test is needed to meet pre-employment requirements.^{iv}

Surveillance and Infection Control Plan for Current Employees/Residents

If tuberculin skin test antigen is not available, the following will be accepted in the interim of the shortage for employees/residents with prior negative TB screening tests: an IGRA blood test or a TB Risk Assessment Questionnaire. (See above for information on the use of IGRA screening tests.) Both T-Spot® and QFT-IT® are acceptable screening tests for TB and can be used in lieu of TST. For employees/residents with a prior positive TB screening test result, follow the facility's current policy for prior positive employees/residents.

The TB Risk Assessment Questionnaire may be self-reported for facility employees/residents with prior negative TST results. The Questionnaire should include but not be limited to the following information and questions:

Name of employee/resident.

Date, millimeters and interpretation of last TST or date and results of last IGRA or date and results of last chest x-ray, if applicable.

Date annual/yearly TB screening test was/is due.

Have you lived with or have close contact with someone who has been diagnosed with TB in the past 12 months?

Have you had a cough that lasted longer than 3 weeks during the past 12 months?

Have you coughed up blood in the past 12 months?

Have you lost your appetite for food in the past 12 months?

Have you lost more than 10 pounds in a two 2 month period without trying during the past 12 months?

Do you have night sweats (need to change your clothes or sheets due to sweating) which cannot be explained by other medical conditions (menopause or the change of life for women)?

Signature of the employee, or employee completing the questionnaire for a resident and date completed.

Signature of reviewing infection control staff and date reviewed.

These questionnaires should be filed in the employee/resident's medical file in lieu of a TST or IGRA TB result.

Patients Discharged from Acute to Long Term Care facilities

Both TSTs and IGRAs are acceptable TB screening tests for admission to long term care facilities during the interim of the tuberculin shortage. If the tuberculin skin test antigen is unavailable, the pre-admission chest x-ray along with the TB Risk Assessment are acceptable.

If you should have questions about these interim recommendations please contact:

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<https://www.cdc.gov/mmwr/volumes/68/wr/mm6824a4.htm>