TB Screening in Congregate Settings: What you need to know

This document supports licensed care programs with their duty to screen for tuberculosis (TB) as outlined in the BCCDC TB Screening DST Table 9a. The Residential Care Regulation, Part 5, Div 1, Section 49 states "(1) A licensee must require all persons admitted to a community care facility to comply with the province's immunization and tuberculosis control programs".

What is TB Infection?

A latent or dormant, non-contagious infection with TB. People with TB infection have no TB symptoms and often normal chest imaging. Diagnosis involves a TB signs and symptom evaluation, risk factor assessment, TB infection testing, and imaging if the test for TB infection is positive.

What is TB Disease?

An active, symptomatic illness caused by *Mycobacterium tuberculosis* (TB), typically diagnosed with positive sputum tests and abnormal chest imaging. Screening for TB disease involves a TB signs and symptom evaluation and risk factor assessment. **Only respiratory TB disease is contagious, meaning TB in the lungs or voice box. TB at other body sites is generally not infectious to others.**

What is the purpose of TB Clearance?

The purpose of TB clearance is to prevent the spread of TB by ruling out respiratory TB disease prior to admission.

Screening for TB Disease – Required

Screening for TB disease is required **before or at admission** to Licensed Care Programs.

- For people entering a First Nations Health Authority (FNHA) Treatment Centre, refer to the FNHA Treatment Centre Adult Referral Application Package for guidance on TB screening prior to admission.
- **Previous documentation:** Valid within the past 6 months if there are no new TB risk factors, signs, or symptoms.
- **By exception:** Facilities with no health care worker on site may screen during the person's stay.

Screening for TB Disease – Required*

How to screen for TB disease:
A nurse (RN, RPN, LPN), NP or physician must complete and document per agency policy:

- a TB risk assessment **AND**
- a TB signs and symptoms evaluation.

Refer to the TB Risk Assessment Checklist.

Follow-up required:

- If a person has **no symptoms**
  - Clear them for admission.
- If a person has **TB exposure risk factors and symptoms suggestive of respiratory TB disease**, refer them to a local NP or physician.
  - At admission, use infection prevention and control precautions until a diagnosis is made. Consult your local public health or TB program for guidance.
  - To rule out TB disease, sputum collection **AND** chest x-ray are required.

Testing for TB Infection – Not Required

Testing for TB infection with a TB skin test or IGRA (TB blood test) is **not required and should not** delay or affect admission or continued stay in your program.

Further TB-related Care – If Possible

The TB risk assessment may identify people who could benefit from further TB-related care such as a TB skin test or TB preventive treatment for those with untreated TB infection. Refer to the TB Risk Factor Assessment section for a list of those at higher risk of TB exposure or TB disease.

At Discharge

For people interested in further TB-related care, connect them with their preferred program or provider:

- For people returning to a First Nations Community FNHA TB Services
- Fraser Health
- Interior Health
- Island Health
- Northern Health
- Vancouver Coastal
- HealthLinkBC Find Health Services Directory

TB Handouts

- HealthLinkBC File #51a Tuberculosis (TB)
- HealthLinkBC File #51b Sputum testing for Tuberculosis (TB)
- HealthLinkBC File #51d Tuberculosis Skin Test

TB Risk Assessment Checklist: Completed by nurse, nurse practitioner or physician

- If a person has risk for TB exposure **AND** symptoms suggestive of respiratory TB disease, refer them to a NP or physician for assessment. To rule out TB disease, sputum collection **AND** chest x-ray are required.
- Use infection prevention and control precautions and consult your local public health or TB program for further direction.

TB Signs and Symptoms Evaluation

TB symptoms are non-specific and may be caused by other medical conditions. TB should be considered when symptoms are **persistent, progressive and unexplained** (new or worsening), especially in people with TB exposure risk factors.

☐ Cough lasting more than 2-3 weeks	☐ Night sweats	☐ Fever	☐ Fatigue
☐ Hemoptysis (blood in sputum)	☐ Unexplained weight loss	☐ Chest pain	

TB Risk Factor Assessment

Consider exposure risk factors since the last negative TST result or TB treatment date, as applicable.

Risk of TB Exposure	Risk for TB Disease
☐ Recent or historical close contact to a case of respiratory TB disease ☐ Born in or travel for more than 3 months to a high TB incidence country ♦ ☐ People who inject drugs (PWID)† and/or use inhaled crack/cocaine substances **Live, work or spend time in regions or settings where TB exposure may be increased related to**: ☐ A community's historical experience with TB Ω ☐ The experience of homelessness or being under housed (i.e., shelters, no fixed address) ☐ Residence in a congregate living setting (e.g., correctional facility, treatment programs)	**Very High Risk** ☐ People living with HIV (PLWH) ☐ TB contact within the past 2 years ☐ Silicosis **High Risk** ☐ **Medical history includes** chronic kidney disease, organ transplant recipient, some cancers (lung, sarcoma, leukemia, lymphoma, gastrointestinal, head and neck) ☐ **Receiving immunosuppressant drugs such as:** Biologics such as tumour necrosis factor alpha inhibitors (TNFi) and/or other disease modifying anti-rheumatic drugs (DMARDs). E.g., infliximab, etanercept, others. Steroid treatments equivalent to 15 mg or more per day for 1 month or longer.

♦ A country with a TB rate of 50 per 100 000 or higher. Generally, does not include Canada, the United States, Australia, New Zealand, Western or Northern Europe.
† People who use drugs in ways or settings associated with TB transmission, including injection drug use and the smoking of crack/cocaine or other substances, where elevated risk reflects shared inhalation/injection equipment, congregate or shared-air settings, and co-morbidities (HIV, undernutrition, tobacco); for crack/cocaine there is additional evidence of drug-related lung injury.
Ω TB rates can vary dramatically within regions in Canada and BC, with some areas experiencing recurrent TB clusters and outbreaks due to historical and current inequities related to colonialism.

For more information see Tables 1 and 2 in the BCCDC TB Screening Decision Support Tool