

**Tuberculosis (TB) remains a significant global health concern, especially in long-term care facilities where residents often have compromised immune systems and live in close quarters. This FAQ document aims to provide comprehensive information about TB in the context of long-term care, addressing common queries and concerns.**

**Q: For new hires that are getting 2 step PPDs, if they passed the date of getting the 2nd step (between days 7-21) or missed getting it read, are they required to restart the 2-step testing over again?**

**A:** Yes, the second step of TST testing should be administered 1-3 weeks after the first initial negative test. Failure to retest timely should result in repeating the 2-step testing.

[TB Screening and Testing of Health Care Personnel | TB | CDC](#)

**Q: Is our facility required to perform TB screening, or review of risk factors on a yearly basis?**

**A:** Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission at a healthcare facility. Health care personnel with untreated latent TB infection should receive an annual [TB symptom](#) screen. [TB Screening and Testing of Health Care Personnel | TB | CDC](#)

**Q: We have employees with +PPD due to vaccines from their home countries and CXR that are negative. If we have no TB residents and DE is low risk, am I still required to screen them yearly?**

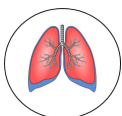
**A:** TB blood tests are the preferred method of TB testing for people who have received the BCG vaccine. TB blood tests (IGRAs), unlike the TB skin test, are not affected by prior BCG vaccination and are not expected to give a false-positive result in people who have received BCG. [Testing in BCG-Vaccinated Persons | TB | CDC](#)

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**Q: An employee was told by their provider that an IGRA (QuantiferON gold) was good for several years. Is this true?**

**A:** ·The facility shall have written policy and personnel records should be kept current and available. All U.S. health care personnel should be screened for TB upon hire. TB screening includes a baseline individual TB risk assessment, TB symptom evaluation and a TB test (e.g., TB blood test or a TB skin test).

·Annual TB testing of health care personnel is not recommended unless there is a known exposure or ongoing transmission at a healthcare facility. [TB Screening and Testing of Health Care Personnel | TB | CDC](#)



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Tuberculosis Elimination and Control Branch

**Q: We currently perform additional annual screening (review of TB symptoms) only for those people who previously had positive TB test results or have a history of tuberculosis. Should we perform a review of symptoms for all residents, staff, etc. on an annual basis?**

**A:** Health care personnel and residents with untreated latent TB infection should receive an annual [TB symptom](#) screen. Symptoms for TB disease include any of the following: a cough lasting longer than three weeks, unexplained weight loss, night sweats or a fever, and loss of appetite. [TB Screening and Testing of Health Care Personnel | TB | CDC](#)

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**Q: How long is a chest X Ray good for to rule out TB?**

**A:** A chest radiograph may be used to rule out the possibility of pulmonary TB in a person who has had a positive reaction to a TST or TB blood test and no symptoms of disease.

·Health care personnel with untreated latent TB infection should receive an annual [TB symptom](#) screen. [TB Screening and Testing of Health Care Personnel | TB | CDC](#)

·Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission at a healthcare facility. Health care personnel with untreated latent TB infection should receive an annual [TB symptom](#) screen.

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**Q: Do patient's need to be rescreened once discharged from acute care hospital (ACH) back to their residency at LTCF?**

**A:** ·No, patient's only need to be rescreened for TB if there is known exposure or ongoing transmission reported from the ACH to the receiving facility.

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**Q: If a patient is transferred between nursing homes, should the patient receive TST at each nursing home?**

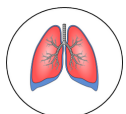
**A:** Yes. All U.S. health care personnel and residents should be screened for TB upon hire or placement. [TB Screening and Testing of Health Care Personnel | TB | CDC](#)

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**Q: If a healthcare worker works at multiple HCF, does the HCW need to receive tuberculin testing for each HCF?**

**A:** ·No, if there is documented evidence of TB testing within the last year, duplicate testing is not needed for each facility.

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