

# What Health Care Providers (HCP) Need to Know About Tuberculosis (TB)

## Symptoms of Tuberculosis

Cough (≥ 3 weeks)  
Hemoptysis (coughing up blood)  
Shortness of Breath  
Chest pain  
Fever / Chills / Night sweats  
Unexplained weight loss  
Loss of appetite  
Weakness / Fatigue

## Occupational Exposure

HCP at risk for TB:

Inpatient & outpatient settings  
Laboratories  
Emergency Medical Services  
Home-based healthcare  
Correctional facilities  
Long-term care facilities  
Congregate settings  
Homeless shelters

## Persons at Risk for TB Infection

Contact to Infectious TB disease  
Health Care Providers  
Persons at risk for exposure to TB:  
Homeless  
Drug/alcohol abuse  
Living/working in homeless shelter, long-term care facility, correctional institution or other congregate settings  
Persons immunocompromised or taking medications that suppress the immune system  
Persons born in or frequently travel to countries with a high prevalence of TB

## Risk for Progression to disease

Diabetes  
HIV infection  
Weakened immune system  
Low body weight  
Substance Abuse  
Head, neck and certain cancers  
Severe kidney disease  
Silicosis

When should OPH HCP's be screened for TB?

- Initially upon hire – baseline screening for all HCP's with no history of TB infection or TB disease
- Annually for HCP's who provide direct patient care or face-to-face services to patients with suspected or confirmed TB disease
- Additional testing of OPH employees is at the discretion of the Regional Medical Directors or Program Medical Directors
- Known exposure to infectious TB disease



What does a TB screening consist of?

- Individual Risk Assessment
- Symptom screening
- Interferon-gamma Release Assay (IGRA):
  - T-SPOT®.TB test – utilized by LDH-OPH
  - QuantiFERON®-TB Gold Plus (QFT-Plus)
- Tuberculin Skin Test (TST)

HCP's testing positive should receive a timely medical evaluation to rule out TB disease and obtain treatment recommendations.

OPH personnel to be screened:

- Nurses
- APRN's
- Medical Assistants
- Clerical staff
- Disease Intervention Specialists
- Students and Volunteers
- Radiologic Technicians
- Lab Personnel
- OPH personnel considered high risk contacts or working in high risk environments



## Importance of treatment for TB infection

- HCP's with TB infection must complete an approved treatment regimen.
- HCP's with untreated TB infection should receive a yearly TB symptom screen to rule out active TB disease.



## Risks of untreated or incomplete treatment of TB infection

- Development of drug resistant and multi-drug resistant TB
- Progression from TB infection to TB disease:
  - 5% chance within 2 years & 10% chance over a lifetime
  - Persons with diabetes: 30% chance over a lifetime
  - Persons with HIV infection: 7%-10% chance every year throughout a lifetime

TB disease is a serious illness that can cause severe medical problems and even death.

