

# Wyoming Communicable Disease Tuberculosis Program Guidance for Long Term Care and Other Residential Facilities

## Purpose

These recommendations were developed by the Wyoming Department of Health (WDH), Communicable Disease Unit (CDU), Tuberculosis (TB) Program and are meant to be used as bare minimum guidance, not as a regulation or formal testing protocol. In Wyoming, regulation of healthcare entities falls under the jurisdiction of [Wyoming Healthcare Licensing and Surveys](#) (WY HLS). The WDH TB program encourages facilities to review internal (facility, company), state (WY HLS), and certification (such as JCAHO) policies related to TB prevention and management and **follow the most stringent guidance.**

This document from the WDH TB program

## Definitions

- **Patient TB risk assessment:** The current WDH CDU TB Program Patient TB Risk Assessment or comparable patient TB risk assessment used to determine a person's risk for TB infection.
- **Symptom Evaluation:** Assessment for signs and symptoms of active TB infection.
- **TB Testing:** Performing a tuberculin skin test (TST) or interferon gamma release assay (IGRA) blood test, in accordance with [current Centers for Disease Control and Prevention \(CDC\) guidance.](#)
- **Facility TB Risk Assessment:** Tool used to evaluate the TB risk exposure risk at the facility which is used to guide TB control efforts at the facility.

## Suspected Active TB Infection

If signs or symptoms of active TB infection are present and there is clinical suspicion for TB, current CDC airborne precautions specific to TB should be followed until active TB infection is ruled out.

Persons (resident, employee, visitor, etc.) with any of the following should not be admitted to a residential facility in Wyoming until active TB infection has been ruled out.

- Suspected to have active TB infection
- Exhibiting signs or symptoms consistent with active TB infection including:
  - Prolonged cough (>2-3wks) with or without sputum production that may be bloody
  - Chest pain
  - Chills
  - Fever
  - Night sweats
  - Diagnosis of community-acquired pneumonia that has not improved after 7 days of treatment
  - Unexplained weight loss
  - Weakness or easily fatigued
  - Loss of appetite
- With diagnostic or radiological imaging consistent with active TB infection
- Any person (resident, employee, visitor, etc.) who is a recent contact to an active TB case should have a patient TB risk assessment and symptom evaluation prior to being admitted to a residential facility in Wyoming.

If active TB infection is suspected it should be reported to WDH in accordance with [the current WDH Reportable Diseases and Conditions List](#)



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## New Resident Admissions

All new resident admissions should have a patient TB risk assessment, symptom evaluation, and TB testing performed.

- A patient TB risk assessment questionnaire should be performed to determine risk for TB infection.
- A symptom evaluation should be completed to determine if signs and symptoms of active TB infection are present.
- In Wyoming, regulation of healthcare entities falls under the jurisdiction of [WY HLS](#). The WDH TB program encourages facilities to review internal (facility, company), state ([WY HLS](#)), and certification (such as JACAHO) policies related to TB testing of residents and follow the most stringent guidance. If none of these entities address TB testing of residents, the facility may establish one based their needs (i.e. apply CDC testing guidance for healthcare provider as to residents if your facility feels it is appropriate.)
  - If TB testing is positive, the resident should have chest radiological imaging and/or further medical evaluation to rule out active TB infection before admission to the facility.
    - Those determined to have Latent TB Infection (LTBI) are not infectious and may be admitted to the facility. Treatment for LTBI is recommended once admitted to avoid conversion to Active TB.
    - Those deemed to have Active TB should not be admitted to a residential facility in Wyoming until the patient is no longer able to transmit TB to others as defined by current CDC guidance.

### *New residents with a history of a positive TB test and completed TB Treatment:*

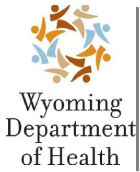
- Those with a history of a positive TB test and who have completed treatment for TB should no longer be screened for tuberculosis infection using skin tests or interferon gamma release assays (IGRAs), as those are unreliable predictors of infection after treatment completion. Instead, any tuberculosis screening should be for active disease and only in the context of suspected reinfection or treatment failure due to known exposure or symptom development.

### *New residents with a history of a positive TB test without TB Treatment:*

- Those that have had a positive TB test in the past but have not completed treatment should receive additional testing to rule out active TB and receive appropriate treatment.
  - Be aware that some positive TB skin tests in the past may have been influenced by factors such as BCG vaccination, biologics treatment, HIV diagnosis, and employment that required multiple TB skin tests. If a new resident has a history of a positive TB skin test but no IGRA, it may be beneficial to draw one before pursuing additional testing. A full list of factors impacting skin tests can be found on the TB program's risk assessment.

### *New residents with a history of a positive TB test with incomplete TB Treatment:*

- Those that have had a positive TB test in the past and incomplete TB treatment may need additional testing to rule out active TB and will need consultation regarding the appropriate TB treatment at this time. Contact the WDH CDU TB Program Controller at [cdt.treatment@wyo.gov](mailto:cdt.treatment@wyo.gov) or 307-777-6563 for guidance in these situations.



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## Current Residents

Current residents should receive a patient TB risk assessment and symptom evaluation annually and as needed based on risk since the patient's last TB risk assessment.

### *Readmission Screening:*

- If a resident leaves the facility and is later readmitted, perform a patient TB risk assessment and symptom evaluation upon readmission and perform TB testing if resident has new risk factors for TB infection since their last patient TB risk assessment.

### *Current residents with signs and symptoms of active TB infection:*

- If signs or symptoms of active TB infection are present in a current resident, current CDC airborne precautions specific to TB should be followed until active TB infection is ruled out and a patient TB risk assessment, symptom evaluation, and TB testing are performed on the resident. If TB testing is positive the resident should receive chest radiological imaging and further medical evaluation to rule out active TB infection.

## Employees

The facility should complete a Facility TB Risk Assessment initially and on an annual basis to determine how often facility staff should be screened for TB infection.

### *New hires*

- Upon hire (i.e., preplacement) and prior to their first day of work, employees should receive a patient TB risk assessment, symptom evaluation, and tuberculin skin test (TST) or interferon gamma release assay (IGRA) blood test in accordance with [current CDC guidance](#) for health care personnel.

### *Current Employees*

- Current employees should receive a patient TB risk assessment and symptom evaluation annually and as needed based on risk since the last patient TB risk assessment. The employee should be TB tested in accordance with the annual TB Facility Risk Assessment results and if the employee has new risk factors for TB infection since their last patient TB risk assessment.
- Current employees who are exposed to active TB at work or outside of work should receive a patient TB risk assessment and symptom evaluation.
  - The employee may work if they have latent (not contagious) TB infection.
  - If the employee is suspected of having **active** (contagious) TB infection, they may not work until active TB infection is ruled out.

### *Employees with a history of a positive TB test and completed TB Treatment:*

- Those with a history of a positive TB test and who have completed treatment for TB should no longer be screened for tuberculosis infection using skin tests or IGRAs, as those are unreliable predictors of infection after treatment completion. Instead, any tuberculosis screening should be for active disease and only in the context of suspected reinfection or treatment failure due to known exposure or symptom development.



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## ***Employees with a history of a positive TB test without TB Treatment:***

- Those that have had a positive TB test in the past but have not completed treatment should receive additional testing to rule out active TB and receive appropriate treatment.
  - Be aware that some positive TB skin tests in the past may have been influenced by factors such as BCG vaccination, biologics treatment, HIV diagnosis, and employment that required multiple TB skin tests. If a new employee has a history of a positive TB skin test but no IGRA, it may be beneficial to draw one before pursuing additional testing. A full list of factors impacting TB skin tests can be found on the TB program's risk assessment.

## ***Employees with a history of a positive TB test with incomplete TB Treatment:***

- Those that have had a positive TB test in the past and incomplete TB treatment may need additional testing to rule out active TB and will need consultation regarding the appropriate TB treatment at this time. Contact the WDH CDU TB Program Controller at [cdu.treatment@wyo.gov](mailto:cdu.treatment@wyo.gov) or 307-777-6563 for guidance in these situations.

## ***Current employees with signs and symptoms of active TB infection:***

- If signs or symptoms of active TB infection are present in a current employee, current CDC airborne precautions specific to TB should be followed until active TB infection is ruled out and, a patient TB risk assessment, symptom evaluation, and TB testing are performed on the employee. If TB testing is positive the employee should receive chest radiological imaging and further medical evaluation to rule out active TB infection.

## Documentation Maintained by Facility

Resident and employee documentation related to TB control shall be maintained in accordance with current federal policy, Wyoming Healthcare Licensing and Surveys policy, and your facility policy. Follow the most stringent guidance or policy.

## Education

Resident and employee education related to TB control should be provided in accordance with current federal policy, Wyoming Healthcare Licensing and Surveys policy, and your facility policy. Follow the most stringent guidance or policy.

## WDH CDU TB Program Contact Information

The WDH CDU TB Program Controller can be reached at [cdu.treatment@wyo.gov](mailto:cdu.treatment@wyo.gov) or 307-777-6563.