

Recommendations for Tuberculosis (TB) Screening in Long-Term Care and Retirement Homes in Simcoe Muskoka

Recommendations for Residents

All new residents must undergo an assessment for active TB disease as part of the [Ontario Health Assessment form 4768-69E for the determination of eligibility for long term care home \(LTCH\) admission](#) by a physician/nurse practitioner within 90 days prior to admission or within 14 days after admission (Fixing Long-Term Care Homes Act, S.O. 2021, c.39, Sched1). It is recommended that this assessment include:

1. A risk factor and symptom review for active pulmonary TB disease as per the above provincial form.
2. Ontario has removed the requirement for a TB chest X-ray for all applicants to long-term care. However, if there are new or worsening symptoms consistent with active pulmonary TB disease, a chest X-ray (posterior-anterior and lateral) should be done.
3. If signs and symptoms and/or chest X-ray indicate potential active pulmonary TB disease, the resident should not be admitted until three sputum samples are taken (at least one hour apart each) and the results indicate no Acid Fast Bacilli seen. Sputum samples are to be submitted to the Public Health Ontario Laboratory for TB testing (*Acid Fast Bacilli (AFB)* and *Mycobacterium Culture*). **Note:** *It can take up to seven weeks for a culture report; however, residents can be admitted if there are three (3) sputum samples on file that indicate no AFB seen. The AFB results are available within 48 hours*
4. Tuberculin skin tests (TSTs) are not routinely recommended upon resident admission. If a TST was previously done, record the date and result of the most recent TST.

Recommendations for Residents Admitted to Short-Term Care of Less Than Three Months (e.g., Respite Care)

Residents in facilities for short-term care should receive an assessment and symptom review by a physician/nurse practitioner to rule out active pulmonary TB within 90 days prior to admission or within 14 days after admission. If the symptom review indicates potential active pulmonary TB disease, a chest X-ray must be obtained, and active TB disease ruled out (see #3 above). A TST for residents in short term care is not recommended.

Management of Residents with Suspected Active TB Disease

If at any time active pulmonary TB disease is suspected in a resident, the individual should be isolated immediately. This involves placing the resident in a single room, keeping the door closed, limiting interactions with staff and visitors, and ensuring appropriate personal respiratory protection (i.e., have resident suspected of active TB disease wear a surgical mask if tolerated while others are in the room; N95 masks are recommended for staff and for visitors – recommended in CTS, chapter 14 and PIDAC Routine practices pg. 39). Immediate steps should be taken to ensure appropriate medical care, investigation, and follow-up according to facility policies and procedures. The local Public Health Unit should be notified and consulted regarding next steps.

Reporting Requirements for Tuberculosis

As per Ontario Regulation 135/18 and amendments under the Health Promotion and Protection Act, R.S.O., c. H.7, cases of suspect and confirmed active TB disease are reportable to Public Health. For more information including free access to TB medication for latent TB infection or active TB disease, contact the Infectious Diseases Program, Simcoe Muskoka District Health Unit, 705-721-7520, ext. 8809.

Recommendations for Employees and Volunteers

The following assessment should be initiated anytime from six months to 14 days before starting work. For persons with previous history of BCG/TB immunization, they must still undergo the TST steps and not go directly to the chest X-ray, as studies conducted in Canada and several other countries show that if BCG was received in infancy (the first year of life), only 1% had a TST result of ≥ 10 mm if tested >10 years later. The main goal of the TST is to have a baseline. For those with a negative baseline, it can then be used to compare to a future TST in the event there is an exposure to an infectious TB case. TST is not to be done for those who have a previous positive TST. A positive TST for most people is ≥ 10 mm. Note for a 2-step TST, ideally the 1st and 2nd step should be done one to four weeks apart. However, the 2nd step can be accepted up to one (1) year later provided no exposure to active TB occurred within the time in between the two steps.

Person with no documented results of a 2-step TST		Person with documented results of previous 2-step TST		Person with a positive TST (≥ 10 mm)
A 2-step TST is required		If both tests were negative	If any previous test was positive	- For a new positive TST, a symptom review, physical exam, risk factor review, and a chest X-ray are recommended to rule out active TB disease. - For previous positive TST, nothing further is required if they are asymptomatic and have undergone previous assessment to rule out active TB disease. Note: For new or previous positive TSTs who are asymptomatic, the chest X-ray can be from the preceding 3 months before the positive TST. A new chest X-ray is only necessary if the person is symptomatic or there has been a recent exposure to an infectious TB case. - Periodic or future skin testing is not recommended as it is no longer useful. - Periodic chest X-rays are not recommended. A future chest X-ray would only be recommended and necessary if there are signs and symptoms of TB in the lung. - A positive TST may indicate a latent TB infection (which is not contagious). - The person should be informed to monitor for the signs and symptoms of potential future reactivation of their latent TB infection to active TB disease. The lifetime risk is 5-10%. - Recommended to follow up with their primary care provider for consideration for treatment of the latent TB infection.
If both tests are negative  No further testing is recommended	If the first step is positive, a second step is not necessary. If either step is positive  Refer to *Person with a positive TST	New exposure to an infectious TB case  A 1-step TST is necessary Note: If the result of this TST is positive, refer to *Person with a positive TST No known new exposure to an infectious case  No further testing is recommended	Refer to *Person with a positive TST. No further skin testing is ever necessary	
				If person has symptoms of TB or an abnormal chest X-ray: - Collect 3 sputum samples at least 1 hour apart each - Should not work until physician or public health indicates that the person does not have infectious TB disease. If person has no symptoms: - Can continue to work, while physician completes assessment to rule out active TB disease.

Requirements for Contract Workers and Students

Supplying agencies or schools are responsible for pre-placement TB assessment and follow-up. This should be clarified with agencies or schools to confirm that individual contract workers and/or students have had their TB skin test and any additional assessment as needed to rule out TB disease prior to starting the placement.

Annual or regular repeated screening for residents, employees and volunteers is not recommended

Annual or regular repeated routine TB skin testing in Simcoe-Muskoka is not recommended. Annual or periodic repeat chest X-rays are also **not** recommended in the assessment of persons with positive skin tests, unless they have signs and symptoms of TB in the lung. These tests are also not necessary to be repeated for new employees who have already complied with the TB skin test requirement for another workplace or for other purposes, unless there has been recent known exposure to active TB disease.

If an infectious case of active TB disease occurs in the facility, contact follow-up will be coordinated by the local public health unit. TB skin testing is free for persons identified as a contact of a case of TB disease. Medication for treatment of latent TB infection and active TB disease is free through Public Health.