

Draft 10/6/06, version 2
California Tuberculosis Controllers Association meeting, 10/13/06
Background Information for Agenda Item III A and B

**Implementing Centers for Disease Control and Prevention (CDC) 2005
*Guidelines for Preventing the Transmission of M. tb in Healthcare Settings***

Agenda item IV A: Will CA adopt CDC's recommendation that allows for 3 smears collected in 8 hours intervals, with one being an early morning specimen?

Sputum Yield Compiled by Gisela Schecter

Author/ Country	Case #	morning	spot		
Cambanis A, et.al. Ethiopia, 2006	52	94%	94%		
Harries AD, et.al. Malawi, 1996	71	84.5%	83.1%		
Nair SS, et.al. Bangalore, India	64 culture +	68.0%	63.9%		
Gopi PG, et.al. South India, 2004	962	97.5%	88.9%		
Sarin R, et.al. India, 2001	719	96.4%	90.5%		
Van Deun A, et.al. Bangladesh, 2001	7942 confirmed By 2 + tests	MMM 92.3%	SMS 85.0%	SMM 84.6%	

CTCA/California Department of Health Services *Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional or In-Patient Settings, 1997*

<http://ctca.org/guidelines/IIB2highriskplcmt.pdf>

See p. 4

CDC's *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Settings, 2005* (and errata) are posted on <http://www.cdc.gov/nchstp/tb/>.

See p. 16, column 2, first paragraph under "TB Airborne Precautions"

Agenda item IV B. Will CA adopt CDC recommendations for that allows low risk hospitals to test health care workers at pre-employment (baseline) only?

CDC's *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Settings, 2005* and a set of errata are posted on <http://www.cdc.gov/nchstp/tb/>.

See Table on p. 134

Title 22, California Code of Regulations, Chapter 1, Acute Care Hospitals Section 70723. Employee Health Examinations and Health Records. <http://www.calregs.com/linkedslice/default.asp?SP=CCR-1000&Action=Welcome>

(1) Initial examination for tuberculosis shall include a tuberculin skin test using the Mantoux method using a 5 Tuberculin Unit dose of PPD tuberculin stabilized with Tween-80, the result of which is read and recorded in millimeters of induration. If the result is positive, a chest film shall be obtained. A skin test need not be done on a person with a documented positive reaction to PPD but a baseline chest X-ray shall be obtained.

(2) Policies and Procedures that address the identification, employment utilization and medical referral of persons with positive skin tests including those who have converted from negative to positive shall be written and implemented.

(3) An annual skin test for tuberculosis shall be performed on those individuals with a previously documented negative tuberculin skin test. If an individual with a previously documented negative skin test has a subsequent positive reaction, a chest X-ray shall be obtained.

(4) Less frequent testing for tuberculosis, but never less than every four years, may be adopted as hospital policy when documented in writing as approved by the Infection Control Committee, the medical staff and the health officer of the health jurisdiction in which the facility is located.

Excerpt of draft Cal/OSHA Airborne Transmissible Diseases Standard. Current complete draft is on the Cal/OSHA website

<http://www.dir.ca.gov/dosh/doshreg/AirborneInfectious-Meetings.html>

(g)(3) The employer shall make surveillance for latent tuberculosis infection (LTBI) available to all employees with occupational exposure, in accordance with the recommendations of the CDC and CDHS.

(A) TB tests and other forms of surveillance shall be provided at least annually, or more frequently, if more frequent testing is recommended by the CDC, CDHS or local health officer. Employees with baseline positive TB test shall have an annual symptom screen.

Exception to subsection (g)(3)(A): If a less frequent interval is permitted by Title 22 and the local health officer, employers who perform an annual tuberculosis risk assessment in accordance with Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, CDC, 2005 may comply with the recommendations of that document regarding LTBI test intervals.

Cal/OSHA Policy and Procedure (<http://www.dir.ca.gov/DOSHPol/P&PC-47.HTM>) still requires compliance with the 1994 CDC Guideline. This will eventually be superseded by a new Cal/OSHA Aerosol Transmissible Diseases standard, so Cal/OSHA doesn't have plans to revise its current Policy and Procedure.

See also All Facilities Letter from CDHS Licensing and Certification about obtaining program flexibility to use QuantiFERON Gold in lieu of tuberculin skin testing (attached separately)