

What has changed in the BC TB Manual update from November 2015?

Section 4 of the BC TB Manual (TB Screening and Testing) has been updated based on a review done of the epidemiology of active TB disease within adult residential care facilities. Recommendations from this review were accepted provincially in October 2015 to modify screening requirements for residents 60 years and older entering Adult Licensed Residential Community Care.

The major change is in Table 4-3: BC TB screening guidelines for clients. In the previous version of the TB Manual, all residents entering care were required to be screened prior to admission or within one month of admission if not symptomatic, and screening included a Tuberculin Skin Test (TST) for residents less than 60 years of age and a chest x-ray for residents 60 year of age and older. The current requirement for residents less than 60 years old remains the same, but those 60 years of age or older are required to undergo a symptom and risk factor screen and *only require a chest x-ray if they are symptomatic*.

A more minor change is in Table 4-2: BC TB screening guidelines for health care workers, employees, volunteers, and students. Specific requirements for TB screening of volunteers and students are to be determined locally based on risk.

What has changed in the Fraser Health Tuberculosis Testing and Immunization Guideline in Adult Residential Care?

For Staff: has been changed to reflect the current guidelines of the BC Tuberculosis Manual, and to provide the local recommendations authorized by the Medical Health Officer for volunteers and students within Adult Residential Care facilities.

- All health care providers, volunteers and students are required to be screened for symptoms of active TB disease and risks for developing active TB disease. Employers are expected to collect documentation from the employee/volunteer/student upon starting employment that they *either* do not have symptoms and risk factors *or* that they will provide proof of follow-up from their health care provider if they do have symptoms or risks.
- All health care providers, volunteers and students are required to provide documentation to acknowledge receipt of information about the recommendation for a TST upon starting employment.

For Person's in Care: has been changed to reflect the current guidelines of the Manual for persons aged 60 years and older, and to reflect the existing modifications to the guidelines previously established by Fraser Health for those less than 60 years old.

- Residents 60 years and older will be assessed for symptoms of active TB and risks for developing active TB disease and will be referred for further evaluation if required prior to admission
- Residents less than 60 years of age will be assessed for risks for the need to be tested for TB according to the existing risk assessment tool used in Fraser Health.

Why has the BC and Fraser Health requirement changed for residents 60 years of age and older?

A provincial review process examined active TB cases within three Health Authorities (including Fraser Health) to determine the risk of active TB within adult residential care settings. The estimated annual incidence of TB in adult residential care was 2/100,000, which is far below the standard for considering a facility 'at-risk' at 3 TB cases per facility per year. In a five year time-span, only three cases of active TB were identified in residents in adult residential care in Fraser Health, and one was non-infectious with extra-pulmonary TB. Therefore, the risk of residents developing active TB while in adult residential care is very low in Fraser Health.

Where the previous guidelines in Fraser Health used a risk-based approach to identify those in need of a chest x-ray prior to admission to adult residential care, the updated guidelines have reduced this risk screening to focus on current symptoms of active TB disease and two specific risks for developing active TB disease – immune suppression and contact with infectious TB in the past two years. Fraser Health has adopted this change to our risk factor screening to focus the need for chest x-rays on those are highest risk for having or developing active TB disease.

Fraser Health has not changed its current approach to risk-based screening for residents less than 60 years of age.

Why has the Fraser Health guideline for staff changed?

Based on the epidemiological evidence from the review of active TB cases in Fraser Health adult residential care, it was determined that staff working in these settings were at very low risk of being exposed to TB. Therefore, the goals of screening staff should be based on, i) preventing staff at risk of having active TB disease from working in a facility, and ii) their individual benefit of having been screened for TB. Requiring proof of routine screening to obtain pre-employment information because of a future risk of TB exposure is not warranted in this low incidence setting.

To address the first goal, all health care providers, volunteers and students are required to attest that they do not have symptoms of active TB and do not have risks for developing active TB disease. If they have symptoms or risks, they will provide proof of follow-up from their health care provider. The aim of this requirement is to ensure that incoming staff do not put others in the facility at risk.

To address the second goal, all health care providers, volunteers and students are required to attest that they are aware of the provincial and local recommendation for a TST as part of TB screening, but they are no longer required to provide proof of testing to the facility. The benefits to having a baseline TST upon starting employment are two-fold to the individual: 1) they can be aware if they are currently at risk of having latent TB infection and can follow-up with their health care provider for assessment of treatment for latent TB, and 2) if they have a negative TST upon hire, and are subsequently exposed to a case of TB, interpretation of their contact follow-up TST will be improved for having had a baseline test in the past. Where the benefits of this testing are to the individual (versus the facility), the requirement to provide proof of testing to the facility has been removed from the guideline, and the new guideline only requires documentation that staff are aware of this recommendation.