TUBERCULOSIS SCREENING

A negative 2-step TB skin test result is required within the last 12 months
(If a negative two step TB test was completed several years in the past and there is documentation of negative yearly
annual (no longer than one year from last placement) TB skin tests thereafter, a two step is not required. It is required that
the file contains proof of original negative two step and the negative annual tests thereafter).

OR

Negative QuantiFERON (QFT) TB Gold – (single IGRA - interferon gamma release assay) blood test result within the last 12 months.

If history of positive TB test:

If history of a positive TB skin test or IGRA, No further skin tests are required.
Additional requirements for a positive TB test:

- A negative chest x-ray report must be on file that specifically addresses any possible TB disease.
- Complete an annual TB symptom questionnaire that is negative (see website). A negative questionnaire does not have any
  positive symptoms that are specific to TB.
  (Example: night sweats from menopause would not count as a positive symptom. It is only when it may result
  from the possibility from TB. If any symptoms are positive, they must immediately see their provider and be
  removed from clinical site until a medical clearance note has been received and reviewed by facility. Contact
  facility for questions).
- Medical clearance note is required from provider for ALL positive tests; it also includes any medical treatment.
  
  - If history of BCG vaccine and negative QuantiFERON is considered an acceptable negative result.
  - If history of positive QuantiFERON follow steps for positive TB test.

Chest X-Rays are NOT accepted as substitutions for TB testing.

Additional information per CDC guidelines
Other names for a TB tests are PPD or Mantoux tuberculin skin test (TST)

Booster Phenomenon and 2 Step TB TEST- Some people infected with M. tuberculosis may have a negative reaction to a single TST if
many years have passed since they became infected. They may have a positive reaction to a subsequent TST because the initial test
stimulates their ability to react to the test. This is commonly referred to as the “booster phenomenon” and may incorrectly be
interpreted as a skin test conversion (going from negative to positive from a recent infection). For this reason, the “two-step
method” is recommended at the time of initial testing for individuals who may be tested periodically (e.g., health care workers)
because it distinguishes a boosted reaction (caused by TB infection that occurred many years before the skin test) from a reaction
caused by recent infection.

If the first TST result in the two-step baseline testing is positive, consider the person infected and evaluate and treat the person
accordingly. If the first test result is negative, the TST should be repeated in 1–3 weeks. If the second test result is positive, consider
the person infected and evaluate and treat the person accordingly; if both steps are negative, consider the person uninfected and
classify the TST as negative at baseline testing.

BCG – bacille Calmette-Guérin (BCG), a vaccine for TB disease that is used in many countries but rarely used in the United States;
may cause a false-positive reaction to the TST but does not affect QuantiFERON®-TB Gold test (QFT-G) results.
**MMR** MEASLES (RUBEOLA); MUMPS; and RUBELLA (GERMAN MEASLES)

**MEASLES (RUBEOLA):** TWO doses of measles-containing vaccine (Measles; Measles-Rubella; or Measles-Mumps-Rubella) regardless of birthdate, OR a rubeola positive antibody titer. The vaccine doses must have been received on or after 12 months of age and at least one full month apart.

**MUMPS:** TWO doses of mumps-containing vaccine regardless of birthdate OR a mumps positive antibody titer. The vaccine doses must have been received on or after the age of 12 months and at least one full month apart.

**RUBELLA (GERMAN MEASLES):** Two doses of rubella-containing vaccine regardless of birthdate OR a rubella positive antibody titer. The vaccine doses must have been received on or after the age of 12 months and at least one full month apart.

- Sign declination for medical contraindication or continued negative titer(s) after both required shots have been received.
- If outbreak occurs they will not be allowed on clinical site up to 21 days after known outbreak.

**VARICELLA**

**TWO doses of VARICELLA**-containing vaccine given on or after 12 months of age and at least one full month apart OR a positive varicella antibody titer.

History of disease is NOT an acceptable for this requirement.

- Sign declination for medical contraindication or continued negative titer after both required shots have been received.
- If outbreak occurs they will not be allowed on clinical site up to 21 days after known outbreak.

**HEPATITIS B**

**THREE doses of Hep B vaccine given over a minimum of 6 months** (must be given minimally at 0, 1 and 6 months) AND

A positive HBsAb titer (Hepatitis B surface antibody).

(Those who have started the series should indicate if they are “in process”. If in process indicate shot dates received and add further documentation of doses and titer results as available).

If HBsAb titer is negative: (Hepatitis B surface antibody) REPEAT the series (#4, #5, #6) Redraw HBsAb titer after 6-8 weeks of series completion— if positive titer - requirement is met.

*if second negative titer they would be considered a non-responder and should consult their provider.

- Sign waiver only if signing declination of series. (Series completion is highly recommended)

If history of Hepatitis B disease or a positive HBsAg (Hepatitis B surface antigen) it is required to show proof of a personal counseling visit with a provider about their carrier status. Provider recommendations must be followed.

**TETANUS-DIPHtherIA-PERTUSSIS (Tdap)**

Tdap required once
Td required every 10 years after Tdap

**NOTE:** Td is a different vaccine, and does not substitute for Tdap. Titers are NOT an acceptable alternative for Tdap vaccine.

- Sign declination for medical contraindication. If outbreak occurs, they will need clearance by facility to return to clinical site.