TB Testing in Persons with Recent Receipt of COVID-19 Vaccine

Updated May 26, 2021

What Changed: Removed four-week waiting period to administer TB testing post-COVID-19 vaccine; added baseline health care risk assessment

Background

According to the CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC COVID-19 vaccines should not be delayed because of testing for TB infection.

- Testing for TB infection with one of the immune-based methods, either the tuberculin skin test (TST) or an interferon release assay (IGRA), can be done before or during the same encounter as COVID-19 vaccination.
- If available, IGRA is recommended instead of TST for performing testing for latent TB infection (LTBI).1 The TST is not expected to have an effect on the safety or the effectiveness of COVID-19 vaccine because it is not a vaccine. IGRAs are blood tests and, thus, do not affect vaccine safety or effectiveness.
- When testing with TST or IGRA cannot be done at the same time as COVID-19 vaccination, follow ministry policy for TB testing. A false negative TST or IGRA is possible for this situation as it is unknown what impact vaccination might have on response to TB test, even though it is unlikely this is significant. Consider repeating negative TST or IGRA tests at least four weeks after the completion of COVID-19 vaccination. If TST was the initial test, boosting could be a factor if the result of the repeat test is positive.
- The reliability of a positive TST or IGRA result after COVID-19 vaccination is expected to be the same as without the vaccination. COVID-19 vaccination is not expected to cause false positive results from a TB test that is done at the same encounter as or after COVID-19 vaccination.
- The reliability of a negative TST or IGRA result after COVID-19 vaccination has not been studied.

For health care personnel, employees, patients or residents who require baseline TB testing as part of the new hire/pre-placement process or new admission/enrollment:

1. For those who’ve received one or more doses of COVID-19 vaccine within the last 4 weeks or are eligible to receive COVID-19 vaccine around the identified date for TB testing:
   a. If the individual has completed and has documentation of a TB screening test (TST or IGRA) within the prior 365 days, suspend the TB baseline test requirement unless there are local or state requirements that apply
      i. The individual must review and complete a TB symptom screening questionnaire and baseline risk assessment – see samples, below.
   1. If the responses to the symptom screening identifies new symptoms of possible active TB disease – refer them to a provider for medical evaluation. If the individual answers yes to any of the questions in the risk assessment they should be considered at risk of TB infection.
   b. If the individual has not completed a TB test within the last 365 days:
      i. Complete and review the TB symptom screening questionnaire and risk assessment – see samples, below.
1. If the responses to the symptom screening identifies new symptoms of possible active TB disease – refer them to a provider for medical evaluation. If the individual answers yes to any of the questions in the risk assessment they should be considered at risk of TB infection.

ii. If utilizing the IGRA, draw blood for interferon gamma release assay prior to COVID-19 vaccination, if possible.

iii. If utilizing the TST, place prior to COVID-19 vaccination, if possible.

iv. If TB testing can’t be provided prior to receipt of COVID-19 vaccine, provide TB testing as specified in ministry policy regardless of vaccination status.

For health care personnel, employees, patients or residents who require TB testing for other reasons:

1. CDC has published another Guideline that addresses testing of healthcare personnel for TB infection. This guideline states,
   a. In the absence of known exposure or evidence of ongoing TB transmission, U.S. health care personnel (as identified in the 2005 guidelines) without LTBI should not undergo routine serial TB screening or testing at any interval after baseline (e.g., annually).” [CDC, 2019]
   b. Based on this Ministries should discontinue routine serial screening for TB infection among their personnel, unless otherwise required by the ministry’s local TB risk assessment and/or local, state or federal requirements that are in effect.

2. For healthcare personnel or other employees who require testing, for example due to exposure incident or evidence of ongoing TB transmission, follow ministry, state and federal policy on TB exposure management, regardless of the individual’s vaccine status.

3. For patients or residents that need TB testing follow ministry, state and/or federal policy for situations like TB exposure management and investigation regardless of the individual’s vaccine status.

References:


2. CDC. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019 | MMWR
Health Assessment Form for Status of Health Care Personnel for Latent TB Infection (LTBI) or Active Possible Disease

Instructions: Please complete the questions below, sign, scan and send via email to HR or applicable staffing coordinator.

NOTE: please complete and send this form prior to your planned deployment if being assigned to provide supplemental staffing.

Name, printed (last, first, middle initial): __________________________________________________________
DOB: ___/___/_________
Affiliate: __MercyOne__ Other: ___________________________________

1. Have you ever had a positive TB skin test (PPD) or TB blood test?  ___Yes  ___No  ___Unsure
   
   If yes, provide the date: ___/___/________  Date of Chest X-Ray: ___/___/________; results __________________________
   
   Did you receive a TB medication? ___Yes  ___No  If yes, what medication: ___________ for how long: ___________

2. Have you ever received BCG vaccination?  ___Yes  ___No  ___Unsure

3. Do you currently have any of the following symptoms? (check all that apply)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>IF yes, then sputum?</th>
<th>IF yes, what color?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic cough?</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Persistent night sweats?</td>
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<tr>
<td>Unexplained weight loss?</td>
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<tr>
<td>Loss of appetite?</td>
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<tr>
<td>Chronic fatigue?</td>
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<tr>
<td>Fever?</td>
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<td>Chills?</td>
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<td>Shortness of breath?</td>
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<tr>
<td>Weakness?</td>
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</tbody>
</table>
Dull chest ache?  

If you answered yes to any symptom(s) above are you under medical treatment for these?  
_____ Yes  _____ No  

If Yes, provide brief description:__________________________________________________ & notify your supervisor

Sign & Date:  
________________________________________________ ____/____/______

//////////////////////////////// To be completed by HR / Employee/Occupational Health Services //////////////////////////////////

Employee Health Services date of review: ____/____/_______ Initials: __________

Cleared for work assignment: ___ Yes: ___No: ___Referred to provider for additional evaluation:  
_____ Other: _______________________________________________________________

Baseline health care personnel risk assessment – New Hire Only*  

Note: Health care personnel should be considered at increased risk for TB if they answer “yes” to any of the following statements:

1. Has the individual had temporary or permanent residence (for ≥1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)? or  

2. Does the individual have current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month), or other immunosuppressive medication? or  

3. Has the individual had close contact with someone who has had infectious TB disease since the last TB test

Abbreviation: TNF = tumor necrosis factor.