

Frequently Asked Questions Regarding Annual Tuberculosis (TB) Testing for Early Intervention Providers

May 10, 2022

The Department of Health adopted regulatory changes updating the requirements for baseline testing and risk assessment for pre-employment and annual TB risk assessments and screening for existing early intervention (EI) service providers, and all other individuals. For further information see 10 NYCRR §§ 763.13, 766.11 and 794.3, and issued DAL DHCBS 20-14, "Annual TB Testing," and DAL DHCBS 21-03," TB Testing Clarification

1. How do these changes affect current providers?

Current EI providers who have a previously documented negative TB test do not need routine annual TB testing. However, they will need to submit an annual health assessment that includes a TB risk assessment and symptom review, which is completed and signed by a licensed practitioner, stating that the provider does not have any type of diagnosed condition that would preclude them from providing early intervention services.

2. Who is required to provide an annual health statement?

All EI service providers, as well as students, interns, and volunteers, who will have regular and substantial contact with children and families receiving EI services, are required to provide an annual health statement, as outlined in the Early Intervention Provider Agreement, section IV. Personnel (C).

3. What must the annual health statement include related to TB testing?

The annual health assessment must include the date and results of the baseline TB test along with information about the provider's/individual's annual TB risk assessment and TB symptom review. This statement must include information demonstrating that the provider's/individual's annual TB screening test was completed prior to the delivery of EI services

4. What is Baseline (pre-employment) TB Testing?

Baseline TB testing is one part of the clinical evaluation required of all personnel and should be completed three months prior to the individual's first day of work. In addition to baseline TB testing, the clinical evaluation also includes a TB risk assessment and a TB symptom review. The TB risk assessment documents the individuals TB history (TB exposure, infection or disease and treatment). The clinical evaluation, consisting of the baseline TB test, the TB risk assessment, and the TB symptom review, should be conducted by a licensed practitioner (e.g., Medical Doctor, M.D., Registered Nurse, R.N., Physician Assistant, P.A., and Nurse Practitioner, N.P.), and documented in the employee's health assessment. Agencies must maintain the confidentiality of their employee's medical information pursuant to all applicable State and federal laws

Please note:

If the individual has only one Tuberculin Skin Test (TST) in the past 12 months, that test would be considered the first of a two-step process. The second step requires a repeat TST test, and it is **recommended** that this test be done three months prior to the first day of work. However, as previously indicated, individuals who have completed baseline screening, including the first TST or Interferon-Gamma Release Assays (IGRAs), can work without restriction if the test is negative.

5. Why is a two-step TST required for newly hired employees?

The two-step TST is used to identify individuals with past TB infections (latent tuberculosis infection (LTBI)) who may now have diminished skin test reactivity. In some individuals who have had an unknown past exposure to TB, their body's ability to react to a TST may decrease over time. When given a TST years after exposure, these individuals may have a (false) negative reaction to the first test. However, this first TST may stimulate the immune system so that when a second TST is given, the body is then able to produce a true positive response, indicating a past infection.

6. What is the difference between latent tuberculosis infection and tuberculosis disease?

LTBI means the individual has TB germs in the body (usually lungs), but they are not sick and have no symptoms because the germs are inactive. Individuals with latent TB infection, have a positive TB skin test or TB blood test, a normal chest x-ray, no symptoms of tuberculosis, and no TB germs found in the sputum (phlegm).

Tuberculosis disease usually causes symptoms (e.g., cough for more than 3 weeks, fatigue, weight loss, fever, night sweats). The individual may have a positive TB skin test or TB blood test. If the disease is in the lungs, it can be seen on a chest x-ray, and it may be detected in the sputum (phlegm). Although mainly a disease of the lungs, it can spread to other organ systems outside the lungs.

In order to spread TB germs, a person must have TB disease of the lungs or throat. Having LTBI is not enough to spread the germs. However, people with LTBI may develop TB disease in the future. To prevent developing TB disease, people with latent TB infection should be treated with medicine

7. How often is TB testing required?

Individuals who have completed baseline testing, which includes the first TST, or interferon-gamma release assay (IGRA) blood test and a TB risk assessment, can deliver EI services without restriction if the test is negative. After a baseline TB test is submitted to the EI agency, annual TB testing is no longer required unless recommended by an individual's health care provider as indicated by a TB risk assessment or after a known exposure. However, an annual TB risk assessment signed by a licensed practitioner and TB education (see question 10), will need to be documented in the individual's personnel record.

8. What TB test is acceptable?

Any approved test that detects the tuberculosis infection, such as the Purified Protein Derivative (PPD) test (also known as a Mantoux test or TST), or an IGRA blood test such as the QuantiFERON-TB, or T-SPOT IGRA is acceptable.

9. If an EI provider begins work with a new EI agency, will they be required to submit a new baseline TB test if the original testing is beyond the three-month recommendation but within 12-months of its completion?

If an EI provider begins working with different agencies within 12 months of the date of a completed two-step TST test, an additional two-step TST test would not be necessary. However, if new TB risk factors have been identified since the test was completed, a retest may need to be considered. For example, if you are hired by multiple agencies within 12 months of the completion of the two-step TB testing process, this test is acceptable to submit to all agencies.

10. What Annual TB Education is required for EI providers?

EI agencies and individual providers are required to participate in annual in-service education on TB. The TB education should include information on the symptoms of active disease, treatment, and testing requirements. Agencies can incorporate annual TB education into in-service trainings or hold it separately.

The Centers for Disease Control and Prevention (CDC) provides pamphlets and training on Tuberculosis free of charge that meets the annual education requirement, and can be found at the following links:

- Tuberculosis: Get the Facts!
https://www.cdc.gov/tb/publications/pamphlets/getthefacts_eng.htm
- Questions & Answers About Tuberculosis
<https://www.cdc.gov/tb/publications/faqs/default.htm> This pamphlet is good and meets the annual education requirements up to page 15
- Additional TB educational material can be found on the CDC webpage, Pamphlets, Brochures, Booklets
<https://www.cdc.gov/tb/publications/pamphlets/default.htm>

Questions about TB should be directed to the New York State Department of Health Bureau of Tuberculosis Control at tbcontrol@health.ny.gov

For questions regarding any of the information in this document, please contact the Bureau of Early Intervention at beipub@health.ny.gov

For questions related to the Providers Agreement document, please contact the Provider Approval Unit at provider@health.ny.gov

