

Frequently Asked Questions

1. Why is a chest x-ray no longer recommended for residents prior to admission to long-term care and retirement homes?

The Canadian Tuberculosis Standards, 8th Ed. (CTS 2022) advises that residents of Long-Term Care institutions undergo a symptom screen to rule out active TB on or before admission to the home. In some areas of Canada, Public Health jurisdictions have decided to keep the chest x-ray as a part of the admission process based on facility risk assessment and local epidemiology, however, based on our epidemiology, we feel it is safe to drop this admission recommendation at this time.

A posteroanterior and lateral chest x-ray should be performed if a resident fails the symptom screen and the resident should be referred for medical assessment if indicated.

2. Do residents under 65 years of age still have to undergo a skin-test as part of their admission process into long-term care and retirement homes?

No. The Canadian Tuberculosis Standards, 8th Ed. (CTS 2022) is recommending a symptom screen **only** to rule out active TB for all admissions to long-term care and retirement homes, regardless of the age of the resident. Again, a posteroanterior and lateral chest x-ray should be performed if a resident fails the symptom screen and the resident should be referred for medical assessment if indicated.

3. What is recommended for residents being transferred from another facility?

Prior to transfer, the resident should be carefully reassessed for signs and symptoms of active TB, including failure to thrive. You may wish to use the active TB screening checklist for clinicians to guide the symptom review. If there are any indications of possible active TB, a chest x-ray, sputum testing, and any other necessary investigations should be done to rule out active pulmonary TB disease before the resident is transferred.

4. What is a 2-step skin test for TB?

This consists of 2 TSTs usually performed within 1 to 4 weeks of each other. A 2-step TST, rather than a single TST, is generally only indicated at the initial assessment of someone who will be having repeat TSTs at regular intervals. For example, a 2-step TST is recommended for health care workers at the start of employment, to help reduce the chance of a newly-positive TST in the future being misinterpreted as conversion when the TST is repeated. The 2-step TST needs to be performed only once if properly done and documented (The Canadian Tuberculosis Standards, 8th Ed. (CTS 2022)).

Over decades, the immune response (i.e. a positive TST) related to a remote TB or BCG exposure can go "dormant". A single TST may elicit a negative result; however, re-stimulates the immune recognition so that a 2nd TST at a later time will elicit a much greater response. The reason for a 2-step TST is to detect this "booster effect" at the beginning of TST monitoring (using a 2-step TST), as otherwise it could be confused later on with a true TST conversion.

5. What if a new employee/volunteer had a 2-step TST done, but the 1st and 2nd steps were done more than 4 weeks apart?

According to the Canadian Tuberculosis Standards, the 1st and 2nd step of a 2-step TST should be done 1-4 weeks apart. Less than 1 week does not allow enough time to elicit the phenomenon, more than 4 weeks allows the possibility of a true TST conversion to occur if the person had an exposure to infectious TB in the interim. However, the 2nd test can be accepted up to 1 year later as long as no exposure to active TB occurred within the time in between.

6. What if an employee/volunteer has never had a 2-step TST done, but had a 1-step TST done within this past year?

If the previous TST result was positive (≥ 10 mm), no further skin testing should be done. The person should proceed with a physical exam and a chest x-ray to rule out active TB disease.

If the previous TST was negative, another 1-step can now be done and accepted as the 2nd step of a 2-step TST as long as it is within a 1-year period from the time of the 1st step. It is important to assess the likelihood that the employee was exposed to active TB since the last TST. If an exposure is suspected, the 2nd TST should be done at least 8 weeks after the TB exposure in order to provide a reliable baseline for future assessments.

7. A resident had a CXR done 2 months ago but now has symptoms that could be due to active pulmonary TB. Should a repeat CXR be done prior to admission to our facility?

Yes. If the resident has symptoms suggestive of active TB (i.e. cough lasting longer than three weeks, unexplained weight loss, fever, chills, night sweats, fatigue), a current chest x-ray should be done to rule out active pulmonary TB disease. In addition, 3 sputum samples should be collected at least one hour apart and submitted to the Public Health Laboratory for testing (Acid Fast Bacilli and Culture). Before admitting the resident, all sputum results should be negative and active pulmonary TB disease ruled out. If the resident has already been admitted to the facility, refer to the Recommendations for TB Screening in Long Term Care and Retirement Homes, specifically the section regarding "Management of Residents with Suspected Active TB Disease".

8. If a staff person has received the BCG vaccine in the past, do they still need a TST?

Yes. TB skin testing is required for staff who have received BCG vaccines in the past. People vaccinated with BCG may have a positive TB skin test if the BCG was given after infancy. However it is also possible for this positive TST to have been caused by TB infection, especially if the person was born in or travelled to a country with high rates of TB. It is worth remembering that countries with much higher rates of TB than Canada also use BCG routinely. Thus, adults with a positive skin test who had a BCG vaccination should still be carefully evaluated for possible latent TB infection (LTBI), and be offered treatment for LTBI if appropriate.

The following resources may be helpful in interpreting a positive TST:

- On-Line TST/IGRA interpreter may be found at <https://www.tstin3d.com>
- BCG World Atlas – A Database of Global BCG Practices and Policies may be found at <http://www.bcgatlas.org/>
- International TB rates by country at <https://data.worldbank.org/indicator/SH.TBS.INCD>

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