

POLICY ON INFECTION CONTROL FOR TUBERCULOSIS FOR MEDICAL AND DENTAL RESIDENTS

I. INTRODUCTION

The University of Tennessee Health Science Center (UTHSC) will provide an environment for the safe conduct of its mission in education, research, community service, and patient care. This policy is intended to provide reasonable protection for medical and dental residents against the transmission of infectious diseases within the environment of an educational and health care institution. University Health Services (UHS) is responsible for the implementation and interpretation of this policy. A provider may be reached at (901) 448-5630 at any time.

II. DEFINITIONS AND ABBREVIATIONS IN POLICY

- a. Tuberculosis (TB)
- b. Tuberculin Skin Test (TST)
 - i. Liquid called tuberculin injected into skin to see if there is a reaction
 - ii. Also referred to as purified protein derivative (PPD)
- c. Interferon-Gamma Release Assay (IGRA)
 - i. Referred to as T-Spot or QuantiFERON-TB Gold In-Tube (QFT-GIT)
 - ii. Blood test to measure a person's immune reactivity to tuberculosis proteins
- d. Bacille Calmette-Guerin (BCG)
 - i. TB vaccine given to many people living outside the United States
- e. Symptoms Checklist
 - i. Questionnaire and interview with healthcare worker done annually for individuals that have previously tested positive
- f. University Health Services (UHS)
- g. Memphis Shelby County Health Department (MSCHD)

III. NEW HIRES/PRE-EMPLOYMENT REQUIREMENT

All UTHSC residents are required to have documentation of a two-part tuberculosis test (TST, QFT-GIT or T-Spot) to be started in June and completed within thirty (30) days of the date of employment. The process will be completed with the approved Memphis vendor. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines, if TST is used to test health care personnel upon hire, two-step testing must be used. The second test must be done 1-3 weeks after the first test. New residents may elect to have a new test completed at UHS or the GME vendor prior to their start date at no cost. Residents that test positive or residents whose documentation show a previous positive result must receive a chest x-ray. The chest x-ray arrangements will be set up through the UHS current vendors. If the chest x-ray is abnormal, then UHS will decide how best to have you evaluated further. The individual may also be referred to the Memphis Shelby County Health Department for medication and sputum testing for smears and culture. TST (Step 1) and IGRA tests results should take no longer than four days, and the scheduling of a chest x-ray should take no longer than two business days. No resident will be placed on payroll or begin working until all results have been identified and cleared by GME. Residents with negative Step 1 TST test can start training once the test results are submitted and documented by GME. For residents that fail to start the process in a timely manner this may result in a late start date.

IV. EXISTING RESIDENTS' REQUIREMENT

In accordance with the Center for Disease Control (CDC) guidelines, all UTHSC residents who have a known exposure or ongoing transmission are required to have an annual tuberculosis

evaluation. UHS will determine the most appropriate method which may include TST, IGRA, symptom checklist, or chest x-ray. All services are provided to the resident at no cost.

V. TESTING PROTOCOL

Residents with newly positive TST or IGRA result, and those with known previous positive results and new symptoms, will receive a chest x-ray and may not continue working while awaiting results. If the chest x-ray is abnormal the resident is pulled from service, placed on sick leave, and the UHS staff will decide if further evaluation should be done. The Memphis Shelby County Health Department can provide medication at no cost and provide sputum testing for smears and culture. The resident may not return to any work-related activities until they are cleared and released by UHS. IGRA is the preferred method of tuberculosis testing for residents who have received the BCG vaccine.

VI. MEDICATION FOR LATENT TB

It is strongly recommended by the University of Tennessee that those individuals that test positive for latent TB (positive TST or IGRA with normal chest x-ray and no other evidence of TB disease) take isoniazid (or other approved drug therapy for latent TB, if isoniazid is contraindicated). In most cases, UHS can write the prescription for medication and do the follow-up lab work for latent TB. UTHSC cannot mandate that you take this medication for latent TB; but you will be required to document that it was offered, and you declined to accept. Generally, active TB cases are treated at the MSCHD in cooperation with UHS. Note that if you have active TB the Memphis Shelby County Health Department will mandate that you take the medication to be released.

VII. PREGNANCY/BREASTFEEDING

No exemption is granted for the mandatory initial tuberculosis evaluation. Residents who are pregnant or breastfeeding may elect to have blood drawn for a T-Spot rather than a tuberculin test at their discretion at no cost.

VIII. UNIVERSITY HEALTH SERVICES

UHS has the final authority to determine the appropriate tests to give residents and the protocol to follow. All requirements given by UHS must be followed by each resident and their training program. Failure to follow the guidelines may result in disciplinary action up to and including termination from the program.

IX. COMMUNICATION

UHS and GME will work closely to communicate information to the residents and training programs. UHS or the GME vendor will notify GME of any positive test and updates thereafter. GME will notify the Program Director when a resident is placed on leave and not permitted to work. UHS will notify GME when a resident is permitted to return to work and GME will notify the resident and Program Director. GME will notify the Chief Medical Officers of our teaching hospitals if a resident with active TB is discovered.