**Tuberculosis Infection Control Policy & Written Plan**

**Policy:** To ensure the health and safety of residents and staff,[Enter Provider Name] has established the following written plan in accordance with Illinois Code Section 696.100.

**Definitions:**

**Active Tuberculosis (TB) Disease** means a diagnosis demonstrated by clinical, bacteriological, or diagnostic imaging evidence, or a combination thereof. Persons who have been diagnosed as having active TB and not have completed a course of TB treatment are still considered to have active tuberculosis and may be infectious.

**Bacteriologic Examinations** means tests done in a mycobacteriology laboratory to diagnose active TB disease, including smears for acid-fast bacilli (AFB), cultures and other tests for Mycobacterium tuberculosis (M. tuberculosis), and drug susceptibility tests.

**Department** refers to the Illinois Department of Public Health.

**Health Care Setting** means any relationship (physical or organizational) in which a health care worker might share air space with a person with active TB disease or in which a health care worker might be in contact with clinical specimens.

**Health Care Worker** means a paid or unpaid person working in a health care setting who has the potential for exposure to M. tuberculosis through air space shared with persons with infectious TB disease, or contact with clinical specimens.

**High-Risk Groups** means categories of people with an increased probability of becoming infected with TB, or who, once infected, have increased probability of progressing to active TB disease.

**Latent TB Infection (LTBI)** means the condition in which organisms capable of causing disease enter the body and elicit a response from the host’s immune defenses. LTBI may or may not progress to clinical disease.

**Local TB Control Authority** means the agency at the local level recognized by the Department as having jurisdiction over the prevention and control of tuberculosis. The local TB control authority may be an autonomous TB board or a TB program within a local health department.

**Mantoux Tuberculin Skin Test (TST)** is a method of skin testing that is performed by injecting 0.1 milliliters (mL) of purified protein derivative (PPD) tuberculin containing five tuberculin units into the dermis of the forearm with a needle and syringe.

**Procedures**

**[Enter Provider Name]** designates the following individual(s) as being responsible for the TB prevention and control program: **[Enter Employee Name and/or Title]**

A [health care provider risk assessment form](https://www.cdc.gov/tb-healthcare-settings/media/pdfs/Tuberculosis_Risk_Assessment_Worksheet_for_Facilities.pdf) will be completed and will be reviewed no less than annually. The risk assessment form will aid in determining potential gaps in this written TB infection control plan that could result in potential transmission of TB. If gaps are identified, processes and procedures will be revised in this plan to address those gaps to reduce the risk.

**Screening:**

General Pre-employment

* Prior to hire, all health care workers shall have a baseline [TB symptom evaluation](https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-symptom-screen.pdf) and [individual risk assessment](https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf) completed by using the provided forms from the Illinois Department of Public Health (IDPH).
* In addition, all health care workers will have a test for TB disease by completing an Interferon Gamma Release Assay (IGRA) blood test or a Mantoux Tuberculin Skin Test (TST).

General Admission

* All residents in non-acute, residential health care settings that serve high-risk groups shall have an individual [Tuberculosis Risk Assessment Form](https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf) completed upon admission. Based on the recommendations from the risk assessment and in cooperation with the local TB control authority, a TB test may be indicated. If a TB test is indicated, it will be completed by collecting an IGRA blood sample or via Mantoux TST.

Exposure to TB

* If a health care worker has exposure to another individual with active TB disease and had a negative baseline screening with no history of LTBI or active TB disease they must inform [**Enter Employee Name and/or Title].** A TB test will be completed by collecting an IGRA sample or a Mantoux TST.
* If the TB test is negative, a repeat test will be completed 8-10 weeks after the last known exposure.

If any TB test yields a positive result, the health care worker will be managed as outlined below under diagnosis and treatment.

**Diagnosis & Treatment of Active TB:**

Health care workers with a positive TB test will immediately be removed from duty and encouraged to see their primary care physician. The health care worker will be allowed to return to work upon release from their primary care physician.

Residents with a positive TB test will be placed into contact isolation until LTBI and active TB can be ruled out. If a chest radiograph determines there is no LTBI or Active TB disease, the isolation precautions can be discontinued. The positive TB test will be documented in the resident’s record and no additional Mantoux TST will be completed in the future.

Treatment for LTBI will be determined by the primary care physician and local TB control authority based on the Center for Disease Control and Prevention’s (CDC) [Treatment Regimens for Latent TB Infection](https://www.cdc.gov/tb/topic/treatment/ltbi.htm) resource.

Diagnostic Evaluation for Residents with Suspected or Confirmed Active TB Disease:

* Evaluation of residents with suspected or confirmed active TB disease shall include but is not limited to reviewing the resident’s medical history, completing a physical examination, TB screening test, chest radiograph, bacteriologic examinations on available specimens and assessment of risk for HIV infection, testing, and counseling as indicated.

Clinical Management for Residents with Suspected or Confirmed Active TB Disease

* If infectious TB is suspected, precautions shall be taken to prevent transmission. Placement in airborne infection isolation in a private room is essential to preventing transmission. If a negative pressure room is not available, the health care provider may transfer the resident to a location where this is available according to transfer agreements. Isolation shall be maintained until consultation with IDPH determines the resident is considered to be non-infectious and not likely to become infectious again.
* Treatment regimens shall be based on the physician’s orders and the CDC has guidance on [treatment regimens for active TB disease](https://www.cdc.gov/tb/treatment/active-tuberculosis-disease.html).

**Reporting:**

All suspected or confirmed cases of active tuberculosis must be reported to the local TB control authority, who will report to IDPH within seven days calendar days after the diagnosis or suspicion of active TB. In the absence of a local TB control authority, the health care provider shall report directly to IDPH. This includes health care professionals not limited to physicians, physician assistants, nurses, dentists, coroners, medical examiners, laboratory personnel, and health coordinators.

The local TB control authority is responsible for assuring that a contact investigation, including identification, prioritization and evaluation of contacts is completed for each case of TB disease.

Reporting, at a minimum, must include:

* Diagnosis, including the dates and results of TB screening tests, bacteriologic examinations and chest radiographs.
* Clinical Management Information, including the infectious or non-infectious status, isolation precautions taken, treatment regimen, and serious adverse medication reactions.
* Surveillance Information, including demographic and locating information such as the name, address, date of birth, sex, race, ethnic origin, month and year the person arrived in the United States (if applicable). If available, other important information includes non-prescribed drug use and excess alcohol use within the year before the date of submission, occupation, address changes, names and addresses of contacts, and any other information required to complete the CDC’s Report of Verified Case of TB (RVTC) tuberculosis reporting form.
* Any other relevant information requested by the local TB control authority or IDPH which may include hospital discharge plans for out-patient follow up, names, locating information, test results, and treatment information of all persons considered during a contact investigation.

When a resident is discharged from institutional or residential health care settings, a report shall be made prior to discharge or transfer to the local TB control authority in whose jurisdiction the reporter is located.

Identifiable data may be released to the extent necessary for the treatment, control, investigation, and prevention of diseases and conditions dangerous to public health.

**Education:**

All health care workers shall be trained on the written TB plan upon hire and **[Enter frequency for “periodically”]** thereafter.

**Recordkeeping:**

Records on TB screening results, diagnostic evaluations (including any information on drug-resistance), exposure contact tracing, the current written plan, individual and aggregate data that may inform level of risk and transmission must be maintained and provided to IDPH or the local TB control authority upon request.

**References:**

CDC. (2006. Sept 27). *Appendix B Tuberculosis (TB) Risk Assessment Worksheet.* <https://www.cdc.gov/tb-healthcare-settings/media/pdfs/Tuberculosis_Risk_Assessment_Worksheet_for_Facilities.pdf>.

CDC. (2020. Feb 13). *Treatment Regimens for Latent TB Infection.* <https://www.cdc.gov/tb/topic/treatment/ltbi.htm>

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CDC. (2025. Jan 6). Treating Active Tuberculosis Disease. <https://www.cdc.gov/tb/treatment/active-tuberculosis-disease.html>

State of Illinois. (2024. Dec 18). Title 77, Chapter I, Subchapter K, Part 696 Control of Tuberculosis Code. <https://www.ilga.gov/Commission/jcar/admincode/JCARTitlepart.asp?Title=077&Part=0696>.