FAQ for Employer’s Providing Tuberculosis Screening

Who needs a TB test?

Employee TB testing should be completed according to state laws, known as Washington Administrative Codes (WACs), as well as published national guidelines.

**WACs require TB testing** for employees working in the following settings:

- **Health Care Settings**
  - Adult family homes (within 3 days of employment)
  - Boarding homes
  - Nursing homes (within 3 days of employment)
  - Chemical dependency
  - Staffed residential homes
  - Group residential facilities
  - Childbirth center
  - Hospitals (healthcare workers)
  - Enhanced services facilities
  - Ambulatory surgical facility (healthcare workers)
  - Assisted living (within 3 days of employment)
  - Adult day centers (within 30 days of employment)
  - Firefighters

- **Chemical Dependency Settings**
  - Private alcohol and chemical dependency hospital
  - Residential treatment facility

- **Child Care Settings**
  - Child placing agencies
  - Home child care
  - Child care center
  - School aged child care center

- **Other Settings**
  - Pregnant and parenting teen programs
  - Overnight youth shelters

National guidelines recommend TB testing for **all** healthcare workers who have the potential for exposure to M. tuberculosis through air space shared with persons with infectious TB. WA State Department of Health recommends that all healthcare workers have a baseline TB test upon hire.
How often are TB tests needed?

Required Annually: Nursing home

Risk-based: Healthcare and Chemical Dependency settings

TB exposure or symptoms of TB: All settings (as directed by the local county health department)

What is risk-based screening?

Risk-based screening is a method to determine, based on the level of TB risk in the facility, how frequently employees should receive a TB test. An annual facility risk assessment should be completed and be based on risk factors such as the number of TB cases encountered, characteristics of the population encountered in the facility, procedures performed in the facility, and presence of an infection control plan.

For outpatient settings, it is recommended to use the Outpatient/ Nontraditional Facility-Based TB Risk Assessment form. For inpatient facilities, it is recommended to use CDC’s Tuberculosis Risk Assessment Worksheet (Appendix B and C). For information regarding TB rates in Washington State and by county click here.

WA State DOH TB program recommends using a risk-based screening approach, unless required differently by WAC (i.e. nursing home employees).

What type of TB tests are acceptable?

There are two types of TB tests available in Washington State; the tuberculin skin test (TST) and a type of blood test known as an Interferon Gamma Release Assay (IGRA).

While the TST has been available much longer than IGRAs, CDC guidelines state that IGRAs can be used in any situation that the TST is used.

Can they opt to have a chest x-ray instead of a TB test?

While a chest radiograph is useful when evaluating someone for active TB disease, it does not identify TB infection (see What is the difference between TB infection and active disease?) A TB test can indicate if someone has been infected.

An employee’s baseline TB test result allows the employer to compare subsequent TB test results, if necessary, in order to identify a potential work exposure. For this reason, WA State DOH TB program does not recommend a chest radiograph unless the employee has a positive TB test or is symptomatic for TB.
What if they have a previously positive TB test or have previously completed TB therapy?

If the person has documentation of a prior positive TB test and/or completion of TB therapy they do not need to repeat a TB test. Instead, a symptom screen should be administered and if symptomatic, a current chest radiograph completed.

If the person cannot provide documentation of a positive TB test and/or completion of TB therapy it is appropriate to administer another TB test.

What is a two-step TB skin test?

A two-step skin test is the administration and reading of two TSTs typically placed 1-3 weeks apart. According to CDC guidelines if two TB tests are completed within 12 months, this can be considered a valid two-step TB skin test.*

There are two options for conducting two-step testing:

1. Four Visit Two-Step
   a. Place TST
   b. 48-72hrs later- Read TST (send for x-ray if positive, do not place a second test)
   c. One to three weeks after initial TST is read- Place second TST (if first was negative)
   d. 48-72hrs later- Read TST (send for x-ray if positive)

2. Three Visit Two-Step
   a. Place TST
   b. One week later- read TST (send for x-ray if positive, do not place another test) and place second TST (if initial TST is negative)
   c. 48-72hrs- Read TST (send for x-ray if positive)

* Nursing home and adult family home WACs state the two tests must be completed 1-3 weeks apart.

When using an IGRA as the testing method a two-step is not necessary.

Why is a two-step TB skin test needed?

Two-step testing is necessary in order to obtain an accurate baseline when using the TST. The reason this is necessary is because of a condition referred to as Booster Phenomenon.

Booster Phenomenon can occur when someone who was infected with TB in the past has a TST placed years after being infected. Because their body is so used to living with TB infection, when an initial TST is placed the persons immune system does not react. However, if a second TST is placed it “boosts” the persons immune system and a positive reaction will result. This positive reaction does not represent a recent infection, rather it is an old infection.
Two-step TB testing is not necessary when using an IGRA.

**How often is a two-step TB test needed?**

Two-step testing should only be done at baseline (e.g. upon hire).

**Who is allowed to administer, read (measure), and interpret TB skin testing?**

Persons whose healthcare license/certificate allows them to administer intradermal medications within their scope of practice may administer a TB skin test and read (measure) induration. Healthcare license/certificates which allow administration and reading of a TB skin test include:

- Certified Medical Assistants (MA-C)
- Licensed Practical Nurse (LPN)
- Registered Nurse (RN)
- Advanced Registered Nurse Practitioner (ARNP)
- Physician Assistant (PA)
- Medical Doctor (MD)

Interpreting a TB skin test requires reviewing the patient’s risk factors and millimeters of induration. Using this information the health care provider determines if the TB test result is positive or negative. The scope of practice for MA-Cs does NOT allow them to interpret a TB skin test result. ARNPs, PAs, and MDs are the only health care providers who are able to diagnose a patient with TB infection or disease.

**What happens if someone is found to have a positive TB test?**

The employee must have a chest radiograph and should be referred to a medical provider.

**What happens if someone has an abnormal chest radiograph?**

If the employee has a chest radiograph suggestive of TB they should stay home from work until cleared by a medical provider to return.

**What happens if someone is diagnosed with active TB?**

The local county health department will be involved with the employee’s care and will determine when the employee is able to return to work. The county health department may also perform a workplace evaluation and testing if possible transmission occurred.

**What is the difference between TB infection and active disease?**

**TB Infection:**

The person has a positive TB test and a chest radiograph not suggestive of TB. They do not have symptoms, are not contagious and may continue working as normal. They should talk to a medical provider about taking medication to prevent them from developing active TB disease.
Pulmonary TB Disease:

The person has a positive TB test, an abnormal chest radiograph suggestive of TB, and coughing specimens that may grow TB. They often have signs and symptoms of TB and may be contagious. They should not return to work until cleared by a medical provider. TB found outside of the lungs is usually not contagious.

Who is considered an “employee” for the purposes of TB screening?

According to CDC guidelines, persons who are part-time, temporary, contract, and full-time should be included in the TB screening program. Certain types of facilities have state laws that may define who is considered an employee and/or who is required to have a TB test. Always refer to the applicable state law or consult the state surveyor assigned to your facility if applicable, otherwise, follow the above mentioned CDC guidelines.

What is considered a current chest radiograph?

Because people with TB infection can activate at any time there are no guidelines on what can be considered a current chest radiograph. Many policies consider a current radiograph as a radiograph completed in the past 6 months; however, this is not based on published guidelines.

What is considered a current TB test?

Because people can be exposed and infected with TB at any time there are no guidelines on what can be considered a current TB test. Many policies consider a TB test result within the past 6-12 months to be current; however, this is not based on published guidelines.

Additional Resource:


For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).