Tuberculosis Screening for Workers in Health Care Settings (e.g. Long-Term care, Primary care, Home care)

The TB risk assessment can be done anytime within 6 months before the start of employment/volunteer/student placement or within one month of starting the role.

Do not repeat TST/IGRA testing unless there are ***new risk factors** since the last test (see chart below).

Unknown or undocumented TST/IGRA:
ACTION - A TST/IGRA is required

2-step TST/IGRA

If both tests are negative → No further testing is recommended

If either test is positive → Refer to column, *New or previously documented positive TST/IGRA

Previously documented negative TST/IGRA result:
ACTION - A new TB risk assessment is required
(physical exam, TB history, symptom review, risk assessment)

Are there any *new risk factors since last TB assessment?

- Travel/lived in a TB endemic region for ≥3 months: includes most countries outside of North America, Western Europe, Australia, and New Zealand.
- Recent close contact to someone with infectious TB (within 2 years)
- Current or planned immunosuppressive therapy or medication.

A 1-step TST/IGRA is necessary

Note: if TST/IGRA result is positive, refer to column *New or previously documented positive TST/IGRA

No new risk factors since last TB assessment?

No further testing is recommended

*New or previously documented positive TST/IGRA result or previously treated TB infection or disease:
ACTION - A new TB risk assessment is required

- **New Positive:** For a new positive TST/IGRA, a physical exam, symptom review, risk assessment, and a CXR are recommended to rule out infectious TB disease. Regardless of CXR results, if client has symptoms suggestive of TB, order sputum TB testing and refer client to a TB clinic or specialist. If asymptomatic, a CXR done within 3 months prior is acceptable.
- **Previous Positive:** For documented previous positive TST/IGRA, nothing further is required if they have undergone a previous assessment to rule out TB disease and they continue to be asymptomatic (this includes people with documented TB screening for a prior workplace).
  - A new CXR (PA & LAT) is only necessary if the person is symptomatic or there has been a new recent exposure to an infectious TB case.
- **Routine repeat testing is not recommended,** i.e. **annual** CXR/TST/IGRAs are **not recommended.**
- **TB preventive treatment** (TPT – also known as Latent TB Infection [LTBI] treatment). Do not initiate TPT until active TB disease has been excluded: For patients with symptoms or an abnormal CXR consistent with TB disease, evaluate with a CXR (if not already done), symptom screen, and if indicated, sputum x3 for acid-fast bacilli (AFB) smears and TB cultures.
  If patient declines TPT, educate them on the signs and symptoms of potential reactivation of their TB infection to TB disease.

If symptomatic or abnormal CXR:
Should not work, pending negative sputum AFB smear results.

If asymptomatic:
Can continue to work while HCP completes assessment to rule out infectious TB disease.

Volunteers: Those who expect to work at least half a day per week.

Reference: Canadian TB Standards, 8th edition, 2022. Reviewed 2026

Toronto Public Health

Clinician TB Risk Assessment Form

A Tuberculosis Skin Test (TST) or Interferon Gamma Release Assays-QuantiFERON (IGRA-QFT) blood test are acceptable tests for diagnosing TB infection.

Section 1: TB Risk Assessment for patient's own personal record

Note: Write **N/A** if the TB risk assessment algorithm deems a section not applicable.

Most recent TST, or previously documented positive TST ** If documented previously positive TST, repeat TST is not required	**Date planted**	**Date read**	**Induration size (mm)**	**Result** ☐ **Positive** or ☐ **Negative**
IGRA-QFT *Provide official result/copy to patient*	**Date of Test**		**Result** ☐ **Positive** or ☐ **Negative** or ☐ **Indeterminate**	
CXR (PA & LAT) required if TST/IGRA positive *Provide official result/copy to patient*	**Date**		**Result**	

☐ **Repeat TB Testing is Not Indicated at this time** **Date:** _____

Patient Name: _____ DOB: _____

Address:_____

Phone number: _____

Assessment Date: _____

Health Care Provider's Name and Signature: _____

Interpretation of TST results and cut-off thresholds

TST result	Situation in which reaction is considered positive
<5 mm	In general, this is considered negative
≥5 mm	• People living with HIV • Known recent (<2 years) contact with a patient with infectious TB disease • Fibronodular disease on chest x-ray (evidence of healed, untreated TB) • Prior to organ transplantation and receipt of immunosuppressive therapy • Prior to receipt of biologic drugs, such as tumor necrosis factor alpha inhibitors, or disease-modifying anti-rheumatic drugs • Prior to receipt of immunosuppressive drugs, e.g. corticosteroids (equivalent of ≥15 mg per day of prednisone for at least one month) • Stage 4 or 5 chronic kidney disease (with or without dialysis)
≥10 mm	• All others

Clinician TB Risk Assessment Form

Either this form, an equivalent occupational health form, or clinician's note is acceptable.

Section 2 – For patient to give to their workplace/occupational health.	
Patient Name: _____ **DOB:** _____	**No indication of infectious TB disease.** **Patient is clear to work.** ☐ **Yes** ☐ **No** **Today's Date**: _____

Health Care Provider's Name: _____

Health Care Provider's Signature: _____

Address: _____

Phone number: _____