North Carolina Department of Health and Human Services
Division of Public Health

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To: Local Health Department TB Programs, Health Care Professionals
From: Jason Stout, MD, MHS, TB Controller/Medical Director

Re: Tuberculin Shortage and Administrative Testing of Low-Risk Persons Including Child Care Professionals

On April 22, 2013, a memo was distributed outlining the current shortage of both Tubersol® and Aplisol® purified protein derivative (PPD) solutions. In this memo, it was recommended that low-risk individuals being tested for administrative purposes not be screened until this shortage is resolved. However, this recommendation has been revised for individuals working in licensed child care programs, public school teachers and non-healthcare employees due to confusion it caused with certain entities, the General Statutes and the desire to keep recommendations consistent for all non-health care employees. This memo is to clarify the recommendation for screening these individuals.

Unfortunately, the shortage of PPD solution is ongoing, and even after full distribution is resumed it will likely take some time to get our stocks replenished. Until then, tuberculin skin testing should be reserved for individuals most likely to have been recently infected by tuberculosis, as noted in the April 22 memo. However, this recommendation should not interfere with appropriate screening of individuals for active tuberculosis. The Child Care Requirements for both Centers and Family Child Care Homes address the requirement for tuberculosis screening.

10A NCAC 09.0701 Centers

(c) A test showing each employee, including the director, to be free of active tuberculosis is required prior to employment. The results indicating the individual is free of active tuberculosis shall be obtained within the 12 months prior to the date of employment.

10A NCAC 09 .0702 Centers

(c) A test showing each substitute and volunteer is free of active tuberculosis is required prior to the first day of work. The results of the test shall be obtained within the 12 months prior to employment or the beginning of the volunteer activity. This Paragraph applies only to individuals who volunteer more than once per week.

10A NCAC 09.1701 Family Child Care Homes

(b)An individual who provides care for five hours or more in a week, during planned absences of the operator, shall... have proof of negative results of a tuberculosis test completed within 12 months prior to the first day of providing care...

10A NCAC 09.1702 Family Child Care Homes

(d) The applicant shall also submit supporting documentation with the application for a license to the Division. The supporting documentation shall include:
...(3) proof of negative results of the applicant's tuberculosis test completed within the past 12 months...

10A NCAC 09.1705 Family Child Care Homes

(a) Prior to receiving a license, each family child care home operator shall:

(2) Obtain written proof that he or she is free of active tuberculosis. The results indicating the individual is free of active tuberculosis shall be obtained within 12 months prior to applying for a license.

To comply with the Child Care Requirement as well as current guidelines of the Centers for Disease Control and Prevention, the following procedure is recommended for all low-risk persons requiring administrative screening for tuberculosis, including child care professionals:

1) The health care professional performing the certifying examination should administer the Tuberculosis Risk Questionnaire and Tuberculosis Symptom Questionnaire
2) Persons who have negative responses to all questions on both the Tuberculosis Risk Questionnaire and Tuberculosis Symptom Questionnaire may be certified as not having tuberculosis in the communicable form. No further testing is required for such persons
3) Persons with any positive response on the Tuberculosis Symptom Questionnaire should receive further medical evaluation, which should include a chest radiograph
4) Persons with no positive responses on the Tuberculosis Symptom Questionnaire, but with any positive response on the Tuberculosis Risk Questionnaire should receive further medical evaluation, which should include either a tuberculin skin test or an interferon gamma release assay (written documentation of a prior positive test and subsequent negative chest radiograph is acceptable) .

This procedure represents best medical practice for persons requiring administrative testing, and should be followed even after the tuberculin shortage resolves.

Tuberculosis Risk Questionnaire

1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America, or Eastern Europe?	YES	NO
2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia, Central America, South America, or Eastern Europe?	YES	NO
3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis?	YES	NO
4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients?	YES	NO
5) Have you ever been exposed to anyone with infectious tuberculosis?	YES	NO

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

1) Unexplained cough lasting more than 3 weeks	YES	NO
2) Unexplained fever lasting more than 3 weeks	YES	NO
3) Night sweats (sweating that leaves the bedclothes and sheets wet)	YES	NO
4) Shortness of breath	YES	NO
5) Chest pain	YES	NO
6) Unintentional weight loss	YES	NO
7) Unexplained fatigue (very tired for no reason)	YES	NO