

Adult Day Center Participant TB Risk Assessment FAQs

Recommendation

The Minnesota Department of Health (MDH) recommends primary health care providers assess the risk for TB infection in all adult day center participants and test for TB if the participant has any risk factors. Avoid testing persons at low risk for TB.

This recommendation fulfills the requirement of Minnesota Administrative Rule 9555.9660 that all adult day centers, “develop and maintain a written record for each participant...[that] shall include...a medical report dated within the three months prior to or 30 calendar days after the participant’s admission to the center, signed by a physician or signed by a physician assistant or registered nurse and cosigned by a physician, that includes...a report on a physical examination, updated annually...and documentation that the participant is free of communicable disease or infestations.”

Risk Assessment and Testing

An adult day center participant’s risk should be assessed at the time of enrollment in an adult day center and annually thereafter using the “Adult Day Center Participant Tuberculosis (TB) Risk Assessment” found at [Prevention and Control of TB in Health Care and Other Congregate Settings \(https://www.health.state.mn.us/diseases/tb/rules/index.html\)](https://www.health.state.mn.us/diseases/tb/rules/index.html) or a similar tool.

If the patient has one or more risk factors test for TB infection using either a two-step tuberculin skin test (TST) or a single Interferon-Gamma Release Assay (IGRA). It is preferred to perform an IGRA for people who were born outside the United States, who have received the bacilli Calmette-Guerin (BCG) vaccine, or who may have difficulty returning to have a TST read.

- For additional information about TSTs see [Tuberculin Skin Test \(TST\) \(https://www.health.state.mn.us/diseases/tb/tst.html\)](https://www.health.state.mn.us/diseases/tb/tst.html).
- For additional information about IGRAs see [TB Blood Tests \(https://www.health.state.mn.us/diseases/tb/bloodtests.html\)](https://www.health.state.mn.us/diseases/tb/bloodtests.html).

Annual Risk Assessment

Repeat testing for TB using a TST or IGRA should only be performed in persons who previously tested negative and have new risk factors since their last risk assessment. Perform an annual symptom screen (i.e., cough that lasts 3 weeks or longer, coughing up blood, weight loss, fevers, or night sweats) on all participants regardless of TST or IGRA result. Rule out active disease in symptomatic participants.

Ruling Out Active Disease

A negative TST or IGRA does not rule out active TB disease. Participants with either symptoms of active TB disease or a positive TB screening test (i.e., TST or IGRA) require at least a chest xray and medical examination to rule out active TB disease. Sputum testing (i.e., AFB smears, cultures, and nucleic acid amplification testing) may also be indicated in some patients.

If active TB disease is suspected call the MDH TB Program at 651-201-5414.

Latent TB Infection (LTBI)

Persons with positive TST or IGRA test results and for whom active disease has been ruled out, should generally be treated for LTBI. An excellent resource for learning about risk for TB and the diagnosis and treatment of LTBI is the Center for Disease Control and Prevention's booklet [Latent Tuberculosis Infection: A Guide for Primary Health Care Providers](https://www.cdc.gov/tb/publications/litbi/) (<https://www.cdc.gov/tb/publications/litbi/>).

Minnesota Department of Health
Tuberculosis Prevention and Control Program
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www.health.state.mn.us/tb

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To obtain this information in a different format, call: 651-201-5414.