### Appendix C. Risk classifications for health-care settings that serve communities with high incidence of tuberculosis (TB) and recommended frequency of screening for *Mycobacterium tuberculosis* infection among health-care workers (HCWs)*

<table>
<thead>
<tr>
<th>Setting</th>
<th>Low risk</th>
<th>Medium risk</th>
<th>Potential ongoing transmission$^5$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient &lt;200 beds</td>
<td>&lt;3 TB patients/year</td>
<td>≥3 TB patients/year</td>
<td>Evidence of ongoing <em>M. tuberculosis</em> transmission, regardless of setting</td>
</tr>
<tr>
<td>Inpatient ≥200 beds</td>
<td>&lt;6 TB patients/year</td>
<td>≥6 TB patients/year</td>
<td></td>
</tr>
<tr>
<td>Outpatient; and nontraditional facility-based</td>
<td>&lt;3 TB patients/year</td>
<td>≥3 TB patients/year</td>
<td></td>
</tr>
<tr>
<td>TB treatment facilities</td>
<td>Settings in which • persons who will be treated have been demonstrated to have latent TB infection (LTBI) and not TB disease • a system is in place to promptly detect and triage persons who have signs or symptoms of TB disease to a setting in which persons with TB disease are treated • no cough-inducing or aerosol-generating procedures are performed</td>
<td>Settings in which • persons with TB disease are encountered • criteria for low risk is not otherwise met</td>
<td></td>
</tr>
<tr>
<td>Laboratories</td>
<td>Laboratories in which clinical specimens that might contain <em>M. tuberculosis</em> are not manipulated</td>
<td>Laboratories in which clinical specimens that might contain <em>M. tuberculosis</em> are manipulated</td>
<td></td>
</tr>
</tbody>
</table>

#### Recommendations for Screening Frequency

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline two-step TST or one BAMT¶</td>
<td>Yes, for all HCWs upon hire</td>
</tr>
<tr>
<td>Serial TST or BAMT screening of HCWs</td>
<td>Every 12 months$^†$</td>
</tr>
<tr>
<td>TST or BAMT for HCWs upon unprotected exposure to <em>M. tuberculosis</em></td>
<td>As needed in the investigation of potential ongoing transmission§§</td>
</tr>
</tbody>
</table>

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* Health-care workers (HCWs) refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to *M. tuberculosis* through air space shared with persons with TB disease.

† Settings that serve communities with a high incidence of TB disease or that treat populations at high risk (e.g., those with human immunodeficiency virus infection or other immunocompromising conditions) or that treat patients with drug-resistant TB disease might need to be classified as medium risk, even if they meet the low-risk criteria.

§ A classification of potential ongoing transmission should be applied to a specific group of HCWs or to a specific area of the health-care setting in which evidence of ongoing transmission is apparent, if such a group or area can be identified. Otherwise, a classification of potential ongoing transmission should be applied to the entire setting. This classification should be temporary and warrants immediate investigation and corrective steps after a determination has been made that ongoing transmission has ceased. The setting should be reclassified as medium risk, and the recommended timeframe for this medium risk classification is at least 1 year.

¶ All HCWs should have a baseline two-step tuberculin skin test (TST) or one blood assay for *M. tuberculosis* (BAMT) result at each new health-care setting, even if the setting is determined to be low risk. In certain settings, a choice might be made not to perform baseline TB screening or serial TB screening for HCWs who (1) will never be in contact with or have shared air space with patients who have TB disease (e.g., telephone operators who work in a separate building from patients) or (2) will never be in contact with clinical specimens that might contain *M. tuberculosis*. Establishment of a reliable baseline result can be beneficial if subsequent screening is needed after an unexpected exposure to *M. tuberculosis*.

** HCWs whose duties do not include contact with patients or TB specimens do not need to be included in the serial TB screening program.

†† The frequency of testing for infection with *M. tuberculosis* will be determined by the risk assessment for the setting.

‡‡ During an investigation of potential ongoing transmission of *M. tuberculosis*, testing for *M. tuberculosis* infection should be performed every 8–10 weeks until lapses in infection controls have been corrected and no further evidence of ongoing transmission is apparent.

§§ Procedures for contact investigations should not be confused with two-step TST, which is used for newly hired HCWs.