



Interim TB Screening Recommendations for Long Term Care, Personal Care Homes, and Community Care Homes

October 2025

Long-term Care/Personal Care Homes

The Canadian Thoracic Society updated their Tuberculosis Standards (8th Edition) in March 2022. The *Provincial Guideline for Preventing the Transmission of Mycobacterium tuberculosis Across the Continuum of Care (2015)* is currently being updated to reflect the most recent recommendations from the 8th Edition Standards. In the interim, recommendations for TB Screening on admission to Long Term Care (LTC), Personal Care Homes (PCH) and Community Care Homes (CCH) identified in the 8th Edition Standards may be implemented immediately as outlined below.

Background

Latent TB or TB infection occurs when an individual is infected with TB, but their immune system is able to contain the infection. **Therefore, individuals with TB infection have no symptoms and are not contagious.**

TB disease occurs when an individual who has TB infection is no longer able to contain the infection due to age or suppressed immune system. The individual becomes unwell and is contagious, particularly if the disease occurs in the lungs or upper airways.

Compared to individuals of the same age and with the same medical conditions in the general population, residents of LTC, PCH, and CCH have the same risk of TB disease. The Canadian Tuberculosis Standards, 8th edition recommends screening newly admitted residents of LTC, PCH and CCH. If a resident develops or has tuberculosis (TB) disease, it can be efficiently transmitted within these residential settings. (See TB Screening Tool pg. 2).

TB Disease Screening Recommendations:

- The TB Screening Tool should be done before admission to a LTC, PCH or CCH and repeated on admission if admission is more than 3 months from the last screen (see TB Disease Risk Assessment below).
- Routine tuberculin skin testing on (or prior to) admission and periodic tuberculin skin tests (such as annually) are **not** recommended for residents.

Long Term Care, Personal Care, & Community Care Home Admission TB Disease Risk Assessment

Instructions: This Tuberculosis Risk Assessment is to be completed **before admission** and must be repeated if admission is more than 3 months from when the assessment was last completed. **All** questions must be answered.

Last Name			
First Name			
Date of Birth			
Health Care Number			
Screening Questions		YES	NO
<p>1. Do you have any of these unexplained physical symptoms?</p> <ul style="list-style-type: none"> • Unexplained cough lasting more than 3 weeks OR unexplained cough with blood or sputum AND/OR • Two or more of the following: <ul style="list-style-type: none"> ○ Unexplained weight loss ○ Unexplained fever ○ Unexplained night sweats 			
<p>IF YES: Client requires a chest X-ray and clinical assessment by a nurse practitioner or physician prior to admission to determine cause of symptoms.</p> <p>IF NO: proceed to the next question.</p>			
<p>2. Are you aware of any previous exposure to an individual with infectious TB disease within the past 2 years?</p> <p>IF YES, and client has no symptoms, proceed with admission and refer to NP or physician to order an IGRA or TST* if:</p> <ul style="list-style-type: none"> • the client did not have a TST or IGRA at least 8 weeks after exposure to a case of TB disease or • The client has unknown history of TST or IGRA testing <p>Positive IGRA or TST: Request a chest X-ray and ensure the client is referred to a nurse practitioner or physician for medical assessment for TB infection.</p> <p>Negative IGRA or TST: No follow-up for TB infection is required.</p> <p>IF NO, and the client has no symptoms, proceed with admission. Individual does not need additional follow-up for TB at this time.</p> <p>Note: Clients who had a previous positive TST or IGRA for TB exposure more than 2 years ago do not need re-testing. If they have no symptoms, proceed with admission. If they completed treatment for TB infection or disease, no follow-up for TB is required. If they do not recall or were not treated, request chest X-ray and ensure referral to nurse practitioner or physician for medical assessment for TB infection.</p>			
<p>*If the client has received BCG vaccination or was a resident of NL before 1979, IGRA testing is recommended instead of TST. Please indicate BCG vaccination history on the lab requisition.</p>			

Screening Completed By: _____ **Date:** _____
Screening Results: **Proceed with Admission** **Referred for clinical assessment**