



Indiana
Department
of
Health

TUBERCULOSIS IN LICENSED LONG TERM CARE COMMUNITIES

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TB PREVENTION & CARE

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OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Learning Objectives

- Tuberculosis overview
- Resident Information
 - New admission testing & screening
 - Evaluation
 - Treatment
- Employee Information
 - New hire testing & screening
 - Annual screening & education
 - Post-Exposure screening & testing
 - TST training & certification



TB Overview



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What is Tuberculosis?

- Tuberculosis (TB) is caused by the bacterium *Mycobacterium tuberculosis*
- Usually affects the lungs, but can attack any part of the body
- Pulmonary TB is spread person-to-person through the air
 - Can be expelled via coughing, speaking, or singing
- Symptoms can include:
 - ✓ a cough that lasts 3 weeks or longer
 - ✓ pain in the chest
 - ✓ coughing up blood or sputum
 - ✓ weakness or fatigue
 - ✓ weight loss
 - ✓ no appetite
 - ✓ chills
 - ✓ fever
 - ✓ sweating at night

LONG-TERM
COUGH



FEVER



FATIGUE



CHILLS



WEIGHT LOSS



NIGHT SWEATS



COUGHING UP
BLOOD



NO APPETITE



CHEST PAIN



Patients may have one or more of these signs and symptoms.

What is Tuberculosis?

- Extrapulmonary TB refers to TB involving organs other than the lungs
- Symptoms - depends on location:
 - Lymph nodes – neck, axilla, groin, and other locations
 - Bone and joints – Pott's disease with vertebral infection
 - Headaches/CNS - slow onset basilar meningitis
 - Visual – uveitis/scleritis
 - Abdominal pain/ascites with peritoneal involvement
 - GU - "Sterile pyuria" from ureteral involvement
 - Skin rashes – persistent lesions

Latent TB Infection vs. Active TB Disease

Person with LTBI	Person with TB Disease
Has a small amount of TB bacteria in their body that are alive but inactive	Has TB bacteria that are active in their body
Cannot spread TB bacteria to others	May spread TB bacteria to others
Does not feel sick	May feel sick and may have symptoms such as a cough, fever, and/or weight loss
Usually has a positive TB skin test or TB blood test result indicating TB infection	Usually has a positive TB skin test or TB blood test result indicating TB infection
Chest radiograph is typically normal	Chest radiograph may be abnormal
Sputum smears and cultures are negative	Sputum smears and cultures may be positive
Should consider treatment for LTBI to prevent TB disease	Needs treatment for TB disease
Does not require respiratory isolation	May require respiratory isolation

TB and the LTC Resident

New admission testing and screening

- Must have a health assessment upon admission:
 - Past or present infectious diseases
 - Signs and symptoms of TB
 - From the LTC Advisory letter, "The medical record should include the assessment and a statement that the resident shows no evidence of TB in an infectious stage as verified upon Admission"
- Baseline or pre-admission chest X-ray not required UNLESS
 - your facility policies and procedures requires it,
 - the resident's clinical assessment indicates CXR warranted

TB and the LTC Resident

Annual testing and screening

- Not required unless the clinical picture supports it
- It is part of your facility policies and procedures

LTC advisory letter, “Tuberculosis Assessment and Testing of Long-term Care Residents”

Also available on the IDOH website in.gov/health → Consumer Services & Health Care Regulation → Healthcare Facility Information Center. Scroll down to “Program Advisory Letters” heading. Division of Long-Term Care information is toward the bottom of the page.

What do I do if I think my resident has TB?

First - *Why* do you think the resident has TB?

- Do they have a positive TB skin or TB blood test?
- Do they have TB symptoms?
- Was the resident exposed by someone with known, active TB?

Anyone with symptoms of TB or with a true positive tuberculin skin test (TST) or interferon gamma release assay (IGRA) should be medically evaluated for TB disease.

TB Evaluation

- Medical history
 - Any symptoms of TB disease
 - Been exposed to a person with infectious TB or risk factors for exposure to TB
 - Risk factors for developing TB disease
 - Travel to or arrived in the US from endemic country
 - ESRD
 - Diabetes
 - Immunosuppression, etc.
 - Had latent TB infection (LTBI) or TB disease in the past
- Physical examination (by a licensed medical provider)

TB Evaluation

- Test for M. tuberculosis infection
 - IGRA (blood) or TST (skin)
- Radiologic imaging
 - If pulmonary suspected, 2 view chest x-ray preferred
 - If extra pulmonary, image the site with clinical findings
- Specimen sample
 - Usually sputum, but could be wound drainage or aspirate, urine, etc.
 - Airborne isolation precautions for collection

My resident has TB. Now what?

#1 – Don't panic

You got through COVID. You can get through TB.

Contact your local or county health department. They will guide you through treatment, isolation, and contact investigation.



TB Disease Treatment: RIPE TB Treatment Regimen

The 6-to-9-month RIPE TB treatment regimens consist of:

- Rifampin (RIF)
- Isoniazid (INH)
- Pyrazinamide (PZA), and
- Ethambutol (EMB)

RIPE regimens for treating TB disease have an intensive phase of 2 months, followed by a continuation phase of either 4 or 7 months (total of 6 to 9 months for treatment).

TB Disease Treatment – Staff Considerations

- Staff will need to document diligently.
 - “If it’s not documented, it didn’t happen” can result in a resident needing to re-start treatment
- Assessment is huge!
 - Many of the medications have impressive side effects including, but not limited to hepatotoxicity and vision changes
 - Licensed nurses should be assessing these patients
- Work with your local health department nurse and consult facility policies and procedures for isolation guidance



TB and Long-term Care Staff



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State Rules Addressing TB for Personnel

Comprehensive Care Facilities (SNF/NF)
410 IAC 16.2-3.1-14 Personnel

Residential Care Facilities (Licensed Assisted Living)
410 IAC 16.2-5-1.4 Personnel

IDOH LTC Program Guidance

[LTC Program Advisory Letters, effective date 1/1/20](#)

LTC-2019-01-SNF/NF:

To become exempt from the rules at 410 IAC 16.2-3.1-14(t)(1)(2), a facility must adopt and implement a nationally recognized standard for the control and prevention of tuberculosis for health care workers.

LTC-2019-01-RES:

To become exempt from the rules at 410 IAC 16.2-5-1.4(f)(1)(2)(3)(4), a facility must adopt and implement a nationally recognized standard for the control and prevention of tuberculosis.

New Hire Testing and Screening

All U.S. healthcare personnel should be screened for TB upon hire (i.e., preplacement). TB screening is a process that includes:

- A baseline individual TB risk assessment
 - Temporary or permanent residence of ≥ 1 month in a country with a high TB rate
 - Current or planned immunosuppression
 - Close contact with someone who has had infectious TB disease since the last TB test
- TB symptom evaluation
- A TB test (e.g., TB blood test or a TB skin test)
- Additional evaluation for TB disease as needed

Annual Screening, Testing, and Education

Annual TB testing of health care personnel is not recommended unless there is a known exposure or ongoing transmission at a healthcare facility.

Healthcare personnel with untreated latent TB infection should receive an annual TB symptom screen:

- cough lasting longer than three weeks,
- unexplained weight loss,
- night sweats or a fever,
- loss of appetite, etc.

Annual Screening, Testing and Education

No more annual jabs, *however* ...

All health care personnel should receive TB education annually. TB education should include information on:

- TB risk factors
- the signs and symptoms of TB disease
- TB infection control policies and procedures

TB education materials can be found through CDC, the TB Centers of Excellence for Training, Education, and Medical Consultation, NTCA, State TB Programs, and the Find TB Resources website

Post-Exposure Screening and Testing

All healthcare personnel with a known exposure to TB disease should receive a TB symptom screen and timely testing, if indicated.

- Healthcare personnel with a previous negative TB test result should be tested immediately and re-tested 8 to 10 weeks after the last known exposure
 - For consistency, the same type of TB test (e.g., TB blood test or TB skin test) should be used upon hire (i.e., preplacement) and for any follow-up testing
- Healthcare personnel with a documented history of a positive TB test result do not need to be re-tested after exposure to TB
 - They should receive a TB symptom screen
 - if they have symptoms of TB, they should be evaluated for TB disease

TST Training and Certification

From [The IDOH Tuberculin Skin Test Training Requirements](#) :

“There are no statutes in the Indiana Code that address tuberculin skin test (TST) training or certification. However, untrained personnel cannot perform any medical or nursing task and still be in compliance with professional practice acts, performance standards, and the various facility licensure requirements. Healthcare organizations still have to comply with current standards of practice and nationally established guidelines, practice acts for nurses, physicians, etc., as well as those of the various accrediting agencies if they expect to maintain their accreditation and license and stay out of court.”

**At this time,
QMAs are not
able to
administer TB
tests or interpret
results in their
scope of
practice.**

TST Training and Certification

For long-term care, the Tuberculin Skin Test training needs to include 2 parts:

1. Online IDOH TST course:
 - IDOH Online TB/TST Course: [TB Skin Test Training/Validation](#)
2. In-person skills validation session
 - The American Lung Association (ALA) is an option for in-person skills validation
 - ALA session information: <https://www.lung.org/local-content/in/tb-education>
 - There are no legal requirements to utilize the ALA. Healthcare facilities and organizations can develop their own training programs

IDOH TB Program Contacts



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Thank you for all you do
to help promote, protect,
and improve the health
and safety of Hoosiers in
our long-term care
communities!



Questions?

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