

Tuberculosis Risk Assessment FAQ for Workers in Queensland Health Facilities

v1.0

What is Tuberculosis?

Tuberculosis (TB) is an infection caused by a bacterium (*Mycobacterium tuberculosis*). The infection can be present in either an active or inactive (latent) form.

- **Active TB** is when the bacterial infection causes disease. The lungs are most commonly affected (pulmonary TB). Disease in the lungs or airways allows for the infectious bacteria to be passed on to others. However, active TB disease can involve almost any part of the body. Active TB disease in parts of the body other than the airways or lungs is not usually considered infectious.
- **Latent TB** is when the TB bacteria remains in a dormant or 'latent' phase called latent TB. Most people who become infected with TB don't get sick initially and a person with latent TB has no symptoms and is not infectious, although without treatment, about 5–10% of people will develop active TB disease at some point in their lives. Latent TB can progress to active TB disease months or years later. Antibiotic treatment of latent TB usually prevents progression to active TB disease. A doctor may recommend preventative therapy in those most at risk of progression to active TB and where risk of treatment side-effects is acceptable.

How is TB spread?

TB can be transmitted from one person to another when respiratory droplets containing TB bacteria from a person with active TB of the lungs or throat are released into the air (this may occur during coughing, sneezing, singing, talking and/or some clinical procedures) and are breathed in by another person.

Who gets TB?

People of all ages and any cultural background can contract TB, though TB is more common in some overseas countries. The risk of becoming infected with TB in Queensland is very low and most people in Queensland who develop TB originally acquired their infection in a country where the rates of TB are much higher. (www.who.int/tb/country/data/profiles/en/)

How is TB treated?

A combination of antibiotics must be taken for at least 6 months. Longer duration may be required for some forms of TB including when there is antibiotic resistance. TB has a very high cure rate when treatment is taken as prescribed.

Additional information including the symptoms of TB can be found at the following link

<http://conditions.health.qld.gov.au/HealthCondition/condition/15/211/628/Tuberculosis-TB>

Why do workers in health facilities need a risk assessment?

Some people are at increased risk of developing TB because they have spent significant time in an overseas country with a high incidence of TB, or have been exposed to TB infection as a result of their work. Unless recognised early and treated, active TB has the potential to lead to serious illness and even death.

A staff member with undiagnosed active TB may transmit infection to other staff, patients or visitors. TB transmission in health care settings is a significant risk, particularly for vulnerable patients such as young children and immune-suppressed persons.

The risk assessment process will identify those workers at increased risk of past and/or future infection and recommend appropriate follow up that may include a baseline test or further assessment. Not all workers will require a baseline test.



I don't have symptoms, why do I need a risk assessment for TB?

People with latent TB have no symptoms, but it can progress to active TB which can be a very serious disease if not diagnosed early and treated appropriately.

I have completed the risk assessment and a baseline skin test or blood test is not recommended.

Can I still have testing?

Please contact your local TB control unit for more information regarding your individual circumstances.

What if I chose not to participate in the TB risk assessment process?

Hospital and Health Services (HHSs) have a mandatory responsibility as per the Health Service Directive for Tuberculosis Control to ensure that all staff (new recruits, students, clinical personnel and those staff working in Pathology and other support services) within the HHS, are assessed for their risk of TB using the Queensland Health risk assessment form.

As this is a mandatory requirement, if you choose not to participate you must advise your prospective employer if you do not intend to comply.

What is the cost of screening, assessment or any treatment?

There is no out of pocket expense for the individual risk assessment, screening or treatment for TB in public health facilities in Queensland.

Are my results confidential?

It is the responsibility of each HHS to securely store records of risk assessments and referrals for Queensland Health employees. Your personal information (such as medical conditions) will not be disclosed to any other third parties without consent, unless required by law.

Can I have a vaccine for tuberculosis?

The vaccine used to protect against TB is called Bacille Calmette–Guérin (BCG) vaccine. The BCG vaccine is most effective at providing protection against severe forms of TB in children.

BCG vaccine is not routinely recommended for adults as the protection offered by BCG vaccine against pulmonary disease in adults is considered to be less effective. BCG vaccine is occasionally considered for workers that are at high risk of exposure to multi-drug resistant TB. More information can be obtained from your local TB control unit.

I am changing employer; how can I get my TB staff health records forwarded?

Contact your facility human resource department for advice regarding the appropriate HHS process.

What is the TB risk assessment process?

HHS Staff—The individual worker is to complete the TB Risk Assessment Questionnaire for Workers in Hospital and Health Service Facilities and return the questionnaire and any relevant documentation (as per the TB risk assessment questionnaire part C) as instructed by the HHS.

Students undertaking clinical placement— The student is required to complete the TB Risk Assessment Form for Students and undertake any further actions indicated as per the instructions of their educational organisation.

Further information and assistance

Contact your closest tuberculosis control unit www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/tuberculosis/contact-a-service and/or refer to the resources below:

- BCG Vaccination fact sheet www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/tuberculosis/treatment/bcg-vaccination
- Tuberculin test fact sheet www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/tuberculosis/screening/skin-test