

**Previous negative TST or status unknown or undocumented:**

A. Baseline TWO-STEP TST required. A two-step TST is two separate tests, ideally 7-28 days apart but may be spaced up to 12 months apart, and given either BEFORE or at least 28 days AFTER a live vaccine (MMR, Varicella). A two-step TST from any time in the past is accepted and does not need to be repeated.

B. Additional SINGLE TST required if a negative two-step test was completed more than 12 months ago.

**Exception** – Visiting elective students attending a CANADIAN University need to document an additional single TST if a negative two-step test was completed more than 12 months prior to their home school postgraduate program start date. If the most recent negative TST was completed more than 12 months ago, an additional single TST is required eight or more weeks post-exposure if one or more of the following apply:

1. Significant exposure to an individual with active (infectious) TB disease
2. Clinical placement in health care facility with high risk of exposure to infectious TB disease
3. Lived or worked in a country with a high incidence of TB

**Notes:**

1. Significant exposure: Lived with or had an intimate relationship with someone with active TB, or notified by Occupational Health or Public Health Services about possible exposure to active TB disease.
2. Annual TST recommended for learners involved in intermediate-risk activities in health care facilities not considered low risk, and those involved with high-risk activities in all health care settings.
  - Health care facilities not considered low risk:  $\geq 200$  beds and  $\geq 6$  active TB cases annually, or  $< 200$  beds and  $\geq 3$  active TB cases annually.
  - Intermediate-risk activities include regular direct patient contact on units (such as emergency departments) where patients with respiratory TB disease may be present. High-risk activities include cough-inducing procedures such as sputum induction, bronchoscopy, administration of aerosolized therapies, respiratory therapy, chest physiotherapy, autopsy, morbid anatomy and pathology examinations, bronchoscopy and designated mycobacterium laboratory procedures.
3. Rate of TB can be found in first column (incidence including HIV) in report from World Health Organization:  
[http://www.who.int/tb/publications/global\\_report/qtbr2017\\_annex4.pdf?ua=1](http://www.who.int/tb/publications/global_report/qtbr2017_annex4.pdf?ua=1)

Exposure criteria for post-travel TB testing:

- $\geq 1$  month of travel to TB incidence country  $\geq 30/100,000$  population with high-risk contact, particularly direct patient contact in a hospital or indoor setting, but possibly including work in prisons, homeless shelters, refugee camps or inner-city slums.
- $\geq 3$  months of travel to TB incidence country  $> 400/100,000$  population
- $\geq 6$  months of travel to TB incidence country  $200-399/100,000$  population
- $\geq 12$  months of travel to TB incidence country  $100-199/100,000$  population

C. Alternative for international elective students and fellows ONLY who cannot access a TST in their home country: Negative IGRA serology (Quantiferon or T-Spot) within the last 12 months.

**Positive TST or other positive TB history:**

A positive TST must be documented with date and mm induration. Provide records for other positive TB history (positive IGRA test or blistering TST reaction, or previous diagnosis and/or treatment for active TB disease or latent TB infection). A chest x-ray dated subsequent to the positive TST or other positive TB history is required. Students with a normal chest x-ray and no symptoms of active TB disease are not contagious and will be fully cleared for participation in clinical activities.

**Visiting students returning to McMaster after an absence of 12 months or more:**

Students with previous negative TB screening need to submit documentation of a new positive TST or new positive IGRA or post-exposure TST if applicable. If TST or IGRA positive, a chest x-ray subsequent to the positive test and verification of no symptoms of active TB disease is required.

**For more information on TB click on:**

[OHA/OMA Tuberculosis Surveillance Protocol for Ontario Hospitals](#)

[Hamilton Public Health tuberculosis reporting guidelines and resources](#)

[Tuberculosis FAQ Public Health Agency of Canada](#)

[Canadian Tuberculosis Standards 7th Edition](#)