

Required prior to program start: TB Screening and TB Risk Assessment:

A. Baseline TWO-STEP tuberculin skin testing (TST):

- Two-step TST (regardless of history of BCG vaccine) unless positive TST or other positive TB history is documented (blistering TST reaction, positive IGRA serology, previous treatment for TB).
- A two-step test is two separate tests spaced between 7 days and 12 months apart (ideally 7-28 days), and given either BEFORE or at least 28 days AFTER a live vaccine (MMR, Varicella). A two-step test from any time in the past is accepted and does not need to be repeated.
- International visiting elective residents and fellows ONLY who cannot access TST in their home country may substitute the two-step test with IGRA serology (Quantiferon or T-Spot) dated within the last 12 months.

AND if last TST negative:

- New residents, fellows and international electives: TST dated within the last 12 months.
- Elective residents and fellows currently registered at other Canadian Universities: TST dated within 12 months prior to their home school postgraduate program start date.

B. Positive TST or other positive TB history documented: Do not have repeat TST

Chest x-ray report dated subsequent to positive TST or other positive TB history required. If the initial x-ray is negative, a more recent x-ray is not required unless symptoms of possible active TB disease are present.

C. TB Risk Assessment:

Last TST/IGRA negative: Risk of TB infection increased if either of the following apply:

- Temporary or permanent residence for one or more months in a country with a high TB rate since last negative TST/IGRA. See map for individual country rates: <https://www.indexmundi.com/facts/indicators/SH.TBS.INCD/>
Criteria for TB testing:
 - * 1 or more months in country with TB incidence $\geq 30/100,000$ 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.
 - * 3 or more months in country with TB incidence $> 400/100,000$ population
 - * 6 or more months in country with TB incidence $200-399/100,000$ population
 - * 12 or more months in country with TB incidence $100-199/100,000$ population
- Notified by Occupational Health or Public Health Services about significant exposure to an individual with active TB since last negative TST/IGRA. Details of the exposure will be required.

Positive TST or positive IGRA or previous treatment for TB:

Latent (inactive) TB infection can sometimes progress to active (infectious) TB disease (~ 10% of cases), even for individuals with normal chest x-rays and for those who were successfully treated for TB in the past. The risk is increased by immunosuppression, including HIV infection or other immunosuppressive disorders, receipt of an organ transplant, chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medications.

It is important to be aware of the symptoms of active TB disease and to seek prompt medical attention if symptoms develop (cough lasting three or more weeks; hemoptysis; shortness of breath; chest pain; fever; chills; night sweats; unexplained or involuntary weight loss).

For more information on TB click on:

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

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

[Tuberculosis Health Canada](#)

[Canadian Tuberculosis Standards 7th Edition](#)

Questions? Contact the Health Screening Office: hrsadmin@mcmaster.ca, 905-525-9140 ext 22249