



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Youth Services

Official Policy

Policy Name: Tuberculosis Control and Prevention

Policy #: 02.05.17(a) **Effective:** 2/1/21

Repeals: 02.15.17

References: Massachusetts Department of Public Health (MDPH) Division of Global Populations and Infectious Disease Prevention

Signature:

1/27/2021

Peter J. Forbes, Commissioner

Applicability: This policy shall apply to DYS directly. Providers are expected to have their own policy covering this topic area.

Policy

It is the policy of the Department of Youth Services (DYS) that DYS take all necessary measures to protect its employees and youth from pulmonary tuberculosis. DYS shall follow and train staff on the control practices established by Massachusetts Department of Public Health (MDPH) Division of Global Populations and Infectious Disease Prevention for the detection, diagnosis, prophylaxis, and treatment of pulmonary tuberculosis in children and adolescents.

Procedures

A. Definitions

1. The following definitions shall have the meanings assigned to them in this policy for purposes of interpreting this policy.

Active Disease: When the immune system of a person infected with the TB germ is unable to contain the germ and prevent it from multiplying to produce disease in the lung, lymph nodes, brain, bones and joints. Only people with active disease can transmit the germ to others.

Exposure: Occurs when a person has been in a confined space with another person with active pulmonary tuberculosis. Exposure does not necessarily result in infection and tests are needed to determine if the exposed person is infected.

Infection: Occurs when a person has inhaled the TB germ into his/her lungs.

Interferon-Gamma Release Assay (IGRA): A blood test that can aid in the diagnosis of tuberculosis.

Latent Tuberculosis Infection (LTBI): Occurs when a person has inhaled the TB germ into their lungs but it is dormant, asymptomatic and non-contagious. This stage may continue for weeks to years or may progress to active disease.

Positive TST: A skin test where an individual exhibits a reaction that indicates the person has probably been infected with the TB germ.

Prophylactic Treatment: The treatment of a person who has the TB germ but does not have active disease with medication. This person may be treated with medication(s) to eradicate the infection and prevent the possibility of developing active disease at some time in the future.

Tuberculin Skin Test (TST) or TB skin test: A test where a solution (purified protein derivative) is administered into the skin to determine if a person has been infected by the TB germ.

Tuberculosis (TB): A disease caused by the germ *Mycobacterium tuberculosis* that infects a person and can cause disease of the lungs and other organs. The germ is transmitted from person to person only when a person with active TB coughs and propels tiny droplets containing the germ into the air. Other people sharing the same space may inhale these airborne droplets and become infected.

2. Terms that are defined Policy #01.01.04, "Policy Definitions" shall have the meanings assigned to them in that policy, unless a contrary meaning is intended.
3. Terms not defined in Policy #01.01.04 or in this policy shall have the meanings assigned to them by reasonably accepted standard dictionary definitions of American English.

B. Maintenance of Practices

1. The Director of Health Services shall consult with the MDPH, Division of Global Populations and Infectious Disease Prevention to regularly review DYS TB control practices based on MDPH guidelines and recommendations.
2. Health services will assess youth for signs or symptoms of tuberculosis.
 - a. Signs and symptoms consistent with active pulmonary tuberculosis infection include two or more of the following lasting for more than 3 weeks: coughing blood, chest pain, fever, chills, night sweats, weakness, loss of appetite, and/or weight loss.
3. Health services will use the Massachusetts Tuberculosis Risk Assessment to assess youth for LTBI.

- a. Factors shall include whether a person was born or lived in a country with an elevated TB rate; whether a person is currently immunosuppressed or may become in the near future; or whether a person has had close contact with someone sick with infectious TB.
4. Types of Testing of DYS youth
 - a. It is recommended that any DYS youth whose risk assessment shows a potential high risk of exposure to TB receive an IGRA test.
 - b. DYS youth may have a TST test if the youth refuses IGRA or if the TST test is preferred by the health care administrator.
 5. DYS youth will receive treatment consistent with recommendations by the MDPH or infectious disease or pulmonary specialists.
 6. The Director of Health Services shall notify MDPH of all cases of active disease.
 7. Health Services staff shall, consistent with DYS Serious Incident reporting policy, provide notice of any known cases of active TB to the DYS medical consultant and Director of Health Services.

C. Training

1. The Director of Health Services with the DYS Director of Training shall develop a basic training for direct care staff on TB which will include basic facts about TB and provide a general overview of DYS TB control practices and testing requirements for staff.
2. Health Services staff training shall be provided by the Regional Health Services Contracts and shall include:
 - a. National and Massachusetts TB Epidemiology;
 - b. Clinical signs and symptoms of active disease;
 - c. TB Risk Assessment protocols based on history and other findings;
 - d. Clinical practice planting and reading TST results;
 - e. Referral procedures for studies needed to rule out active disease;
 - f. Current guidelines for chemoprophylaxis;
 - g. Current treatment recommendations;
 - h. Implications of multidrug-resistant strains of TB;
 - i. Referral procedures for treatment of youths' latent or active disease;
 - j. Follow up testing and control practices if active disease diagnosed;
 - k. Reporting requirements for TB;
 - l. The importance of client-centered medication administration and directly observed therapy; and
 - m. Procedures for informing local tuberculosis clinics of a referred youth's status or location.