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Juliann Sum, Chief
Division of Occupational Safety and Health
California Department of Industrial Relations
1515 Clay Street, Suite 1901
Oakland, CA 94612

Division of Occupational Safety & Health
Headquarters Office

Dear Ms. Sum:

The California Conference of Local Health Officers (CCLHO) urges the California Department of Industrial Relations, Division of Occupational Safety and Health to change Cal/OSHA regulations requiring yearly testing for Tuberculosis (TB) of all healthcare workers in California. Under the Aerosol Transmissible Disease Standard (Title 8, Section 5199), TB tests and other forms of TB assessment must be provided at least annually to all employees in sites that are subject to the standard. Instead, the frequency of TB testing in healthcare facilities should be guided by an assessment of the exposure risk in an individual facility.

CCLHO was established in statute in 1947 to advise the California Department of Health Services (now California Department of Public Health), other departments, boards, commissions, and officials of federal, state and local agencies, the Legislature and other organizations on all matters affecting health. CCLHO membership consists of all legally appointed physician health officers in California's 61 city and county jurisdictions.

CCLHO and the California Tuberculous Controllers Association (CTCA), a CCLHO affiliate, support data driven testing of healthcare workers as delineated in the Centers for Disease Control and Prevention (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Setting, 2005." These guidelines recommend that the frequency of TB testing be based on a facility risk assessment. This is a reasonable, flexible strategy that safeguards against TB transmission while allowing flexibility for the differing levels of TB risk in healthcare settings throughout California.

TB remains a public safety concern in the United States as well as in California, where healthcare workers comprise approximately 4 percent of TB cases. However, active TB is not evenly distributed across the state. More than half of California local health jurisdictions report fewer than five TB cases each year while 19 of 61 local health jurisdictions reported zero cases in 2015.

In addition, TB in California is not evenly distributed across all inpatient facilities. Using Office of Statewide Health Planning and Development patient discharge data, an estimated 246 of 523 (47 percent) had one or more cases of active TB in their hospital over the two year period from 2013 through 2014. If the CDC "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Setting, 2005" are applied to these estimates, only 43 of these inpatient facilities (8 percent) meet the criteria for annual healthcare worker TB testing.

Furthermore, the rates of TB for California healthcare workers, whether born in the US or outside of the US, are identical to the rates for non-healthcare workers. Healthcare workers in inpatient facilities without any active TB do not have occupational exposure and are considered low risk for TB. Testing of such low risk individuals leads to false positive results. The vast majority (80-90 percent) of healthcare workers with a TST or IGRA conversion documented on annual testing subsequently tested negative for latent TB infection. These are false positive results, leading to more unnecessary tests and treatment, which could ultimately cause harm that is not offset by the benefit of treatment for true TB infection.

Finally, data do not support the use of annual testing to detect active TB in healthcare workers. More than 90 percent of healthcare workers with active TB are identified when symptomatic and presenting to their physicians for evaluation, not through routine annual testing efforts.

In conclusion, CCLHO opposes universal annual TB testing of healthcare workers and recommends that Cal/OSHA regulations be amended to require a targeted approach to testing in healthcare settings. Specifically, CCLHO recommends that facilities be required to perform a risk assessment for TB exposure in their facility and perform testing at the frequency outlined in the CDC "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Setting, 2005." This proposed approach is consistent with expert guidance, targets testing efforts and resources to healthcare workers who may be at higher risk for exposure and infection, and minimizes potential harm to personnel.

For more information about TB in healthcare workers in California, please contact Julie Vaishampayan, MD, MPH, FIDSA, President of the California Tuberculosis Controller's Association (CTCA) at Julie.Vaishampayan@ctca.org.

Sincerely and on behalf of the CCLHO membership,

A handwritten signature in black ink that reads "K Cutler MD". The signature is written in a cursive, slightly slanted style.

Kenneth Cutler, MD, MPH
President, California Conference of Local Health Officers