In response to inquiries, the Department of Human Services (DHS) recognizes that medical advances in the management of *M. tuberculosis* (TB) allow changes to the requirements for screening and testing associated with the operation of community residences for individuals with developmental disabilities or persons with head injuries and provides the following information:

**Background**
The standards for *Community Residences for Individuals with Developmental Disabilities*, N.J.A.C. 10:44A, for *Community Care Residences*, N.J.A.C. 10:44B, and for *Community Residences for Persons with Head Injuries*, N.J.A.C. 10:44C, all require that both staff and individuals/persons served receive the Mantoux Skin Test or physician’s certification of the absence of contagion, upon admission or hire, and then annually thereafter.

**Guidelines**
In consultation with the NJ Department of Health, Division of HIV, STD and TB Services, it has been determined that changes to the requirements for TB testing can, and should, be implemented at this time.

Specifically:

- In addition to the Mantoux Skin Test, certain Interferon Gamma Release Assays (IGRAs), blood tests have been determined by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) to also be acceptable to identify or rule out infection with *M. tuberculosis*. At this time, the specific FDA-approved IGRA’s are **QuantiFERON-TB Gold** and **T-Spot.TB**.

- After baseline testing at the time of hire/admission, additional screening is not required unless a known or suspected exposure to *M. tuberculosis* occurs. Therefore, until such time as the Standards are amended, the Office of Licensing will no longer enforce the requirement for annual TB testing or free from contagion determinations for staff or individuals/persons served.

- For individuals served, documentation of negative Mantoux Skin Test or IGRA test results obtained after intake into the DHS service system is sufficient for admission.

- Any staff member or individual with a baseline positive or newly positive test result for *M. tuberculosis* infection, or documentation of treatment for latent TB infection or TB disease, shall provide documentation of a medical evaluation, to include one chest x-ray result to rule-out pulmonary TB disease. Repeat x-rays are not needed unless signs and symptoms of TB disease develop or unless recommended by a clinician.

There is no change to the current requirements regarding response to a known or suspected exposure to or infection with *M. tuberculosis* in any such licensed setting. The physician is required to report this to the local Department of Health. The licensee is required to report this to the Department of Human Services, and the licensee is required to follow all instructions for further screening and/or treatment of affected staff or individuals/persons served.