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WORK SHOULDN'T HURT

Protecting Healthcare Workers During Tuberculosis Outbreaks

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Tuberculosis, once thought of as a disease of the past, is still very much with us. Healthcare workers and public employees can be exposed and infected. This is particularly true for those who work with people who are unhoused, living in congregate settings or have traveled to countries where TB is more common. Cases of TB and drug-resistant TB rose in the 1980s and 1990s, especially among patients with HIV. While TB cases have dropped since then, outbreaks still happen. Healthcare workers should be aware of the risk and know what protections exist for them.

What Is TB?

TB infection usually starts in the lungs, but can affect other organs, including the brain, lymph nodes and kidneys. Early symptoms include fatigue, fever and weight loss. Other symptoms to watch for include a bad cough that lasts longer than three weeks, chest pain, and coughing up blood and sputum. Without treatment, TB causes serious disease that can be fatal.

Most people who are infected have inactive or latent TB. They do not feel sick and cannot pass TB on to others, but they may develop active TB later. Multiple treatment options are available to treat latent TB to eliminate the risk of developing active disease and becoming infectious to others. Infants, children and adults with weakened immune systems due to medications, diabetes, HIV infection and some cancers are at high risk of developing active TB. While TB can be fatal, it can be treated and cured in nearly all cases.

Some strains of the bacteria that causes TB have become resistant to one or more of the drugs commonly used to treat the disease. Treatment options are available for people with drug-resistant TB, but it is important for them to seek care from a specialist.

TB Transmission and Risk of Exposure

TB is spread through airborne transmission. Individuals with active TB in their lungs or throat have high concentrations of the *Mycobacterium tuberculosis* bacillus in their saliva and sputum. Droplets (droplet nuclei) are released into the air when these patients speak, sing, cough or sneeze. Heavier droplets fall to the ground quickly, but smaller droplet nuclei persist in the air for hours and can be inhaled. TB is not spread through contact transmission—touching contaminated objects, kissing or sharing utensils.

Risk of infection depends on the concentration of infectious droplet nuclei in the air and the duration of the exposure. Adequate ventilation, air filtration and/or an N95 respirator or stronger respiratory protection help reduce the risk of spread to uninfected individuals.

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TB is highly infectious and spreads easily in crowded settings and spaces without adequate ventilation and filtration systems, like homeless shelters, prisons, and older healthcare facilities. People who have traveled to countries where TB is common are also at higher risk of being infected.

Testing

The TB skin test, also known as the Mantoux test, is a small injection of tuberculin (purified protein derivative) under the skin. The test site must be checked by a trained healthcare provider two or three days later. The skin test is the current standard; a multiple puncture or tine test is not recommended.

People who have had severe allergic reactions to the TB skin test or who were vaccinated for TB should have a blood test instead. People who cannot return to have their skin checked within three days may request a blood test.

The Bacille Calmette-Guérin (BCG) TB vaccine is not generally used in the United States. Many people born in other countries where TB is common were vaccinated with BCG in early childhood to protect against severe TB. A skin test given to a person vaccinated with BCG will show a false positive.

A negative test does not mean a person has not been infected. Skin testing may show a false negative if a person has been recently infected, have HIV, or some other conditions, such as Hodgkin lymphoma.

Workers at higher risk of exposure should be offered two-step testing as part of the employer's regular TB screening program. This includes a second test conducted one to three weeks after the first. Latent infections may be discovered with the second test.

If you think you may have been exposed to someone with active TB or have symptoms of TB, take the following steps right away:

- Put a surgical mask on. Isolate yourself from others, especially people with compromised immune systems. TB is very contagious.
- Contact employee health to ask for testing if you think you were exposed at work.
- Contact your healthcare provider if you think you were exposed elsewhere.
- Be prepared to list the people you have been around while at work and at home.

Steps to Protect Workers

Workers at high risk of exposure to TB can be protected through:

- A written employee exposure control plan to identify risk, spell out protections, and provide training to staff.
- Identification, isolation, and treatment of patients/clients/inmates with suspected or confirmed TB.
- Regular testing.
- Medical evaluation, counseling, and treatment for infected workers.
- Appropriate ventilation.
- Respiratory protection that meets the OSHA standard.
- Transfer for workers at high risk of infection if other protections cannot be guaranteed.
- Workers' compensation presumption for workers in high risk settings who are infected.

For more information, please see "Tuberculosis: Steps to Protect Workers." For more information on ways to address health and safety concerns, contact AFT Health and Safety at 4healthandsafety@aft.org.