

Group at risk	Group to be screened	Age limit for screening
HIV positive	Screening done immediately at time of diagnosis	Any age
Aboriginal peoples	See TB screening	Any age
Health care practitioners, employees of LTC or correctional facilities	Baseline screening upon hire or placement using two-step TST. Annual TST if employee's results were previously negative and agency provides care for people with infectious TB. Otherwise, annual TST is not necessary	Any age
Residents of long-term care facilities	Screening for LTBI not recommended for those age 65 years and greater. For all others, facility risk assessment and local epidemiology should inform decision	Age less than 65 years
Residents of correctional facilities	All inmates not previously screened	Any age

* Risk of reactivation for different medical comorbidities is outlined in **Table 2.3**,

† For those at high risk, strongly consider measures to enhance adherence, such as DOPT treatment with incentives. For all others only consider LTBI screening and treatment provided treatment completion and adequate follow-up for hepatotoxicity can be achieved.

‡ For those >50 years and at higher risk of prior TB exposure, i.e. foreign-born, current or previous IDU, Aboriginal people, health care practitioners or those with pre-existing liver disease, consider doing a pre- and post-travel TST to detect recent conversion. In this case, performance of two-step TST pre-travel would enhance the accuracy of testing after travel to detect true conversions from recent infection. For all other travelers, perform a single TST 2 months after return from travel.

** TB incidence expressed as all TB cases/100,000.

Homeless Populations and Injection Drug Use

To improve the likelihood of safe completion of LTBI treatment in vulnerable groups, such as injection drug users and the homeless, it is suggested that patients be assessed to determine coexisting viral hepatitis in order to decrease the possibility of hepatotoxic effects of LTBI treatment. Those at highest risk of reactivation should be considered for special measures to enhance adherence, such as incentives and enablers. Employees/volunteers working in shelters or drop-in facilities should have baseline TB screening upon hire or placement using two-step TST and an annual TST if negative and risk is high locally.