## PREVENTION OF TUBERCULOSIS IN PERSONS ENROLLING OR ENROLLED IN COLLEGES, UNIVERSITIES OR PRIVATE RESIDENTIAL SCHOOLS IN CONNECTICUT

Recommendations of the Connecticut Advisory Committee for the Elimination of Tuberculosis (CACET)
Updated April 2012

## **Tuberculosis (TB) Risk Assessment**

Persons with any of the following are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented:

Risk Factor		
Recent close contact with someone with infectious TB disease	☐ Yes ☐ No	
Foreign-born from (or travel* to/in) a high-incidence area (e.g., Africa, Asia, Eastern		
Europe, or Central or South America)	☐ Yes ☐ No	
Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease	☐ Yes ☐ No	
HIV/AIDS	☐ Yes ☐ No	
Organ transplant recipient	☐ Yes ☐ No	
Immunosuppressed persons: e.g. taking > 15 mg/d of prednisone for > 1 month; immunosuppressive therapy (TNF- $\alpha$ antagonist, cancer chemotherapy)	☐ Yes ☐ No	
History of illicit drug use	☐ Yes ☐ No	
Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)	☐ Yes ☐ No	
* The significance of the travel exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed with a health care provider and exposure should be discussed by the care provider and the should be discussed by the care provider and the care provid	valuated.	
<ol> <li>Does the student have signs or symptoms of active tuberculosis disease? Yes No If No, proceed to 2 or 3. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.</li> <li>Tuberculin Skin Test (TST)         (TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)**     </li> </ol>		
Date Given:// Date Read:// M D Y		
Result: mm of induration **Interpretation: positive negative		
Date Given:/		
Result: mm of induration **Interpretation: positive negative		
3. Interferon Gamma Release Assay (IGRA)		
Date Obtained://_ (specify method) QFT-G QFT-GIT T-Spot M D Y	other	
Result: negative positive indeterminate borderline (T-Spot only)		
Date Obtained:// (specify method) QFT-G QFT-GIT T-Spot	other	
Result: negative positive indeterminate borderline (	T-Spot only) (Page 1 of 3) Rev. 05/17	

4. Chest x-ray: (Required if TST or IGRA is positive)	
Date of chest x-ray:// Result: normal_	abnormal
PPD Health Care Practitioner (MD / DO / APRN / PA):	
Signature	Date
Printed Name	Phone Number
Address:	
City	State Zip Code
If positive, referral to healthcare provider Yes	No
If yes, name of provider	Phone number:
**Interpretation guidelines >5 mm is positive:  Recent close contacts of an individual with infectious Persons with fibrotic changes on a prior chest x-ray of Organ transplant recipients Immunosuppressed persons: e.g. taking > 15 mg/d of antagonist, cancer chemotherapy) Persons with HIV/AIDS	
>15 mm is positive: • Persons with no known risk factors for TB disease	

\*The significance of the exposure should be discussed with a health care provider and evaluated.

## List of High Incidence<sup>1</sup> Tuberculosis Countries (Revised 1/2016)

Afghanistan Guinea Philippines
Albania Guinea-Bissau Poland
Algeria Guyana Portugal
Angola Haiti Qatar

Anguilla Honduras Republic of Korea
Argentina India Republic of Moldova
Armenia Indonesia Romania

Azerbaijan Iraq Russian Federation

Bangladesh Iran Rwanda

Belarus Japan Saint Vincent and the Grenadines

Belize Kazakhstan Samoa

Benin Kenya Sao Tome and Principe

Bhutan Kiribati Senegal
Bolivia (Plurinational State of) Kuwait Serbia
Bosnia and Herzegovina Kyrgyzstan Seychelles
Botswana Lao People's Democratic Republic Sierra Leone
Brazil Latvia Singapore

Brazil Latvia Singapore Brunei Darussalam Lesotho Solomon Islands Bulgaria Liberia Somalia Burkina Faso Libyan Arab Jamahiriya South Africa Burundi Lithuania South Sudan Cambodia Malawi Sudan

Cape VerdeMalaysiaSurinameCentral African RepublicMaldivesSwaziland

Chad Mali Syrian Arab Republic

China Marshall Islands Tajikistan
China, Hong Kong Special Administrative Region Mauritania Taiwan
China, Macao Special Administrative Region Mauritius Thailand

Colombia Mexico The former Yugoslav Republic of Macedonia

Comoros Micronesia (Federated States of) Timor-Leste
Congo Mongolia Togo

Côte d'Ivoire Morocco Trinidad and Tobago

Democratic People's Republic of Korea Mozambique Tunisia
Democratic Republic of the Congo Myanmar (Burma) Turkey
Djibouti Namibia Turkmenistan
Dominican Republic Nauru Tuvalu
Ecuador Niue Uganda

El Salvador Nepal Ukraine Equatorial Guinea Netherlands Antilles United Republic of Tanzania

Eritrea New Caledonia Uruguay
Estonia Nicaragua Uzbekistan
Ethiopia Niger Vanuatu

Fiji Nigeria Venezuela (Bolivarian Republic of)

French Polynesia Northern Mariana Islands Viet Nam

Gabon Pakistan Wallis and Futuna Islands

CambiaPalauYemenGeorgiaPanamaZambiaGhanaPapua New GuineaZimbabwe

Guam Paraguay Guatemala Peru

<sup>1</sup>Incidence rate of +>20/100,000

Data available at: http://www.who.int/tb/country/data/profiles/en/