

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign-born from (or travel* to/in) a high-incidence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ transplant recipient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunosuppressed persons: e.g. taking > 15 mg/d of prednisone for > 1 month; immunosuppressive therapy (TNF- α antagonist, cancer chemotherapy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of illicit drug use	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. 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.

2. 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.)**

Date Given: ____/____/____ Date Read: ____/____/____
 M D Y M D Y

Result: _____ mm of induration **Interpretation: positive _____ negative _____

Date Given: ____/____/____ Date Read: ____/____/____
 M D Y M D Y

Result: _____ mm of induration **Interpretation: positive _____ negative _____

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (specify method) QFT-G QFT-GIT T-Spot other _____
 M D Y

Result: negative _____ positive _____ indeterminate _____ borderline _____ (T-Spot only)

Date Obtained: ____/____/____ (specify method) QFT-G QFT-GIT T-Spot other _____
 M D Y

Result: negative _____ positive _____ indeterminate _____ borderline _____ (T-Spot only) (Page 1 of 3) Rev. 04/19

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: / / Result: normal abnormal
 M D Y

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: _____

5. Report to state/local health department if abnormal chest x-ray.

****Interpretation guidelines**

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: e.g. taking > 15 mg/d of prednisone for > 1 month; immunosuppressive therapy (TNF- α antagonist, cancer chemotherapy)
- Persons with HIV/AIDS

>10 mm is positive:

- Persons born in a high incidence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker, or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

>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.*