Tuberculosis Screening and Targeted Testing of La Sierra University Students

Whom to Screen

All incoming students should be screened for risk factors for TB through a screening questionnaire. Most U.S.-born incoming students will not have risk factors for TB and will not need TB testing. However, international students arriving from countries with an increased incidence of TB should be tested because this subpopulation has been identified epidemiologically as having a higher incidence of latent TB infection (LTBI) and an increased risk of developing active TB disease. While all incoming students should be screened, only those students with identifiable risk factors for exposure to TB and/or for TB disease should be tested. Incoming students at low risk should not be tested for TB. Students with a documented previous positive test should not be retested.

Instructions for Screening and Targeted Testing

Step 1. Student completes the screening questionnaire—see Part I. If all answers are NO, no further action is needed. If any answer is YES, continue to Step 2.

Step 2. For any YES answer(s) to the screening questionnaire, the student will be a candidate for testing by either a Mantoux Tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless the student has tested positive previously. The health care provider should complete the clinical assessment—see Part II.

Step 3: If student tests positive for the TST or IGRA, complete Part III.
Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming student)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? □ Yes □ No

Were you born in one of the countries listed below that have a high incidence of active TB disease? □ Yes □ No

(if yes, please CIRCLE the country, below)

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Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) □ Yes □ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? □ Yes □ No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? □ Yes □ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? □ Yes □ No

If the answer is YES to any of the above questions, La Sierra University requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent quarter.

If the answer to all of the above questions is NO, no further testing or further action is required.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.
Part II: Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless previously positive test has been documented.

1. History of a positive TB test or IGRA blood test? (If yes, document below, see 2. or 3.)
   Yes _____  No _____

2. History of BCG vaccination? (If yes, consider IGRA if possible.)
   Yes _____  No _____

1. TB symptom Check

   Does the student have signs or symptoms of active pulmonary tuberculosis disease?  
   Yes _____  No _____
   If NO, proceed to 2 or 3

   If YES, check below:
   □ Cough (especially lasting for 3 weeks or longer) with or without sputum production
   □ Coughing up blood (hemoptysis)
   □ Chest pain
   □ Loss of appetite
   □ Unexplained weight loss
   □ Night sweats
   □ Fever
   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 ___

   **Interpretation guidelines
   >5mm 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 and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
   • HIV-infected persons
   >10mm is positive:
   • Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
   • Injection drug users
   • Mycobacteriology laboratory personnel
   • Residents, employees, or volunteers in high-risk congregate settings
   • Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.
   >15mm is positive:
   • Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

   *the significance of the travel exposure should be discussed with a health care provider and evaluated.
3. **Interferon Gamma Release Assay (IGRA)**

Date Obtained: ___/___/___  (specify method)  
QFT-GIT  T-Spot other ____  
Result: negative ___  positive ___  indeterminate ___  borderline ___  
(T-Spot only)  

Date Obtained: ___/___/___  (specify method)  
QFT-GIT  T-Spot other ____  
Result: negative ___  positive ___  indeterminate ___  borderline ___  
(T-Spot only)  

Date Obtained: ___/___/___  (specify method)  
QFT-GIT  T-Spot other ____  
Result: negative ___  positive ___  indeterminate ___  borderline ___  
(T-Spot only)  

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

Date of chest x-ray: ___/___/___  
Result: normal ___  abnormal: ___  

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**Part III. Management of Positive TST or IGRA**

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systematic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunoileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

_____ Student agrees to receive treatment  
_____ Student declines treatment at this time

______________________________________________________  ________________________________  
Student Signature        Date

______________________________________________________  ________________________________  
Health Care Professional Signature       Date

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LA SIERRA UNIVERSITY, RIVERSIDE CA  
STUDENT WELLNESS SERVICES  
Phone: (951) 785-2200  Fax: (951) 785-2263  
TB SKIN TEST SCREENING FORM

LAST NAME:  
FIRST NAME:  
ID #:  
BIRTHDAY: