

LA SIERRA UNIVERSITY Student wellness services tb testing protocol

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.

Updated 09/06/2019



LAST NAME: FIRST NAME: ID #: BIRTHDAY:

Part I: <u>Tuberculosis (TB) Screening Questionnaire (to be completed by incoming student)</u>

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? (if yes, please **CIRCLE** the country, below)

(ii yes, picase CINCLE the	country, ociow)			
Afghanistan	Dominican Republic	Malaysia	Grenadines	
Algeria	Ecuador	Maldives	Sao Tome and Principe	
Angola	El Salvador	Mali	Senegal	
Argentina	Equatorial Guinea	Marshall Islands	Serbia	
Armenia	Eritrea	Mauritania	Seychelles	
Azerbaijan	Estonia	Mauritius	Sierra Leone	
Bahrain	Ethiopia	Mexico	Singapore	
Bangladesh	Fiji Micronesia (Federated States		Solomon Islands	
Belarus	Gabon	of)	Somalia	
Belize	Gambia	Mongolia	South Africa	
Benin	Georgia	Morocco	South Sudan	
Bhutan	Ghana	Mozambique	Sri Lanka	
Bolivia (Plurinational State	Guatemala	Myanmar	Sudan	
of)	Guinea	Namibia	Suriname	
Bosnia and Herzegovina	Gunea-Bissau	Nauru	Swaziland	
Botswana	Guyana	Nepal	Tajikistan	
Brazil	Haiti	Nicaragua	Thailand	
Brunei Darussalam	Honduras	Niger	Timor-Leste	
Bulgaria	India	Nigeria	Trinidad and Tobago	
Burkina Faso	Indonesia	Niue	Togo	
Burundi	Iran (Islamic Republic of)	Pakistan	Tunisia	
Cabo Verde	Iraq	Palau	Turkey	
Cambodia	Kazakhstan	Panama	Turkmenistan	
Cameroon	Kenya	Papua New Guinea	Tuvalu	
Central African Republic	Kiribati	Paraguay	Uganda	
Chad	Kuwait	Peru	Ukraine	
China	Kyrgyzstan	Philippines	United Republic of Tanzania	
Colombia	Lao People's Democratic	Poland	Uruguay	
Comoros	Republic	Portugal	Uzbekistan	
Congo	Latvia	Qatar	Vanuatu	
Cote d'Ivoire	Lesotho	Republic of Korea	Venezuela (Bolivarian	
Democratic People's	Liberia	Republic of Moldova	Republic of)	
Republic of Korea	Libya	Romania	Viet Nam	
Democratic Republic of the	Lithuania	Russian Federation	Yemen	
Congo	Madagascar	Rwanda	Zambia	
Djibouti	Malawi	Saint Vincent and the	Zimbabwe	

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) \Box **Yes** \Box **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)? \Box **Yes** \Box **No**

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?

 \Box Yes \Box 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?

 \Box Yes \Box No

Date

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.

Signature



STUDENT QUESTIONNAIRE FOR TB SKIN TEST

Please answer every question with a yes or a no

- 1. Any history of positive PPD (TB skin test)?
- 2. Any history of active TB disease in the past?
- 3. Have you taken INH * or any anti-TB medication in the past?
- 4. Any major viral illness** in the past month?
- 5. Had MMR and/or Varicella vaccine in the last 2 months?
- 6. Any allergy to Tubersol?
- 7. Cough (lasting for 3 weeks or longer)?
- 8. Chest pain?
- 9. Coughing up blood (hemoptysis)?
- 10.Loss of appetite?
- 11.Unexplained weight loss?
- 12.Night sweats?
- 13. Any BCG vaccination in the past?

Date of last PPD (TB skin test):_

** Isoniazid (INH) is an anti-tuberculosis medication which, when taken once a day for 9 months, can significantly reduce the rate of later development of active TB disease
** Major viral illness such as mononucleosis, mumps, measles, chickenpox etc. not the common cold

It is very unlikely that a side effect to the test will occur. If such an event does happen, the most common reaction is pain or redness at the test site. In very rare cases, a person who is hypersensitive to the solution could have a severe allergic reaction near the injection site. Such rare reactions may include blistering or a skin wound.

Patient Signature:		Date:
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Reviewed by (print name of provider):	
Health care provider signature:	
Date:	



Part II: Clinical Assessment by Health Care Provider

The health care provider should verify the Part I questionnaire as well as the TB skin test questionnaire.

No TB skin test to be performed if answered yes to question 1-6

If the patient answered yes to question 1-12 a chest xray should be done.

Patient should be evaluated by physician, nurse practitioner or physician assistant if answered yes to question 7-12. If patient has had a BCG vaccine but no PPD test in the past IGRA blood test to be done.

1. 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: _	// M D Y	Date Read://_ MD	Y	
Result:	_ mm of induration	**Interpretati	ion: positive	_ negative
Date Given: _	// MDY	Date Read:/_/_///////_	Y	
Result:	_ mm of induration	**Interpretati	ion: positive	_ negative
 Person. Organ month. HIV-in >10mm is positiv Recent Injectic Mycob Reside Person failure, weight >15mm is positiv Person not be 	close contacts of an indivision of an indivision of an indivision of an indivision of a set of a se	a prior chest x-ray, consistent other immunosuppressed personal ears) from high prevalence an esonnel eers in high-risk congregate s that increase the risk of prog eukemias and lymphomas, ca v ideal body weight.	sons (including rece reas or who resided settings gression to TB disea ancers of the head, r ertain testing progra	eiving equivalent of >15 mg/d of prednisone for >1 in one for a significant* amount of time use including silicosis, diabetes mellitus, chronic renal neck or lung), gastrectomy or jejunoileal bypass and ms required by law or regulation, would otherwise
2. Interfero	n Gamma Release A	Assay (IGRA)		
Date Obtained:	// 1 D Y	(specify method)	QFT-GIT	T-Spot other
-	-	indeterminate		(T-Spot only)
	• • •	T or IGRA is positive)		
Date of chest x-ray	y:/// MDY	Result: norm	al abno	ormal:



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:

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
- $\hfill\square$ Weigh less than 90% of their ideal body weight

 $\hfill\square$ Cigarette smokers and persons who abuse drugs and/or alcohol

_____ Student agrees to receive treatment and will follow up regarding this with their primary care provider

_____ Student declines treatment at this time

Student Signature

Date

Health Care Professional Signature

Date



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