#### Tuberculosis Screening and Targeted Testing of College and University Students

## University of Bridgeport Student Health Services

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Name	Date	Student I	D					
Part I: <u>Tu</u>	berculosis (TB) Screening	Questionnaire (to be	completed by incomi	ng students)				
Please answer the follo	wing questions:							
Have you ever had close contact with persons known or suspected to have active TB disease?								
•	of the countries listed below that he the country, below) (Please refer to low incidence countries.)	•		☐ Yes	□ N			
Afghanistan Algeria Angola Argentina Armenia Azerbaijan Bahrain Bangladesh Belarus Belize Benin	Côte d'Ivoire Croatia Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea	Japan Kazakhstan Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia	Nicaragua Niger Nigeria Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Poland	Sudan Suriname Swaziland Syrian Arab Tajikistan Thailand The former Republic of Macedonia Timor-Leste Togo	Yugoslav of			
Shutan	Eritrea	Libyan Arab Jamahiriya	Portugal	Tunisia				

Venezuela (Bolivarian Guinea-Bissau Seychelles Cape Verde of) Central African Republic Guyana Mongolia Sierra Leone Republic of) Viet Nam Chad Haiti Morocco Singapore Solomon Islands China Honduras Mozambique Yemen Colombia India Myanmar Somalia Zambia Indonesia South Africa Comoros Namibia Zimbabwe Congo Iraq Nepal Sri Lanka

Lithuania

Malawi

Malaysia

Maldives

Mauritania

Mauritius

Marshall Islands

Micronesia (Federated States

Mali

Madagascar

Qatar

Romania

Rwanda

Senegal

Republic of Korea

Russian Federation

Grenadines

Republic of Moldova

Saint Vincent and the

Sao Tome and Principe

Turkey

Tuvalu

Uganda

Ukraine

Uruguay

Vanuatu

Uzbekistan

☐ Yes

☐ No

Turkmenistan

Tanzania

United Republic of

Bolivia (Plurinational State of)

Bosnia and Herzegovina

Brunei Darussalam

Botswana

Bulgaria

Burundi

Cambodia

Cameroon

Burkina Faso

Brazil

Estonia

Gabon

Gambia

Georgia

Guatemala

Ghana

Guam

Guinea

Fiji

Ethiopia

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of  $\geq$  20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata

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) □ No

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

Have you been a volunteer or health-care worker who served clients who are at increased risk for active 
Ves 
No

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

latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?

Have you ever been a member of any of the following groups that may have an increased incidence of

If the answer is YES to any of the above questions, you are required to receive TB Testing prior to the start of the semester

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

# 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 a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below)	<b>Yes</b>	No
History of BCG vaccination? (If yes, consider IGRA if possible.)	Yes	No
1. TB Symptom Check <sup>1</sup> Does the student have signs or symptoms of active pulmonary tuberculosis dise If No, proceed to 2 or 3  If yes, check below:		
<ul> <li>□ Cough (especially if lasting for 3 weeks or longer) with or without sputum pro</li> <li>□ Coughing up blood (hemoptysis)</li> <li>□ Chest pain</li> <li>□ Loss of appetite</li> <li>□ Unexplained weight loss</li> <li>□ Night sweats</li> <li>□ Fever</li> </ul>	duction	
Proceed with additional evaluation to exclude active tuberculosis disease including x-ray, and sputum evaluation as indicated.	tuberculin	skin testing, chest
<b>2. Tuberculin Skin Test (TST)</b> (TST result should be recorded as actual millimeters (mm) of induration, transverse write "0". The TST interpretation should be based on mm of induration as well as ri		
Date Given:// Date Read:// M D Y		
Result: mm of induration **Interpretation: positive negative_		
Date Given:// Date Read:// Date Read://		
Result: mm of induration **Interpretation: positive negative_		
**Interpretation guidelines		
<ul> <li>&gt;5 mm is positive:</li> <li>Recent close contacts of an individual with infectious TB</li> <li>persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease</li> <li>organ transplant recipients and other immunosuppressed persons (including receiving equivalent</li> <li>HIV-infected persons</li> </ul>	of >15 mg/	d of prednisone for >1 month.
<ul> <li>&gt;10 mm is positive:</li> <li>recent arrivals to the U.S. (&lt;5 years) from high prevalence areas or who resided in one for a signi</li> <li>injection drug users</li> <li>mycobacteriology laboratory personnel</li> <li>residents, employees, or volunteers in high-risk congregate settings</li> <li>persons with medical conditions that increase the risk of progression to TB disease including silic failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), ga</li> </ul>	cosis, diabete	es mellitus, chronic renal
failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gaweight loss of at least 10% below ideal body weight.	strectomy o	or jejunoileal bypass and

#### >15 mm 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

<sup>\*</sup> The significance of the travel exposure should be discussed with a health care provider and evaluated.

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<sup>1</sup> CDC. Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR November 2005; 54 (No. RR-12): 4-5.

3.

3. Interferon Gamma Release Assay (I	IGRA)		
Date Obtained:// M D Y	(specify method) QFT-GI	T T-Spot	other
Result: negative positive	indeterminate borde	rline (T-S	Spot only)
Date Obtained://Y			
Result: negative positive	indeterminate borde	rline (T-S	Spot only)
4. Chest x-ray: (Required if TST o	or IGRA is positive)		
Date of chest x-ray:////////	Result: normal abnorm	al	
Part III. Management of Posit All students with a positive TST or IGRA recommendation to be treated for latent Tare at increased risk of progression from possible.  ☐ Infected with HIV ☐ Recently infected with M. tuberculos ☐ History of untreated or inadequately consistent with prior TB disease ☐ Receiving immunosuppressive theral corticosteroids equivalent to/greater organ transplantation ☐ Diagnosed with silicosis, diabetes me ☐ Have had a gastrectomy or jejunoiles ☐ Weigh less than 90% of their ideal be ☐ Cigarette smokers and persons who a ••Populations defined locally as having an increas	A with no signs of active diseated TB with appropriate medication. LTBI to TB disease and should sis (within the past 2 years) treated TB disease, including appropriate than 15 mg of prednisone per hellitus, chronic renal failure, lal bypass body weight abuse drugs and/or alcohol	on. However, ld be prioritize persons with cor-alpha (TN day, or immulation) or contact the cortact persons with the cort	students in the following groups zed to begin treatment as soon as a fibrotic changes on chest radiograph of antagonists, systemic unosuppressive drug therapy following cancer of the head, neck, or lung
populations	sed incidence of disease due to <i>M. lu</i>	perculosis, men	iding medicany underserved, low-income
Student agrees to receive treatme			
Student declines treatment at this	s time		
Health Care Professiona		Date	
	University of Bridgep Student Health Servi		

Prepared originally by ACHA's Tuberculosis Guidelines Task Force Revised by Emerging Public Health Threats and Emergency Response Coalition