

TB Screening Tool

Bureau of Epidemiology

Adapted from the ACHA TB Screening Tool



Utah Department of
Health & Human Services
Licensing & Background Checks

Part I: Tuberculosis (TB) Screening Questionnaire

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

Were you born in one of these countries or territories listed below that have a high incidence of active TB disease?
(If yes, please **CIRCLE** the country below) **Yes** **No**

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to: <http://www.who.int/tb/country/data/profiles/en/>

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease (or regular contact with people who are from one of these countries)? (If yes, CHECK the countries or territories, above)

Yes

No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facility or homeless shelter)?

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

Do you regularly use immunosuppressive medication, or have any of the following conditions: HIV, organ transplant recipient, diabetes, silicosis, cancer, end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, 10% or more below ideal body weight?

Yes

No

If the answer is YES to any of the above questions, screening with a PPD or IGRA is indicated.

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) **Yes** **No**

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

1. TB Symptom Check¹

Does the patient have signs or symptoms of active pulmonary tuberculosis disease? **Yes** **No**

If No, proceed to 2 or 3

If yes, check below:

- Cough (especially if 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:

Result:

mm of induration

**Interpretation:

- positive
- negative

Date Given:

Date Read:

Result:

mm of induration

**Interpretation:

positive

negative

**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 and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

>10 mm 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 jejunioileal bypass or weight loss of at least 10% below ideal body weight.
- Child <4

>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.

* *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)

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 patients 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, unless medically contraindicated. However, patients 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, systemic 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 jejunioileal bypass, and/or chronic malabsorption syndrome
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations