

Utah Dept of Health TB Screening Tool

Bureau of Epidemiology

(Adapted from the ACHA TB Screening Tool)

Part I: Tuberculosis (TB) Screening Questionnaire

Patient name _____ DOB _____ Today's Date _____

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 or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) Yes No

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

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: ____/____/____
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

>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 jejunoileal 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 ___
M D Y

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

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

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___
M D Y

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