

Tuberculosis Risk Assessment for Health Care Workers

This tool is to be used to identify Health Care Workers (HCW) that may require TB infection or TB disease testing.

Screening for Symptoms of Active TB Disease

Has the HCW being screened reported any of the following within the last 12 months:

<input type="checkbox"/>	A productive cough for more than three (3) weeks	<input type="checkbox"/>	Persistent shortness of breath
<input type="checkbox"/>	Coughing up blood	<input type="checkbox"/>	Unexplained fatigue
<input type="checkbox"/>	Unexplained weight loss	<input type="checkbox"/>	Chest pain
<input type="checkbox"/>	Fever, chills or night sweats		

If any of the above symptoms are reported, promptly refer the HCW for a medical evaluation. Place the HCW in airborne isolation and evaluate for active TB disease until medically cleared.

Evaluate for active TB disease with a chest x-ray, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease and should not be used diagnostically for symptomatic persons.

Continue the assessment for all asymptomatic persons.

Screening for TB Infection in Asymptomatic Adults

Any person who does not have a documented negative TB test or who indicates any one of the following risk factors should receive either an interferon gamma release assay (IGRA) or TB skin test (TST) as indicated.

If person has previously tested negative, re-testing should only be done if the patient has new risk factors since the last assessment.

<input type="checkbox"/>	<p>Foreign-born person from a country with an elevated TB rate</p> <ul style="list-style-type: none"> Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe. If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list). IGRA is preferred over TST for foreign-born persons.
<input type="checkbox"/>	<p>Immunosuppression, current or planned.</p> <ul style="list-style-type: none"> HIV infection, diabetes, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication.

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<input type="checkbox"/>	Close contact to someone with infectious TB disease ever or since the last time tested for TB.
<input type="checkbox"/>	Foreign travel or residence of ≥ 1 month consecutively in a country with an elevated TB rate <ul style="list-style-type: none"> • Any country other than United States, Canada, Australia, New Zealand, or a country in western or northern Europe
<p>If IGRA or TST result is positive, evaluate for active TB disease.</p> <ul style="list-style-type: none"> • If patient has symptoms of active TB disease or an abnormal chest X-ray consistent with TB disease, place the patient on airborne isolation and evaluate. • If active TB disease is ruled out, LTBI treatment is recommended • All patients who are positive for tuberculosis infection (active or latent) should be screened for HIV. 	

First Name:	Last Name:	Date of Birth:
Result of Assessment: <input type="checkbox"/> Symptomatic/Referred for TB Disease Workup <input type="checkbox"/> Asymptomatic with Risk Factors <input type="checkbox"/> Asymptomatic with no Risk Factors		
Facility of Assessment:		Date of Assessment:
Person Completing this Assessment:		
Signature:		Date:

Documentation of TB Assessments

TB Blood Test (IGRA)

Name of TB Blood Test: <input type="checkbox"/> QuantiFERON TB-Gold <input type="checkbox"/> T-SPOT	Date of Test:	Name of Laboratory:
Test Result: <input type="checkbox"/> Positive* <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	*If Positive, refer to a medical provider for medical examination to rule out TB disease, if symptomatic, place in airborne isolation.	

Tuberculin skin testing (TST)

	TST – Initial Test	TST – Second Step*
Administration		
Name of Person Administering Test		
Date and Time Administered		
Location (circle)	<input type="checkbox"/> L forearm <input type="checkbox"/> R forearm	<input type="checkbox"/> L forearm <input type="checkbox"/> R forearm
Tuberculin Manufacturer		
Tuberculin Expiration Date and Lot #		
Signature (Test Administrator)		
Results (read between 48-72 hours)		
Date and time read:		
Number of mm of induration: (across forearm)	mm	mm
Interpretation of reading	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Signature (Test Reader)		