

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by educational observers for 3 days or less)

Please answer the following questions:

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

Have you visited one of the countries listed below that have a high incidence of active TB disease? If yes, please list each country below. ☐ Yes ☐ No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>.

1. Have you had frequent or prolonged visits* (> 1 week) to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) ☐ Yes ☐ No
2. Have you been a volunteer and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? ☐ Yes ☐ No
3. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease or cared for someone with active TB infection in the past 6 months? ☐ Yes ☐ No
4. 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

If the answer is YES to any of the 4 questions above, UMMC Employee and Student Health requires that you receive TB testing as soon as possible, at least 2-4 weeks prior to the start of the program.

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.*

Part II: TB Screening Form

Name: _____ Program in which you are enrolling _____

TUBERCULOSIS (TB) RISK ASSESSMENT *(to be completed by your personal health care provider)*

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

Country of birth _____

1. TB Symptom Check

Does the person 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: _____
MM/ DD/ YY MM/ DD/ YY

Result: _____ mm of induration **Interpretation: ☐ positive ☐ negative

Date Given: _____ Date Read: _____
MM/ DD/ YY MM/ DD/ YY

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 and weight loss of at least 10% below ideal body weight.

* The significance of the travel exposure should be discussed with your personal health care provider or public health officer and evaluated.

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: _____ Specify method: ☐ QFT-GIT ☐ T-Spot ☐ other _____
MM/ DD/ YY

Result: ☐ negative ☐ positive ☐ indeterminate ☐ borderline_(T-Spot only)

Date Obtained: _____ Specify method: ☐ QFT-GIT ☐ T-Spot ☐ other _____
MM/ DD/ YY

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
MM/ DD/ YY

Management of Positive TST or IGRA

All 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, those 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:

1. Infected with HIV
2. Recently infected with *M. tuberculosis* (within the past 2 years)
3. History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
4. 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
5. Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
6. Have had a gastrectomy or jejunioileal bypass
7. Weigh less than 90% of their ideal body weight
8. 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

_____ Person agrees to receive treatment

_____ Person declines treatment at this time

CERTIFICATION: TO BE COMPLETED BY YOUR PERSONAL HEALTHCARE PROVIDER

Name & Title _____ Signature _____

Print Address _____

Provider Phone (_____) _____

Provider Email Address _____

Healthcare Providers having questions or needing other assistance may contact:

Noruwa Agho OR Tiffany Robinson, LPN
Telephone: 601-815-3410 or 601-984-4080
Email: studenthealth@umc.edu

University of Mississippi Medical Center - 2500 N. State Street - Jackson, MS 39216 USA