Colorado College Tuberculosis (TB) Screening Questionnaire

Part 1: (to be completed by incoming students) Please answer the following questions:

Name: _____________________________________________  Date of Birth: ______________

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 listed below that have a high incidence of active TB disease?  ☐ Yes  ☐ No

(If yes, please CIRCLE the country, below)

Afghanistan  Côte d’Ivoire  Kenya  Nicaragua  South Africa
Algeria  Democratic People’s Republic of Korea  Kiribati  Niger  South Sudan
Angola  Democratic Republic of the Congo  Kyrgyzstan  Nigeria  Sri Lanka
Argentina  Lao People’s Democratic Republic  Panama  Sudan
Armenia  Djibouti  Papua New Guinea  Suriname
Azerbaijan  Dominican Republic  Paraguay  Swaziland
Bahamas  Ecuador  Peru  Tajikistan
Bangladesh  Equatorial Guinea  Philippines  Timor-Leste
Belarus  El Salvador  Poland  Togo
Belize  Estonia  Lithuania  Tunisia
Benin  Ethiopia  Madagascar  Turkey
Bhutan  Fiji  Malawi  Ukraine
Bolivia (Plurinational State of)  Fijian  Malaysia  United Republic of Tanzania
Bosnia and Herzegovina  Indonesia  Mauritius  Vanuatu
Botswana  Georgia  Mexico  Venezuela (Bolivarian Republic of)
Brazil  Ghana  Mauritania  Viet Nam
Brunei Darussalam  Guatemala  Morocco  Yemen
Bulgaria  Guinea  Malaysia
Burkina Faso  Micronesia (Federated States of)
Burundi  Guinea-Bissau  Mexico
Cabo Verde  Guyana  Sao Tome and Principe
Cambodia  Haiti  Saint Vincent and the Grenadines
Cameroon  Honduras  Sao Tome and Principe
Central African Republic  India  Senegal
Chad  Indonesia  Seychelles
China  Iran (Islamic Republic of)  Sierra Leone
Colombia  Iraq  Singapore
Comoros  Kazakhstan  Solomon Islands
Congo

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.

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)  ☐ Yes  ☐ No

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  ☐ 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

If the answer is YES to any of the above questions, Colorado College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester.

Part II: Health Care Provider Verification

Clinicians should review and verify the information in Part I and indicate their recommendations below.

☐ Student is low risk (answered NO to all above questions), so no further testing or action is recommended.
☐ Student presents with risk for TB exposure, so should receive TB testing (proceed to Part III).

______________________________________________________________________________

Health Care Professional Signature  Date
Part III. Clinical Assessment by Health Care Provider

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>History of a positive TB skin test or IGRA blood test? (If yes, document below)</td>
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<tr>
<td>History of BCG vaccination? (If yes, consider IGRA if possible.)</td>
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1. TB Symptom Check¹
Does the student 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.)**

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Date Read</th>
<th>Result</th>
<th>Interpretation</th>
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**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.

>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 IV. Management of Positive TST or IGRA (to be completed by provider at Colorado College Student Health Center)

All students 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, students 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 jejunoileal bypass
- 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**

______Student agrees to receive treatment

______Student declines treatment at this time

_________________________________________ __________________________
Health Care Professional Signature Date