



DATE: December 16, 2013

TO: Parents of All Incoming Students

FROM: LASD Health Services

SUBJECT: Mandate for Tuberculosis Testing in Santa Clara County Schools

***Santa Clara County School Mandate for Universal Testing will be deferred until further notice. In the meantime, all new incoming students must complete the "TB Symptoms review & Risk Factor Assessment Form" (see attached) to prioritize children that need TST/IGRA testing.***

If answered, "Yes," to any of the questions your child should be seen by a healthcare provider, have a TST or IGRA placed and receive further evaluation as appropriate. You will need to provide proof of a TB test or IGRA by April 15<sup>th</sup>, 2014 in order for your child's registration to be complete.

If answered, "No" to all the questions your child can be registered and start school in August 2014 with out a TB test.

Thank you for your cooperation.

Sincerely,

Los Altos School District Health Services  
650-444-9702  
[nurses@lasdschools.org](mailto:nurses@lasdschools.org)

# County of Santa Clara

## Public Health Department

Tuberculosis Prevention & Control Program  
976 Lenzen Avenue, Suite 1700  
San José, CA 95126  
www.sccphd.org  
408.885.2440



### MEMORANDUM

DATE: December 11, 2013

TO: Pediatricians, Family Practice Providers  
Physician Assistants, Nurse Practitioners  
School Nurses  
School Administrators

This fax contains: 2 pages  
Please copy and distribute to  
ALL physicians at your location.

FROM: Teeb Al-Samarrai, MD, MS  
TB Controller/Deputy Health Officer

RE: **UPDATE: Deferment of Public Health Mandate for Tuberculosis Testing  
in Santa Clara County Schools**

Due to a nationwide shortage of TUBERSOL®--*Sanofi Pasteur*, the solution used for tuberculosis (TB) skin tests (TST), the Santa Clara County School Mandate was deferred in August 2013 until January 2014. Although Sanofi Pasteur has resumed shipments, certain areas and facilities continue to experience limited supplies. Other tests are available for TB screening such as the Interferon Gamma Release Assays (IGRA) (e.g. QuantiFERON and T-SPOT) however costs may be a barrier and they are not routinely available at some health centers in the community. Therefore, the Santa Clara County School Mandate for Universal Testing will be deferred until further notice.

**In the meantime, we ask that providers and school administrators continue universal screening. We recommend using the attached "TB Symptom Review & Risk Factor Assessment Form" to prioritize children that need TST/IGRA testing.**

Please note that children enrolling in Child Care Centers must also undergo screening and evaluation for TB. This is a California Department of Social Services, Community Care Licensing requirement under Health & Safety Code (HSC) Section 1596.60. This licensing requirement asks that "All children must be evaluated for risk factors for tuberculosis (TB) as part of the medical assessment" with TST or other TB test approved by CDC if deemed necessary by the TB risk factor assessment. This is not a local mandate but is required for children entering State licensed child care centers.

Thank you very much for your patience and understanding. If you have questions, please call (408) 885-2440 and ask to speak to our Nurse Specialist.

Name of Child \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Date of Screening \_\_\_\_\_

**SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT  
TB SYMPTOMS REVIEW & RISK FACTOR ASSESSMENT FORM**

**Symptoms Review**

**1. Are you currently or have had any of the following symptoms within the last 12 months?**

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| Cough lasting longer than 3 weeks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coughing up blood                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fever                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weight loss                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Night sweats                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**2. If the answer is "Yes" to any of the symptoms listed above,** please explain when symptoms first began; how long symptoms have been present; and if they have been evaluated by a physician.

**Exposure Risk**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Were you or your child born in another country*?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your child traveled outside of the United States (for more than a week)*?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has a family member or someone your child has been in contact with had TB disease?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has your child, a family member or someone your child has been in contact with a person had a positive TB test or received medications for TB? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\*Excluding Canada, Australia, New Zealand, or Western and Northern European countries

**If Yes, to any of the above, the child should be seen by a healthcare provider, have a TST or IGRA placed and receive further evaluation as appropriate.**

I attest that the above information is true to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

*For health care providers/ school office staff only:*

School name: \_\_\_\_\_

- ☐ Prior positive TST/IGRA and treatment (attach documentation)
- ☐ Negative TST/ IGRA placed within 12 months prior to registration (attach result)
- ☐ Positive TST/IGRA, Chest X-ray performed (attach results)
- ☐ Indeterminate IGRA

Name of Health Care Provider/Clinic: \_\_\_\_\_ Phone no: \_\_\_\_\_

Signature Health Care Provider: \_\_\_\_\_