

# SCC Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last, First Month/Day/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ School /Grade: \_\_\_\_\_  
Street, City, Zip Code

**This form must be completed by a licensed health professional in the U.S.** Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment

1. Was your child born in, resided, or traveled (for more than one month) to a country with an elevated rate of TB? Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e., travel that does not involve visiting family or friends, or involve significant contact with the local population).
2. Has your child been in close contact to anyone with TB disease in their lifetime?
3. Is your child immunosuppressed; current, or planned? (e.g., due to HIV infection, organ transplant, treatment with TNF-alpha antagonist or high-dose systemic steroids (e.g., prednisone  $\geq$  15mg/day for  $\geq$  2 weeks).

Does your child have any of the above risk factors? ☐ Yes ☐ No

If **YES**, to any of the above questions (new TB risk factor since last screening), the child has an increased risk of TB and should have a TB blood test or a tuberculin skin test (TST) unless there is a documented prior positive IGRA or TST. All children with a positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR) (posterior-anterior and lateral for children <5 years old). If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for (LTBI) to prevent progression to TB disease. If a child has documentation of previous treatment for LTBI or TB disease and has no symptoms, they should not undergo skin or blood testing and do not need a new chest X-ray.

**If child's X-ray is not normal and there are symptoms that suggest TB, call SCC TB Program (408)792-1381**

<b>Enter test results for all children with a positive risk assessment:</b>	
Date of IGRA: _____	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD)	Induration: _____ mm
Date placed: _____ Date Read: _____	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-ray Date: _____	Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<input type="checkbox"/> LTBI Treatment Start Date: _____ <input type="checkbox"/> Prior TB/LTBI Treatment (Rx/duration): _____ <input type="checkbox"/> Rifampin daily - 4 months _____ <input type="checkbox"/> Isoniazid/Rifapentine - weekly X 12 weeks _____ <input type="checkbox"/> Isoniazid and Rifampin daily - 3 months _____ <input type="checkbox"/> Treatment Medically Contraindicated <input type="checkbox"/> Isoniazid daily - 9 months _____ <input type="checkbox"/> Declines Against Medical Advise	
Please check one of the boxes below and sign: <input type="checkbox"/> Child has no TB symptoms, no risk factors for TB, and does not require a TB test <input type="checkbox"/> Child has a risk factor, has been evaluated for TB and is free of active TB disease. <input type="checkbox"/> Child has no new risk factors since last negative IGRA/TST and has no symptoms. <input type="checkbox"/> Child has no TB symptoms. Appointment for RA/TB test/chest x-ray scheduled on: _____	
<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div><small>Health Care Provider Signature, Title</small></div> <div><small>Date</small></div> </div>	
Name/Title of Health Care Provider: Facility/Address: Phone Number:	

# County of Santa Clara

## Public Health Department

Public Health Administration  
150 W. Tasman Drive, 2<sup>nd</sup> Floor  
San José, CA 95134  
408.792.5040



### TB Testing Methods - Children

An Interferon Gamma Release Assay (IGRA, i.e., QuantiFERON-TB Gold Plus (QFT) or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk of TB exposure or disease-based on a standardized risk assessment tool. An IGRA can now be used in children of all ages and is especially preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of  $\geq 10$ mm induration is considered positive. If a child has had contact with someone with active TB disease, or the child is immunosuppressed, then a TST of  $\geq 5$  mm is considered positive.

### Evaluation of Children with Positive TB Tests

- All children with a new positive IGRA/TST result must have a medical evaluation, including a symptom review, focused physical exam and CXR (frontal and lateral are recommended for children, especially those <5 years old). Since a positive TST may sometimes be caused by infection with nontuberculous mycobacteria or occasionally by BCG vaccination, some providers and parents prefer to verify a positive TST with an IGRA blood test. A CXR / symptom review and physical exam are still required to rule out TB disease before performing a second test as the TB tests may be falsely negative in the setting of TB disease. In this case, if the IGRA is negative, there are no symptoms or signs of TB disease and the CXR is normal, the child is considered free of TB infection.
- A child with a previous positive IGRA test should not undergo repeat testing as it may be positive for life. If the child received well-documented treatment for TB infection or disease in the past and has no symptoms to suggest TB disease, no further testing or imaging is required.
- For children with TB symptoms (e.g., cough for >2-3 weeks, shortness of breath, hemoptysis, fever, poor weight gain/weight loss, night sweats, etc.) or an abnormal CXR concerning active TB disease, report to the County of Santa Clara Public Health Department TB Program within one working day. The child will need to be fully evaluated for TB disease and treatment depending on the results. A negative TST or IGRA does not rule out active TB disease in a patient with an abnormal CXR or symptoms or signs of TB disease. A symptomatic child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If the IGRA/TST is positive, there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI), ideally through the medical home. Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact with a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid.

### Treatment Regimens for Latent TB Infection

**For more details: See AAP Red Book 33rd edition; [LTBI Clinical Recommendations \(tbcontrollers.org\)](https://www.tbcontrollers.org/); [TB-LTBI-Treatment \(ca.gov\)](https://www.cdc.gov/tb/treatment/ca.gov/)**

- Rifampin daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen
- Isoniazid and Rifampin daily for 3 months
- Not recommended: Isoniazid daily for 9 months