

Virginia Department of Health TB Program
TB Risk Assessment (TB512)

See Instructions for the TB Risk Assessment for additional information and guidance

Patient name (L,F,M): _____ DOB: _____ Race: _____ Sex: _____
 Address: _____ Hispanic or Latino: No Yes SSN: _____
 City, State, ZIP: _____ Home/Work#: _____
 Cell#: _____ Language: _____ Pregnant: No Yes N/A; If yes, LMP _____
 Country of Birth: _____ Year arrived in U.S.: _____ Interpreter needed: No Yes Last live vaccine: _____

I. Screen for TB Symptoms (Check all that apply)

- None (Skip to Section II)
- Cough for >3 weeks
→Productive: Yes No
- Hemoptysis
- Fever, unexplained
- Unexplained weight loss
- Poor appetite
- Night sweats
- Fatigue

Evaluate
in context

Pediatric Patients

- (< 6 years of age)
- Wheezing
 - Failure to thrive
 - Decreased activity, playfulness and/or energy
 - Lymph node swelling
 - Personality changes

II. Screen for TB Infection Risk (Check all that apply)

Individuals with an increased risk for exposure to TB or for progression to active TB disease once infected should have a test for TB infection.

A. Assess Risk for Exposure to TB The Patient...

- is a current high risk contact of a person known or presumed to have TB disease
- lived in or visited another country where TB is common for 3 months or more, regardless of length of time in the U.S.
- is a resident or an employee of a high TB risk congregate setting
- is medically underserved
- has experienced homelessness within the past two years
- is an infant, a child, or an adolescent exposed to an adult(s) in high risk categories
- uses injection drugs
- is a member of a group identified by the health department to be at an increased risk for TB infection
- needs baseline/annual testing approved by the health department

B. Assess Risk for Progression to TB Disease if Infected The Patient...

- is HIV positive
- has risk for HIV infection, but HIV status is unknown
- was recently (within past 2 years) infected with *Mycobacterium tuberculosis*
- has certain clinical conditions that place them at high risk:

- uses injection drugs
- has a history of inadequately treated TB
- is >10% below ideal body weight
- is on immunosuppressive therapy – includes treatment with TNF-α antagonists (Remicoid, Humira, Enbrel, etc.), other biologic response modifiers or prednisone ≥1mo. ≥15mg/day

Yes	No	BCG History Test for TB Infection TB Treatment
<input type="checkbox"/>	<input type="checkbox"/>	History of prior BCG. Year: _____
<input type="checkbox"/>	<input type="checkbox"/>	Positive test for infection: <input type="checkbox"/> IGRA <input type="checkbox"/> TST ____ mm Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Treatment for: <input type="checkbox"/> LTBI <input type="checkbox"/> TB Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____ Dates: _____ Regimen: _____

III. Finding(s) (Check all that apply)

- Previous treatment for LTBI and/or TB disease
- No risk factors requiring a test for TB infection
- Risk(s) for TB infection
- Possible presumptive TB disease
- Previous positive test for TB infection, no prior treatment

IV. Action(s) (Check all that apply)

- Issue screening letter
- Refer for CXR
- Complete a test for TB infection
- Issue sputum containers
- Refer for medical evaluation
- Other: _____

1. IGRA: QFT T-SPOT or TST Lot #: _____
 Date given/drawn: _____ Time: _____ Site: _____
 Signature: _____ POS#: _____
TST Reading/IGRA Results
 Date Read: _____ Time: _____
 Signature: _____ POS#: _____
 Induration: ____ mm Positive Negative (TST or IGRA)
 Borderline Indeterminate Invalid (IGRA only)

2. IGRA: QFT T-SPOT or TST Lot #: _____
 Date given/drawn: _____ Time: _____ Site: _____
 Signature: _____ POS#: _____
TST Reading/IGRA Results
 Date Read: _____ Time: _____
 Signature: _____ POS#: _____
 Induration: ____ mm Positive Negative (TST or IGRA)
 Borderline Indeterminate Invalid (IGRA only)

Screeener's signature: _____
 Screeener's name (print): _____
 Date: _____ Phone#: _____

I hereby authorize the doctors, nurses, or nurse practitioners of the Virginia Department of Health to administer the Tuberculin Skin Test (TST) or draw blood for an Interferon Gamma Release Assay (IGRA) test from me or my child named above.

I agree that the results of this test may be shared with other health care providers.

The Deemed Consent for blood borne diseases has been explained to me and I understand it.

I acknowledge that I have received the Notice of Privacy Practices from the Virginia Department of Health.

I understand that:

- this information will be used by health care providers for care and for statistical purposes only.
- this information will be kept confidential.
- medical records must be kept at a minimum for 10 years after my last visit, 5 years after death; for minor children, 5 years after the age of 18, or 10 years after the last visit, whichever is greater.

X _____ Date: _____

Client or Parent/Guardian Signature

Virginia Department of Health TB Program
Instructions for the TB Risk Assessment (TB512)

Purpose of Form The TB Risk Assessment Form (TB 512) is a tool to assess and document a patient's symptoms and/or risk factors for TB infection. Completing this form will also help in determining the need for future medical testing and evaluation.

Directions for Completing the Form
Print clearly and complete this form according to instructions provided below.

This form can be adapted for use outside of the Virginia Department of Health (VDH). If using outside of VDH, remove VDH consent section and logo.

I. Screen for Presence of TB Symptoms

Screen patient for symptoms of active TB disease

- All symptomatic individuals should: (1) receive a test for TB infection if not previously positive (TST or IGRA); (2) have their sputum collected; (3) be referred for an immediate chest x-ray (CXR) and medical evaluation, regardless of the result of the test for TB infection.
- If patient does not have symptoms of active TB disease, go to Section II and assess risk for LTBI and/or disease.
- Symptoms of active TB disease are more subtle in children. Children with symptoms of active TB disease should receive a test for TB infection, CXR (PA and lateral views for children under 5) and immediate medical evaluation by medical personnel knowledgeable about pediatric TB.

II. Screen for TB Infection Risk (In subsections A and B, check all the risk factors that apply)

Section II has 2 sections. Section A: "Assess Risk for Exposure to TB", Section B: "Assess Risk for Progression to TB Disease if Infected".

- If patient has one or more risk factors as listed in sections II A or II B, then go to Section III and administer a test for TB infection.
- If patient does not have risk factors for exposure to TB or progression to TB disease, do not administer a test for TB infection. Go to Section III and place a check next to "No Risk Factors for TB Infection."
- If patient's school, employment, etc. requires a TB screening, place a check next to "Issued Screening Letter" (Section IV) and provide the screening letter to the patient.

A. Assess Risk for Exposure to TB	B. Assess Risk for Progression to TB Disease if Infected
<ul style="list-style-type: none"> • <i>Current high risk contact of a person known or presumed to have TB disease--</i> Person is part of a current TB contact investigation • <i>Person lived in or visited another country where TB is common for 3 months or more, regardless of time in the U.S.--</i> Person lived or visited a high TB endemic country ≥ 3 months. High endemic country is defined as a case rate of $\geq 20/100,000$. See VDH list for high TB endemic countries. Evaluate other time (≤ 3 months) spent in high TB endemic countries in context. Example: volunteering in a medical setting for 1 month would trigger testing. • <i>Person is a resident/employee of high TB risk congregate settings--</i> These settings are homeless shelters, correctional facilities, nursing homes, and long-term care facilities. • <i>Person is medically underserved--</i> Person doesn't have a regular healthcare provider, and has not received medical care within the last 2 years. • <i>Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories--</i> Child has non-U.S.-born parents from a high TB endemic country, or child's parents/caretakers are at high risk for exposure to TB. • <i>Person is a member of a group identified by a local health department to be at an increased risk for TB infection--</i> Identification of a group is based on local epidemiologic data showing an increase in the number of persons with TB disease or TB infection in the given group. • <i>Person needs baseline/annual testing approved by health department--</i> includes those entering health professions; new healthcare workers need 2-step TST unless documented negative TST in prior 12 months. Single IGRA also acceptable. May include a screening program that is approved by the local health dept. for facilities or individuals at an increased risk for exposure to TB. 	<ul style="list-style-type: none"> • <i>Person's HIV status is unknown but has risk for HIV infection--</i> Offer HIV test. Administer test for TB infection, even if the patient declines the HIV test. • <i>Person with clinical conditions that place them at high risk--</i> Conditions include substance use, CXR findings that suggest previous TB, diabetes mellitus, silicosis, prolonged corticosteroid therapy, cancer of the head and neck, leukemia, lymphoma, hematologic and reticuloendothelial diseases, end stage renal disease, intestinal bypass or gastrectomy, and chronic malabsorption syndromes. • <i>Person is on immunosuppressive therapy--</i> Examples: Post solid organ transplant; taking ≥ 15 mg/day of prednisone for ≥ 1 month; receiving treatment with TNF-α antagonists (Remicaid, Humira, Enbrel, etc.) or other biologic response modifiers and/or needs baseline evaluation prior to start of treatment with such meds.

III. Finding(s)

- In this section, indicate findings from the assessments in all previous sections.

IV. Action(s)

- Indicate the action(s) to take as a result of the findings in Section III.
- If administering a test for TB infection, provide all requested data.
- Repeat test for TB infection if appropriate.

Additional follow-up to a test for TB infection

- If test for TB infection is positive, or patient has symptoms suggestive of TB disease, refer immediately for medical evaluation and CXR
- If history of a positive test for TB infection and currently asymptomatic, refer for CXR if the following two conditions apply: 1) patient is a candidate for LTBI treatment; **and**, 2) patient is willing to adhere to the treatment.
- If treatment for LTBI is not planned and TB previously ruled out with a normal CXR, then repeat CXRs are not indicated unless symptomatic.

Considerations

- Tests for TB infection should be administered at the same time as live viral vaccine administration, or after 4-6 weeks, as defined by the AAP (Red Book) and ACIP, with 6 weeks being the ideal time period to wait based upon these recommended time frames. However, 4 weeks (28 days), as outlined in the Pink Book and NTCA Testing and Treatment of LTBI in the US: Clinical Recommendations is a satisfactory time interval.
- COVID-19 vaccine does not interfere with timing of testing for TB infection
- IGRA is recommended for use in children 2 years of age and older. Consider the use of IGRA in those younger than 2 with expert medical consultation.
- TST can be used in any age group.
- IGRA is the preferred test for TB infection in BCG vaccinated individuals.
- Repeat testing for TB infection should be based on new risk factors or clinical information.