

Missouri Revised Statutes, Chapter 199, Section 199.290.1 requires that all institutions of higher education in Missouri implement a targeted TB testing program on their campuses for all on-campus students and faculty, effective August 2015. This process will begin with a short survey. For most, that will be all that is needed. If any of the survey questions are answered "YES," then TB testing will be required.

Screening and targeted testing for tuberculosis (TB) is a key strategy for controlling and preventing infection on college and university campuses. Early detection provides an opportunity to promote the health of affected individuals through prompt diagnosis and treatment while preventing potential spread to others. Implementation of a screening and targeted testing program not only addresses this public health concern in campus communities but also contributes to the larger public health goal of reducing the burden of TB in the United States.

Name _____ Student ID _____ Date _____

Part I: Tuberculosis (TB) Screening Questionnaire for Students

Please answer the following questions:					
Have you ever had close contact with persons known or suspected to have active TB disease?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Afghanistan Algeria Angola Anguilla Argentina Armenia Azerbaijan Bangladesh Belarus Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad China China, Hong Kong SAR China, Macao SAR Colombia Comoros	Congo Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Estonia Ethiopia Fiji French Polynesia Gabon Gambia Georgia Ghana Greenland Guam Guatemala Guinea Guinea-Bissau Guyana Haiti Honduras India Indonesia	Iran (Islamic Republic of) Iraq Kazakhstan Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia Libya Lithuania Madagascar Malawi Malaysia Maldives Mali Marshall Islands Mauritania Mauritius Mexico Micronesia (Federated States of) Mongolia Montenegro Morocco Mozambique Myanmar	Namibia Nauru Nepal Nicaragua Niger Nigeria Northern Mariana Islands Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Poland Portugal Qatar Republic of Korea Republic of Moldova Romania Russian Federation Rwanda Saint Vincent and the Grenadines Sao Tome and Principe Senegal Serbia Seychelles Sierra Leone	Singapore Solomon Islands Somalia South Africa South Sudan Sri Lanka Sudan Suriname Swaziland Tajikistan Thailand Timor-Leste Togo Trinidad and Tobago Tunisia Turkmenistan Tuvalu Uganda Ukraine United Republic of Tanzania Uruguay Uzbekistan Vanuatu Venezuela (Bolivarian Republic of) Viet Nam Yemen Zambia Zimbabwe	
Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://www.who.int/tb/country/en/ .					
Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

- If the answer is YES to any of the above questions, St. Charles Community College requires that you receive TB testing as soon as possible by a local public health agency but at least prior to the start of the subsequent semester.
- If the answer to all of the above questions is NO, no further testing or further action is required. Return page 1 of this form to Enrollment Services, ADM 1113.

To the best of my knowledge, the information provided above is true and complete.

Name _____ Date _____

Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. 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.

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** _____

1. TB Symptom Check¹

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: ____/____/____

M D Y

Date Read: ____/____/____

M D Y

Result: _____ mm of induration

**Interpretation: positive ____ negative ____

Date Given: ____/____/____

M D Y

Date Read: ____/____/____

M D Y

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 jejunioileal 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 III. Management of Positive TST or IGRA

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 jejunioileal 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

Return all pages of this form to Enrollment Services, ADM 1113.