

## WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION

All of the information on this form shall be kept confidential.

Perform testing by **interferon gamma release assay (IGRA)** or **tuberculin skin test (TST)** if there are TB risk factors and/or symptoms identified by the questions below, or if testing is required (e.g., baseline employment testing).

Do not perform testing by IGRA or TST if the patient has previously confirmed **latent tuberculosis infection (LTBI)** or **tuberculosis (TB)** disease.

Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

If any of the following boxes are checked, recommend LTBI testing.

See page 2 for more detailed information on the risk assessment questions below.

### SYMPTOM EVALUATION

YES NO **Recent TB symptoms:** Persistent cough lasting three or more weeks **AND** one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue

☐ ☐

### RISK FOR TB INFECTION

YES NO **Birth, residence or travel (for  $\geq 1$  month) in a country with a high TB rate**

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- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Travel is of extended duration or including likely contact with infectious TB.

YES NO **Close contact to someone with infectious TB disease**

☐ ☐

### RISK FOR PROGRESSION TO TB DISEASE

YES NO **Human immunodeficiency virus (HIV) infection**

☐ ☐

YES NO **Current or planned immunosuppression** including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month), or other immunosuppressive medication **in combination with risk for infection from above**

☐ ☐

☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. No risks or symptoms for TB were identified.

☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. Risk factors and/or symptoms for TB have been identified; further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Provider Name (Print)	
Facility Name	
Street Address	
Assessment Date	Telephone Number
SIGNATURE - Provider	

Individual/Patient Name (Print)
Date of Birth

Clear/Reset Entire Form

## Risk Assessment Details

### USE OF THIS FORM

Use this form to assess individual risks for *M. tuberculosis* infection in adults (age  $\geq 15$  years).

### SYMPTOM EVALUATION

TB symptoms are listed on the front of this form. TB can occur anywhere in the body but the most common areas include; lungs, pleural space, lymph nodes and major organs such as heart, liver, spleen, kidney, eyes and skin. Clinical judgement should be accompanied by careful evaluation of patient history including residence in a country with high TB incidence, history of previous treatment for TB or LTBI and history of TB in the family.<sup>4</sup>

### RISK FOR TB INFECTION

#### Birth, travel or residence (for $\geq 1$ month) in a country with a high TB rate

The World Health Organization (WHO) estimates TB incidence around the world in the *Global Tuberculosis Report*. Please see this report for countries with high TB rates, or call the Wisconsin Tuberculosis Program.<sup>1, 5</sup>

Leisure travel to most countries in the world poses little risk of TB infection. Prolonged stays or work in the health sector in an endemic country increase the risk of infection.<sup>2</sup>

#### Close Contact to someone with infectious TB disease

Infectious TB includes pulmonary, culture-positive disease and disease with pulmonary cavitation on radiograph. High Priority contacts include household members (1 in 3 chance of infection), children  $< 5$  years of age and immunosuppressed individuals (HIV-positive, organ transplant, cancer, diabetes). Also consider those exposed for shorter duration in a more confined space (exam room, dormitory room, office or vehicle).<sup>3</sup>

#### Other Risks

Wisconsin has very low incidence of TB in healthcare, homeless, corrections and long-term care settings. Higher-risk congregate settings occur in Alaska, California, Florida, Hawaii, New Jersey, New York, Texas or Washington DC.<sup>5</sup>

Consult with local health departments for other locally identified high-risk groups: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>.

Consult with the Centers for Disease Control and Prevention (CDC) annual TB reports and the Wisconsin TB Program website for state and local epidemiology data.<sup>6, 7, 8, 9</sup>

### RISK FOR PROGRESSION TO TB DISEASE

Immune suppression is a risk factor for reactivation and progression to active TB disease. Immune suppression alone is not a risk for acquiring TB infection.

- LTBI treatment should be strongly considered in HIV-infected individuals; significant immune suppression can cause inaccuracy of diagnostic TB tests.
- LTBI treatment can be considered for other immune suppression (e.g., cancer, organ transplant, medications, or diabetes) **when in combination with risk for infection (see above)**.

### References:

- 1) World Health Organization Global Tuberculosis Report 2018. <http://apps.who.int/iris/bitstream/handle/10665/274453/9789241565646-eng.pdf?ua=1&ua=1>
- 2) Cobelens, F.G.J., et al (2000). Risk of infection with *Mycobacterium tuberculosis* in travelers to areas of high tuberculosis endemicity. *The Lancet*, 356, 461-465.
- 3) CDC. Guidelines for the investigation of contacts of persons with infectious tuberculosis: recommendations from the National Tuberculosis Controllers Association and CDC. *MMWR* 2005; 54(No. RR-15).
- 4) Lewinsohn, D. et al. Official American Thoracic Society/Infectious Diseases Society of America/CDC Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. *Clinical Infectious Diseases*, 2017; 62(2):111-115.
- 5) Wisconsin Tuberculosis Program. <https://www.dhs.wisconsin.gov/tb/index.htm>. Phone: 608-261-6319.
- 6) CDC. Reported Tuberculosis in the United States. <https://www.cdc.gov/tb/statistics/>
- 7) CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005; 54(No. RR-17).
- 8) CDC. Tuberculosis screening, testing, and treatment of U.S. health care personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. *MMWR* 2019; 68(No. 19).
- 9) CDC. Prevention and control of tuberculosis in correctional facilities: Recommendations from CDC. *MMWR* 2006; 55(No. RR-9).





IMPORTANT INFORMATION ABOUT TUBERCULOSIS  
AND THE MANTOUX TUBERCULIN SKIN TEST

**PLEASE READ CAREFULLY**

**WHAT IS TUBERCULOSIS (TB)?** TB is a “communicable” disease caused by bacteria that are usually spread from person to person through the air. When people with TB cough, infectious particles may be released. If these bacteria are inhaled by other people, they cause infection. Most people who become infected do not develop tuberculosis because the body’s immune system brings the infection under control. However, infected people will usually have a positive reaction to a TB skin test. Also, they remain at risk of developing TB disease at any time, especially if the immune system becomes impaired (e.g. Human Immunodeficiency Virus (HIV) infection or cancer). The disease usually affects the lungs, but can occur at any site in the body.

**WHAT IS A TB SKIN TEST?** The Mantoux skin test uses a needle to place sterile fluid called tuberculin between the layers of the skin. The purpose of the test is to show whether you have tuberculosis germs in your body. This test is used as a screening and is not conclusive (false positives and false negatives can occur).

**The test must be interpreted (read) in 48-72 hours.** The area where the test is made will be checked for a “reaction”. The reaction will be interpreted (read) by an RN at Shorehaven. Persons with a positive (significant) reaction will be referred to their physician for additional tests. The physician will determine if there is an inactive infection (dormant) or active disease (contagious).

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- |    |  |                        |                      |
|----|--|------------------------|----------------------|
| 1. | Have you ever had a Mantoux TB skin test? If yes, state the results: _____   | YES _____              | NO _____             |
| 2. | Have you ever been told that you have TB?<br>If yes, were you treated? If you were treated, state when, where, and by whom: _____<br>_____ | YES _____<br>YES _____ | NO _____<br>NO _____ |
| 3. | Have you recently been exposed to someone with TB? If yes, by whom and when: _____<br>_____  | YES _____              | NO _____             |
| 4. | In the past six weeks, have you been vaccinated with a live vaccine (examples, measles or polio)?  | YES _____              | NO _____             |
| 5. | In the past six weeks, have you had any periods of illness which have lasted for more than two days? If yes, describe: _____<br>_____      | YES _____              | NO _____             |
| 6. | Are you currently taking (or recently stopped taking) any corticosteroid or other immunosuppressive drugs?                                 | YES _____              | NO _____             |
| 7. | Have you had BCG vaccine (the vaccine for TB)? If yes, when: _____<br>_____  | YES _____              | NO _____             |
| 8. | Can you return in 48 to 72 hours to have the test read?  | YES _____              | NO _____             |

**POSSIBLE SIDE EFFECTS FROM THE SKIN TEST:** Side effects are very uncommon and usually occur in persons who are unusually sensitive to the tuberculin. Side effects include: blisters, open sores, death of tissue, pain, and itching in the area where the skin test was placed. Strong positive reactions can cause scarring. Less often, swelling in near-by lymph glands and fever can occur. In those with a history of TB, a general fever reaction and/or inflammation around old TB lesions may occur in highly sensitive individuals.

**REACTIONS:** If the person who received the test gets sick with the above side effects and visits the doctor, hospital, or clinic in the four weeks after the TB test, please report this to the Waukesha County Health Division.

**QUESTIONS:** If you have any questions about TB or TB testing, please ask us now or call your doctor before signing this form.

\* \* \* \* \*

I have read the information on this form about Mantoux TB skin testing. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the test and request that the test be given to me or to the person named below for whom I am authorized to make this request. I understand that it is impossible to predict whether a person will suffer side effects and if so, how severe these side effects might be. I release and agree to hold Shorehaven and its agents harmless from any claims resulting from side effects.

**(If person to be tested is a minor, Parent/Guardian must sign this form as well as minor child).**

\_\_\_\_\_  
Signed Consent

SHOREHAVEN  
EMPLOYEE HEALTH EXAMINATION RECORD  
**TB SKIN TESTING FORM**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

**FIRST STEP** TB Test Given Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: L. Forearm \_\_\_\_\_ R. Forearm \_\_\_\_\_  
Administered by: \_\_\_\_\_  
TB Test Read Date : \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_  
RESULTS: \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSITIVE Size of induration \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Lot No.: \_\_\_\_\_ mm.

**SECOND STEP** TB Test Given Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: L. Forearm \_\_\_\_\_ R. Forearm \_\_\_\_\_  
Administered by: \_\_\_\_\_  
TB Test Read Date : \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_  
RESULTS: \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSITIVE Size of induration \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Lot No.: \_\_\_\_\_ mm.

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CHEST X-RAY IS REQUIRED IF TB SKIN TEST IS POSITIVE

DATE OF CHEST X-RAY: \_\_\_\_\_ Symptoms reviewed Y/N \_\_\_\_\_ Date: \_\_\_\_\_

RESULTS OF CHEST X-RAY : \_\_\_\_\_ POSITIVE \_\_\_\_\_ NEGATIVE

If positive chest x-ray, contact Waukesha County Health Department for direction re: TB Treatment.