St Olaf College Health Service

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions: Student Name / Date of Birth / I.D. # ______________________________________________________________________

Have you ever had close contact with persons known or suspected to have active TB disease: __ Yes ___ No

Were you born in one of the countries listed below that have a high incidence of active TB disease: __ Yes ___ No

(If yes, please CIRCLE the country below.)

Afghanistan  Cote d’Ivoire  Kenya  Niger  South Sudan
Algeria  Democratic People’s Republic of  Kiribati  Nigeria  Sri Lanka
Angola  Korea  Kuwait  Niue  Sudan
Argentina  Democratic Republic of the  Kyrgyzstan  Pakistan  Suriname
Armenia  Congo  Lao People’s Democratic  Palau  Swaziland
Azerbaijan  Djibouti  Republic  Panama  Tajikistan
Bahrain  Dominican Republic  Latvia  Papua New Guinea  Thailand
Bangladesh  Ecuador  Lesotho  Paraguay  Timor-Leste
Belarus  El Salvador  Liberia  Peru  Togo
Belize  Equatorial Guinea  Libya  Philippines  Trinidad and Tobago
Benin  Eritrea  Lithuania  Poland  Tunisia
Bhutan  Estonia  Madagascar  Portugal  Turkey
Bolivia (Plurinational State of)  Ethiopia  Malawi  Qatar  Turkmenistan
Bosnia and Herzegovina  Fiji  Malaysia  Republic of Korea  Tuvalu
Botswana  Gabon  Maldives  Republic of Moldova  Uganda
Brazil  Gambia  Mali  Romania  Ukraine
Brunei Darussalam  Georgia  Marshall Islands  Russian Federation  United Republic of Tanzania
Bulgaria  Ghana  Mauritania  Rwanda  Uruguay
Burkina Faso  Guatemala  Mauritius  Saint Vincent and the  Uzbekistan
Burundi  Guinea  Mexico  Grenadines  Vanuatu
Cabo Verde  Guinea-Bissau  Micronesia (Federated States of)  Sao Tome and Principe  Venezuela (Bolivarian
Cambodia  Guyana  Mongolia  Republic of)  Senegal  Republic
Cameroon  Haiti  Morocco  Serbia  Viet Nam
Central African Republic  Honduras  Mozambique  Seychelles  Yemen
Chad  India  Myanmar  Sierra Leone  Zambia
China  Indonesia  Namibia  Singapore  Zimbabwe
Colombia  Iran (Islamic Republic of)  Nauru  Solomon Islands  
Comoros  Iraq  Nepal  Somalia  
Congo  Kazakhstan  Nicaragua  South Africa

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghdata

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above.) __ Yes ___ 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)? __ Yes ___ No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? __ Yes ___ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? __ Yes ___ No

If the answer is YES to any of the above questions, St. Olaf College requires that you receive TB testing as soon as possible 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.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.
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 Check
Does the student have signs or symptom 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) or 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:     ___/___/___  Date Read:  ___/___/___
M    D    Y        M    D    Y

Result:  ______ mm of induration  **Interpretation:  positive ____  negative ____

Date Given:     ___/___/___  Date Read:  ___/___/___
M    D    Y        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 >15mg/d or 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 or 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 jejunoileal 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) QGT-GIT __  T-Spot __  other___

   M    D    Y

Result: negative ___  Positive ___  indeterminate ___  borderline ___ (T-Spot only)

Date Obtained: ___/___/___  (specify method) QGT-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 (TNT) 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 jejunoileal 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

*Please mail or FAX this form to:*

St Olaf College
Health Service
1520 St Olaf Avenue
Northfield, MN 55057

FAX: 1-507-786-3943

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