

Appendix A

Sample Tool for Institutional Use

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

Please answer the following questions:

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 or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below.) Yes No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence. Countries with average incidence rates of ≥ 20 cases per 100,000 population.

Tuberculosis Screening and Targeted Testing of College and University Students / Appendix A

Have you resided in or traveled to one or more of the countries or territories listed above for a period of one to three months or more? (If yes, CHECK the countries or territories, above) Yes No

Have you been a resident, volunteer, 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 using drugs or alcohol? Yes No

If you answered YES to any of the above questions, [insert your college/university name] [recommends or requires] that you receive TB testing prior to the start of your first enrolled term). The significance of any travel exposure should be reviewed with a health care provider.

If the answer to all the above questions is NO, no further testing or further action is required.

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 symptoms of active pulmonary tuberculosis disease? Yes ____ No

If no, proceed to 2 or 3.

If yes, check below:

- | | |
|--|--|
| <input type="checkbox"/> Cough (especially if lasting for 3 weeks or longer) with or without sputum production | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Coughing up blood (hemoptysis) | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Night sweats |
| | <input type="checkbox"/> Fever |

Proceed with additional evaluation to exclude active tuberculosis disease including chest x-ray (PA and lateral) and sputum evaluation as indicated.

2. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (specify method) QFT T-Spot other _____
M D Y

Result: negative ____ positive ____ indeterminate ____ borderline ____ (T-Spot only)

Date Obtained: ____/____/____ (specify method) QFT T-Spot other _____
M D Y

Result: negative ____ positive ____ indeterminate ____ borderline ____ (T-Spot only)

3. 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:	<ul style="list-style-type: none"> ● 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:	<ul style="list-style-type: none"> ● Foreign born or travelers to the U.S. 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 <p><i>*The significance of the travel exposure should be discussed with a health care provider and evaluated.</i></p>
>15 mm is positive:	<ul style="list-style-type: none"> ● Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

4. Chest x-ray: (Required if IGRA or TST is positive. Note: a single PA view is indicated in the absence of symptoms.)

Date of chest x-ray: ____/____/____
 M D Y

Result: normal____ abnormal____