Tuberculosis Risk Assessment for Health Care Workers

This tool is to be used to identify Health Care Workers (HCW) that may require TB infection or TB disease testing.

Screening for Symptoms of Active TB Disease

Has the HCW being screened reported any of the following within the last 12 months:

- ☐ A productive cough for more than three (3) weeks
- ☐ Persistent shortness of breath
- ☐ Coughing up blood
- ☐ Unexplained fatigue
- ☐ Unexplained weight loss
- ☐ Chest pain
- ☐ Fever, chills or night sweats

If any of the above symptoms are reported, promptly refer the HCW for a medical evaluation. Place the HCW in airborne isolation and evaluate for active TB disease until medically cleared.

*Evaluate for active TB disease with a chest x-ray, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease and should not be used diagnostically for symptomatic persons.*

Continue the assessment for all asymptomatic persons.

Screening for TB Infection in Asymptomatic Adults

Any person who does not have a documented negative TB test or who indicates any one of the following risk factors should receive either an interferon gamma release assay (IGRA) or TB skin test (TST) as indicated.

If person has previously tested negative, re-testing should only be done if the patient has new risk factors since the last assessment.

- ☐ **Foreign-born** person from a country with an elevated TB rate
  - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.
  - If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).
  - IGRA is preferred over TST for foreign-born persons.

- ☐ **Immunosuppression**, current or planned.
  - HIV infection, diabetes, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication.

- ☐ **Close contact** to someone with infectious TB disease ever or since the last time tested for TB.
Tuberculosis Risk Assessment for Health Care Workers

☐ Foreign travel or residence of ≥1 month consecutively in a country with an elevated TB rate
  • Any country other than United States, Canada, Australia, New Zealand, or a country in western or northern Europe

If IGRA or TST result is positive, evaluate for active TB disease.

• If patient has symptoms of active TB disease or an abnormal chest X-ray consistent with TB disease, place the patient on airborne isolation and evaluate.
• If active TB disease is ruled out, LTBI treatment is recommended
• All patients who are positive for tuberculosis infection (active or latent) should be screened for HIV.

First Name: ____________________  Last Name: ____________________  Date of Birth: ________________

Result of Assessment:
☐ Symptomatic/Referred for TB Disease Workup  ☐ Asymptomatic with Risk Factors  ☐ Asymptomatic with no Risk Factors

Facility of Assessment: ____________________  Date of Assessment: ________________

Person Completing this Assessment: __________________________________________

Signature: ____________________  Date: ________________

For more information, visit www.ndhealth.gov/tb or call 800.472.2180.
# Documentation of TB Assessments

## TB Blood Test (IGRA)

<table>
<thead>
<tr>
<th>Name of TB Blood Test:</th>
<th>Date of Test:</th>
<th>Name of Laboratory:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ QuantiFERON TB-Gold</td>
<td>☐ T-SPOT</td>
<td></td>
</tr>
</tbody>
</table>

**Test Result:**

- ☐ Positive*
- ☐ Negative
- ☐ Indeterminate

*If Positive, refer to a medical provider for medical examination to rule out TB disease, if symptomatic, place in airborne isolation.

## Tuberculin skin testing (TST)

<table>
<thead>
<tr>
<th>Administration</th>
<th>TST – Initial Test</th>
<th>TST – Second Step*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Administering Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date and Time Administered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location (circle)</td>
<td>☐ L forearm ☐ R forearm ☐ L forearm ☐ R forearm</td>
<td></td>
</tr>
<tr>
<td>Tuberculin Manufacturer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculin Expiration Date and Lot #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature (Test Administrator)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Results** (read between 48-72 hours)

<table>
<thead>
<tr>
<th>Date and time read:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of mm of induration: (across forearm)</td>
<td>mm mm</td>
</tr>
<tr>
<td>Interpretation of reading</td>
<td>☐ Positive ☐ Negative ☐ Positive ☐ Negative</td>
</tr>
<tr>
<td>Signature (Test Reader)</td>
<td></td>
</tr>
</tbody>
</table>