

TUBERCULOSIS SCREENING POLICY

Tuberculosis (TB) continues to be a serious communicable disease. Children exposed to TB are particularly at high risk because they often develop more advanced active disease before diagnosis. In addition, children are more likely to convert from latent TB to active disease because of longevity. To prevent the spread of TB Utah County requires proof of screening for TB in the following individuals:

- All foreign-born students from countries at high risk for TB infection entering schools for the first time who have not been tested since entering this country. High risk countries are defined as countries with TB rates >20/100,000 individuals (high risk country threshold as defined by Utah DHHS).
- All students, school faculty and staff, who have lived in high-risk countries for six months or more within the past five years, including missionary or humanitarian service, who have not been tested since living in the foreign country.
- Students, school faculty and staff that are determined to have a high risk of TB exposure such as those that are known contacts to a person with active TB disease, children of migrant farm workers, children, or individuals with socio-economic risk factors such as homelessness and living in a shelter.

Students and staff that have initiated a TB screening test but are waiting results may begin work or school if they have no signs or symptoms of tuberculosis. However, results of the TB screening test must be presented within 5 business days of the employee beginning work, or a student attending school.

Two Tests Available

An IGRA blood test is the preferred TB test for anyone born in a country requiring BCG vaccine of children under age 2 years.

The Mantoux Tuberculin Skin Test (TST) is adequate for anyone who has not received a BCG vaccine. CDC guidelines will be followed for the readings of the TST.

BCG Criteria

A Tuberculin Skin Test (TST) may more likely be falsely positive in an individual that has had a BCG vaccine. In this situation, an IGRA test is preferred.

Two Step Testing

Anyone over the age of 50 or who is immunocompromised and has **not** had a TST within the previous 5 years, should have a repeat TST at least one week after the first TST reading if it is negative. The second test result is the one to be recorded.

Reading TST TB Skin Tests

It is important to read the TST between 48 and 72 hours after being placed. Clients returning later than 72 hours after placement will need to have the TST repeated unless it is obvious that the TST is positive. In this case, date the positive result 72 hours after placement and send the client for a chest x-ray.

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TB test return schedule is as follows (must be read 48-72 hours after placement):

Placed on Monday	Will not check after Thursday of that same week
Placed on Tuesday	Will not check after Friday of that same week
Placed on Wednesday before 4:30 pm	Will not check after Friday of that same week
Thursday	No TST will be given on Thursdays
Placed on Friday	Will not check after Monday of the next week

Chest X-Ray Screening

A chest x-ray is required for everyone newly identified as a positive reactor. Persons who have had a normal chest x-ray following a positive skin test are not required by Utah County Health Department to have subsequent chest x-rays, unless they have symptoms suggestive of active tuberculosis disease. Persons starting LTBI treatment are required to have a chest x-ray within 3 months.

Signed: _____

Joseph Miner M.D.
Medical Director
Utah County Health Department

_____ Date

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