



TUBERCULOSIS (TB) RISK ASSESSMENT FORM

Use this form to screen individuals for tuberculosis disease or infectionⁱ

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| STEP 1: Are one or more signs or symptoms of active TB disease present? | YES | NO |
| Symptoms may include cough > 2 weeks, coughing up blood, fevers, night sweats, unexplained weight loss, excessive fatigue. | | |
| <ul style="list-style-type: none"> If symptoms of TB disease are present, further medical evaluation including chest X-ray and sputum testing should be strongly considered. TB testing with TST/IGRA alone is NOT sufficient to rule out or rule in active TB disease. If there is clinical suspicion for TB disease, infection prevention and airborne isolation precautions are recommended until infectious TB has been ruled out. <u>Notify State of Alaska TB Program (907-269-8000) of all suspected and confirmed cases of active TB disease.</u> | | |

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| STEP 2: If NO symptoms of active TB are present, proceed with TB infection risk screening below. | YES | NO |
| <ul style="list-style-type: none"> Birth, travel, or residence for at least 1 month in a country with an elevated TB rate.ⁱⁱ Immunosuppression, current or planned.ⁱⁱⁱ Close contact to someone with infectious TB. Individuals from regions of Alaska with high rates of TB (e.g., Northern, Southwest). | | |

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| STEP 3: Are risk factors for TB Infection Present? |
| <p>One or more risk factors present → Test for TB infection with IGRA or TST^{iv}</p> <p>No risk factors present → TB testing likely not indicated.</p> |

Name: _____ Date of Birth: _____

Assessment Completed by: _____ Date: _____

ⁱ On this form, the term "TB infection" refers to latent TB infection (LTBI).
ⁱⁱ Includes any country *other than* the United States, Canada, Australia, New Zealand, and most countries in western and northern Europe.
ⁱⁱⁱ HIV infection, organ transplant recipient, treatment with TNF-alpha blocker, steroid treatment for more than 2 weeks (i.e., equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15mg/day for ≥ 2 weeks), or other immunosuppressive medication or condition.
^{iv} Individuals with a newly positive TB test result should be referred to their healthcare provider for a medical evaluation.
IGRA = Interferon gamma release assay; **BCG** = Bacillus Calmette-Guérin; **TST** = tuberculin skin test.

Adapted from California Department of Health, State of Hawaii, and Washington Department of Health TB Risk Assessments for Adults and Children

Risk Assessment Form User Guide

Prioritize persons with risks for progression.

If health system resources do not allow for testing of all persons who are at risk for TB infection, prioritize patients with at least one of the following medical risks for progression from TB infection to TB disease:

- diabetes mellitus
- smoker within past 1 year
- end stage renal disease
- leukemia or lymphoma
- silicosis
- cancer of head or neck
- intestinal bypass/gastrectomy
- chronic malabsorption body mass index ≤ 20
- chest x-ray findings suggestive of previous or inactive TB (no prior treatment). Includes fibrosis or non-calcified nodules but does not include solitary calcified nodule or isolated pleural thickening. In addition to testing for TB infection, evaluate for active TB disease.

Age as a Factor

An upper age limit for testing has not been established, but individual patient TB risks, comorbidities, and life expectancy should be considered.

Foreign Travel

Travel to countries with an elevated TB rate may be a risk for TB exposure in certain circumstances (e.g., extended duration, likely contact with infectious TB cases, high TB prevalence of TB in travel location, non-tourist travel).

Avoid Testing Persons at Low Risk

Routine testing of low-risk populations is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

Mandated Testing and Other Risk Factors

Certain populations may be mandated for testing by statute, regulation, or policy. This risk assessment does not supersede any mandated testing. It is also not a comprehensive list of potential risk groups. Examples of these populations may include healthcare workers, residents or employees of correctional institutions, substance abuse treatment facilities, homeless shelters, and others. For more information, see the [Alaska TB Manual](#), Chapter 19 Statutes and Regulations.

Local Recommendations

Local recommendations and mandates should also be considered in testing decisions. Local TB control programs can customize this risk assessment according to

local recommendations. In Alaska in general, the highest rates of TB are seen in the Alaska Native population, especially in the Northern and Southwest regions of the state. Providers should check with local TB control programs for local TB epidemiology.

When to Repeat a Risk Assessment

The risk assessment should be administered at least once for individuals who belong to a risk group. Persons can be screened for new risk factors at subsequent preventive health visits.

IGRA Preference in BCG-vaccinated Individuals

Because IGRA has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the TST in these persons. Most persons born outside the United States have been vaccinated with BCG. See [BCG World Atlas](#)

Previous or Inactive Tuberculosis

Persons with a history of a positive TB test or known TB infection or disease should not undergo repeat TB testing. They should be evaluated for symptoms of active TB. If they have no symptoms and no history of treatment, they should be considered for treatment of TB infection. Persons with a chest radiograph showing findings consistent with previous or inactive TB should be tested for TB infection and evaluated for active TB disease. Chest radiograph findings consistent with previous or inactive TB include fibrosis or non-calcified nodules, but do not include solitary calcified nodules or isolated pleural thickening.

Decision to Test is a Decision to Treat

Persons that test positive for TB infection should generally be treated, once active TB disease has been ruled out (by clinical evaluation, chest imaging, and, if indicated, sputum smears, cultures, and nucleic acid amplification testing). However, given the possibility of false-positive TB test results in low-risk individuals, low-risk persons with a positive test for TB infection do not necessarily need treatment. A helpful online resource to assess the predictive value of an individual's TB test. See [TST/IGRA interpreter](#)

Short-course Treatment for TB Infection

Shorter regimens for treating TB infection have been shown to have higher completion rates and equal efficacy as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. [CDC LTBI Treatment](#)