



Tuberculosis (TB) Infection Risk Assessment Form

**Use this form to screen individuals for *TB infection (latent TB)*.
TB testing is recommended if any of the “YES” boxes below are checked.**

Birth, travel, or residence for at least 1 month in a country with an elevated TB rate <ul style="list-style-type: none"> • Includes any country <i>other than</i> the United States, Canada, Australia, New Zealand, countries in western or northern Europe 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Immunosuppression , current or planned <ul style="list-style-type: none"> • HIV infection, organ transplant recipient, treatment with TNF-alpha blocker, steroid treatment for more than 2 weeks (i.e., <i>equivalent of prednisone</i> ≥ 2 mg/kg/day, or ≥ 15mg/day for ≥ 2 weeks), or other immunosuppressive medication or condition. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Close contact to someone with infectious TB during lifetime	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<input type="checkbox"/> Risk factors present → <u>TB testing with TST or IGRA recommended</u>	<input type="checkbox"/> No risk factors present
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Name _____

Date of Birth: _____

Assessment reviewed by: _____ Date: _____

- **Do not repeat TB testing** unless there are new risk factors since the last negative test.
- Individuals with a newly positive TB test result should be referred to their health care provider for a medical evaluation.

TST = tuberculin skin test; IGRA = interferon gamma release assay

Risk Assessment Form User Guide

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.

Prioritize persons with risks for progression

If health system resources do not allow for testing of all persons who are born, traveled, or have lived in a country with an elevated TB rate for at least one month, prioritize patients with at least one of the following medical risks for progression:

- 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 LTBI testing, evaluate for active TB disease.

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. Providers should check with local TB control programs for local TB epidemiology.

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. 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.

Age as a factor

Age (among adults) is not considered in this risk assessment. An upper age limit for testing has not been established but could be appropriate depending on individual patient TB risks, comorbidities, and life expectancy.

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).

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

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.

Previous or inactive tuberculosis

Chest radiograph findings consistent with previous or inactive TB include fibrosis or non-calcified nodules, but do not include a solitary calcified nodule or isolated pleural thickening. Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Decision to test is a decision to treat

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out with a chest radiograph and, if indicated, sputum smears, cultures, and nucleic acid amplification testing. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI. A helpful online resource to assess patient's risk of progression to disease based on screening results and risk factors is: <http://www.tstin3d.com/>

Emphasis on short course treatment for LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and as effective as 9 months of Isoniazid. Use of these shorter regimens is preferred in most patients.

<https://www.cdc.gov/tb/topic/treatment/ltbi.htm>