Santa Clara County Public Health Department
TB Risk Assessment for School Entry

This form must be completed by a licensed health professional and returned to the child’s school.

1. Was your child born in Africa, Asia, Latin America, or Eastern Europe?  
   - Yes  - No

2. Has your child traveled to a country with a high TB rate* (for more than a week)?  
   - Yes  - No

3. Has your child been exposed to anyone with tuberculosis (TB) disease?  
   - Yes  - No

4. Has a family member or someone your child has been in contact
   with had a positive TB test or received medications for TB?  
   - Yes  - No

5. Was a parent, household member or someone your child has been in close
   contact with, born in or traveled to a country with a high TB rate?*  
   - Yes  - No

6. Has another risk factor for TB (i.e. one of those listed on the back of this page)?  
   - Yes  - No

* This includes countries in Africa, Asia, Latin America or Eastern Europe. For travel, the risk of TB exposure is
higher if a child stayed with friends or family members for a cumulative total of 1 week or more.

If YES, to any of the above, the child has an increased risk of TB infection and should have a TST/IGRA.

All children with a positive TST/IGRA result must have a medical evaluation, including a chest X-ray.
Treatment for latent TB infection should be initiated if the chest X-ray is normal and there are no signs of
active TB. If testing was done, please attach or enter results below.

<table>
<thead>
<tr>
<th>Test</th>
<th>Date given</th>
<th>Date read</th>
<th>Induration</th>
<th>Impression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculin Skin Test (TST/Mantoux/PPD)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Interferon Gamma Release Assay (IGRA)</td>
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<tr>
<td>Chest X-Ray (required with positive TST or IGRA)</td>
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</tbody>
</table>

☐ LTBI treatment (Rx & start date): ☐ Prior TB/LTBI treatment (Rx & duration):

☐ Contraindications to INH or rifampin for LTBI ☐ Offered but refused LTBI treatment

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Providers, please check one of the boxes below and sign:

☐ Child has no TB symptoms, none of the above or other risk factors for TB and does not require a TB test.
☐ Child has a risk factor, has been evaluated for TB and is free of active TB disease.

Name/Title of Health Provider:
Facility/Address:
Phone number:  Fax number:

Rev 4/15/2014 Santa Clara County TB Assessment Form
Risk Factors for Tuberculosis (TB) in Children

- Have clinical evidence or symptoms of TB
- Have a family member or contacts with history of confirmed or suspected TB
- Are in foreign-born families from TB endemic countries (including countries in Africa, Asia, Latin America or Eastern Europe)
- Travel to countries with high rate of TB
- Contact with individual(s) with a positive TB test
- Abnormalities on chest X-ray suggestive of TB
- Adopted from any high-risk area or live in out-of-home placements
- Live with an adult who has been incarcerated in the last five years
- Live among or frequently exposed to individuals who are homeless, migrant farm workers, residents of nursing homes, or users of street drugs
- Drink raw milk or eat unpasteurized cheese (i.e. queso fresco or unpasteurized cheese)
- Have, or are suspected to have, HIV infection or live with an adult with HIV seropositivity. See below for testing methods in children with HIV or other immunocompromised conditions.

Testing Methods

A Mantoux tuberculin skin test (TST) or an Interferon Gamma Release Assay (IGRA) (for children aged 4 and older) should be used to test those at increased risk. A TST of $\geq$10mm is considered positive. If a child has had contact with someone with active TB (yes to question 3 on reverse) then TST $\geq$5mm is considered positive.

Screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review in HIV infected or suspected HIV, other immunocompromised conditions or if a child is taking immunosuppressive medications such as prednisone or TNF-alpha antagonists.

Referral, Treatment, and Follow-up of Children with Positive TB Tests

- All children with a positive TST or IGRA result should have a medical evaluation, including a chest X-ray.
- Report any confirmed or suspected case of TB disease to the TB Control Program within 1 day, including any child with an abnormal chest X-ray.
- If TB disease is not found, treat children and adolescents with a positive TST or IGRA for latent TB infection (LTBI).
- Isoniazid (INH) is the drug of choice for the treatment of LTBI in children and adolescents. The length of treatment is 9 months with daily dosing: 10-15mg/kg (maximum 300 mg).
- For management and treatment guidelines for TB or LTBI, go to: www.cdc.gov/tb or contact the TB Control Program at (408) 885-4214.

References


California Health and Safety Code Section 121515.
