



Patient Tuberculosis Risk Assessment

This form should be used for any client requesting tuberculosis testing, as a screening tool to document risk prior to testing, and to determine whether testing is indicated.

FACILITY INFORMATION

Date _____

Facility/Clinic _____

Mailing address _____ Phone _____

City/State/Zip _____ Fax _____

PATIENT INFORMATION

Name (last) _____ (first) _____ DOB _____ Sex _____

Occupation _____ Birth place US Other (please indicate) _____

Mailing address _____ City _____ State _____ Zip _____

Phone number _____ Alternate contact/guardian _____

Race Caucasian Black/African American Native American/Alaskan Native Asian Unknown Other _____

Ethnicity Non-Hispanic Hispanic/Latino Social Security # _____ (required for med assistance)

Patient health insurance status: Insured Uninsured Medicaid Medicare

PREVIOUS TB SCREENING OR TREATMENT

Have you previously had a TB skin or blood test? No Yes, date of last test _____ Result Neg Pos _____ mm

Have you ever received treatment for TB disease or infection? No Yes, please provide dates of treatment, location, and medications _____

Have you ever had a vaccine for TB (BCG)? No Yes, country and date of vaccine _____

In the last 30 days have you had a live viral vaccine such as MMR, chickenpox, flu, yellow fever? No Yes, date _____

CONSENT FOR SCREENING AND TREATMENT

In accordance with state law, positive test results may be reported to the Wyoming Department of Health (WDH). As required by HIPAA law, WDH may not further use or disclose protected health information without an authorization.

Acknowledgement of Receipt of Notice of Privacy Practices: I have received and read the WDH notice of privacy practices and have had a chance to ask questions about how my information will be used.

Signature of client (or guardian) _____ Date _____

****The remainder of this document needs to be reviewed by a nurse or other clinician.****

TB SYMPTOM ASSESSMENT

A symptom review should be done with every client. Symptoms increase the risk of TB disease or progression to disease but should be evaluated in context.

Y	N	Prolonged cough (>2-3wks) with or without sputum production that may be bloody	Y	N	Diagnosis of community-acquired pneumonia that has not improved after 7 days of treatment
Y	N	Chest pain	Y	N	Unexplained weight loss
Y	N	Chills	Y	N	Weakness or easily fatigued
Y	N	Fever	Y	N	Loss of appetite
Y	N	Night sweats	Y	N	Other _____

Nurse/Clinician Initials _____ Date _____

Client Name _____ DOB _____

TARGETED TB RISK ASSESSMENT

Review the following risk factors before deciding to test. Clients with symptoms of TB or any of these risk factors are at a greater risk for TB infection or disease and should be tested. In clients with a history of previous positive testing or previous TB treatment, this form can be used as a symptom and risk review. If no further symptoms or risks are identified, testing may not be necessary.

A decision to test is a decision to treat.

Check if applicable	Employment (please identify facility)
	Correctional or detention facilities
	Hospital or other healthcare facilities
	Homeless shelter
	Long term care facilities
	Mental health facilities
	Other

Check if applicable	Social Risks (please identify country or facility as needed)
	Foreign born persons from areas that have a high TB burden (eg, Latin America, Caribbean, Africa, Asia, Eastern Europe, Russia, South America). <i>List country</i> _____
	Infants, children, adolescents frequently exposed to adults at high risk for TB infection
	Infants, children, adolescents with travel histories to counties with endemic infection (listed above) and substantial contact with native people from those countries. <i>List country and duration</i> _____
	Travelers who anticipate prolonged exposure to TB (eg hospital, prison, homeless shelter populations) or those who may have an extended stay over a period of years in an endemic country (listed above). Negative testing should be repeated 8-10 weeks after returning. <i>List country</i> _____
	Residents of high risk congregate settings (eg. long term care facilities, mental health institutions, homeless shelters). <i>List facility</i> _____
	Homeless (past or current)
	Illicit drug use
	Other

Check if applicable	Clinical conditions (can increase the risk for progression to TB disease)	Comments
	HIV/AIDS	
	Silicosis	
	Diabetes	
	Chronic renal failure/ESRD	
	Hematologic/reticuloendothelial disease	
	Cancer in head, neck, lung	
	Low body weight (10% or more below ideal)	
	Prolonged corticosteroid use	
	Other immunosuppressive therapy (eg. prednisone or TNF-alpha)	
	Organ transplant	
	Chronic malabsorption syndromes	
	CXR finding suggestive of previous TB disease without adequate treatment history	
	Intestinal bypass or gastrectomy	

CONTACT INVESTIGATION

Has client been exposed to someone with active TB disease? N Y (IGRA recommended, pre-authorization available)

Name of contact _____

Nurse/Clinician Initials _____ Date _____

Client Name _____ DOB _____

No symptoms or risks identified, TB testing not indicated.

TB TESTING AND TREATMENT RECORD

TESTING INFORMATION

First Skin Test

Second Skin Test

Lot/Exp _____ Date read _____
Site _____ Time read _____
Date placed _____ Read by _____
Time placed _____ Induration _____ mm
Placed by _____ Positive Negative

Lot/Exp _____ Date read _____
Site _____ Time read _____
Date placed _____ Read by _____
Time placed _____ Induration _____ mm
Placed by _____ Positive Negative

IGRA Test T-Spot Quantiferon Date drawn _____ Result Date _____ Result _____

Chest X-ray Date _____ Results _____

HIV Test Negative Positive Refused testing Unknown

Sputum Culture Date _____ Results _____

Date _____ Results _____

Date _____ Results _____

Liver Function Testing (if applicable)

Date _____ Results _____

Date _____ Results _____

Other testing/comments _____

TREATMENT/MEDICATIONS

TB medication assistance may be available through the TB program. Please submit this completed risk assessment, the CXR report, and copy of the prescription to the WDH TB program at (307) 777-5279.

Isoniazid _____ **Prescribing provider** _____

Rifapentine _____ **Date therapy began** _____

Rifampin _____ **Date therapy completed** _____

Ethambutol _____ **Date therapy discontinued** _____

Rifabutin _____ **Reason** Death Adverse reaction Moved Lost to follow-up

Pyrazinamide _____ Diagnosed w/ active disease Non-compliant

After client completes or discontinues therapy, please complete the above section and provide proof of completion to the TB program.

Comments

Nurse/Clinician (signature & credentials) _____ Date _____

INTERPRETING MANTOUX TUBERCULIN TESTS

Important Skin Testing information:

The Mantoux skin test should be read 48 to 72 hours after the injection, and the diameter of induration (not erythema) should be measured transversely to the long axis of the forearm and recorded in millimeters.

For the following persons who are at highest risk of developing active tuberculosis disease if they are infected, tuberculin skin tests are considered positive at **5mm of induration or larger**:

- Recent contacts of infectious TB patients
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants and other immunosuppressed patients (e.g. taking the equivalent of >15 mg/day of prednisone for 1 month or longer, or taking tumor necrosis factor inhibitors)
- Human Immunodeficiency Virus (HIV/AIDS) infected persons

For the following persons with other known **high-risk medical conditions** or **population risks** for recent infection, tuberculin skin tests are positive at **10mm of induration or larger**:

- Foreign-born persons, including children, from areas that have a high TB incidence or prevalence. (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia, South America)*
- Illicit drug users
- Residents and employees of the following high-risk congregate settings:
 - Correctional institutions
 - Long-term care facilities
 - Mental health institutions
 - Hospitals and other health care facilities
 - Residential facilities for patients with acquired immunodeficiency syndrome (AIDS)
 - Homeless shelters
- Mycobacteriology laboratory personnel
- Persons with the following clinical conditions that place them at high risk:
 - Silicosis
 - Diabetes mellitus
 - Chronic renal failure/end-stage renal disease
 - Hematologic/reticuloendothelial disease
 - Cancer of head, neck, or lung
 - Low body weight (10% or more below ideal body weight)
 - Intestinal bypass or gastrectomy
 - Chronic malabsorption syndromes
 - Organ transplant
- Children < 4 years of age (unless the child falls under another category due to condition or exposure)
- Infants, children, and adolescents frequently exposed to adults at high risk for TB infection
- Travelers who have reported history of prolonged exposure or extended stay in endemic country (listed above)

For persons at low risk for TB, for whom tuberculin testing is not generally indicated, tuberculin skin tests are **positive at 15mm of induration or larger**:

- Persons with no known risk factors for TB.

***Additional instructions/recommendations may apply to individuals seeking care through a Civil Surgeon. Please reference the recommendations at <http://www.cdc.gov/ncidod/dq/civil.htm>.**

Reference: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, CDC, MMWR, Vol. 49, RR-6, June 9, 2000. CDC fact sheet "Targeted Tuberculin Testing and Interpreting Tuberculin skin Test Results, April 2005." www.cdc.gov/tb.