



DELAWARE PEDIATRIC TUBERCULOSIS RISK ASSESSMENT AND SYMPTOM EVALUATION

All of the information on this form shall be kept confidential.

Do not perform tuberculosis (TB) testing **by interferon gamma release assay (IGRA) or tuberculin skin test (TST)** unless there are risk factors identified by the questions below.

Do not perform TB testing by IGRA or TST if the patient has previously confirmed latent tuberculosis infection (LTBI) or TB disease.

Do not treat for LTBI until TB disease has been excluded:

Evaluate for TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out TB disease.

If any of the following boxes are checked yes, recommend TB testing.

See page 2 for more detailed information on the risk assessment questions below.

SYMPTOM EVALUATION

YES NO **Recent TB symptoms:** Persistent cough lasting three or more weeks; fever and chills; night sweats; weight loss or failure to gain weight (failure to thrive); weakness, lethargy, and/or reduced playfulness

RISK FOR TB INFECTION

YES NO **Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate**

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Travel is of extended duration (>1 consecutive month) or including likely contact with infectious TB.

YES NO **Close Contact to someone with infectious TB disease**

RISK FOR PROGRESSION TO TB DISEASE

YES NO **Human Immunodeficiency virus (HIV) Infection**

YES NO **Current or planned immunosuppression** including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication **in combination with risk for infection from above**

A TB risk assessment has been completed for the individual named below. No risk factors for TB were identified.

A TB risk assessment has been completed for the individual named below. Risk factors for TB have been identified; further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Provider name (print)		Patient name (print)		
Facility name		Date of birth		
Street address		(Place sticker here if applicable)		
Assessment date	Telephone Number			
Provider signature				

Risk Assessment Details

SYMPTOM EVALUATION

TB symptoms are listed on the front of this form. TB can occur anywhere in the body but the most common areas include the lungs, pleural space, lymph nodes and major organs such as heart, liver, spleen, kidney, eyes and skin. Clinical judgement should be accompanied by careful evaluation of patient history including birth or residence in any country outside the U.S., Canada, Australia, New Zealand, and western or northern Europe, history of previous treatment for TB or LTBI, and history of TB in the family.¹

RISK FOR TB INFECTION

Birth, travel or residence (for ≥ 1 consecutive month) in any country outside the U.S., Canada, Australia, New Zealand, and western or northern Europe

Leisure travel to most countries in the world poses little risk of TB infection. Prolonged stays or work in the health sector in an endemic country increase the risk of infection.²

Close Contact to someone with infectious TB disease

Infectious TB includes pulmonary, culture-positive disease and disease with pulmonary cavitation on radiograph. High Priority contacts include household members (1 in 3 chance of infection), children < 5 years of age, and immunosuppressed individuals (HIV-positive, organ transplant, cancer, diabetes). Also consider those exposed for shorter duration in a more confined space (exam room, dormitory room, office, or vehicle).³

Other Risks

Delaware has a low incidence of TB disease relative to other states and the U.S. overall. Consult with the Delaware Tuberculosis Elimination Program for locally identified high-risk groups.^{4, 5, 6, 7}

Consult with the Centers for Disease Control and Prevention (CDC) annual TB reports and the Delaware TB Program website for state and local epidemiology data.^{4, 8}

RISK FOR PROGRESSION TO TB DISEASE

Immune suppression is a risk factor for reactivation and progression to active TB disease. Immune suppression alone is not a risk for acquiring TB infection.

- LTBI treatment should be strongly considered in HIV-infected individuals; significant immune suppression can cause inaccuracy of diagnostic TB tests.
- LTBI treatment can be considered for other immune suppression (e.g., cancer, organ transplant, medications, or diabetes) **when in combination with risk for infection (see above).**

TO REPORT A CASE OF SUSPECTED OR CONFIRMED TB

Contact the local TB clinic in the county where the patient resides.⁹ Providers with knowledge of such cases must report within two working days.¹⁰

References:

- 1) Lewinsohn, D. et al. Official American Thoracic Society/Infectious Diseases Society of America/CDC Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. *Clinical Infectious Diseases*, 2017; 62(2):111-115.
- 2) Cobelens, F.G.J., et al (2000). Risk of infection with *Mycobacterium tuberculosis* in travelers to areas of high tuberculosis endemicity. *The Lancet*, 356, 461-465.
- 3) CDC. Guidelines for the investigation of contacts of persons with infectious tuberculosis: recommendations from the National Tuberculosis Controllers Association and CDC. *MMWR* 2005; 54(No. RR-15).
- 4) Delaware Tuberculosis Elimination Program <https://www.dhss.delaware.gov/dhss/dph/dpc/tbelimination.html>
Phone: 302-744-1053
- 5) CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005; 54(No. RR-17).
- 6) CDC. Tuberculosis screening, testing, and treatment of U.S. health care personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. *MMWR* 2019; 68(No. 19).
- 7) CDC. Prevention and control of tuberculosis in correctional facilities: Recommendations from CDC. *MMWR* 2006; 55(No. RR-9).
- 8) CDC. Reported Tuberculosis in the United States. <https://www.cdc.gov/tb/statistics/>
- 9) New Castle County 302-283-7588; Kent County 302-857-5130; Sussex County 302-515-3200
- 10) <http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Public%20Health/Health%20Promotion%20and%20Disease%20Prevention/4202.shtml>