Tuberculosis Risk Assessment Fact Sheet

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 foreign-born persons from a country with an elevated TB rate, 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
- Intestinal bypass/gastrectomy
- Chronic malabsorption
- Body mass index ≤20
- History of chest x-ray findings suggestive of previous or inactive TB (no prior treatment). Includes fibrosis or non-calcified nodules. In addition to LTBI testing, evaluate for active TB disease.

Symptoms that should trigger evaluation for active TB disease

Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, weight loss, and hemoptysis.

Children

This risk assessment form is intended for adults. The American Academy of Pediatrics has created four validated risk assessment questions in children (See American Academy of Pediatrics. Tuberculosis. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book®: 2015 Report of the Committee on Infectious Diseases. American Academy of Pediatrics; 2015; 805-831). These questions include:

1) Has a family member or contact had tuberculosis disease?

2) Has a family member had a positive tuberculin skin test?

3) Was your child born in a high-risk country (countries other than the United States, Canada, Australia, New Zealand, or Western European countries)?

4) Has your child traveled (had contact with resident populations) to a high-risk country for more than 1 week?

When to repeat a test or a risk assessment

Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment. In general, this would include new close contact with an infectious TB case or new immunosuppression, but could also include foreign travel in certain circumstances (e.g., extended duration, likely contact with infectious TB cases, high TB prevalence of TB in travel location). The risk assessment should be administered at least once. Persons can be screened for new risk factors at subsequent preventive health visits.

Mandated testing

Certain populations may be mandated for testing by statute, regulation, or policy. This risk assessment does not supersede any mandated testing.

IGRA preference in BCG vaccinated

Because the 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.

Negative test for LTBI does not rule out active TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB. In fact, a negative TST or IGRA in a patient with active TB can be a sign of extensive disease.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Shorter duration LTBI treatment regimens	Frequency	Duration
Rifampin	Daily	4 months
Isoniazid + Rifapentine*	Weekly	12 weeks

*The CDC currently recommends DOT for this regimen.

12-dose Isoniazid + Rifapentine regimen Fact Sheet:

http://cdph.ca.gov/programs/tb/Documents/TBCB-INH-RIF-LTBI-fact-sheet.pdf

DOT = Directly observed therapy; **SAT** = Self-administered therapy; **IGRA** = Interferon gamma release assay (e.g., QuantiFERON-TB Gold, T-SPOT.TB); **BCG** = Bacillus Calmette-Guérin; TST = Tuberculin skin test; LTBI = Latent TB infection