The University of Scranton Student Health Services 800 Linden Street Scranton, PA 18510 570-941-7667

www.scranton.edu/studenthealthservices

Part I: <u>Tuberculosis (TB) Screening Ouestionnaire</u> (to be completed by incoming students)

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Please answer the following	g questions:							
Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No								
Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below)								
Afghanistan Albania Algeria Angola Anguilla Argentina Armenia Azerbaijan Bangladesh Belarus Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad China China, Hong Kong SAR Colombia	Comoros Congo Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea eSwatini Ethiopia Fiji French- Polynesia Gabon Gambia Georgia Ghana Greenland Guam Guatemala Guinea Haiti Honduras	India Indonesia Iraq Kazakhstan Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia Libya Lithuania Madagascar Malawi Malaysia Maldives Mali Marshall Islands Mauritania Mexico Micronesia (Federated States of) Mongolia Morocco Mozambique Myanmar	Namibia Nauru Nepal Nicaragua Niger Nigeria Niue Northern Mariana Islands Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Portugal Qatar Republic of Korea Republic of Moldova Romania Russian Federation Rwanda Sao Tome and Principe Senegal Sierra Leone Singapore Solomon Islands	Somalia South Africa South Sudan Sri Lanka Sudan Suriname Swaziland Tajikistan Tanzania (Uni Republic of Thailand Timor-Leste Togo Tunisia Turkmenistan Tuvalu Uganda Ukraine Uruguay Uzbekistan Vanuatu Venezuela (Bo Republic of Viet Nam Yemen Zambia Zimbabwe) Olivarian			
population. For future updates, recare provider and evaluated.	on Global Health Observatory, Tul efer to <u>http://www.who.int/tb/countr</u>	<u>ry/en/</u> . *The significance of the tro	avel exposure should be disci	ussed with a hea				
• • • •	rolonged visits* to one or mo sease? (If yes, CHECK the co			☐ Yes	☐ No			
Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, ☐ Yes ☐ No long-term care facilities, and homeless shelters)?								
Have you been a volunteer or health care worker who served clients who are at increased risk for active								
Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?								

If the answer is YES to any of the above questions, The University of Scranton requires that you have Parts II & III completed by a physician and uploaded to your Student Health Portal prior to the start of the semester.

If the answer to all the above questions is NO, no further testing or paperwork is required. Please upload page 1 into your Student Health Portal in MyScranton.

Part II. Clinical Assessment by Health Care Provider

questions in Part I are candidates for either Mantoux tuberculin skin test (T Release Assay (IGRA), unless a previous positive test has been documented.		terferon Gamma
History of a positive TB skin test or IGRA blood test? (If yes, document below)	Yes	No
History of BCG vaccination? (If yes, consider IGRA if possible.)	Yes	No
1. TB Symptom Check		
Does the student have signs or symptoms of active pulmonary tuberculosis dise	ase? Yes	No
If No, proceed to 2 or 3		
If yes, check below:		
 □ Cough (especially if lasting for 3 weeks or longer) with or without sputum pro □ Coughing up blood (hemoptysis) □ Chest pain □ Loss of appetite □ Unexplained weight loss □ Night sweats □ Fever 	duction	
Proceed with additional evaluation to exclude active tuberculosis disease including x-ray, and sputum evaluation as indicated.	tuberculin	skin testing, chest
2. Tuberculin Skin Test (TST) (TST result should be recorded as actual millimeters (mm) of induration, transverse write "0". The TST interpretation should be based on mm of induration as well as ri		
Date Given:// Date Read:// M D Y		
Result:mm of induration **Interpretation: positivenegative_		
Date Given:/ Date Read:// M D Y		
Result:mm of induration **Interpretation: positivenegative_		
**Interpretation guidelines >5 mm is positive: Recent close contacts of an individual with infectious TB persons with fibrotic changes on a prior chest x-ray, consistent with past TBdisease organ transplant recipients and other immunosuppressed persons (including receiving equivalent HIV-infected persons	of>15 mg/d	of prednisone for >1 month.)
 >10 mm is positive: recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a signi injection drug users mycobacteriology laboratory personnel residents, employees, or volunteers in high-risk congregate settings persons with medical conditions that increase the risk of progression to TB disease including silic failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), g weight loss of at least 10% below ideal body weight. 	osis, diabete	es mellitus, chronic renal

*Clinicians should review and verify the information in Part I. Persons answering YES to any of the

>15 mm is positive:

• persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

-	Interferon Gamma Release Assay	y (IGRA)						
	Date Obtained:// M D Y	(specify method)	QFT-GIT	T-Spot	other			
	Result: negative positive	indeterminate	borderlin	e (T-S ₁	pot only)			
	Date Obtained:///	(specify method)	QFT-GIT	T-Spot	other			
	Result: negative positive	indeterminate	borderlin	e (T-S ₁	pot only)			
	4. Chest x-ray: (Required if TST or	r IGRA is positive)						
	Date of chest x-ray:///////	Result: normal	_ abnormal_					
Part III. Management of Positive TST or IGRA								
rec are	students with a positive TST or IGRA ommendation to be treated for latent T at increased risk of progression from ssible.	B with appropriate	medication.	However,	students in the following groups			
	Infected with HIV Recently infected with <i>M. tuberculos</i> History of untreated or inadequately to consistent with prior TB disease Receiving immunosuppressive therap corticosteroids equivalent to/greater to organ transplantation Diagnosed with silicosis, diabetes me Have had a gastrectomy or jejunoilea Weigh less than 90% of their ideal be Cigarette smokers and persons who a	by such as tumor nection 15 mg of prednellitus, chronic renal bypass ody weight	erosis factor- isone per day	alpha (TN y, or immu	F) antagonists, systemic inosuppressive drug therapy following			
	Student agrees to receive treatmeStudent declines treatment at this							

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Health Care Professional Signature

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Prepared originally by ACHA's Tuberculosis Guidelines Task Force

Revised by Emerging Public Health Threats and Emergency Response Coalition

See www.acha.org/guidelines for the most current ACHA Guidelines for Tuberculosis Screening and Targeted Testing of College and University Students.

Date