

## Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) unless a previous positive test has been documented.

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 disease? Yes / No

If no, proceed to 2 or 3.

If yes, check below:

- |  |  |
|--|--|
| <input type="checkbox"/> Cough (especially if lasting for 3 weeks or longer) with or without sputum production | <input type="checkbox"/> Loss of appetite        |
| <input type="checkbox"/> Coughing up blood (hemoptysis)  | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Chest pain  | <input type="checkbox"/> Night sweats            |
|  | <input type="checkbox"/> Fever                   |

Proceed with additional evaluation to exclude active tuberculosis disease, including chest x-ray (PA and lateral) and sputum evaluation as indicated.

### 2. Interferon Gamma Release Assay (IGRA)

Date Obtained: \_\_\_\_\_ (M/D/Y) (specify method) QFT T-Spot other \_\_\_\_\_

Result: negative\_\_\_ positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_ (T-Spot only)

Date Obtained: \_\_\_\_\_ (M/D/Y) (specify method) QFT T-Spot other \_\_\_\_\_

Result: negative\_\_\_ positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_ (T-Spot only)

### 3. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The

TST interpretation should be based on mm of induration as well as risk factors.)\*\*

Date Given: \_\_\_\_\_ (M/D/Y) Date Read: \_\_\_\_\_ (M/D/Y)

Result: \_\_\_ mm of induration \*\*Interpretation: positive / negative

Date Given: \_\_\_\_\_ (M/D/Y) Date Read: \_\_\_\_\_ (M/D/Y)

Result: \_\_\_ mm of induration \*\*Interpretation: positive negative

**\*\*Interpretation guidelines:**

>5 mm is positive:	<ul style="list-style-type: none"><li>● Recent close contacts of an individual with infectious TB</li><li>● Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease</li><li>● Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of &gt;15 mg/d of prednisone for &gt;1 month.)</li><li>● HIV-infected persons</li></ul>
>10 mm is positive:	<ul style="list-style-type: none"><li>● Foreign born or travelers to the U.S. from high prevalence areas or who resided in one for a significant* amount of time</li><li>● Injection drug users</li><li>● Mycobacteriology laboratory personnel</li><li>● Residents, employees, or volunteers in high-risk congregate settings</li><li>● Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight</li></ul> <p><i>*The significance of the travel exposure should be discussed with a health care provider and evaluated.</i></p>
>15 mm is positive:	<ul style="list-style-type: none"><li>● Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.</li></ul>

**4. Chest x-ray:** (Required if IGRA or TST is positive. Note: a single PA view is indicated in the absence of symptoms.)

Date of chest x-ray: \_\_\_\_\_ (M/D/Y) Result: normal / abnormal

Upon completion of testing, please return this form to:

Health Services  
Simpson College  
701 North C Street  
Indianola, Iowa 50125

[healthservices@simpson.edu](mailto:healthservices@simpson.edu)

Or fax to +1-515-961-1674

For questions, call +1-515-961-1604

## Considerations for Treatment of LTBI

In deciding whether to recommend treatment of LTBI to individual patients, the clinician should weigh the likelihood of infection, the likelihood of progression to active tuberculosis infection, and the benefit of therapy. Students in the following groups are at increased risk of progression from LTBI to active TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette and e-cigarette smokers and persons who abuse drugs and/or alcohol

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