VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Virginia Department of Health Division of Disease Prevention TB Control
TB Risk Assessment (TB 512)

Patient name (L, F, M): _____

Address: _____

Home Telephone #: _____ Work Telephone #: _____ Cell Phone #: _____

DOB: _____ Sex: _____ Social Security Number: _____

Ethnicity: _____ Race: _____

Country of birth: _____ Year of US arrival (if applicable): _____

Language(s) spoken: _____ Interpreter needed? ___No ___Yes

History of BCG? ___No ___Yes Specify year: _____ Is patient pregnant? ___No ___Yes → *LMP:* ___/___/___

Drug allergies _____

_____

History of TB Skin Test and Treatment

Prior Mantoux Tuberculin Skin Test (TST)? ___No ___Yes → Date: ___/___/___ Induration: ____mm

Prior TB treatment? ___No ___Yes → Provide details below:

TB Treatment History

___LTBI ___TB Disease

Year of treatment: _____

Treatment duration: _____

TB medications taken: _____

Location of treatment: _____

I. Screen for TB Symptoms *(Check all that apply)*

___None (Skip to Section II, "Screen for Infection Risk")

___Cough for > 3 weeks → Productive? ____Yes ____No
Hemoptysis? ____Yes ____No

___Fever, unexplained
___Hemoptysis
___Unexplained weight loss
___Poor appetite
___Night sweats
___Fatigue

Evaluate these symptoms in context

Pediatric Patients (≤ 6 years of age)
___Wheezing
___Failure to thrive
___Decreased activity, playfulness and/or energy
___Lymph node swelling
___Personality changes

II. Screen for TB Infection Risk *(Check all that apply)*

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progressing to active disease once infected should have a TST. Screening for persons with a history of LTBI should be individualized.

A. Assess Risk for Acquiring LTBI

___Person is a current close contact of a person known or suspected to have TB disease
Name of source case:_____
___Person has lived in a country - for 3 months or more – where TB is common, and has been in the US for 5 or fewer years
___Person is a resident or an employee of a high TB risk congregate setting
___Person is a health care worker who serves high-risk clients
___Person is medically underserved
___Person has been homeless within the last two years
___Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories
___Person injects illicit drugs or uses crack cocaine
___Person is a member of a group identified by the local health department to be at an increased risk for TB infection
___Person needs baseline/annual screening approved by health dept.

B. Assess Risk for Developing TB Disease if Infected

___Person is HIV positive
___Person has risk for HIV infection, but HIV status is unknown
___Person was recently infected with *Mycobacterium tuberculosis*
___Person has certain clinical conditions, placing them at higher risk for TB disease
___Person injects illicit drugs (determine HIV status)
___Person has a history of inadequately treated TB
___Person is >10% below ideal body weight
___Person is on immunosupressive therapy (this includes treatment for rheumatoid arthritis with drugs such as Humira, Remicaid, etc.)

III. Finding(s) *(Check all that apply)*

___Previous Treatment for LTBI and/or TB disease
___No risk factors for TB infection
___Risk(s) for infection and/or progression to disease
___Possible TB suspect
___Previous positive TST, no prior treatment

IV. Action(s) *(Check all that apply)*

___Issued screening letter
___Referred for CXR
___Referred for medical evaluation
___Administered the Mantoux TB Skin Test
___Issued sputum containers
___Other _____
_____

TST #1	*TST #2*
Arm: ___Left ___Right	Arm ___Left___Right
Date Given: ___/___/___	Date Given: ___/___/___
Time Given:	Time Given:
Date Read: ___/___/___	Date Read: ___/___/___
Time Read: _____	Time Read: _____
Induration: _____mm	Induration: _____mm
___Positive ___Negative	___Positive ___Negative

Screener's signature: _____
Screener's name (print): _____
Screener's title: _____
Date: ___/___/___ Phone number: _____
Primary care provider: _____
Primary care provider phone number: _____
Comments: _____
_____

A decision to test is a decision to treat. Given the high rates of false positive TB skin test results, the Division of TB Control discourages administration of the Mantoux TST to persons who are at a low risk for TB infection.

MS Word Version – 2/2005-TB-512 Form

VDH VIRGINIA DEPARTMENT OF HEALTH
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Virginia Department of Health Division of TB Control
Instructions for the TB Risk Assessment (TB 512)

Purpose of Form

The TB Risk Assessment Form (TB 512) is a tool to assess and document a patient's TB symptoms and/or risk factors. Completing this form will also help in determining the need for further medical testing and evaluation.

Directions for Completing the Form

Print clearly and complete this form according to the instructions provided below.

I. Screen for Presence of TB Symptoms

- Screen the patient for symptoms of active TB disease.
- All symptomatic individuals who have not had a positive skin test in the past should: (1) receive a TB skin test (TST); (2) have their sputum collected; and, (3) be referred for an immediate chest x-ray and medical evaluation, regardless of the TST result.
- If the patient does not have symptoms of active TB disease, then go to Section II and assess risk for LTBI and/or disease.
- *Symptoms of active TB disease are more subtle in children.* Children with symptoms of active TB disease should receive a TST, CXR and immediate medical evaluation by medical personnel knowledgeable about pediatric TB.

II. Screen for TB Infection Risk (In subsections A and B, check all the risk factors that apply.)

Section II has 2 sections: Section A, "Assess Risk for Acquiring LTBI"; and, Section B, "Assess Risk for Developing TB Disease if Infected".

- If a patient has one or more risk factors for LTBI as listed in sections A or B, then go to Section III and administer the TST.
- If a patient does not have risk factors for LTBI, do not administer the TST. Go to Section III and place a check next to "No Risk Factors for TB Infection." If the patient's school, employment, etc. requires a TB screening, place a check next "Issued Screening Letter" (Section IV) and provide this document to the patient.

A. Assess Risk for Acquiring LTBI -- The following are definitions of select categories of persons at risk for LTBI

- *Person is a current close contact of another individual known or suspected to have TB disease --*
  Person is part of a current TB contact investigation
- *Person is a resident/employee of high TB risk congregate settings –*
  These settings are correctional facilities, nursing homes, and long-term care institutions for the elderly, mentally ill and persons with AIDS.
- *Person is a health care worker who serves high risk clients --*
  Screen for the individual risk factors for TB infection, unless screening efforts are part of an ongoing facility infection control program approved by local health department.
- *Person is medically underserved –*
  Person doesn't have a regular health care provider, and has not received medical care within the last 2 years.
- *Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories –*
  Child has foreign-born parents, or child's parents/caretakers are at high risk for acquiring TB infection.
- *Person is a member of a group identified by a local health department to be at an increased risk for TB infection --*
  Identification of a group is based on local epidemiologic data showing an increase in the number of persons with TB disease or TB infection in the given group
- *Person needs baseline/annual screening approved by health department –*
  Screening program that is approved by the local health dept. for facilities or individuals at an increased risk for LTBI

B. Assess Risk for Developing TB Disease if Infected - The following are definitions of select categories of persons at risk for TB disease if infected

- *Person's HIV Status is unknown but has risk for HIV infection –*
  Offer HIV test. Administer the TB Skin Test, even if the patient refuses the HIV test.
- *Person with clinical conditions that place them at high risk --*
  Conditions include substance abuse, chest x-ray findings that suggest previous TB, diabetes mellitus, silicosis, prolonged corticosteroid therapy, cancer of the head and neck, leukemia, lymphoma, hematologic and reticuloendothelial diseases, end stage renal disease, intestinal bypass or gastrectomy, and chronic malabsorption syndromes.
- *Person is on immunosuppressive therapy –*
  Person is taking $\geq$ 15 mg/day of prednisone for $\geq$ 1 month; person is receiving treatment for rheumatoid arthritis with medications such as remicaid or humira; and/or, person needs baseline evaluation prior to start of arthritis treatment with the medications cited here.

III. Finding(s) (Check all findings that apply.)

In this section, indicate findings from the assessments in all previous sections.

IV. Action(s) (Check all actions that apply.)

- Indicate the action(s) to take as a result of the findings in Section III
- If administering the TB Skin test, provide all requested data for "TST #1" and if applicable, for "TST #2"
- Write other pertinent patient information next to "Comments"

Additional Follow-up to the Mantoux TB Skin Test

- If the patient's TST reaction is interpreted as positive or if she/he has symptoms for TB disease, refer the patient immediately for a chest x-ray.
- If a person has a history of a positive TST and is currently asymptomatic, then refer him/her for a chest x-ray if the following two conditions apply: 1) patient is a candidate for LTBI treatment; *and*, 2) patient is willing to adhere to the treatment.