Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following 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/territories listed below with a high incidence of active TB disease? Yes ___ No ___

(If yes, please CIRCLE the country below)

Afghanistan  Colombia  Guyana  Mongolia  Singapore  Solomon Islands
Algeria  Comoros  Haiti  Morocco  Somalia
Angola  Congo  Honduras  Myanmar  South Africa
Anguilla  Côte d’Ivoire  India  Namibia  South Sudan
Argentina  Democratic People’s Republic of Korea  Iraq  Nauru  Sri Lanka
Azerbaijan  Democratic Republic of the Congo  Kazakhstan  Nepal  Sudan
Bangladesh  Congo  Kenya  Nicaragua  Suriname
Belarus  Djibouti  Kiribati  Niger  Tajikistan
Belize  Dominican Republic  Kyrgyzstan  Nigeria  Tanzania (United Republic of)
Benin  Ecuador  Lao People’s Democratic Republic  Niue  Thailand
Bhutan  El Salvador Northern Mariana Islands  Timor-Leste
Bolivia (Plurinational State of)  Equatorial Guinea  Latvia  Pakistan  Togo
Bosnia and Herzegovina  Eritrea  Lesotho  Palau  Tokelau
Botswana  Eswatini  Liberia  Panama  Tunisia
Brazil  Ethiopia  Libya  Papua New Guinea  Turkmenistan
Brunei Darussalam  Fiji  Lithuania  Paraguay  Tuvalu
Burkina Faso  French-Polynesia  Madagascar  Peru  Uganda
Burundi  Gabon  Malawi  Philippines  Ukraine
Cabo Verde  Gambia  Malaysia  Qatar  Uruguay
Cambodia  Georgia  Maldives  Republic of Korea  Uzbekistan
Cameroon  Ghana  Mali  Republic of Moldova  Vanuatu
Central African Republic  Greenland  Malta  Romania  Venezuela (Bolivarian Republic of)
Chad  Guam  Marshall Islands  Russian Federation  Viet Nam
China  Guatemala  Mauritania  Rwanda  Yemen
China, Hong Kong SAR  Guernsey  Micronesia (Federated States of)  Sao Tome and Principe  Zambia
China, Macao SAR  Guinea  Mexico  Senegal  Sierra Leone  Zimbabwe

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence. Countries with incidence rates of ≥ 20 cases per 100,000 population.

- Have you resided in or traveled to one or more of the countries or territories listed above for a period of one to three months or more? (If yes, CHECK which countries or territories above) Yes ___ No ___
- Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes ___ No ___
- Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes ___ No ___
- Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? Yes ___ No ___

If you answered YES to any of the above questions, St Olaf College requires that you receive TB testing prior to the start of your first enrolled term. Previous TB testing must not have occurred more than 6 months prior to matriculation.

If the answer to all of the above questions is NO, no further testing or further action is required.
Part II. 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 Interferon Gamma Release Assay (IGRA) or Mantoux tuberculin skin test (TST), 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, need IGRA)  
Yes ____  No ____

TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease?  
Yes ____  No ____

If yes, check below:

__ Cough (especially if lasting for 3 weeks or longer) with or without sputum production
__ Coughing up blood (hemoptysis)
__ Chest pain
__ Loss of appetite
__ Unexplained weight loss
__ Night sweats
__ Fever

Proceed with additional evaluation to exclude active tuberculosis disease with chest x-ray (PA and lateral).

Tuberculosis screening can be completed by Option 1 or Option 2:

Option 1. Interferon Gamma Release Assay (IGRA)

Persons who have received the BCG vaccine should have IGRA testing over TST.

Date Obtained:  ____/____/____ (specify method) QFT ____  T-Spot ____  Other _____________

Result: negative ____  Positive ____  indeterminate ____  borderline ____ (T-Spot only)

Option 2. Two-Step Tuberculin Skin Test (TST) BOTH steps must be completed at least one week apart and no sooner than 6 months prior to matriculation. If Step 1 is negative, Step 2 must still be completed.

(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.**

Step 1. Date Given:  ____/____/____

Date Read:  ____/____/____

Result: ______ mm of induration

**Interpretation:  positive ____  negative ____

Step 2. Date Given:  ____/____/____

Date Read:  ____/____/____

Result: ______ mm of induration

**Interpretation:  positive ____  negative ____

** 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 TB disease
• organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15mg/d or prednisone for >1 month.)
• HIV-infected persons
>10 mm is positive:
  • foreign born or travelers to the U.S. from high prevalence areas or who resided in one for a significant* amount of time
  • injection drug users
  • mycobacteriology laboratory personnel
  • residents, employees, or volunteers in high-risk congregate settings
  • persons with medical conditions that increase the risk or 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 jejunileal bypass and weight loss of at least 10% below ideal body weight.

>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.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

**Chest x-ray: (Required if IGRA or TST is positive) *PA and lateral views**

Date of chest x-ray:     _____/_____/_____
Result: normal ___  abnormal ___

M  D  Y

**Part III. Considerations for Treatment of LTBI**

All students with a positive IGRA or TST with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to 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 (TNT) 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 jejunileal bypass
___ Weigh less than 90% of their ideal body weight
___ Cigarette and e-cigarette smokers and persons who abuse drugs and/or alcohol

_____ Student agrees to receive treatment
_____ Student declines treatment at this time

___________________________________________________
______________________________
Health Care Professional Signature  Date

Health Provider/Clinic stamp or printed information:

Upload form to the Student Health Portal or return completed form to:

St Olaf College
Health Service
1520 St Olaf Avenue
Northfield, MN  55057