TEMPLATE: Customize as needed

10/2021

# Baseline TB Screening Tool for People who are Incarcerated

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name, first name, middle initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baseline TB screening includes ALL three components:**

1. Assessing for current symptoms of active TB disease
2. Assessing the individual’s TB risk factors and TB history
3. Testing for the presence of infection with *Mycobacterium tuberculosis* by administering either a single TB blood test *or* a TB Skin Test (TST).

## Part A: At time of booking

Date of booking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Symptoms of active TB disease

(check all that are present)

Coughing (> 3 weeks)

Chest pain

Fatigue

☐ Night sweats

☐ Coughing up blood

Weight loss/poor appetite

Fever/chills

*Note:* If TB symptoms are present, promptly refer patient for a chest x-ray and medical evaluation. Do not wait for the TST or TB blood test result. If the patient refuses a TB test, do a chest x-ray.

## Part B: Within 14 days of admission

Date of screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review risk factors for TB and test for the presence of infection with *Mycobacterium tuberculosis* using either TST or TB blood test.

**Severe adverse reaction to a TST?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Ever have a positive reaction to a TST?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Ever have a positive reaction to a TB blood test (IGRA)?** Yes No Unknown Comments: \_\_\_\_\_

**Ever had the BCG vaccine?** Yes No UnknownComments: \_\_\_\_\_

**Ever been treated for latent TB infection or active TB disease?** Yes No UnknownComments: \_\_\_\_\_\_\_\_\_\_\_\_

**Immune suppressed\*?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Had the vaccine[[1]](#footnote-1) for COVID-19?**

Yes No Unknown

If yes: Date of 1st dose\_\_\_\_\_\_\_\_\_\_ , Date of 2nd dose\_\_\_\_\_\_\_\_\_\_\_\_, Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***i.e., taking immunosuppressive drugs (includes organ transplant, prolonged use of steroids [equivalent to greater than 15 mg of prednisone a day for 1 month or longer] or TNF alpha inhibitor drugs such as Enbrel®, Humira®, or Remicade® for treatment of rheumatoid arthritis, Crohn's disease, or other autoimmune disorders.)\*

TB Blood Test

**Name of TB blood test**  QuantiFERON TB-Gold  QuantiFERON-TB-Gold InTube  T-SPOT

**Date of blood draw:** \_\_\_\_\_\_\_\_\_\_\_\_

**Interpretation of reading**  Positive\*\*  Negative  Indeterminate

**Laboratory results:** \_\_\_\_\_\_\_\_\_\_\_\_

\*Refer for a chest x-ray to rule out active infectious TB as part of initial screening.

\*\*Refer for a chest x-ray to rule out active TB.

Tuberculin skin testing (TST)

**TST – Single step is only for people who are incarcerated, not staff/employees**

Name of person administering test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time administered: \_\_\_\_\_\_\_

Location of administration:  L forearm  R forearm  Other: \_\_\_\_\_\_\_

Tuberculin manufacturer: \_\_\_\_\_\_\_

Tuberculin expiration date and lot #: \_\_\_\_\_\_\_

Signature of person who administered test: \_\_\_\_\_\_\_

**Results** (read between 48-72 hours)

Date and time read: \_\_\_\_\_\_\_

Number of mm of induration (across forearm): \_\_mm

Interpretation of reading\*:  Positive\*\*  Negative

Reader’s signature: \_\_\_\_\_\_\_

Risk factors for progression to active TB.

Consider treatment for latent TB infection (LTBI) after active TB is ruled out for people who are incarcerated with these risk factors.

**Ever had a chest x-ray that showed possible TB?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_

**Had recent contact with an infectious TB patient?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_

**Living with HIV?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**History of immunosuppression suppressed (includes organ transplant, prolonged use of steroids [equivalent of > 15 mg of prednisone/day for 1 month or longer] or drugs used to treat autoimmune disorders such as Enbrel®, Humira®, or Remicade®.)?**Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

\*Refer for a chest x-ray to rule out active infectious TB as part of initial screening.

\*\*Refer for a chest x-ray to rule out active TB.

Adapted from materials produced by the Global TB Institute and the Francis J. Curry National TB Center.

1. [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States (www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)](http://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html) [↑](#footnote-ref-1)