PURPOSE
This protocol specifies the criteria and procedures for pharmacists to initiate the dispensing, administration and interpretation of the Mantoux Tuberculin Skin Test (TST) to assist in tuberculosis prevention and control.

PHARMACIST EDUCATION AND TRAINING
Prior to initiating the dispensing, administration and interpretation of TST under this protocol, the pharmacist(s) must successfully complete training and follow procedures as specified by the US Centers for Disease Control and Prevention Guidelines for Targeted Tuberculin Testing\(^1\) from a provider accredited by the Accreditation Council for Pharmacy Education, completion of Module 3 of the CDC Core Curriculum on Tuberculosis: Targeted testing and the diagnosis of latent tuberculosis infection and tuberculosis disease\(^2\), or by a comparable provider approved by the Kentucky Board of Pharmacy.

Provider of Training: ________________________________

Date of Training: ________________________________

Inclusion Criteria
Pharmacists acting under this protocol are authorized to initiate the dispensing, administration and interpretation of TST to adults ages ≥ 18 years of age who:
- Are at increased risk for latent or active tuberculosis disease
- Need TST documented for school attendance or insurance purposes

Exclusion Criteria
Individuals meeting any of the following criteria:
- Allergy to any component of the TST or those patients with a previous allergic reaction to TST
- History of severe reaction (necrosis, blistering, anaphylactic shock, or ulcerations) to a previous TST
- Documented active TB or a clear history of treatment for TB infection or disease
- Extensive burns or eczema at the administration site
- Live vaccination administered within the last 28 days
- History of positive TST
- History of documented previous bacilli Calmette-Guerin (BCG) vaccination
- Any individual who is receiving an initial TST and will be receiving annual TB testing and thus is in need of two-step testing (refer to two step testing protocol)

---

\(^1\) Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection ATS/CDC Statement Committee on Latent Tuberculosis Infection, June 2000. Available at [https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm).

MEDICATIONS
This protocol authorizes pharmacists to administer tuberculin skin test antigen, also known as purified protein derivative (PPD), read, and interpret the TST. The Mantoux tuberculin skin test (TST) is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*. This protocol authorizes the pharmacist to dispense and administer the following products with an approved indication for TST.

<table>
<thead>
<tr>
<th>Product</th>
<th>Mfr. / Dist.</th>
<th>NDCs*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubersol</td>
<td>Sanofi Pasteur</td>
<td>1mL (10 tests) = 49281-752-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5mL (50 tests) = 49281-752-22</td>
</tr>
<tr>
<td>Aplisol</td>
<td>Parkdale</td>
<td>1 mL (10 tests) = 42023-104-05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5mL (50 tests) = 42023-104-05</td>
</tr>
</tbody>
</table>

*or any other FDA-approved tuberculin skin test antigen

PROCEDURES FOR INITIATION OF TB SCREENING
Decision to conduct TST will be based on relevant medical and social history and consideration of contraindications and precautions as outlined below and in the ATS/CDC Guideline.¹

Relevant Medical and Social History
- Past medical history, including vaccination history
- Current medications
- Allergies and hypersensitivities
- Current living environment
- History of TST and reactions to TST

Contraindications and Precautions (Refer to Exclusion Criteria)
- Allergy to any component of the TST or those patients with a previous allergic reaction to TST
- History of severe reaction (necrosis, blistering, anaphylactic shock, or ulcerations) to a previous TST
- Documented active TB or a clear history of treatment for TB infection or disease
- Extensive burns or eczema at the administration site
- Live vaccination administered within the last 28 days
- History of positive TST
- History of documented previous bacilli Calmette-Guerin (BCG) vaccination
- Any individual who is receiving an initial TST and will be receiving annual TB testing and thus is in need of two-step testing (refer to two step testing protocol)

The TST is performed by injecting 0.1mL of tuberculin PPD in the inner surface of the forearm. The injection should be made with a tuberculin syringe, with the needle bevel facing upward. The TST is an intradermal injection. When placed correctly, the injection should produce a pale elevation of the skin (a wheal) 6 to 10 mm in diameter (see Appendix A for detailed procedures).
PROCEDURES FOR MONITORING AND FOLLOW UP
The skin test reaction should be read between 48 and 72 hours after administration. An individual who does not return within 72 hours will need to be rescheduled for another skin test. The reaction should be measured in millimeters of the induration (palpable, raised, hardened area or swelling). The reader should not measure erythema (redness). The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis) and recorded as millimeters of induration.

Interpretation and classification of TST results is determined by diameter of induration and consideration of risk factors as outlined in ATS/CDC Guideline1 (Appendix B). If active TB symptoms are present or indicated on the TB risk assessment documentation (see Appendix C), patient must be immediately referred to a healthcare provider for treatment and further advised regarding isolation precautions.

EDUCATION REQUIREMENTS
Individuals receiving TST will receive education regarding:

- Need to return in 48-72 hours for interpretation of the TST
- Result of the TST
- Need for confirmatory evaluation and a chest X-ray following a positive TST result
- Between an initial positive TST and confirmatory evaluation, the patient may carry on normal activity unless showing signs and symptoms of active TB disease.
- If active TB symptoms are present or indicated on the TB risk assessment documentation (see Appendix C), patient must be immediately referred to a health care provider for treatment and further advised regarding isolation precautions.

DOCUMENTATION
Pharmacists will document via prescription record with each person who receives a TST under this protocol including:

1. Documentation as required in 201 KAR 2:170 for the dispensing of prescription medication; and Documentation that the individual receiving the TST was provided with the required education and referral information pursuant to this protocol.
2. Documentation of test and result must be maintained by the pharmacist and provided to the patient and shall include both the millimeters of induration and interpretation of test (negative or positive).
3. Individual test results, either positive or negative, may be provided to others upon the individual’s request. This can include employers when testing is provided as requirement of employment.

NOTIFICATION AND REFERRAL
Pharmacist shall ask all persons receiving TST under this protocol for the name and contact information of the individual’s primary care provider and shall provide notification of the test performed under the protocol to the identified primary care provider within two (2) business days. Any individual affirmatively stating that the individual does not have a primary care provider may still receive a TST under this protocol provided all other applicable requirements of the protocol are met.
Guidance provided by 902 KAR 20:205 indicates **all positive results** must be sent to the local health department within one (1) business day and, if available, the individual’s primary care provider for follow-up.

[If directed by the authorizing prescriber, the pharmacist(s) shall provide written notification via fax or other secure electronic means to the authorizing prescriber of individuals receiving TST under this protocol within 7 days of initiating dispensing.]

**TERMS**

This protocol is effective as of the date all parties execute the document. It shall remain in effect for a period of one year and shall automatically renew for successive one-year periods unless otherwise terminated by any party, with or without cause. Any termination without cause shall require prior notice to all parties of no less than sixty days.

**SIGNATURES**

_________________________________________  __________________________

Prescriber Name  Date

_________________________________________

Prescriber Signature

_________________________________________  __________________________

Pharmacist Name  Date

_________________________________________

Pharmacist Signature
Appendix A: Procedural Checklist for Placing/Reading Tuberculin Skin Tests

<table>
<thead>
<tr>
<th>Date</th>
<th>Trainer (QC by)</th>
<th>Trainee (TST placed by)</th>
</tr>
</thead>
</table>

1. Preliminary
- Uses appropriate hand hygiene methods before starting.
- Screens patient for contraindications (severe adverse reactions to previous TST).\(^1\)
- Uses waitlist area.

2. Syringe\(^2\) filled with exactly 0.1 mL of 5 tuberculin units (TU) purified protein derivative (PPD) antigen\(^3\)
- Removes antigen vial from refrigeration and confirms that it is 5 TU PPD antigen.\(^3\)
- Checks label and expiration date on vial.
- Marks opening date on multidose vial.
- Fills immediately after vial removed from refrigeration.
- Cleans vial stopper with antiseptic swab.
- Twists needle onto syringe to ensure tight fit.
- Removes needle guard.
- Inserts needle into the vial.
- Draws slightly over 0.1 mL of 5 TU PPD into syringe.
- Removes excess volume or air bubbles to exactly 0.1 mL of 5 TU PPD while needle remains in vial to avoid wasting of antigen.
- Removes needle from vial.
- Returns antigen vial to the refrigerator immediately after filling.

3. TST administration site selected and cleaned
- Selects upper third of forearm with palm up 2 inches from elbow, wrist, or other injection site.\(^6\)
- Selects site free from veins, lesions, heavy hair, bruises, scars, and muscle ridge.
- Cleans the site with antiseptic swab using circular motion from center to outside.
- Allows site to dry thoroughly before administering antigen.

4. Needle inserted properly to administer antigen
- Rests arm on firm, well-lit surface.
- Stretches skin slightly.\(^7\)

\(^1\) Severe adverse reactions to the TST are rare but include urticaria, necrosis, vasovagal, or bullae at the test site, or anaphylactic shock, which is substantially rare. These reactions are the only contraindications to having a TST administered.

\(^2\) Do not use 0.5 mL tuberculin (e.g., TST) because of the potential for skin reactions.

\(^3\) Use a 1/2-inch 23-gauge needle or finer, disposable tuberculin (preferably a safety-type) syringe.

\(^4\) Filtration is not recommended. PPD is used in varying amounts by glass and plasticAct.

\(^5\) To minimize reduction in potency, tuberculin should be administered as soon after the syringe has been filled as possible. Following these procedures will also help avoid contamination. Test doses should always be removed from the vial under strictly aseptic conditions, and the remaining solution should remain refrigerated (not frozen). Tuberculin should be stored in the dark as much as possible and exposure to strong light should be avoided. SOURCE: American Thoracic Society. CDC. Infectious Disease Society of America. Diagnostic standards and classification of tuberculosis in adults and children. Am J Respir Crit Care Med 2000; 161:1376–96.

\(^6\) Preparing tuberculin antigen and vaccine (e.g., TST) must be administered is important. Measures should include physical separation of refrigerated products, careful visual inspection and reading of labels, preparation of PPD for patient use only at time of testing, and improved record keeping of lot numbers of antigens, vaccines, and other injectable products. SOURCE: CDC. Inadvertent intradermal administration of tubenugen's vaccine instead of tuberculin skin tests. MMWR. 2004;53:662–4.

\(^7\) If neither arm is available or acceptable for testing, the back of the shoulders is a good alternate TST administration site.


\(^9\) Source\(^{10}\)...

### Quality Control (QC) Procedural Observation Checklist for Reading Tuberculin Skin Test (TST) Results — Palpation Method

<table>
<thead>
<tr>
<th>Date</th>
<th>Trainer (QC by)</th>
<th>Trainee (TST placed by)</th>
</tr>
</thead>
</table>

**Scoring:** ✓ Y = Yes  X N = No  NA = Not Applicable

1. **Preliminary**
   - Uses appropriate hand hygiene methods before starting.
   - Keeps fingernails shorter than fingertips to avoid misreading TST result.
   - Keeps TST reading materials at hand (eyeliner pencil or ballpoint pen,* and ruler).
   - Uses wet arm.
   - Inspects for the site of the injection.

2. **Palpate — finding margin ridges (if any)**
   - Palpates with arm bent at elbow at a 90° angle.
   - Lightly swipes 2-inch diameter from injection site in four directions.
   - Uses fingertip to find margins of the induration.
   - Repeats palpation with arm bent at elbow at a 45° angle to determine presence or absence of induration.

   If induration is present, continue with these steps:

3. **Placing marks**
   - Holds palm over injection site.
   - Cleans site with antiseptic swab using circular motion from center to outside.
   - Uses fingertips to find margins of the induration.
   - Marks the induration by placing small dots on both sides of the induration.
   - Inspects dots; repeats finger movements toward indurated margin, and adjusts dots if needed.

   *A fine-tipped eyeliner pencil or ballpoint pen can be used as a marker. An eyeliner pencil is useful for TST training and for blinded independent duplicate readings (BIDRs) because the dots are easy to remove with a dot of lubricant (e.g., baby oil). Alternative TST result reading methods have been described, including the pen method.

4. **Placing and reading ruler**
   - Places the ‘0’ ruler line inside the edge of the left dot. Reads the ruler line inside right dot edge (uses lower measurement if between two graduations on millimeter scale) (Figure 1). Uses appropriate hand hygiene methods after reading TST result.

5. **Documenting results**
   - Records all TST results in millimeters, even those classified as negative. Does not record only as “positive” or “negative.” Records the absence of induration as “0 mm.”
   - Correctly records results in mm; only a single measured induration in mm should be recorded.
   - Trainer’s (gold standard) measurement: mm. Trainee’s result within 2 mm of gold standard reading? ☑ No ☐

**NOTE:** In rare instances, the reaction might be severe (vesication, ulceration, or erosions of the skin). Report severe adverse events to the FDA MedWatch Adverse Events Reporting System (AERS); telephone: 800-FDA-1088; fax: 800-FDA-0178; http://www.fda.gov/medwatch report form 3500, Physicians Desk Reference.
Appendix B: Interpretation of the Tuberculin Skin Test

The TST reading should be based on measurement of induration, not erythema, using a Mantoux skin test ruler. The diameter of induration should be measured transversely to the long axis of the forearm and recorded in millimeters. Record no induration as zero (0) millimeters.

Classification of the Tuberculin Skin Test Reaction (Table 8: page 1390)

<table>
<thead>
<tr>
<th>Induration of &gt;5mm</th>
<th>Induration of &gt;10mm</th>
<th>Induration of &gt;15mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive if certain factors present:</td>
<td>Positive if certain factors present:</td>
<td>Positive for any individual, including persons with no known risk factors for TB testing</td>
</tr>
<tr>
<td>• HIV positive</td>
<td>• Recent immigrants (&lt;5 years) from high prevalence country</td>
<td>• However, targeted skin testing programs should only be conducted among high-risk groups</td>
</tr>
<tr>
<td>• Recent contact with active TB patient</td>
<td>• Injection drug users</td>
<td>• Individuals with fibrotic changes on chest radiograph consistent with prior TB</td>
</tr>
<tr>
<td>• Individuals with organ transplants</td>
<td>• Residents and employees of high-risk congregant settings</td>
<td>• Individuals who are immunosuppressed for other reasons</td>
</tr>
<tr>
<td>• Individuals who are immunosuppressed for other reasons</td>
<td>• Mycobacteriology lab personnel</td>
<td>• Persons with clinical conditions that place them at high risk</td>
</tr>
</tbody>
</table>

A negative TST result does not exclude LTBI or active TB disease.

Measure TSTs Transversely

CDC LTBI: A Guide for Primary Health Care Providers

Sample Risk Assessment

http://www.cdc.gov/tb/publications/ltbi/appendixa.htm
Appendix C: Kentucky Department for Public Health TB Risk Assessment Forms (Example of TB-4 TB Risk Assessment Form (Rev. July 2018); TB-4a Instructions for TB Risk Assessment; TB-4b Additional Instructions) Please check the Kentucky Department for Public Health website for updates to TB Risk Assessment forms under Clinical Service Guide Forms and Teaching Sheets: https://chfs.ky.gov/agencies/dph/dpqj/hcab/Pages/ccsguide.aspx
Kentucky Department For Public Health
Tuberculosis (TB) Risk Assessment

<table>
<thead>
<tr>
<th>Patient name (L,F,M):</th>
<th>DOB:</th>
<th>Race:</th>
<th>Sex:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home/Work #:</td>
<td>Cell#:</td>
<td>Patient Pregnant:</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Language:</td>
<td>Country of Origin:</td>
<td>Year arrived in US:</td>
<td></td>
<td>Interpreter needed:</td>
</tr>
<tr>
<td>Allergies:</td>
<td>Current Medications:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| None (Skip to Section II, “Screen for TB Infection Risk”) |
| Cough for > 3 weeks ➔ Productive: | YES | NO |
| Hemoptysis |
| Fever, unexplained |
| Unexplained weight loss |
| Poor appetite |
| Night sweats |
| Fatigue |

**Pediatric Patients (≤ 5 years of age):**

- Wheezing
- Failure to thrive
- Decreased activity, playfulness and/or energy
- Lymph node swelling
- Personality changes

**Evaluate these symptoms in context**

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

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progression 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. The Patient:**

- is a current high risk contact of a person known or suspected to have TB disease.
- has been in another country for 3 or more months where TB is common, and has been in the US for ≤ 5 years
- is a resident or an employee of a high TB risk congregate setting
- is a healthcare worker who serves high-risk patients
- is medically underserved
- has been homeless within the past two years
- is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories
- injects illicit drugs or uses crack cocaine
- is a member of a group identified by the health department to be at an increased risk for TB infection
- needs baseline/annual screening approved by the health department

**B. Assess Risk for Developing TB Disease if Infected The Patient...**

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

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

- History of BCG: NO | YES
- History of (+) TST or (+) BAMT: NO | YES

**Date (+) TST / (+) BAMT**

<table>
<thead>
<tr>
<th>Date (TST)</th>
<th>(+) BAMT</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm</td>
<td>mm</td>
<td>mm</td>
</tr>
</tbody>
</table>

**CXR Date:**

<table>
<thead>
<tr>
<th>Date</th>
<th>DX:</th>
<th>LTBI</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dx:**

<table>
<thead>
<tr>
<th>ABN</th>
<th>WNL</th>
</tr>
</thead>
</table>

**TST Start:**

<table>
<thead>
<tr>
<th>Tx Start</th>
<th>Tx End</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rx:**

<table>
<thead>
<tr>
<th>Completed: NO</th>
<th>YES</th>
</tr>
</thead>
</table>

**Location of Tx:**


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

- Issued screening letter
- Issued sputum containers
- Referred for CXR
- Referred for medical evaluation
- Administered the Mantoux TB Skin Test
- Draw BAMT / Interferon-gamma Release Assay (IGRA)
- Other:

**TST Brand/Lot #**

<table>
<thead>
<tr>
<th>Arm: Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time</td>
<td>Induration mm</td>
</tr>
</tbody>
</table>

**BAMT T-SPOT.TB**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Induration mm</th>
</tr>
</thead>
</table>

**QFT-TB-Gold-Plus**

**Date/Time drawn:**

<table>
<thead>
<tr>
<th>Result: Pos</th>
<th>Neg</th>
<th>Borderline/Indeterminate</th>
</tr>
</thead>
</table>

**Screener’s signature:**

**Screener’s name (print):**

**Screener’s title:**

**Date:**

**Phone #:**

**Comments:**

- I hereby authorize the doctors, nurses, or nurse practitioners of the Department for Public Health to administer a Tuberculin Skin Test (TST) or draw blood from me or my child named above for a Blood Assay for *Mycobacterium tuberculosis* (BAMT) test.
- I agree that the results of this test may be shared with other health care providers.
- I understand that: this information will be used by health care providers for care and for surveillance/statistical purposes only.
- this information will be kept confidential

X __________________________  Date: ____________

**IMPORTANT: A decision to test is a decision to treat.** Given the high rates of false positive TB skin test results, the Kentucky TB Prevention and Control Program discourages administration of the Mantoux TST to persons who are at a low risk for TB infection.
I. Screen for Presence of TB Symptoms

- Screen the patient for symptoms of active TB disease
- All asymptomatic individuals who have not had a positive tuberculin skin test (TST) in the past should: (1) receive a TST or a Blood Assay for Mycobacterium tuberculosis (BAMT or Interferon Gamma Release Assay [IGRA]); (2) have their sputum collected; and (3) be referred for an immediate chest x-ray and medical evaluation regardless of the TST or BAMT result.
- If the patient does not have symptoms of active TB disease, 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", 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 or BAMT.
- If a patient does not have risk factors for LTBI, do not administer the TST or BAMT. 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 that 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 does not 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. Proceed with the TB Skin Test or BAMT, 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, smoker, intestinal bypass or gastrectomy, and chronic malabsorption syndromes.
- Person is on immunosuppressive therapy
  - Person is taking > 15 mg/day of prednisone for > 1 month; person is receiving treatment for rheumatoid arthritis with medications such as REMICADE, Enbrel, 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 a TST or BAMT, provide all requested data.
- Write other pertinent patient information next to “Comments”
Additional Guidelines for Tuberculosis (TB) Risk Assessments, Form TB-4

Since 2007, Local Health Departments (LHDs) have had more activity for “Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection,” http://www.cdc.gov/MMWR/preview/MMWRhtml/rr4906a1.htm. The TB Risk Assessment Form, TB-4, was developed to aid Local Health Departments in conducting TB risk assessments with targeted testing for those Kentuckians with increased risk for latent TB infection (LTBI).

As noted in the CDC guideline, “Targeted tuberculin testing for LTBI is a strategic component of tuberculosis (TB) control that identifies persons at high risk for developing TB who would benefit by treatment of LTBI, if detected. Persons with increased risk for developing TB include those who have had recent infection with Mycobacterium tuberculosis and those who have clinical conditions that are associated with an increased risk for progression of LTBI to active TB. Following that principle, targeted tuberculin testing programs should be conducted only among groups at high risk and discouraged in those at low risk. Infected persons who are considered to be at high risk for developing active TB should be offered treatment of LTBI irrespective of age.”

The overall goal of these TB risk assessments at LHDs is to increase the percentage of tuberculin skin tests (TSTs) or blood assays for Mycobacterium tuberculosis (BAMTs) that are administered to individuals at increased risk for LTBI and to decrease the percentage of TSTs or BAMTs that are administered to individuals who have no risk factors for LTBI.

LHDs should use the TB risk assessment for all patients presenting for TB screenings, including those individuals identified in contact investigations. The TB Risk assessment form is an ideal tool for educating patients about the signs and symptoms of active TB, the risk factors for developing LTBI, and the risk factors for rapid progression of LTBI to active TB.

The TB risk assessment process also more easily enables LHD staff to determine the cut-off values for reading a TST when a TST is used for screening. A “Report of Tuberculosis Screening,” Form TB-3, can be completed for those patients who need documentation of the results of TB screening for their employers or other groups.

*The Kentucky TB Program recognizes that the LHD may choose to collaborate with other organizations for the management and treatment of LTBI or other TB-related occupational health services. In these instances, a written agreement should be initiated between the two agencies to clearly identify the roles of each organization and define a payment schedule for any TB-related services provided by the LHD.