

TUBERCULOSIS CONTROL SCREENING GUIDELINES FOR CONNECTICUT SCHOOLS
Connecticut Department of Public Health, Infectious Diseases Section
MAY 2005

These recommendations from the Connecticut Department of Public Health and the School Health Committee of the Connecticut Chapter of the American Academy of Pediatrics replace those issued May 2000 and are intended to guide school systems, health departments and pediatricians in developing school district policies regarding tuberculin testing requirements for students and staff, and, if applicable, administering a tuberculin skin testing program on-site.

The Connecticut General Statutes Sections 10-206 (b) and (c) mandate that each student have a health assessment at three time periods during his/her primary and secondary school education: just before school entry, during grade 6 or 7, and during grade 10 or 11. The Statute states that: "this assessment shall include a test for tuberculosis when the local or regional Board of Education determines, after consultation with the school medical adviser and local health department, that such a test is necessary."

Recommended Testing Schedule

Routine tuberculin testing of all students at school entry or for any of the required examinations is not recommended. The current low rates of transmission of tuberculosis in all parts of Connecticut do not justify it.

It is recommended that at *each* mandated examination, an assessment be made of the risk of exposure to tuberculosis. It is further recommended that all school districts mandate that any child determined to be at high risk be tested and that anyone found to be positive have an appropriate management plan developed. A model questionnaire is attached that can be used for screening. Students not already known to have a positive test should be tested if they have any of the following risk factors for tuberculosis infection: a) were born in a high risk country of the world¹ and do not have a record of a tuberculin skin test performed in the U.S.; b) have traveled to a high risk country, stayed for at least a week with substantial contact with the indigenous population since the previously required examination; c) have had extensive contact with persons who have recently come to the US since the previously required examination; d) had contact with person(s) suspected to have tuberculosis; or e) had contact with anyone who has been in a homeless shelter, jail or prison, uses illegal drugs or has HIV infection. **Schools should assure that all students originally from high risk countries¹ who are entering school in Connecticut for the first time receive a tuberculin skin test. A history of BCG vaccination is not a contraindication to testing nor should it be considered in interpretation of the skin test result.**

The results of the risk assessment and testing, when done, should be recorded on the state health assessment record (HAR-3) or directly in the student's school health record (CHR-1).

Personnel

School personnel are not required by state statute or regulation to be tested. However, it is recommended that all staff have baseline skin testing at the time of employment. Those with a clear history of a previously positive test do not need to be tested. The result of the test should be recorded in millimeters of induration in the employee health record. Repeat skin testing on persons with a negative test is not routinely necessary, but should be done if exposure to a potentially infectious tuberculosis case occurs in the school or if the employee develops symptoms of tuberculosis.

¹ All countries in Africa, Asia (including former Soviet Union), Eastern Europe, Central and South America, Dominican Republic and Haiti.

Type of Test and Recording Results

The intradermal injection test (Mantoux test) should be used. Multipuncture tests should not be used since the amount and potency of antigen varies and testing techniques are not standardized, compromising both sensitivity and specificity.

Interpretation and Management of Test Results

Negative Test Results

In general, an induration of 0-9 mm obtained by screening by the Mantoux test should be considered negative. **If testing is being done as part of a contact investigation following discovery of a potentially infectious case, induration of 0-4 mm should be considered negative.** No further evaluation is indicated unless the child or employee has a chronic unexplained cough or is a contact to a known infectious case of tuberculosis. In the latter instance, initiation of INH preventive therapy and repeat skin testing in 2 months may be indicated.

Positive Test Results - Students

In most circumstances, induration of greater than or equal to 10 mm by the Mantoux test should be considered positive. **If testing is conducted as part of a contact investigation, induration ≥ 5 mm should be considered positive.** These criteria apply to all children, including those who have received BCG vaccination in the past. A symptom screen and chest x-ray should be performed to rule out active TB disease on all students with a positive skin test.

If active TB disease is ruled out, the student's health care provider should initiate preventive therapy with INH. To ensure adherence to the recommended 9-month course of daily therapy, arrangements may need to be made for INH to be administered on school days by the school nurse or designee, as authorized in Section 10-212a of the Connecticut General Statutes.

Although not required by law, it is recommended that any child with a positive test be reported to the local health department and the Connecticut Department of Public Health Tuberculosis Control Program. This is especially important for children who convert their skin test from negative to positive. A follow-up contact investigation may be indicated.

Positive Test Results - Personnel

Positive results in personnel are defined in the same way as positive results in students. Similarly, each employee with a positive skin test should have a symptom screen and chest X-ray to rule out active disease. When indicated, employees should be offered preventive therapy with isoniazid by their physicians. Repeat chest X-rays should be performed only if the employee develops symptoms consistent with tuberculosis.

For further information, please call the Connecticut Department of Public Health TB Control Program, 860-509-7722, or the Connecticut Department of Education, School Nurse Consultant, 860-807-2108.

Risk Assessment Questionnaire
for Tuberculosis Exposure

1. Was your child born outside the US?

If yes, where was your child born? If born in Africa, Asia (including the former Soviet Union), Latin America (including Haiti and the Dominican Republic) or Eastern Europe, a TST should be placed.

2. Has your child traveled outside the US?

If yes, where did the child travel, with whom did the child stay, and how long did the child travel? If the child traveled to any of the above continental areas, stayed for ≥ 1 week and interacted with the local people, including local friends or local family, then a TST should be placed.

3. Has your child been exposed to anyone with TB disease?

If yes, determine whether the person had TB disease or LTBI, when the exposure occurred, and what the nature of the contact was. If confirmed that contact was with a person with known or suspected TB disease, a TST should be placed.

4. Does your child have close contact with someone with a positive TST?

If yes, see previous question for follow-up questions.

5. Does your child spend time with anyone who has been in jail (or prison) or a shelter, injects illegal drugs, or has HIV?

If yes, then a TST should be placed.

6. Has your child drunk raw milk or eaten unpasteurized cheese since the last tuberculin skin test?

If yes, then a TST should be placed.

7. Does your child have a household member who was born outside the US?

If yes, from what country? If country is one of the countries included in question 1, then a TST should be placed.

8. Does your child have a household member who has traveled outside the US?

Included as a household member are persons who take care of the child in the home. If yes, and the person is from one of the countries included in question 1, a TST should be placed.