

Connecticut Tuberculosis (TB) Risk Assessment

See *the Connecticut TB Risk Assessment User Guide* for more information about using this tool.

- Use this tool to identify asymptomatic **adults and children** for latent TB infection (LTBI) testing.
- This tool can be used for school-aged children to determine if a student should have a TB test.
- This risk assessment does not supersede any TB testing mandated by statute, regulation or policy.
- **Do not repeat testing** unless there are **new risk factors** since the last test.
If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older.
- Do not treat for LTBI until active TB disease has been excluded:
For persons with TB symptoms or an abnormal chest x-ray, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing (NAAT). A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

LTBI testing is recommended if any of the boxes below are checked.

Birth, travel, or residence for at least 1 month in a country with an elevated TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the Connecticut Tuberculosis Risk Assessment User Guide for this list).
- IGRA is preferred over TST for non-U.S.-born persons ≥2 years old

Immunosuppression, current or planned

- HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥2 mg/kg/day, or ≥15 mg/day for ≥1 month) or other immunosuppressive medication

Close contact to someone with infectious TB disease

- Should test if patient has never been tested for this exposure

Treat for LTBI if TB test result is positive and active TB disease is ruled out.

None of the above: No TB testing is indicated at this time.*

Please complete all information below:

Patient/Student

Name: _____

Date of Birth: ____ / ____ / ____

Provider's Name: _____

Assessment Date: ____ / ____ / ____

*See The Connecticut TB Risk Assessment: User Guide section "Local recommendations, mandated testing and other risk factors."