California Tuberculosis Risk Assessment
College and University Students

- Use this tool to identify asymptomatic college or university students for latent TB infection (LTBI) testing.
- Do not repeat testing unless there are new risk factors since the last negative test.
- Do not treat for LTBI until active TB has been excluded:
  For patients with TB symptoms or abnormal chest x-ray consistent with active TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing.
  A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

LTBI testing is recommended if any of the 3 boxes below are checked.

☐ Birth, travel, or residence in a country with an elevated TB rate for at least 1 month
  - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
  - Interferon Gamma Release Assay is preferred over Tuberculin Skin Test 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 ≥15 mg/day for ≥1 month) or other immunosuppressive medication

☐ Close contact to someone with infectious TB disease during lifetime

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

☐ None; no TB testing is indicated at this time

See the College and University Students Risk Assessment User Guide for more information about using this tool.
To ensure you have the most current version, go to the RISK ASSESSMENT page at https://www.cdph.ca.gov/tbcb

Provider: _____________________________  Patient Name: _____________________________
Assessment Date: ____________________  Date of Birth: ___________________________
Avoid testing persons at low risk
Routine testing of low risk populations is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

Local recommendations and other risk factors
The core elements listed in the College/University TB Risk Assessment are meant to identify students who need screening for TB. These were selected in order to focus testing on patients at highest risk. This risk assessment does not supersede any mandated testing. Examples of these populations include: healthcare workers, residents or employees of correctional institutions, substance abuse treatment facilities, homeless shelters, and others. Local recommendations should also be considered in testing decisions. Local TB control programs can customize this risk assessment according to local recommendations. Providers should check with local TB control programs for local recommendations.

United States Preventive Services Task Force (USPSTF)
The USPSTF has recommended testing foreign born persons born-in or former residents of a country with an elevated tuberculosis rate and persons who live in or have lived in high-risk congregate settings such as homeless shelters and correctional facilities. Because the increased risk of exposure to TB in congregate settings varies substantially by facility and local health jurisdiction, clinicians are encouraged to follow local recommendations when considering testing among persons from these congregate settings. USPSTF did not review data supporting testing among low risk persons with a positive test for LTBI. Previous or inactive tuberculosis
Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI and evaluated for active TB disease.

IGRA preference in BCG vaccinated students
Because IGRA has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the TST tuberculin skin test in these persons.

Emphasis on short course for treatment of LTBI
Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Frequency</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rifampin</td>
<td>Daily</td>
<td>4 months</td>
</tr>
<tr>
<td>Isoniazid + rifapentine*</td>
<td>Weekly</td>
<td>12 weeks</td>
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</tbody>
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*The CDC currently recommends DOT for this regimen; however, data has shown that SAT is noninferior to DOT in the United States. Many clinicians are using SAT or modified DOT.

CDPH LTBI Treatment Fact Sheets: Fact sheets are available for three treatment regimens on the California Tuberculosis Branch website, on the LTBI Treatment page at: [https://cdph.ca.gov/TB-LTBI-Treatment](https://cdph.ca.gov/TB-LTBI-Treatment)

What if students refuse LTBI treatment when indicated?
Refusal should be documented. Offers of treatment should be made at future encounters with medical services if still indicated. Annual chest radiographs are not recommended in asymptomatic students. If treatment is later accepted, TB disease should be excluded and CXR repeated if it has been more than 3 months from the initial evaluation.

Symptoms that should trigger evaluation for active TB
Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis or excessive fatigue.

No state requirements for LTBI screening in college or university students
These recommendations are considered best practices by the CDPH TCB and are not legally mandated.


Abbreviations: DOT=Directly observed therapy; IGRA= Interferon gamma release assay (e.g., QuantiFERON-TB Gold, T-SPOT.TB); BCG=Bacillus Calmette-Guerin; TST= tuberculin skin test; LTBI=latent TB infection

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