

## ***Tuberculosis Screening Protocol For Use In Marin County School Settings***

### **New Student – no known history of positive skin test**

- Kindergarten or First Grade entry (whichever comes first) – All students, countywide, attending public or private school are required to have a school entry health exam. Mantoux TB testing and reading is a component of this exam (See Title 17 reference), with discretion given to the health assessment provider (Title 17, see 6846).

The American Academy of Pediatrics, California Tuberculosis Controllers Association and Marin County Health and Human Services Tuberculosis Prevention and Control Program do not recommend universal TB screening. They do recommend that TB risk assessment be performed as part of the health assessment, with testing based on that risk assessment (See references). However, CHDP Health Assessment Guidelines require the Mantoux test at 4-6 years of age, regardless of risk status, for all children receiving CHDP services.

- Grades 2 – 12 – Testing recommendation is determined by review of risk factors by the school nurse. Testing is indicated if:
  - Student immigrating from endemic area; such as Asia, the Middle East, Africa, Latin America including Mexico, Eastern Europe and the Pacific Islands.
  - Student with travel history in endemic areas with travel time of two weeks or longer. If applicable, testing should be done 10 weeks from last day in endemic areas visited. If history of positive PPD – see algorithm.
  - Additional indications: See AAP attachment P. 4.
- Re-entry of students at any grade level – Should student withdraw and re-enter, TB skin test is recommended if student has traveled for two weeks or longer in an endemic area. School secretary should query family upon readmission and flag student file and notify nurse as appropriate. If history of positive PPD, see algorithm P. 3
- Vacation or summer school travel – There is no known way to determine possible exposure of each individual student during school vacations. Therefore, a school newsletter distributed in October and March should contain a statement from the school nurse regarding the current recommendation for TB skin test, if travel duration of two weeks or longer in an endemic area has taken place. Test should be performed 10 weeks from last day of travel in endemic area. If history of positive PPD, see algorithm P. 3.

**BCG (Bacille Calmette-Guerin)**

Is not a contraindication to tuberculosis skin testing unless BCG given within the last 12 months. The student’s medical provider must determine medical follow-up. If possible, school secretary should inquire as to date of BCG and country in which given (school staff should notify nurse of BCG history of any student).

**Students with known positive PPD history**

See Algorithm.

**New Reactors – County Wide**

Must have a negative chest x-ray before entry to school.

Note: INH Refusal doesn’t preclude attendance if the student had negative chest x-ray.

**Volunteers**

All volunteers are required to provide proof of freedom from active tuberculosis (negative TB skin test or negative chest x-ray) every four years if they have regular student contact on a monthly or more frequent basis. If the volunteer has a known positive skin test history, they must obtain, every four years, a physician’s clearance using the attached risk assessment. Volunteers and staff should be informed of potential travel exposure recommendations which are referenced in previous pages.

**Telephone references**

School nurse \_\_\_\_\_  
Name and telephone number

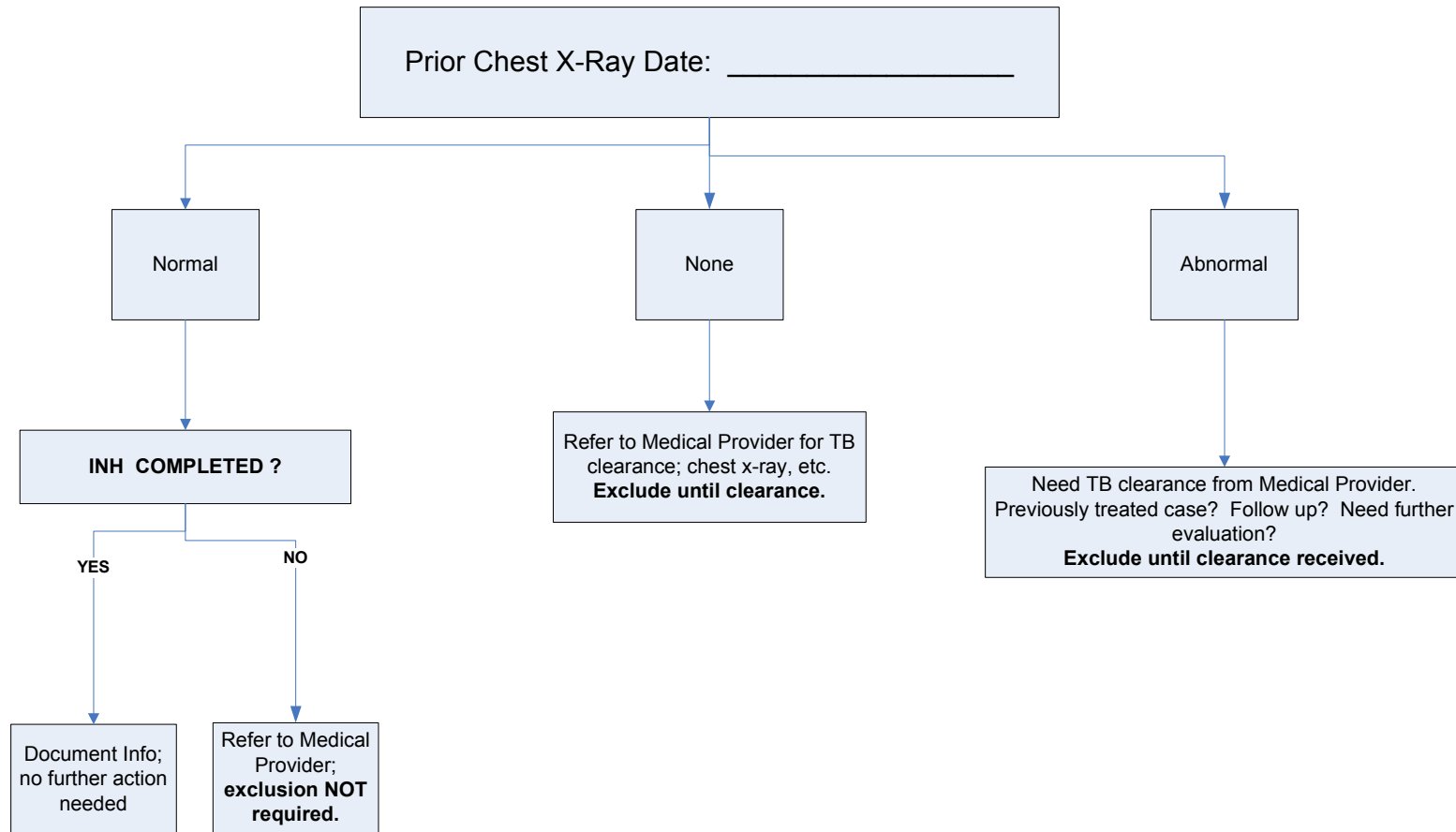
Tuberculosis Clinic: 499-6862 OR 499-6867  
Terry Somers, Sr. PHN TB Clerk

**AAP Guidelines**

Please refer to the attached guidelines for other potential testing recommendations. Individual consultation may be obtained by contacting the Marin County Health and Human Services Tuberculosis Prevention and Control Program. Call Terry Somers, Sr. PHN at 499-6862.

**References attached.**

## Students with Known History of Positive P.P.D.



**Table 3.70. Tuberculin Skin Test (TST) Recommendations for Infants, Children, and Adolescents<sup>1</sup> \***

Children for whom immediate TST is indicated <sup>2</sup>:

- Contacts of people with confirmed or suspected contagious tuberculosis (contact investigation)
- Children with radiographic or clinical findings suggesting tuberculosis disease
- Children immigrating from countries with endemic infection (eg, Asia, Middle East, Africa, Latin America, countries of the former Soviet Union) including international adoptees
- Children with travel histories to countries with endemic infection and substantial contact with indigenous people from such countries <sup>3</sup>

Children who should have annual TST:

- Children infected with HIV
- Incarcerated adolescents

*Children at increased risk of progression of LTBI to tuberculosis disease:* Children with other medical conditions, including diabetes mellitus, chronic renal failure, malnutrition, and congenital or acquired immunodeficiencies deserve special consideration. Without recent exposure, these people are not at increased risk of acquiring tuberculosis infection. Underlying immune deficiencies associated with these conditions theoretically would enhance the possibility for progression to severe disease. Initial histories of potential exposure to tuberculosis should be included for all of these patients. If these histories or local epidemiologic factors suggest a possibility of exposure, immediate and periodic TST should be considered. **An initial TST should be performed before initiation of immunosuppressive therapy, including prolonged steroid administration, use of tumor necrosis factor-alpha antagonists, or immunosuppressive therapy in any child requiring these treatments.**

HIV indicates human immunodeficiency virus; LTBI, latent tuberculosis infection.

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1 Bacille Calmette-Guerin immunization is not a contraindication to a TST.

2 Beginning as early as 3 months of age.

3 If the child is well, the TST should be delayed for up to 10 weeks after return.

\*Source: American Academy of Pediatrics Report of the Committee on Infectious Diseases, 2006

## REFERENCES

There are several different screening criteria for tuberculin testing of school-aged children:

- American Academy of Pediatrics, Committee on Infectious Diseases, 2006
- California Code of Regulations, Title 17, Division 1, Sub-chapter 13, Section 6800 et seq.
- Child health and Disability Prevention Health Assessment Guidelines 1/06
- California TB Controllers Association (new guidelines) Targeted Testing and Treatment of LTBI in adults and children, Rev. 5/12/06;  
<http://www.ctca.org/guidelines/IIA2targetedskintesting.doc>
- "Targeted Tuberculin Skin Testing and Treatment of Latent Tuberculosis Infection in Children and Adolescents" by Pediatric Tuberculosis Collaborative Group, *Pediatrics* 2004; 114;1175-1201; [www.pediatrics.org/cgi/content/full/114/4/S2/1175](http://www.pediatrics.org/cgi/content/full/114/4/S2/1175)
- "Tuberculin Skin Testing in Children" by Marina Reznik and Philip O. Ozuah, *Emerging Infectious Diseases*, Vol. 12, No. 5, May 2006;  
<http://www.cdc.gov/ncidod/EID/vol12no05/05-0980.htm>

This protocol represents a combination of the above references as they apply to the school setting.

This document has been reviewed and approved by Fred Schwartz, MD, Marin County Public Health Officer.