DEPARTMENT OF HEALTH

Adult Tuberculosis (TB) Risk Assessment

- Use this tool to identify asymptomatic **adults** (persons 18 years and older) who require testing for latent TB infection (LTBI). Routine testing of persons without risk factors is not recommended.
- Test for LTBI using a Mantoux tuberculin skin test (TST) or an Interferon-Gamma Release Assay blood test (IGRA) (e.g., QuantiFERON®-TB Gold or T-SPOT®), unless an appropriately documented,[1,2] negative test dated within the past 90 days or appropriately documented positive test result is available.
- IGRAs are preferred for people who have received the bacille Calmette-Guerin (BCG)[3] vaccine.
- Repeat testing should only be done in persons who previously tested negative, and have new risk factors since their last assessment.
- **A negative TST or IGRA does not rule out active TB disease.**
- For persons with TB symptoms,[4] abnormal chest x-ray consistent with TB disease, or a positive TST or IGRA: **Evaluate for active TB disease** by obtaining a chest x-ray, symptom screen, performing a physical exam and if indicated,[5] sputum testing (i.e., AFB smears, cultures and nucleic acid amplification).

Risk Assessment

Check the appropriate risk factor boxes below. LTBI testing is recommended for persons with any of the following risk factors.

Risk Factor	Yes	No
Close contact to someone with infectious TB disease		
Birth, travel, or residence in a country with a high TB rate (e.g., any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe)		
Immunosuppression, current or planned – includes but is not limited to HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept), steroid use equivalent to prednisone ≥15 mg/day for ≥1 month, other immunosuppressive medication use		
Resident or employee of a high-risk congregate setting (e.g., correctional facility, health care facility, homeless shelter)		

[1] TST documentation must include the date of the test (i.e., month, day, year), the number of millimeters of induration (if no induration, document "0" mm) and interpretation (i.e., positive or negative).

[2] IGRA documentation should include the date of the test (i.e., month, day, year), the qualitative results (i.e., positive, negative, indeterminate or borderline) and the quantitative assay (i.e., Nil, TB and Mitogen concentrations or spot counts).

[3] BCG vaccination is not a contraindication for TST or IGRA testing; disregard BCG history when interpreting test results.

[4] Cough that lasts 3 weeks or longer, chest pain, coughing up blood, weakness or fatigue, weight loss, no appetite, chills, fever, or sweating at night.

[5] Sputum testing is indicated for all patients with chest x-ray findings compatible with TB regardless of TST or IGRA results or certain TB symptoms. Please consult with a TB expert.

Patient Name: _____ Patient Date of Birth ____/_____/____
I have reviewed the above information, based on this information, the patient requires the following:
IGRA☐ TST☐ No further testing indicated ☐ Date_____
Clinician Name: _____ Signature:_____
Clinic Name: _____Clinic Phone: _____

TB Blood Test

(i.e., Interferon-Gamma Release Assay blood test [IGRA])

Name of TB blood test	☐QuantiFERON®-TB ☐T-SPOT®
Date of blood draw	
Results	
Interpretation of reading	☐Positive* ☐Negative ☐Indeterminate ☐Borderline (T-SPOT® only)
Quantitative Result	

***For persons with a positive IGRA:** Evaluate for active TB disease by obtaining a chest x-ray, symptom screen, performing a physical exam and if indicated sputum testing.

Tuberculin skin testing (TST)

	TST – First Step	TST – Second Step
Administration		
Name of person administering test		
Date and time administered		
Location	☐L forearm ☐R forearm ☐Other:_____	☐L forearm ☐R forearm ☐Other:_____
Tuberculin manufacturer		
Tuberculin expiration date and lot #		
Signature of person administering test		
Results (read between 48-72 hours)		
Date and time of read:		
Number of mm of induration: (**across** forearm)	____mm	____mm
Interpretation of reading*	☐Positive** ☐Negative***	☐Positive** ☐Negative
Reader's signature		

*Consult grid on Candidates for Treatment of Latent Tuberculosis Infection (LTBI) (https://www.health.state.mn.us/diseases/tb/candidates.pdf).
****For persons with a positive TST:** Evaluate for active TB disease by obtaining a chest x-ray, symptom screen, performing a physical exam and if indicated sputum testing.
***If results are negative, perform the second step one to three weeks after First Step.

Adapted by the Minnesota Department of Health TB Prevention and Control Program from materials produced by the Global TB Institute and the Francis J. Curry National TB Center

Minnesota Department of Health
www.health.state.mn.us/tb
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