

TUBERCULOSIS CONTROL SCREENING GUIDELINES FOR THE WALLINGFORD SCHOOL SYSTEM

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.

The Wallingford School System supports the recommendation that at each mandated examination, a physician should assess the student's risk of exposure to tuberculosis. The Wallingford School System requires that any child determined to be at high risk is tested and that anyone found to be positive have an appropriate management plan developed. **The questionnaire attached to these guidelines can be used to assess if a student is considered high risk.**

Students who have not had 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 world 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 two weeks 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

The Wallingford School System requires that all students from high risk countries 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.

High risk countries are considered all countries in Africa, Asia (including former Soviet Union), Eastern Europe, Central and South America, Dominican Republic and Haiti.

The results on the risk assessment and testing, when done, should be recorded on the student's health record (CHR).

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 Tests Results

Negative Test Results

In general, an induration of 0-9mm 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 0-4m 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

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. INH is a 9-month course of daily chemotherapy.

Although not required by law, the Wallingford School District will have the school nurse report any child with a positive test to the Wallingford Health Department. This is especially important for children who convert their skin test from negative to positive. In these instances it may be indicated that the Wallingford Health Department do a follow-up contact investigation.

Return to School

Children with tuberculosis infection or disease can attend school or child care if they are receiving chemotherapy. They can return to regular activities as soon as effective therapy has been instituted, adherence to therapy has been documented, and clinical symptoms have diminished substantially.

All children must have a written statement from a physician stating either:

- a) that they are PPD (+) with no clinical or X-ray sign of disease; they are on appropriate therapy, they no longer have clinical, X-ray or bacteriologic symptom of disease; and are not contagious.
- b) they had active disease; they have received and are receiving appropriate therapy, they no longer have clinical X-ray or bacteriologic symptoms disease; and are not contagious.

Other:

If a student has tested positive in the past for TB they will always test positive so they do not need to be PPD tested in the future. If at any time in the future there is a concern that these students have been exposed again to TB such as by visiting a high risk country the student would be required to see a physician for a risk assessment. The student may not return to school without a note from the physician stating that the student may return to school.

Risk Assessment Questionnaire for Tuberculosis Exposure

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 Mantoux should be placed.

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 ≥ 2 weeks and interacted with the local people, including local friends or local family, then a Mantoux should be placed.

Has your child been exposed to anyone with TB disease?

If yes, determine whether the person had TB disease or 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 Mantoux should be placed.

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 Mantoux should be placed.

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

If yes, then a Mantoux should be placed.

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 Mantoux should be placed.

Does your child have a household member who has traveled out side 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 Mantoux should be placed.