



Congregate Settings Tuberculosis Risk Assessment

This risk assessment is designed for congregate settings to determine their tuberculosis (TB) risk classification, and implement recommendations of the Texas Department of State Health Services for TB screening.

Facility Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Assessment (select one):

Initial/baseline assessment Annual assessment Re-assessment after risk change

Assessment Conducted by: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Title/position: \_\_\_\_\_

FACILITY RISK ASSESSMENT

High Risk Classification

Does facility have a cluster of persons with TB test conversions\* in the past 12 months? Yes No

Number of TB test conversions in past 12 months: \_\_\_\_\_

Has the facility had a cluster of persons with confirmed active TB disease in the past 3 years? Yes No

Number of TB cases in the cluster within the last 3 years: \_\_\_\_\_

A cluster is defined as two or more persons linked by epidemiology (evidence of person to person transmission, such as a known contact), location, or genotyping (TB germs with same DNA fingerprint).

A tuberculin skin test (TST) conversion is defined as an increase of at least (10) millimeters of induration from previous documented TST, within two (2) years. If the exact size of a previous negative TST is unknown, conversion is defined as a change from a documented 'negative' to current 'positive' TST within a two-year period.

An interferon gamma (IFNγ) release assay (IGRA) test (TB blood test) conversion is defined as a documented change from negative to positive result.

\*To be considered for this risk assessment, both negative and positive TB test results must have been performed at this facility, which would imply recent transmission in the facility

If any answer is "YES" -> STOP -> Classify as "High Risk"

If all answers are "NO" -> Continue to next section



**Medium Risk Classification**

**Is your county’s TB incidence rate higher than the state’s TB rate?**

**Check only one option. Yes  No  N/A**

Incidence Rate of TB in County: \_\_\_\_\_

Incidence Rate of TB in Texas: \_\_\_\_\_

An incidence rate is defined as the number of persons newly diagnosed with TB disease in one year per 100,000 population. Find current state and county rates on the *DSHS Surveillance Report* and/or *TB Cases by County* report at [www.texas.tb.org/statistics](http://www.texas.tb.org/statistics).

Select N/A if the facility population is not representative of the community in which the facility is located (e.g. inmates transferred from another state).

**Caution:** Higher rates may be needed for rural counties with few persons diagnosed with TB disease due to a smaller population. Consult with your local or regional TB program as needed.

**Has your facility diagnosed a case of infectious TB disease within the last 12 months? Yes  No**

**Does your facility house a substantial number of people with risk factors for developing TB disease? Yes  No**

- Check all that apply:
- HIV infection
  - Substance abuse
  - Silicosis
  - Diabetes mellitus
  - Severe kidney disease
  - Low body weight, >10% below ideal body weight
  - Organ transplants
  - Head and neck cancer
  - Medical conditions requiring corticosteroids
  - Specialized treatment for rheumatoid arthritis or Crohn’s disease, ie. TNF-α inhibitors

**Does facility serve or employ a substantial number of persons who have emigrated from countries with high rates of TB within the previous 5 years? Yes  No**

See [www.texas.tb.org/countries](http://www.texas.tb.org/countries) to view a list of countries with high TB rates.

**Does your facility lack a system for prompt TB screening, isolation or referral of person with TB signs and symptoms? Yes  No**

**If any answer is “YES” → STOP → Classify as “Medium Risk”**

**If all answers are “NO” → Classify as “Low Risk”**

*\*\*A congregate setting should be classified as “Medium Risk” if there is uncertainty on whether to classify as low risk or medium risk\*\**



## RECOMMENDATIONS FOR TB SCREENING BASED ON RISK ASSESSMENT RESULTS

### High Risk Facility with Potential Ongoing Transmission

- This classification should be temporary and warrants immediate investigation and corrective action. Alert your local health department for guidance and recommendations.
- Repeat TB screening<sup>1</sup> every 8-10 weeks followed by a new risk assessment until lapses in infection control have been corrected, and no further evidence of ongoing transmission is evident (e.g. TSTs or IGRAs are no longer changing from negative to positive).
- Reclassify the facility as medium risk for 1 year after determination is made that ongoing transmission has ceased.

### Medium Risk Facility

- Provide TB screening or request proof of TB clearance prior to employment or admission.
- Provide TB screening once a year.
- Conduct immediate TB screening and evaluation for person(s) with TB signs and symptoms, and separate/isolate person(s) until they are cleared by a licensed clinician.
- Re-assess risk annually.

### Low Risk Facility

- Routine TB screening and testing is not recommended.
- Conduct immediate TB screening for persons with TB signs and symptoms.
- Re-assess risk annually.

In setting where the risk of TB is low but the consequences of an undiagnosed TB cases are high (e.g. schools), a screening questionnaire and observation are recommended to identify persons who have signs and symptoms of TB or belong to a high risk group. Screening with a TB skin test or blood test should be reserved only for persons who fall in one or both of these categories.

**Baseline testing:** Each employee or resident needing TB testing should have a baseline test upon entry or hire. The frequency with which additional tests are done is determined by results of the TB Risk Assessment.

**Additional Requirements:** Because Texas is a high incidence state for TB, some regulatory, licensing, accreditation or insurance agencies require screening and testing in specific congregate settings (e.g. assisted living facilities under a permit or license from the Texas Department of Aging and Disability Services). These requirements are not set by DSHS. Each facility must investigate if it is subject to any such requirement to ensure full compliance.

<sup>1</sup> TB screening typically includes: a TST or IGRA blood test and a signs and symptoms questionnaire. For persons with documentation of previous completed TB treatment, or documentation of a previous positive TST or IGRA result, screening may include a recent chest x-ray (CXR) and a symptoms questionnaire. After the *initial* screening, annual CXRs are not recommended for these persons. If annual screening is needed, a symptoms questionnaire would complete the screening requirement. See [www.dshs.texas.gov/idcu/disease/tb/faqs/](http://www.dshs.texas.gov/idcu/disease/tb/faqs/)