TEXAS Health and Human Services | Texas Department of State Health Services

Tuberculosis and Hansen's Disease Section
Targeted Testing Screening Form (TB-207)

Complete this form for any individual receiving a tuberculosis (TB) screening test, such as individuals targeted for screening. This form can be used as a screening tool to determine if testing is indicated and as a tool to document risk prior to testing. This form should not be used for individuals who require testing as part of public health follow-up activities (refer to TB-208).

Patient Information	
Name:	Date of Birth:
Address:	
City/State/Zip:	Telephone:
Contact Person:	Telephone:

TB Risk Factors

The following may include risk factors for TB exposure, risk factors for developing TB, or having poor treatment outcomes once infected. They may also impact the interpretation of the TB test result. Select all that apply:

☐ Foreign-born. Indicate the country: _____	☐ Age less than five years	☐ Close (recent) contact with an infectious case
☐ Weight 10% less than ideal body weight	☐ Resident or employee of a high-risk congregate setting*	☐ Mycobacteriology lab worker/ Healthcare worker
☐ Migrant/seasonal worker	☐ Alcohol/illicit substance use	☐ History of homelessness
☐ Living with HIV	☐ Silicosis	☐ Leukemia/Lymphomas
☐ Cancer of the head/ neck/lung	☐ End-stage renal disease (dialysis)	☐ Gastrectomy or jejunoileal bypass
☐ TNF-α antagonist therapy	☐ Diabetes Mellitus	☐ Organ transplant recipient
☐ Pulmonary fibrotic lesions seen on chest x-ray (presumed to be from prior, untreated TB)	☐ Immunosuppressed for other reasons: _____	Other: _____

* See Definitions in Appendix

Symptom Screening

Check the boxes if the patient has the following symptoms:

☐ Persistent fever	☐ Chills	☐ Chest pain
☐ Cough lasting three weeks or more	☐ Productive cough	☐ Coughing up blood (hemoptysis)
☐ Unexplained weakness/ fatigue	☐ Shortness of breath	☐ Night sweats
☐ Loss of appetite/ unexplained weight loss	☐ Lymphadenopathy	☐ Other: _____

Individuals with symptoms of active TB disease need a complete evaluation, including a Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA), chest imaging, and medical evaluation, and may require bacteriology testing when indicated.

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Previous Testing and Treatment		
Is this an annual test? ☐ Yes ☐ No		
Was the individual previously TST or IGRA positive? ☐ Yes ☐ No		
Date of previous TST:	Result: _____mm	
Date of previous IGRA:	Result: ☐ Negative ☐ Positive ☐ Indeterminate ☐ Borderline (T-Spot only)	
Was the individual previously diagnosed with latent TB infection? ☐ Yes ☐ No		
Was the individual previously diagnosed with TB disease? ☐ Yes ☐ No		
Did the individual previously receive treatment for latent TB infection or disease? ☐ Yes ☐ No (If yes, fill out the information below)		
Treatment start date:	Treatment stop date:	
Medication received:	Completed prescribed course: ☐ Yes ☐ No	
Tuberculin Skin Test (TST)		
Date administered:	Administered by:	
Test location: ☐ Left arm ☐ Right arm ☐ Other: _____		
Manufacturer:	Lot #:	Expiration date:
Read date:	Read by:	Result: _____mm
Interpretation (for details, refer to TST Interpreting Guidelines in the Appendix): ☐ Positive ☐ Negative ☐ Not read within 48-72 hours		
Interferon Gamma Release Assay (IGRA)		
Date administered:	Administered by:	
Test type: ☐ QFT-Plus ☐ T-Spot ☐ Other: _____		
Result: ☐ Negative ☐ Positive ☐ Indeterminate ☐ Borderline (T-Spot only)		
Individuals with a positive TST or IGRA will need chest imaging and may require further evaluation. If an individual is younger than five years old, has HIV infection, is receiving immunosuppressive therapy for organ transplantation, or is on TNF-α antagonist therapy, they will require chest imaging regardless of TST or IGRA result. Refer to the health department for guidance.		
Chest Imaging		
Date of chest x-ray:		
Health-Care Provider:	Interpreter:	
Result: ☐ Consistent with TB ☐ Not consistent with TB		
Individuals with a chest x-ray consistent with TB will require further evaluation. Refer to the health department for guidance.		

Appendix

TST Interpreting Guidelines

TSTs are positive at **5mm** of induration or more for the following:

Individuals who:

- Are HIV-infected
- Have pulmonary fibrotic lesions seen on chest x-ray (presumed to be from prior, untreated TB)
- Are immunosuppressed for other reasons (e.g., patients on prolonged therapy with corticosteroids equivalent to/greater than 15 mg per day of prednisone or those taking TNF-α antagonists)
- Are organ transplant recipients
- Are recent contacts of individuals with infectious TB disease

TSTs are positive at **10mm** of induration or more for the following:

Individuals who:

- Were born in countries where TB disease is common*
- Are mycobacteriology laboratory workers
- Are aged less than five years
- Have silicosis
- Have diabetes mellitus
- Have had a gastrectomy or jejunoileal bypass
- Live or work in high-risk congregate settings (e.g nursing homes, homeless shelters, or correctional facilities)
- Are infants, children, or adolescents exposed to adults in high-risk categories
- Have severe kidney disease
- Have leukemia/lymphomas
- Have cancer of head/neck/lung
- Misuse drugs and alcohol
- Have a low body weight (<90% of ideal body weight

* See Definitions in Appendix

TSTs are positive at **15mm** of induration or more for the following:

- Individuals with no known risk factors for TB

Baseline Screening Criteria

1. Testing should identify those most at risk of progression to active disease
2. Testing for administrative reasons is discouraged
3. Testing without a plan to treat those identified as positive is discouraged
4. It is not recommended to test a person with both a TST and an IGRA (refer to cdc.gov/tb/hcp/testing-diagnosis)
5. When testing is repeated, the same type of test (TST or IGRA) should be used
    a. Repeating an IGRA or performing a TST should be considered when the initial IGRA result is indeterminate, borderline, invalid, or if interpretation results are in question and a reason for testing persists.
        i. If an IGRA is to be repeated, a new blood sample should be used. In such situations, repeat testing with another blood sample usually provides interpretable results
    b. A TST is not recommended to be repeated unless the administration or reading of the TST is determined to be unreliable, the tuberculin Purified Protein Derivative (PPD) is determined to be expired
    c. If the repeat test is positive and the patient is high risk, any positive test result should be considered evidence of TB infection and acted upon accordingly
    d. If the second test is negative and the patient is high risk, it still does not conclusively rule out TB infection
6. Multiple negative results from any combination of these tests cannot exclude TB infection

Appendix

Definitions
• High-burden countries include countries in Southeast Asia, Africa, and Eastern Europe. Refer to the list of high-burden countries at www.texastb.org or contact the health department for guidance if necessary. • High-risk congregate settings: crowded indoor environments where people share airspaces for extended periods, such as homeless shelters, nursing homes, dialysis centers, residential facilities, and migrant farm worker camps
Record Maintenance
If the individual has a positive reaction to the TB skin test, a separate record will need to be opened to document follow-up. A system for retention and maintenance of the remaining screening forms is a local agency decision. The system used should allow for easy access.
Reference
The reference for this form is: "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection," CDC, MMWR, Vol. 49, RR-6, June 9, 2000 and the CDC fact sheet "Targeted Tuberculin Testing and Interpreting Tuberculin skin Test Results, April 2005 available at www.cdc.gov/tb. Please refer to Clinical Testing Guidance for Tuberculosis: Tuberculin Skin Test | Tuberculosis (TB) | CDC for classification of TB skin test reactions. It is important that individuals using this form be familiar with these documents. Reading these documents will clarify questions regarding who is at risk and why.