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

Congregate Settings Tuberculosis Risk Assessment

This risk assessment is designed for congregate settings to determine their tuberculosis (TB) risk classification and implement screening and prevention activities as recommended by the Department of State Health Services (DSHS) TB and Hansen's Disease Section (TB Section). Complete this form at least annually to reassess risk classification. Follow the recommendations for TB screening based on risk classification.

Facility Information	
Facility Name:	Facility Type:
Address:	Assessment Date:
Contact Name:	Contact email address:
Contact Phone Number:	Facility capacity[1] (e.g., bed capacity):
Average daily census:	Average length of stay of residents:
Type of Assessment:	Date of last TB risk assessment:
Previous Risk Category: ☐ Low Risk ☐ Medium Risk ☐ High Risk	Frequency of TB risk assessments at the facility:

Risk Assessment		
1. Have there been two or more people with TB test conversions[2] in the past 12 months?	☐ Yes	☐ No
a. If yes, indicate the number of TB test conversions[2] in the past 12 months.		
2. Have two or more people in this facility been diagnosed with active TB disease within the last 12 months?	☐ Yes	☐ No
a. If yes, indicate the number of people diagnosed with active TB disease within the last 12 months.		
If the answer is "Yes" to question 1 or 2 → **STOP.** There is a high likelihood of ongoing TB transmission at the facility. Review the **high-risk classification** on page 2. If the answer is "No" to questions 1 and 2 → **Continue.**		
3. Have there been two or more people with TB test conversions[2] in the past three years?	☐ Yes	☐ No
a. If yes, indicate the number of TB test conversions[2] in the past three years		
4. Have two or more people in your facility been diagnosed with active TB disease within the last three years?	☐ Yes	☐ No
a. If yes, indicate the number of people diagnosed with active TB disease within the last three years.		
If the answer is "Yes" to question 3 or 4 → **STOP.** There may be ongoing TB transmission at the facility. Review the **medium risk classification** on page 2. If the answer is "No" to questions 3 and 4 → **STOP.** The facility is considered **low risk**. Review the **low-risk classification** on page 2.		

Risk Assessment Outcome	
Facility Risk Classification: ☐ Low Risk ☐ Medium Risk ☐ High Risk	Name of Person Completing Form:
Date Submitted to PHR/LHD:	Contact Name of PHR/LHD:

[1] Facility capacity refers to the maximum number of individuals who may be admitted to the facility at any given time.

[2] TB test conversion refers to a change from a negative TB test result to a positive TB test result within the past two years.

Risk Classification

High Risk (Potential Ongoing Transmission)
• This classification suggests potential ongoing transmission of TB within the facility. High-risk classification is temporary and warrants immediate investigation to identify TB cases in the facility and stop ongoing transmission. • High-risk facilities should engage in serial testing until there are no further indicators of ongoing transmission. Signs of ongoing transmission include identification of new TB cases and new test conversions. Contact your local health department (LHD) or Public Health Region (PHR) to define an appropriate testing frequency. • 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. Separate or isolate person(s) until they are cleared by a clinician. • Consult the LHD or PHR for additional recommendations. Refer to the TB public health program contacts. • Reclassify the facility as medium risk for one year after determination is made that ongoing transmission has ceased.
Medium Risk
• This classification suggests potential for TB transmission in the facility. Baseline TB screening and awareness of TB symptoms is necessary for prevention. • Each employee or adult resident/client should have a baseline TB screening upon entry or hire, unless there is *documentation* of a previous positive test result (i.e., TST results written in millimeters or IGRA result), see screening criteria. • Each employee or adult resident/client should have an annual TB screening as long as the facility remains medium risk, see screening criteria for TB screening requirements. • Individuals with symptoms of active TB disease need a complete evaluation, including a TST or Interferon Gamma Release Assay (IGRA), chest imaging, and medical evaluation, and may require bacteriology testing when indicated. Separate or isolate person(s) until they are cleared by a clinician. • Educate staff and residents/clients on TB signs and symptoms, the difference between TB infection and disease, TB risk factors, and the risks of developing TB disease if not treated. • Reassess risk annually or when there is suspicion of increased TB transmission.
Low Risk
• This classification suggests there is a low risk of TB transmission in the facility. Education and awareness of TB symptoms and risk factors are recommended. • Each employee or adult resident/client should have an assessment to identify TB signs and symptoms at intake or upon hire, and annually thereafter. Refer to the TB-501 for a TB screening questionnaire. • Individuals with symptoms of active TB disease need a complete evaluation, including a TST or Interferon Gamma Release Assay (IGRA), chest imaging, and medical evaluation, and may require bacteriology testing when indicated. Separate or isolate person(s) until they are cleared by a clinician. • Health care personnel should have a baseline TB screening upon hire, unless there is documentation of a previous positive test result (i.e., TST results written in millimeters or IGRA result). Refer to the TB Frequently Asked Questions (FAQs) for health care personnel. • Facilities may choose to engage in baseline TB screenings (i.e., IGRA or TST, see screening criteria) for adult residents or clients based on decisions made by the medical director or infection control administrator, with consideration to any facility statutory requirements. Refer to the TB-1002 for more information. • Re-assess risk annually or if suspicion of increased TB transmission.
Special populations
• For health care providers (HCP): HCP should have a baseline TB screening test upon hire. Annual TB testing is only necessary for those with specific occupational risk for TB, or after a known exposure or evidence of ongoing transmission in medium and high-risk facilities. For HPC screening recommendations, refer to the TB FAQs. • For children, a decision to provide baseline and annual TB screening should be based on the type of facility and risk classification. Refer to TB-1003 for more information.

Screening Criteria

Baseline screening criteria:

1. Obtain relevant medical history, including symptoms, previous positive IGRA or TST, and/or previous treatment for TB disease or infection.
2. Administer, read, and interpret TST or IGRA. It is not recommended to test a person with both a TB skin test and an IGRA (refer to cdc.gov/tb/hcp/testing-diagnosis). Refer to the Targeted Testing Screening Form for interpretation of the TST.
3. Perform a chest x-ray (CXR) on the following patients:
   - Patients suspected or confirmed to have TB disease.
     a. All patients exhibiting signs and symptoms of active pulmonary TB disease.
     b. Patients with suspected or known extra-pulmonary TB to assess for the presence of pulmonary involvement.
   - Patients with.
     a. Patients newly identified as infected with TB based upon a documented positive TST result or documented positive IGRA result.
   - Asymptomatic pregnant females with a positive TST or IGRA.
     a. CXR may be deferred until after the first trimester unless the patient has one or more of the following, in which case, perform a CXR with a lead shield over the abdomen without delay:
        i. HIV or other immunosuppression.
        ii. History of recent contact with a person with infectious TB disease.
        iii. Documented TB infection test conversion in the past two years.
     b. In general, if a CXR was done three months prior to the medical evaluation, its findings were documented as normal, and the person is asymptomatic, then a repeat CXR is not necessary.
     c. For all other asymptomatic patients with a positive TB test, the CXR may be deferred to the second trimester; do not delay until the third trimester.

Annual screening criteria:

1. Perform a TB signs and symptoms screening questionnaire.
2. Administer, read, and interpret TST or IGRA. It is not recommended to test a person with both a TB skin test and an IGRA (refer to cdc.gov/tb/hcp/testing-diagnosis). Refer to the Targeted Testing Screening Form for interpretation of the TST.
3. CXR where indicated (see #3 in baseline screening criteria).
4. Individuals with a documented history of a positive TST or IGRA should not be retested or receive routine annual CXRs unless symptoms consistent with TB develop.

Special considerations when conducting baseline or annual screenings

Individuals with previous positive IGRA or TST:

1. Previous positive IGRA or TST results must be documented. If not documented, administer a screening test.
2. Perform a TB signs and symptoms screening questionnaire.
3. If the individual does not have documentation of completion of adequate therapy for latent TB infection (LTBI), perform a CXR.
4. Individuals with a documented history of a positive TST or IGRA should not be retested or receive routine annual CXRs unless they experience symptoms consistent with TB.
5. Further evaluation may be indicated based on the individual's history and current presentation.

Individuals with previous TB disease:

1. Previous TB disease must be documented. If not documented, administer screening test.
2. Perform a TB signs and symptoms screening questionnaire.
3. CXR may be indicated if the individual has current signs or symptoms of TB or is high-risk for developing TB disease.
4. Further evaluation may be indicated based on the individual's history and current clinical presentation.