LASD
Los Altos School District

TO: Parents of All Incoming Students

FROM: LASD Health Services

SUBJECT: Tuberculosis Screening Requirement for School Entrance

Historically, Santa Clara County has required mandatory tuberculosis (TB) testing for all students enrolling in school. Santa Clara County has changed this policy. Effective June 1, 2014, students enrolling in school will be required to undergo TB testing ONLY if their healthcare provider identifies a risk factor for TB exposure.

Prior to school enrollment children will be required to have their healthcare provider complete the Santa Clara County Public Health Department Risk Assessment for School Entry form which is attached. Take this form to your provider to complete and return to your child's school. This requirement applies to students attending both public and private schools in Santa Clara County and is based on the authority given to the Santa Clara County Health Officer under the California Health and Safety Code, Section 121515.

TB risk assessment and test results (if indicated) must be submitted at time of registration. Documented TB screening and tests performed in the US are accepted up to twelve months prior to registration.

This new policy will decrease unnecessary testing and allow healthcare providers to ensure that children who have TB infection are evaluated and treated promptly.

Thank you for helping us protect the health of your children.

Sincerely,

Los Altos School District Health Services
District Nurses, Sarah Bolter & Monica Sidher
650-444-9702 / 650-537-8119
nurses@lasdschools.org

Child's Name: _____ **Birthdate:** _____ **Male/Female** **School:** _____
Last, First **month/day/year**

Address_____ **Phone:** _____ **Grade:** _____
Street **City** **Zip**

Santa Clara County Public Health Department
TB Risk Assessment for School Entry

This form must be completed by a licensed health professional and returned to the child's school.

1. Was your child born in Africa, Asia, Latin America, or Eastern Europe?	❑ **Yes** ❑ **No**
2. Has your child traveled to a country with a high TB rate* (for more than a week)?	❑ **Yes** ❑ **No**
3. Has your child been exposed to anyone with tuberculosis (TB) disease?	❑ **Yes** ❑ **No**
4. Has a family member or someone your child has been in contact with had a positive TB test or received medications for TB?	❑ **Yes** ❑ **No**
5. Was a parent, household member or someone your child has been in close contact with, born in or traveled to a country with a high TB rate?*	❑ **Yes** ❑ **No**
6. Has another risk factor for TB (i.e. one of those listed on the back of this page)?	❑ **Yes** ❑ **No**

***** This includes countries in Africa, Asia, Latin America or Eastern Europe. For travel, the risk of TB exposure is higher if a child stayed with friends or family members for a cumulative total of 1 week or more.

If YES, to any of the above, the child has an increased risk of TB infection and should have a TST/ IGRA.

All children with a positive TST/IGRA result must have a medical evaluation, including a chest X-ray. Treatment for latent TB infection should be initiated if the chest X-ray is normal and there are no signs of active TB. If testing was done, please attach or enter results below.

Tuberculin Skin Test (TST/Mantoux/PPD) Date given: Date read:	Induration _____ mm Impression: ❑ Negative ❑ Positive
Interferon Gamma Release Assay (IGRA) Date:	Impression: ❑ Negative ❑ Positive ❑ Indeterminate
Chest X-Ray (**required with positive TST or IGRA**) Date:	Impression: ❑ Normal ❑ Abnormal finding
☐ LTBI treatment (Rx & start date): ☐ Contraindications to INH or rifampin for LTBI	☐ Prior TB/LTBI treatment (Rx & duration): ☐ Offered but refused LTBI treatment

Providers, please check one of the boxes below and sign:

☐ Child has no TB symptoms, none of the above or other risk factors for TB and does not require a TB test.

☐ Child has a risk factor, has been evaluated for TB and is free of active TB disease.

_____ _____
Health Provider Signature, Title **Date**

Name/Title of Health Provider:

Facility/Address:

Phone number: **Fax number:**

County of Santa Clara
Public Health Department

Tuberculosis Prevention & Control Program
976 Lenzen Avenue, Suite 1700
San José, CA 95126
408.885.2440

Risk Factors for Tuberculosis (TB) in Children

- Have clinical evidence or symptoms of TB
- Have a family member or contacts with history of confirmed or suspected TB
- Are in foreign-born families from TB endemic countries (including countries in Africa, Asia, Latin America or Eastern Europe)
- Travel to countries with high rate of TB
- Contact with individual(s) with a positive TB test
- Abnormalities on chest X-ray suggestive of TB
- Adopted from any high-risk area or live in out-of-home placements
- Live with an adult who has been incarcerated in the last five years
- Live among or frequently exposed to individuals who are homeless, migrant farm workers, residents of nursing homes, or users of street drugs
- Drink raw milk or eat unpasteurized cheese (i.e. queso fresco or unpasteurized cheese)
- Have, or are suspected to have, HIV infection or live with an adult with HIV seropositivity. See below for testing methods in children with HIV or other immunocompromised conditions.

Testing Methods

A Mantoux tuberculin skin test (TST) or an Interferon Gamma Release Assay (IGRA) (for children aged 4 and older) should be used to test those at increased risk. A TST of ≥10mm is considered positive. If a child has had contact with someone with active TB (yes to question 3 on reverse) then TST ≥5mm is considered positive.

Screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review in HIV infected or suspected HIV, other immunocompromised conditions or if a child is taking immunosuppressive medications such as prednisone or TNF-alpha antagonists.

Referral, Treatment, and Follow-up of Children with Positive TB Tests

- All children with a positive TST or IGRA result should have a medical evaluation, including a chest X-ray.
- Report any confirmed or suspected case of TB disease to the TB Control Program within 1 day, including any child with an abnormal chest X-ray.
- If TB disease is not found, treat children and adolescents with a positive TST or IGRA for latent TB infection (LTBI).
- Isoniazid (INH) is the drug of choice for the treatment of LTBI in children and adolescents. The length of treatment is 9 months with daily dosing: 10-15mg/kg (maximum 300 mg).
- For management and treatment guidelines for TB or LTBI, go to: www.cdc.gov/tb or contact the TB Control Program at (408) 885-4214.

References

American Academy of Pediatrics, Committee on Infectious Diseases. Tuberculosis. In L.K. Pickering (Ed.), 2009 *Red Book: Report of the Committee on Infectious Diseases*. 27th ed. El Grove Vilage, IL: American Academy of Pediatrics, 2009:680-701.

California Health and Safety Code Section 121515.

Pediatric Tuberculosis Collaborative Group. Targeted Tuberculin Skin Testing and Treatment of Latent Tuberculosis Infection in Children and Adolescents. *Pediatrics* 2004; 114 (14):1175-1201.

Pang J, Teeter LD, Katz DJ, et al. Epidemiology of Tuberculosis in Young Children in the United States. Pediatrics, 2014:494-504.