
SUBJECT:	Tuberculosis
REVIEWED/REVISED:	9/2013; 4/2020
PURPOSE:	To provide guidance for tuberculosis screening for clinical students
POLICY OWNER:	Director of Campus Health

POLICY:

All Nebraska Methodist College (NMC) students who will be enrolled in a clinical course will be required to undergo TB skin testing (TST) upon program entry and repeated only in the event of a known exposure or positive annual questionnaire. A complete TST is one which has been placed and read 48-72 hours after placement. Students will be allowed 1 year plus 7 days from their previous TST to complete the annual requirement. If more time has elapsed since the previous test or questionnaire, the student will not be allowed to attend clinical until the TST is placed *and* read. If clinical site requires annual TST, student must have the test placed and read before beginning clinical.

TB Screening Guidelines:

- At the time of enrollment, students shall receive two Mantoux TB Skin Tests given 1-3 weeks apart **unless:**
 - Two negative TB skin tests within the past twelve months OR
 - 2 years of consecutive annual negative TB skin tests are documented OR
 - Documentation of negative IGRA (T-Spot or Quantiferon Gold) within the past 12 months
 - Program requires 1 step
- Annual TB screening is required thereafter.

TB Screening Exceptions: (Annual TB Symptom Survey required)

- Written documentation of a previously positive TB skin test or IGRA along with negative chest x-ray, OR
- Evidence of completion of adequate therapy for active TB or LTBI (latent TB infection), OR
- Severe reaction to a previous TST

Procedure:

- All students will be screened for active signs and symptoms of disease as well as risk factors

- Inject 0.1ml of purified protein derivative (PPD) containing 5 tuberculin units (TU) intradermally into the volar surface of the forearm
- History of BCG vaccination does not preclude TST
- If a student has recently received a live-virus vaccine (varicella, MMR, for example) skin testing should be delayed for 4-6 weeks. However, a TST can be performed the same day as live-virus vaccine administration
- A TST that was not measured and recorded in mm of induration must be repeated.

Interpretation of TST results:

- The TST should be read 48-72 hours after injection by Campus Health, a licensed healthcare professional, or other trained individuals approved by Campus Health.
- Measure the transverse diameter of the induration across the forearm, perpendicular to the long axis.
- Induration is measured and recorded in millimeters (mm). If no induration is present, record as "0 mm"
- Redness or bruising is not measured
- Interpretation of results depends on both millimeters of induration and the factors related to risk of exposure to TB disease and risk for progression once infected.

>5mm is positive in the following:

- Persons with HIV/AIDS
- Recent close contacts of and individual with infectious TB disease
- Persons with an X-ray suggestive of previous TB
- Immunosuppressed persons-organ transplant or other

>10mm is positive in the following:

- Persons born in a high prevalence country (see Appendix A)
- IV drug users
- Mycobacteriology lab workers
- Resident or worker in high risk congregate settings
- Persons with high risk clinical conditions including
 - Diabetes Mellitus
 - Chronic renal failure
 - Hematology disorders
 - Carcinoma of head or neck, lung cancer
 - Gastrectomy or intestinal bypass, chronic malabsorption syndromes
 - Low body weight

>15mm induration is positive in persons with no known risk factors.

Positive TST:

Students with positive TST must undergo chest radiography and a medical examination.

1. If the **chest X-ray and exam are normal**, treatment for latent TB infection (LTBI) is recommended. It is the responsibility of the Campus Health Center (CHC) to coordinate and document whether the student completes treatment. It is also the responsibility of the CHC to document if a student begins treatment but does not complete, or refuses treatment altogether. In these instances, the student is required to complete an annual symptom evaluation by a medical professional before being allowed to register for subsequent academic terms. CHC will be responsible for educating the student on the signs and symptoms of active TB and encourage prompt evaluation if any symptoms develop. BCG false positive TST testing will be discussed by PCP.
2. If the **chest X-ray or exam are abnormal**, active TB disease must be excluded. It is the responsibility of the CHC to notify the local Health Department that a student has a positive TST and abnormal chest X-ray and to seek its guidance on further evaluation.
3. If the student is diagnosed with **active TB disease but determined to be non-contagious** (as determined by the Health Department) the student must undergo treatment to remain enrolled at Nebraska Methodist College. The student may continue to attend classes as long as he adheres to treatment. It is the responsibility of the SHC to document that a student has completed treatment.
4. If upon further testing a student is diagnosed with **active TB disease that is contagious**, the CHC will work closely with the Health Department to isolate and treat the infected student and to identify and test people who have come into contact with the infected student. The college will implement appropriate communication efforts with students, parents and the community. All students who have been diagnosed with active TB must be certified by the Health Department as non-contagious and in adherence with their treatment before they are allowed to return to campus. The CHC is responsible for documenting this in the student's file.
5. Documentation of blood testing, examination, chest x-ray, and TB Symptom Survey must be submitted to Campus Health Clinic and uploaded to CastleBranch (if applicable).