Los Angeles County Adult Tuberculosis Risk Assessment

- Use this tool to identify asymptomatic adults for TB infection testing
- Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment
- For TB symptoms or abnormal chest x-ray consistent with active TB disease → Evaluate for active TB disease
  Complete evaluation for active TB disease includes: symptom screen, chest x-ray, and if indicated, sputum AFB smears, cultures, and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

Check appropriate risk factor boxes below.
TB infection testing is recommended if any of the 4 boxes below are checked.
If TB infection test result is positive and active TB disease is ruled out, TB infection treatment is recommended.

☐ Birth, travel, or residence in a country with an elevated TB rate for at least 1 month
  - Includes countries other than the United States, Canada, Australia, New Zealand, or Western and Northern European countries
  - If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see Fact Sheet for list)
  - Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥ 2 years old

☐ Immunosuppression, current or planned
  - HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

☐ Close contact to someone with infectious TB disease at any time
  - The Centers for Disease Control and Prevention indicates that the evaluation of contacts and treatment of infected contacts is an important component of the U.S. strategy for TB elimination

☐ History of homelessness or incarceration
  - The U.S. Preventive Service Task Force (USPSTF) recommends screening populations at increased risk for TB infection based on increased risk of exposure including persons who have lived in high-risk congregate settings (e.g. homeless shelters and correctional facilities)

☐ None; no TB testing is indicated at this time.

Provider: ____________________________    Patient Name: ____________________________
Assessment Date: ____________________________    Date of Birth: ____________________________
(Place sticker here if applicable)

See the Los Angeles County Adult Tuberculosis Risk Assessment User Guide for more information about using this tool.
Adapted for LAC use from the California Tuberculosis Risk Assessment available on the PROVIDERS page at www.ctca.org
To ensure you have the most recent version visit http://publichealth.lacounty.gov/tb/providertoolkit.htm