

SOUTHERN CALIFORNIA REGIONAL  
**COMMUNITY OF PRACTICE**  
**TO END TB**

Tuesday, March 10, 2026  
12:00PM - 1:30PM PST

## *Pharmacy-led Initiatives: Innovative Models for LTBI Care Delivery*

<b>12:00 – 12:05</b>	Welcome and introductions	<b>Melissa Zhang</b> TB Control Program Analyst Los Angeles County Department of Public Health	<b>Parveen Kaur, MD</b> Clinical Lead Southern CA CoP to End TB
<b>12:05 – 12:20</b>	County of Santa Clara: TB Screening in a School Setting	<b>Nidia Garcia</b> PHN Specialist County of Santa Clara Public Health	
<b>12:20 – 12:40</b>	Los Angeles County TK-12 School Entry Screening Requirement	<b>Ayda Keshishian</b> Program Specialist, PHN Los Angeles County Department of Public Health	
<b>12:40 – 1:20</b>	School Entry TB Risk Assessment Requirement FAQs for Healthcare Providers  Q&A	<b>Parveen Kaur, MD</b> Clinical Lead Southern CA CoP to End TB	
<b>1:10 – 1:30</b>	Discussion session and meeting closure	<b>Melissa Zhang</b> TB Control Program Analyst Los Angeles County Department of Public Health	<b>Parveen Kaur, MD</b> Clinical Lead Southern CA CoP to End TB



# TB screening in the school setting

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NIDIA GARCIA, PHN

MARCH 2026



# SCC TB School Mandate

TB screening for school entry continues to be mandatory

School exclusion pending results is unnecessary and detrimental to our students and their families.

Children entering a school in SCC for the **first time** should be screened for TB risk factors by a questionnaire administered by a healthcare provider and TB tested only if they have a new risk factor since the last time they were screened.

School districts are not required to track students with missing risk assessments after they begin school.

## SCC Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last, First Month/Day/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ School /Grade: \_\_\_\_\_  
Street, City, Zip Code

**This form must be completed by a licensed health professional in the U.S.** Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment

1. Was your child born in, resided, or traveled (for more than one month) to a country with an elevated rate of TB? Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e., travel that does not involve visiting family or friends, or involve significant contact with the local population).
2. Has your child been in close contact to anyone with TB disease in their lifetime?
3. Is your child immunosuppressed; current, or planned? (e.g., due to HIV infection, organ transplant, treatment with TNF-alpha antagonist or high-dose systemic steroids (e.g., prednisone ≥ 15mg/day for ≥ 2 weeks).

Does your child have any of the above risk factors?  Yes  No

If YES, to any of the above questions (new TB risk factor since last screening), the child has an increased risk of TB and should have a TB blood test or a tuberculin skin test (TST) unless there is a documented prior positive IGRA or TST. All children with a positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR) (posterior-anterior and lateral for children <5 years old). If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for (LTBI) to prevent progression to TB disease. If a child has documentation of previous treatment for LTBI or TB disease and has no symptoms, they should not undergo skin or blood testing and do not need a new chest X-ray.

**If child's X-ray is not normal and there are symptoms that suggest TB, call SCC TB Program (408)792-1381**

Enter test results for all children with a positive risk assessment:	
Date of IGRA: _____	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD) Date placed: _____ Date Read: _____	Induration: _____ mm Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-ray Date: _____	Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<input type="checkbox"/> LTBI Treatment Start Date: _____ <input type="checkbox"/> Rifampin daily - 4 months <input type="checkbox"/> Isoniazid/Rifapentine - weekly X 12 weeks <input type="checkbox"/> Isoniazid and Rifampin daily - 3 months <input type="checkbox"/> Isoniazid daily - 9 months	<input type="checkbox"/> Prior TB/LTBI Treatment (Rx/duration): _____ <input type="checkbox"/> Treatment Medically Contraindicated <input type="checkbox"/> Declines Against Medical Advise
Please check one of the boxes below and sign:	
<input type="checkbox"/> Child has no TB symptoms, no risk factors for TB, and does not require a TB test	
<input type="checkbox"/> Child has a risk factor, has been evaluated for TB and is free of active TB disease.	
<input type="checkbox"/> Child has no new risk factors since last negative IGRA/TST and has no symptoms.	
<input type="checkbox"/> Child has no TB symptoms. Appointment for RA/TB test/chest x-ray scheduled on: _____	
_____ <small>Health Care Provider Signature, Title Date</small>	
Name/Title of Health Care Provider: _____	
Facility/Address: _____	
Phone Number: _____	

# Letters to the community

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Public Health Administration  
150 W. Tasman Drive, 2<sup>nd</sup> Floor  
San José, CA 95134  
408.792.5040



Public Health Administration  
150 W. Tasman Drive, 2<sup>nd</sup> Floor  
San José, CA 95134  
408.792.5040



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September 10, 2024

**DATE:** September 10, 2024  
**TO:** District Superintendents  
School Nurses  
Health Care Providers  
**FROM:** Sara H. Cody, MD  
Health Officer  
Ann M. Loeffler, MD  
Tuberculosis Controller  
**RE:** **Update Concerning Tuberculosis (TB) School Mandate:  
Universal Risk Assessment, Targeted Testing and Treatment**

Dear Parent/Guardian,

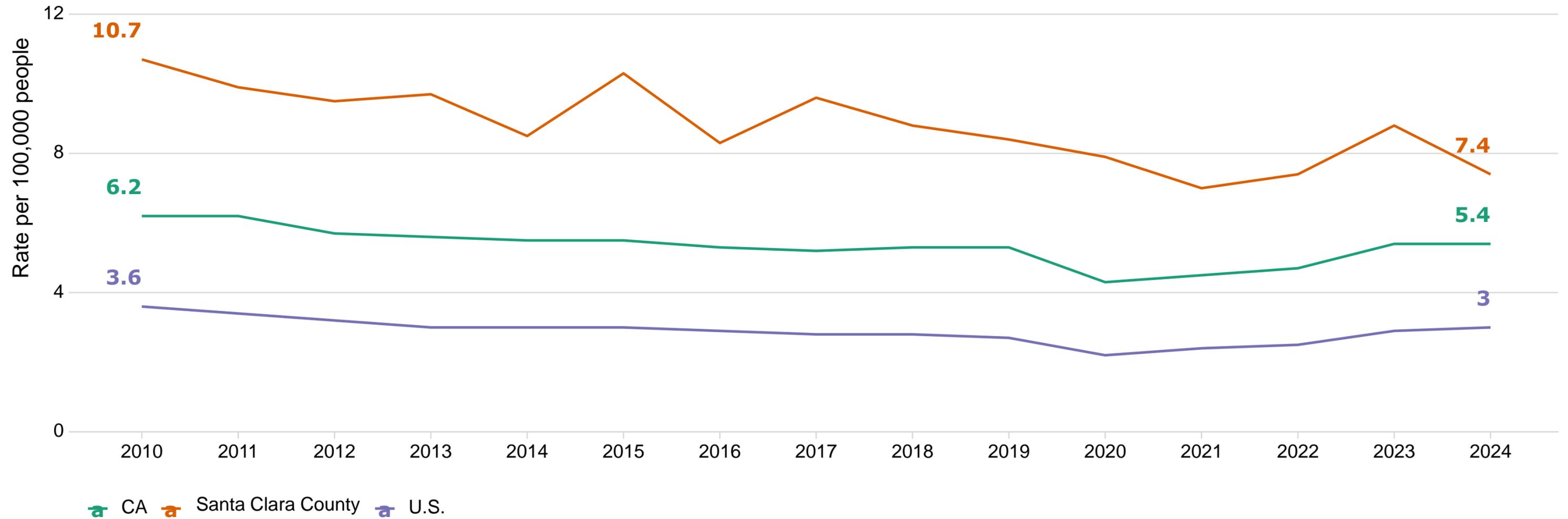
Santa Clara County has one of the highest numbers of tuberculosis (TB) in the United States. TB is a bacterial infection spread through the air and can affect the lungs, brain, bones, or any part of the body. Anyone can get TB, but children who were born or travel to countries where TB is common or who have spent time with someone with TB are more likely to get TB. TB is treatable and preventable if found early. Santa Clara County requires TB screening for students enrolling in school.

Santa Clara County has had a Tuberculosis School Mandate requiring TB screening for students entering school since 1989. The Health Officer Mandate was implemented at that time because TB rates had rapidly increased. It was intended to increase the likelihood that children with TB infection or disease were diagnosed early and treated appropriately.

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# TB case rates in SCC, CA and U.S., 2010 - 2024



Source: 1) Santa Clara County Public Health Department, CalREDIE, data as of Feb 3, 2025  
2) Centers for Disease Control and Prevention, Provisional 2024 Tuberculosis Data, United States, data as of March 12, 2025  
3) California Department of Public Health, TB in California: 2024 Snapshot, data as of Jan 31, 2025

# Pediatric TB Cases in Santa Clara County, Reason for Evaluation 2009 - 2023

	<b>Overall (N = 79)</b>	<b>2009-2013 (N = 40)</b>	<b>2014-2018 (N = 25)</b>	<b>2019-2023 (N = 14)</b>
<b>TB Evaluation Reason</b>				
Contact Investigation	15 (19.0%)	7 (17.5%)	7 (28.0%)	1 (7.1%)
<b>TB Screening</b>	<b>12 (15.2%)</b>	<b>4 (10.0%)</b>	<b>4 (16.0%)</b>	<b>4 (28.6%)</b>
TB Symptoms	32 (40.5%)	14 (35.0%)	11 (44.0%)	7 (50.0%)
Other	10 (12.7%)	5 (12.5%)	3 (12.0%)	2 (14.3%)
Unknown	10 (12.7%)	10 (25.0%)	0 (0.0%)	0 (0.0%)

# Major benefits for screening

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1. Encouraging families to engage with a primary care medical home
2. Encouraging screening of families in which children have LTBI
3. Identifying students who would benefit from LTBI treatment,
4. Providing information about tuberculosis and promoting LTBI treatment.

# School entry screening – 2024 update

Promote equity by encouraging families to engage with primary care

School entry screening is for high and very high TB burden jurisdictions  
(31-99 and  $\geq$  100 TB cases/yr)

- The Risk assessment and testing if needed:
  - Is performed in the United States - Ideally screening happens in the medical home, but we accept positive IGRA's done in the country of birth.
  - Is performed once, 1 year before enrollment
  - Children are **not excluded** from school unless they have symptoms of TB disease
  - School entry screening is NOT required by law. Individual jurisdictions health officer decides
  - We accept risk assessments (RA) and after visit summaries

## **SCC Tuberculosis (TB) Screening Requirements for School Entrance EFFECTIVE FALL 2024**

### **TB screening for Santa Clara County Schools is comprised of**

1. A brief questionnaire listing risks for TB exposure.
2. Blood test or skin test ("TB test") if the student has new TB risk factors since their last screening (and no prior positive test).
3. Medical evaluation and chest X-ray (CXR) for children with a new positive TB test.

- A. What are the tuberculosis (TB) screening requirements for school entrance in Santa Clara County?
- B. Who can enroll/register in a Santa Clara County school before TB screening requirements are complete?
- C. Who is exempt from these requirements?
- D. How were the risk assessment questions chosen?
- E. What are acceptable TB tests?
- F. What is the next step for a student with a positive IGRA or positive TST result? Note: positive means past positive or current positive result
- G. What is the next step for a student with an indeterminate IGRA test?
- H. What records must students provide to meet the requirements of the TB Mandate? [U.S, US Territories or US Military Base Medical Facility](#)
- I. Who can sign the TB Risk Assessment Form?

# Frequently Asked Questions

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1. Can I have a TB test on the same day as a COVID-19 Vaccine or MMR Vaccine?
2. Should a child who has history of BCG vaccination have a IGRA or TST?
3. Are there ever indications for doing both an IGRA and a TST?
4. What if the student has documentation of a previous positive IGRA/TST from outside the U.S, US Territories or US Military Base Medical Facility?
5. If someone does not want to submit to a risk assessment, can they get a TB test?
6. This student left the county for an extended vacation. Do they still need a TB screening test?
7. What is considered an adequate regimen for latent TB Infection?

# Pediatric TB Risk Assessment

TB is a health disparity in California, with a disproportionate impact on people born outside the United States.

Identifying and treating persons with latent TB infection (LTBI) is the most promising tool to prevent TB disease.

## When should a risk assessment and testing be done?

- New patient visits
- Routine pediatric well- child visits
- Potential exposures to TB



## California Pediatric Tuberculosis Risk Assessment



Despite being preventable, tuberculosis (TB) disease continues to cause significant suffering and death in the state of California. Even with modern treatments, more than [1 in 6 Californians with TB die](https://bit.ly/cdc_tbca_data) (bit.ly/cdc\_tbca\_data). TB is also a health disparity in California, with a disproportionate impact on people born outside the United States. **Identifying and treating persons with latent TB infection (LTBI) is the most promising tool to prevent TB disease.**

- Use this tool to identify asymptomatic children for LTBI testing.
- Do not treat for LTBI until active TB disease has been excluded.

If a patient has symptoms of TB disease, including cough (for more than 2 weeks), fevers, night sweats, weight loss, failure to thrive or malnutrition, lymphadenopathy, weakness, hemoptysis or excessive fatigue or an abnormal chest x-ray consistent with TB disease, they should undergo further workup. **Contact your local TB control program** (<https://www.ctca.org/locations.html>) if there is suspicion for active TB disease.

- A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.
- In communities with high rates of TB or households with recent active TB, children might be at higher risk of TB exposure. Consider testing children in households with adults with symptoms of pulmonary TB (e.g. cough >2 weeks, fevers, night sweats).

**LTBI testing is recommended if any of the boxes below are checked.**

Only repeat TB testing if there is a new risk factor since last screening

- Birth, travel, or residence** for at least 1 month, or frequent border crossing in a country with an elevated TB rate\*  
Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons
- Immunosuppression**, current or planned  
HIV infection, organ transplant recipient, congenital or acquired immune deficiency, or treated with biologic agents including TNF-alpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone  $\geq 2$  mg/kg/day, or  $\geq 15$  mg/day for  $\geq 2$  weeks) or other immunosuppressive medication
- Close contact** to someone with infectious TB disease during lifetime

**Treat for LTBI if LTBI test result is positive and active TB disease is excluded.**

- None**; no TB testing is indicated at this time.

Provider Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

For more information about using this tool and for the most current version, go to the [TB Risk Assessment page](https://cdph.ca.gov/tbriskassessment) (cdph.ca.gov/tbriskassessment).

[CTCA-TB-Testing-of-SchoolAgeChildrenPosition-Statement-5.21.24-FINAL.pdf](#)



**CTCA POSITION ON TB  
EVALUATION OF SCHOOL-AGE  
CHILDREN – 2024 update**

**Introduction**

# Additional FAQs

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- **Should they get a RA even if they haven't turned 4 yet (before school starts)? Or can they wait till they turn 4 and get it together with the immunizations?** The parent can wait until Kindergarten if preferred, but a school district can accept an RA when the student enrolls for the first time in TK or Special Day Class.
- **What are the TB requirements for students with an IEP?** Students with IEPs should receive the school mandate packet. They cannot be excluded from school because of the school mandate.
- **Do TB's expire if the student has been at the same school? Or if they transfer to another school?** SCC mandate is for first entrance only. The initial test is good until they leave the SCC school district.
- **TB requirements when students travel outside the country for a month or more?** It is only repeated when the students separates from school >1year. Their primary provider will assess if travel is >1 month.
- **Can a TB test be accepted if done outside of the US?** If the test is positive outside of the US we can accept the test, but a chest x-ray must be done in the US. If their initial test was positive, they should have a new test.

# Acknowledgment

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Slides are based on a presentation from Dr. Ann Loeffler  
March 2025

**Thank you**

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# Los Angeles County TK-12 School Entry Screening Requirement

**Ayda Keshishian**

Program Specialist, PHN

Los Angeles County Department of Public Health





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[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

January 22, 2026

#### UPDATED TB SCREENING REQUIREMENTS FOR SCHOOLS TK-12

Dear Superintendents and Principals,

Tuberculosis (TB) is a serious airborne infectious disease and remains a public health concern in Los Angeles County (LAC), which consistently reports among the highest numbers of TB disease cases in the U.S. Since 2023, TB-related deaths have increased locally, particularly among older adults. Early identification and treatment of TB infection can prevent serious illness and further spread.

To support prevention efforts, the LAC Department of Public Health is issuing an update on TB screening requirements for school-aged children. These are consistent with the California TB Controllers Association's [2024 Position on TB Evaluation of School Age Children](#).

#### Who is Affected and When

Effective February 1, 2026, in accordance with California Health and Safety Code Sections 121475-121520:

- All new students enrolling in TK-12 in a LAC school district must complete the [LAC Pediatric TB Risk Assessment](#).
- If risk factors are identified, additional medical evaluation is required to confirm the student does not have infectious TB.

Local school districts may also choose to conduct additional TB risk assessments, e.g. at 7<sup>th</sup> and/or 9<sup>th</sup> grade, based on local patterns of TB risk among their student population.

#### What Schools Need to Know

The TB risk assessment:

- Should be done by the student's primary care provider, where other care is given including vaccines and routine pediatric care.
- May be completed by a school nurse or other licensed clinical provider (e.g. NP, RN, LVN, PA, MD, DO) for students who do not yet have a medical home, with urgent referral to a medical home to establish care and to follow up on TB testing after identification of a TB risk factor.



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Fifth District

## [Health Officer Letter – Updated TB Screening Requirements for TK-12 \(2026\)](#)



## Pediatric Tuberculosis (TB) Risk Assessment

This tool is used to identify asymptomatic **children** for latent TB infection (LTBI) testing.

Check appropriate risk factor boxes below based on patient response.  
Refer to pediatrician for LTBI testing (skin or blood test), if any of the 3 boxes below are checked.  
If a LTBI test result is positive, and active TB disease is ruled out, LTBI treatment is recommended.

- Birth, travel, or residence in a country with an elevated TB rate for at least 1 month**
  - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
  - If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list).
  - Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-US born persons  $\geq 2$  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  $\geq 2$  mg/kg/day, or  $\geq 15$  mg/day for  $\geq 2$  weeks) 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 investigation of contacts and treatment of infected contacts is an important component of the U.S. strategy for TB elimination.

- Re-testing should only be done in persons who previously tested negative and have **new** risk factors since the last risk assessment. *If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older.*
- For children with TB symptoms or abnormal chest x-ray consistent with active TB disease → Evaluate for active TB disease with a chest x-ray, symptom screen, 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.
- Do not treat for LTBI until active TB disease has been excluded.

See the [Pediatric TB Risk Assessment User Guide](#) below for more detailed information about this tool.

Provider: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*(Place sticker here if applicable)*

For the most current version, go to the PEDIATRIC TB RISK ASSESSMENT at: <http://publichealth.lacounty.gov/tb/TBTesting.htm>

## [Los Angeles County Pediatric Risk Assessment Form](#)



## Pediatric TB Symptom Review Form

### Tuberculosis Control Program

123 West Manchester Boulevard Room 228 | Inglewood, CA 90301 Phone: (213) 745-0800 | Fax: (213) 749-0926

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 DOB / Age: \_\_\_\_\_  
 Sex:  Male  Female  Other  
 Contact Information: \_\_\_\_\_

The purpose of this form is to help identify children who require evaluation for active TB. The presence of any of the following symptoms without an alternative explanation should trigger evaluation:

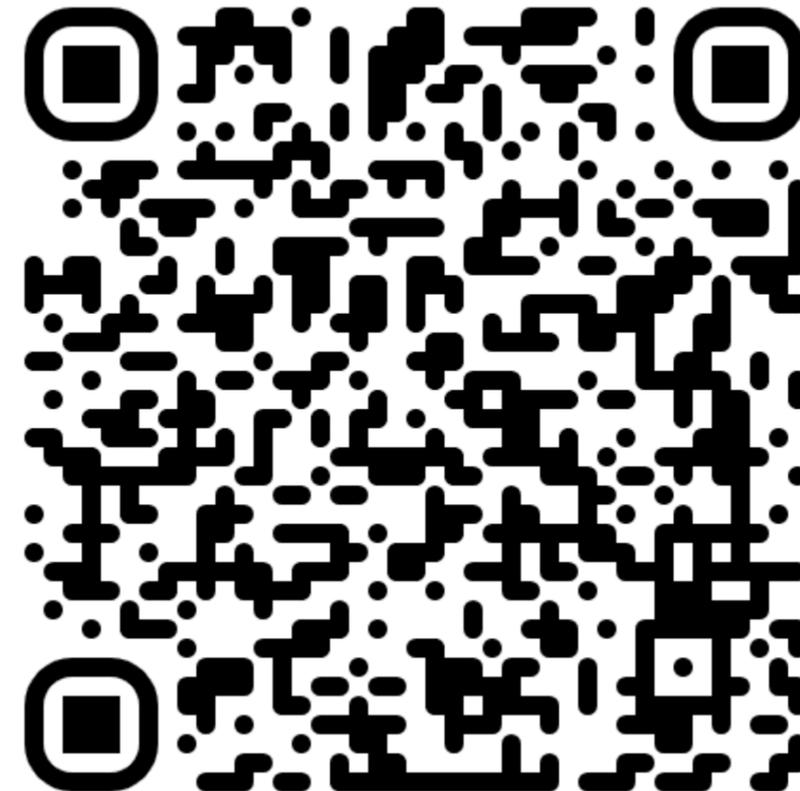
Symptoms	YES	NO
1. Cough for more than 2-3 weeks		
2. Weight loss		
3. Night sweats that soak through sheets or clothing		
4. Coughing up blood		
5. Excessive tiredness		
6. Fevers		
7. Swollen lymph nodes		

If the individual demonstrates any TB symptoms on the review, complete the CMR report (<http://ph.lacounty.gov/tb/Forms/cmr%20form.pdf>) and fax to (213) 749-0926.

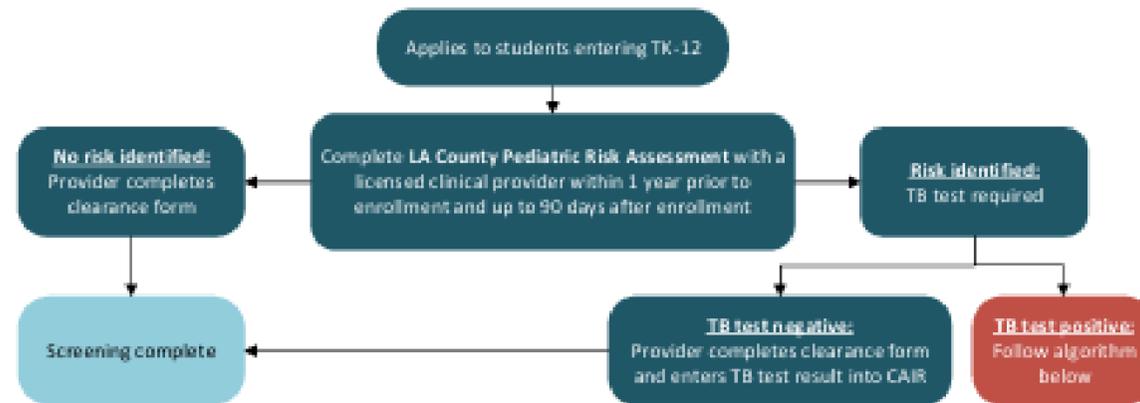
\_\_\_\_\_  
 Licensed clinical professional (MD, DO, NP, PA, RN, LVN)

Updated: January 26, 2026

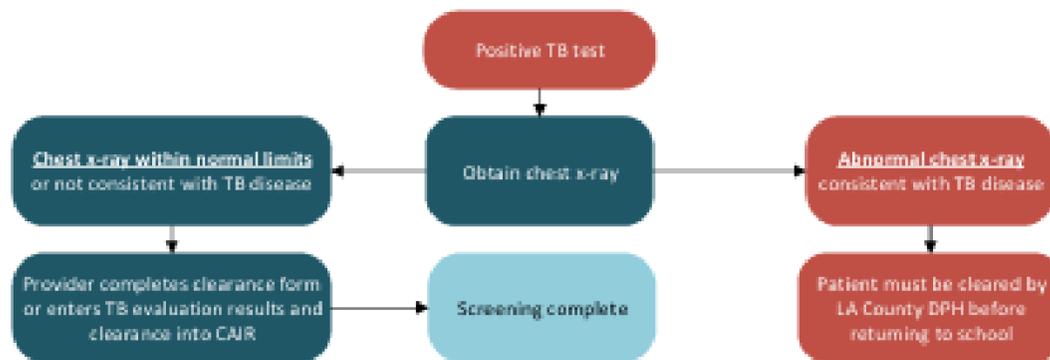
## [Los Angeles County Pediatric TB Symptom Review Form](#)



Los Angeles County TK-12 School Entry Testing Requirement

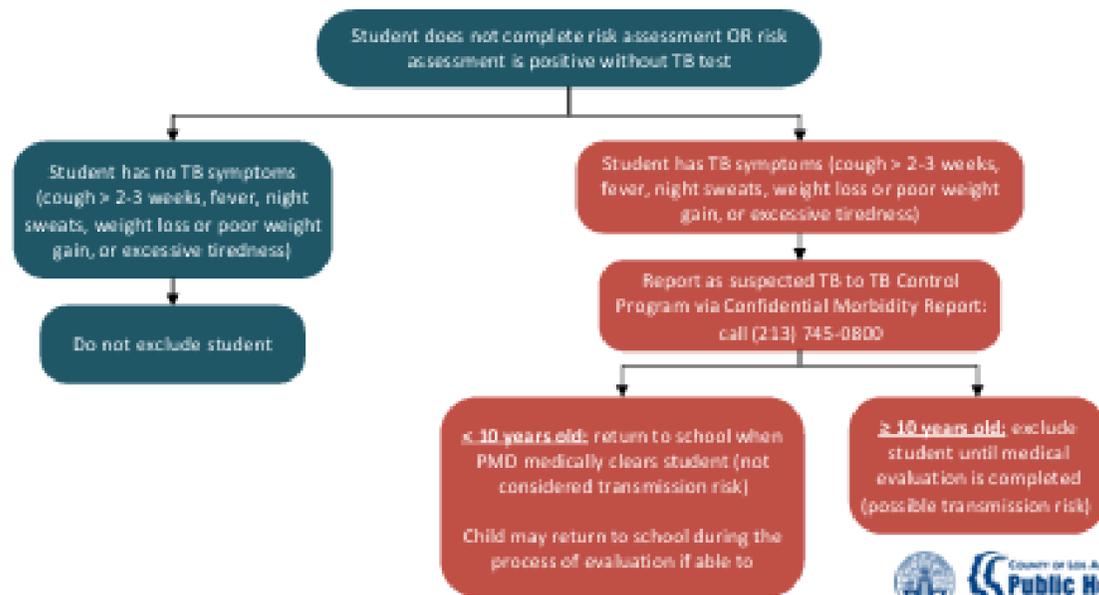


Positive TB Test Algorithm



Incomplete Screening Algorithm

If screening is not complete, an informational packet is provided to the healthcare provider (if known) and to the parent/guardian.  
NOTE: unresolved TB risk assessment status should be readdressed annually until completed.



Los Angeles County TK-12 School Entry Testing Requirements Algorithm



# School Entry TB Risk Assessment Requirement: Frequently Asked Questions for Healthcare Providers

**Parveen Kaur, MD**

Southern California Regional Community of Practice to End TB

Los Angeles County TB Control Program



## School Entry Tuberculosis Risk Assessment Requirement Frequently Asked Questions for Healthcare Providers

### Tuberculosis Control Program

123 West Manchester Boulevard Room 228 | Inglewood, CA 90301  
Phone: (213) 745-0800 | Fax: (213) 749-0926



- 1. Who can administer the TB risk assessment and TB symptom review?**  
Licensed healthcare providers, including physicians (MD/DO), nurse practitioners (NP), physician assistants (PA), registered nurses (RN), licensed vocational nurses (LVN), and public health nurses (PHN), can administer TB risk assessments and symptom reviews. The assessment identifies risk factors for TB exposure and progression to disease.
- 2. Can the TB risk assessment be administered remotely?** |  
Yes. The TB risk assessment can be administered over the phone by a school nurse or medical provider; however, the TB symptom review must be done in person or via telehealth by their healthcare provider or any licensed clinical provider.
- 3. What is the required timeframe for TB testing after a positive TB risk assessment?**  
Students who have a positive TB risk assessment must have a TB test (either IGRA or TST) completed within 90 days from the first day of school.
- 4. What is the recommended timeframe for a chest x-ray after a positive TB test?**  
A chest x-ray should be obtained **promptly** after a positive TB test (TST or IGRA) to rule out active TB disease, and ideally, it should be done within one month of the positive TB test.
- 5. Can a child attend school while completing a TB evaluation?**  
Yes, in most cases. Children can attend school while awaiting TB test results or chest x-ray, provided they do not have symptoms suggestive of active TB disease. Children with symptoms of TB who have not completed TB evaluation must be reported as suspected TB to the LA County Department of Public Health TB Control Program via the [Confidential Morbidity Report](#). Any child 10 years old or older with TB symptoms must be excluded from school until medical evaluation is completed (see [Incomplete Screening Algorithm](#)). Children less than 10 years old with TB symptoms may return to school while completing TB evaluation once cleared by their healthcare provider and if able to.
- 6. If a student previously completed a TB risk assessment, when is repeat screening needed?**  
Repeat screening is needed if there is: new TB exposure (contact with someone diagnosed with TB, travel ≥30 days to TB-endemic countries (Asia, Africa, Latin America, Eastern Europe, Pacific Islands), change in medical status (new immunosuppression, HIV infection), and/or transfer from outside the jurisdiction where prior documentation is unavailable. Annual screening is not required unless the student has ongoing risk factors.
- 7. If a student has traveled outside the U.S. for 30 days or longer, is a repeat TB screening required?**  
Yes, if the child has a new additional risk factor, including travel outside of the US to a country with elevated TB rate for 30 days or longer, the TB risk assessment should be repeated within 8 weeks of returning. Re-screening

Updated: January 26, 2026



School Entry TB Risk Assessment Requirement FAQs for Healthcare Providers, along with FAQs for School Staff and Parents/Guardians, can be found on the [TBCP Website](#)



*1. Who can administer the TB risk assessment and TB symptom review?*

Licensed healthcare providers can administer TB risk assessments and symptom reviews, including:

- Physicians (MD/DO)
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Registered Nurses (RN)
- Licensed Vocational Nurses (LVN)
- Public Health Nurses (PHN)

2. *Can the TB risk assessment be administered remotely?*

Yes. The TB risk assessment can be administered over the phone by a school nurse or medical provider; however, the TB symptom review must be done in person or via telehealth by their healthcare provider or any licensed clinical provider.

3. *What is the required timeframe for TB testing after a positive TB risk assessment?*

Students who have a positive TB risk assessment must have a TB test (either IGRA or TST) completed within 90 days from the first day of school.

4. *What is the recommended timeframe for a chest x-ray after a positive TB test?*

A chest x-ray should be obtained **promptly** after a positive TB test (TST or IGRA) to rule out active TB disease, and ideally, it should be done within one month of the positive TB test.

**5. *Can a child attend school while completing a TB evaluation?***

Yes, in most cases.

- Children can attend school while awaiting TB test results or chest x-ray, provided they do not have symptoms suggestive of active TB disease.
- Children with symptoms of TB who have not completed TB evaluation must be reported as suspected TB to the LA County Department of Public Health TB Control Program via the [Confidential Morbidity Report](#).
  - Children  $\geq 10$  y/o with TB symptoms must be excluded from school until medical evaluation is completed (see Incomplete Screening Algorithm).
  - Children  $< 10$  years old with TB symptoms may return to school while completing TB evaluation once cleared by their healthcare provider and if able to.

6. *If a student previously completed a TB risk assessment, when is repeat screening needed?*

Repeat screening is needed if there is:

- new TB exposure (contact with someone diagnosed with TB)
- travel  $\geq 30$  days to TB-endemic countries (Asia, Africa, Latin America, Eastern Europe, Pacific Islands)
- change in medical status (new immunosuppression, HIV infection)
- and/or transfer from outside the jurisdiction where prior documentation is unavailable.

Annual screening is not required unless the student has ongoing risk factors.

7. *If a student has traveled outside the U.S. for 30 days or longer, is a repeat TB screening required?*

Yes, if the child has a new additional risk factor, including travel outside of the US to a country with elevated TB rate for 30 days or longer, the TB risk assessment should be repeated within 8 weeks of returning. Re-screening should only be done in children who previously tested negative and have new risk factors since the last risk assessment.

8. *Who determines whether a student has TB symptoms requiring exclusion?*

A licensed healthcare provider must evaluate symptoms and determine if they are consistent with active TB disease. Symptoms requiring evaluation include persistent cough (greater than 2-3 weeks), fever, poor weight gain, night sweats, or decreased activity. Clinical judgment should consider the child's age, immune status, and epidemiologic risk.

*11. What if a student has documentation of a prior positive IGRA or TST from outside the U.S.?*

Providers should administer a repeat TB test in the US, US Territories, or a US Military Base Medical Facility regardless of a prior positive IGRA or TST from outside the US. The only exception is if the student has documentation showing completion of TB infection treatment. In that case, the student is considered cleared and does not need repeat testing.

*13. Where can providers access the Pediatric TB Risk Assessment form?*

The TB risk assessment form should be available through:

<http://publichealth.lacounty.gov/tb/docs/PedsTBRiskAssessment.pdf>



*14. Are there special considerations for homeless or foster youth?*

The LA County TK–12 TB Screening Requirement is designed to align with the McKinney-Vento Act by supporting school attendance for homeless and foster youth while ensuring that students with symptoms receive appropriate care. Homeless and foster youth are supported to complete the LA County Pediatric TB Risk Assessment, like all other students; however, they should not be excluded from school unless they are 10 years of age or older and are exhibiting symptoms of TB.

*15. Which TB test (TST vs. IGRA) should be used for school screening?*

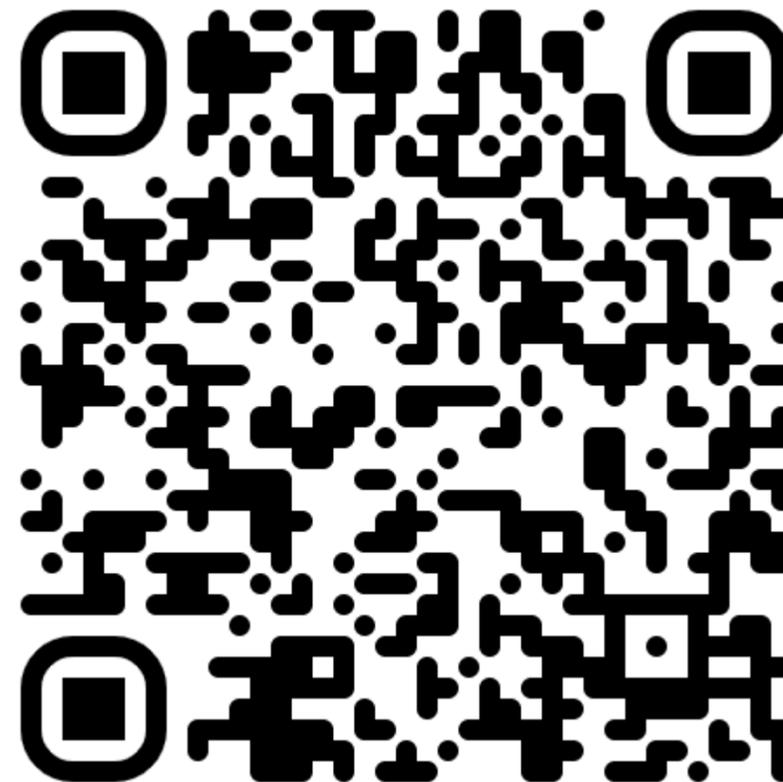
Either TST or IGRA is acceptable. IGRAs have advantages, including no need for return visit, fewer false-positives (especially in BCG-vaccinated children), and no cross-reaction with nontuberculous mycobacteria. For BCG-vaccinated children with no known TB exposure, an IGRA can be used directly, or a TST can be performed followed by a confirmatory IGRA if positive.

*16. What constitutes a positive TST result in children?*

Interpretation depends on risk factors:  $\geq 5$  mm induration for high-risk children (immunocompromised, HIV infection, close TB contact, radiographic evidence of TB);  $\geq 10$  mm for moderate-risk children (birth in endemic country, travel to endemic areas, certain medical conditions);  $\geq 15$  mm for low-risk children. Only induration (not erythema) should be measured.

*17. What treatment regimens are recommended for latent TB infection in children?*

Refer to the [LA County TB Infection Provider Toolkit](#) and seek TBCP consultation for additional guidance.



*18. When should a TB specialist be consulted?*

Consult a TB specialist for questions regarding testing interpretation, selection of appropriate treatment regimen, management of adverse effects, suspected drug-resistant TB, complex medical comorbidities, or when a child has symptoms concerning for active TB disease.

*19. What monitoring is required during treatment of TB infection?*

Monthly clinical monitoring for adherence and adverse effects is recommended. Baseline and periodic liver function tests should be considered for children at higher risk of hepatotoxicity (concurrent hepatotoxic medications, underlying liver disease, HIV infection etc.).

*20. How should providers document TB screening in the California Immunization Registry (CAIR)?*

Providers are encouraged to document TB risk assessment outcomes, evaluation, and treatment in CAIR to facilitate continuity of care and reduce duplicate testing when students transfer schools.

*22. What is the recommended approach for children with indeterminate IGRA results?*

Younger age (<5 years), HIV infection, and reduced CD4 cell counts increase the rate of indeterminate IGRA results. If an IGRA result is indeterminate, consider performing a TST or repeating the IGRA. Consult with a TB specialist or the LA County TB Control Program for guidance on managing indeterminate results, particularly in immunocompromised children.

*23. Should children receiving immunosuppressive medications undergo TB screening before starting therapy?*

Yes. Children who will be receiving immunosuppressive medications, particularly TNF- $\alpha$  antagonists or glucocorticoids equivalent to prednisone at  $\geq 15$  mg/day for  $\geq 2$  weeks, should undergo TB testing before initiating therapy. These medications increase the risk of progression from latent TB infection to active disease.

*24. What should I do if a family cannot afford TB testing or chest x-ray?*

Refer families to LA County Department of Public Health TB clinics, [community health centers](#), or Federally Qualified Health Centers (FQHCs) that provide TB services regardless of ability to pay. School nurses can help connect families with these resources. TB testing and evaluation should not be delayed due to cost concerns.

*25. How should I handle a student transferring mid-year from another jurisdiction?*

LA County will recognize completion of the California pediatric risk assessment if it is completed within 1 year prior to school registration. For students from other states, review their TB screening documentation. If they have completed a risk assessment meeting LA County requirements within the past year, no repeat screening is needed unless new risk factors have emerged.

*26. What documentation should I provide to schools after completing a TB evaluation?*

Provide documentation that includes: TB risk assessment results, any TB test results (TST or IGRA), chest x-ray results if applicable, diagnosis (TB infection vs. active disease vs. no TB), treatment plan and status if applicable, and medical clearance for school attendance. Use the LA County Pediatric TB Risk Assessment form.

*27. What if a child has a positive TB test but the family refuses a chest x-ray?*

- If the child is <10 y/o and asymptomatic, they may attend school while you work with the family to complete the evaluation.
- For children  $\geq 10$  y/o, a symptom review must be completed. If symptoms of TB are present, the child must be excluded from school and reported as suspected TB to the LA County Department of Public Health TB Control Program via the [Confidential Morbidity Report](#). Provide education about the importance of a chest x-ray to rule out active disease.

*28. How should I manage a child who is a contact of someone with active TB disease?*

Exposed contacts need initial testing as soon as possible, followed by repeat testing in 8-10 weeks. Children under 5 years and immunocompromised contacts may need to start preventive treatment even with negative initial tests, once TB disease is excluded. Contact the LA County Department of Public Health immediately for guidance on contact investigations.

*29. What follow-up is needed after completing TB infection treatment?*

If therapy is completed successfully, there is no need to perform additional tests or chest radiographs unless a new exposure is documented or the child develops clinical illness consistent with TB. Completion of TB infection treatment must be documented clearly. Educate the family that the child may continue to have a positive TB test result even after completing treatment and advise them to seek medical care if the child develops any signs or symptoms of TB disease in the future.

*30. Should I report TB infection cases to the health department?*

There is no requirement to report TB infection to the LA County Department of Public Health; however, providers are strongly encouraged to report TB infection in CAIR. LA County currently receives all electronic lab reports for IGRA testing and is working on automating electronic case reporting for TB infection.

# Questions and Answers



# For any questions, please contact the Southern California Regional Community of Practice to End TB

[mzhang@ph.lacounty.gov](mailto:mzhang@ph.lacounty.gov)



## Announcements

### TB Day of Action in Sacramento

 **Date:** Tuesday, April 28, 2026

 **Time:** 10:00AM – 5:00PM PST

 **Where:** State Capitol, Sacramento, CA

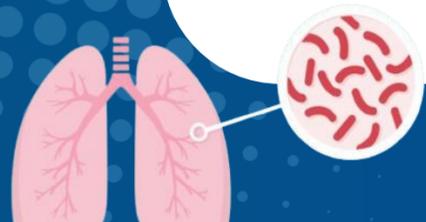
The **Coalition for a TB Free California** and **TBFighters** are partnering together for a State-level Hill Day in Sacramento!

This is an opportunity to meet with your state legislators to educate them about the TB epidemic in California and the need for funding and leadership to move the state toward elimination. Participants from the Coalition and TBFighters will join voices to make sure our elected representatives understand how TB impacts us and people we care about.

If you are potentially interested in joining us in Sacramento, please fill out this form: <https://forms.gle/anohvfWmDGRJ18iA9>.



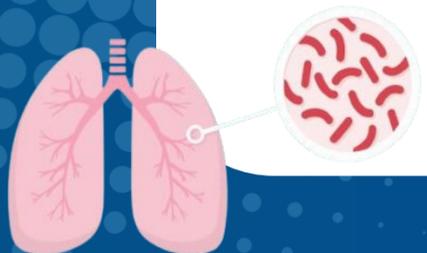
*National TB Hill Day, March 3, 2026*

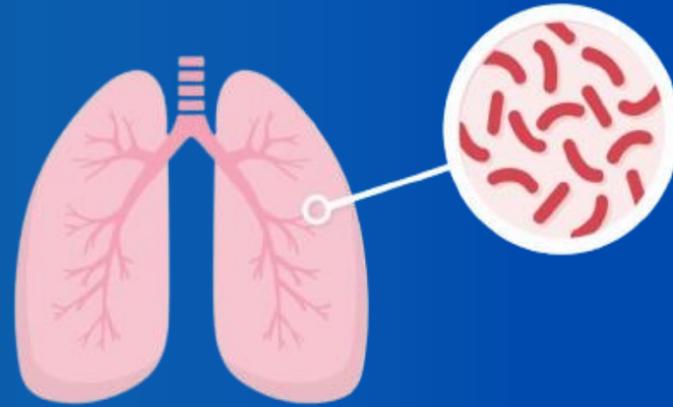


## *Future meetings*

April (Date TBD)	Topic TBD

Topics and presenters subject to change





SOUTHERN CALIFORNIA REGIONAL  
**COMMUNITY OF PRACTICE**  
**TO END TB**

Thank you!