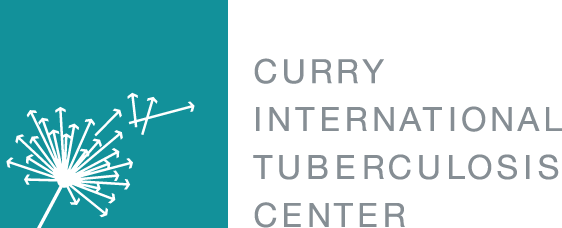
****http://intranet.laph.local/ph/images/PHLogos-Horizontal/Thumbnails/PublicHealthHE-Blue.jpg

**Los Angeles County Tuberculosis Risk Assessment**

* Use this tool to identify asymptomatic **adults** for latent TB infection (LTBI) 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

*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.*

|  |
| --- |
| Check appropriate risk factor boxes below.  LTBI testing is recommended if any of the 4 boxes below are checked.  If LTBI test result is positive and active TB disease is ruled out, LTBI treatment is recommended. |
| **Foreign-born** person from a country with an elevated TB rate   * Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North 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 foreign-born persons. |
| **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 |
| **History of homelessness** |

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

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

*(Place sticker here if applicable)*

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

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

See the **Los Angeles** **County Tuberculosis Risk Assessment Fact Sheet** 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