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

Tuberculosis Control Program
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County of Los Angeles Public Health

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

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.

9. **If someone does not want to submit to a risk assessment, can they get a TB test?**
   Yes, a TB test (either IGRA or TST), performed up to twelve months prior to registration for school, may be completed instead of a TB risk assessment. If the test is positive, the child must have a medical evaluation by a licensed primary care provider in the U.S., including a chest x-ray and physical exam, with documentation of these results on the risk assessment form and provided to the child's school. Try to avoid testing of low-risk populations.

10. **What should be done if a student lacks documentation of TB evaluation or treatment after a positive test?**
    The student should be referred for immediate medical evaluation. Documentation should include: results of chest x-ray, diagnosis (TB infection vs. active disease), treatment plan and completion status if applicable, and medical clearance for school attendance. Contact the local health department TB program for assistance with complex cases.

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.

12. **How will medical providers be informed about the TB risk assessment requirement?**
    The LA County Education Sector team will be resourced with the TB risk assessment requirement information to distribute with other health screening requirements for schools. The Southern California Regional Community of Practice to End TB will educate providers about school entry requirements in Southern California. Providers should contact the LA County Department of Public Health TB Control Program for guidance.

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 promoted 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.

Testing Methodology:

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

Clinical Management:

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 latent 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.).

Documentation and Reporting:

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-α antagonists or glucocorticoids equivalent to prednisone at ≥15 mg/day for ≥1 month, 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 state?**
    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 under 10 years old and asymptomatic, they may attend school while you work with the family to complete the evaluation. For children 10 years or older, 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.