

TUBERCULOSIS CONTROL MANUAL

TUBERCULOSIS SCREENING

Protocols for Screening in Schools

In a setting where persons are grouped together in a relatively closed environment, the possibility of transmission of tuberculous infection is far greater than in the general population. School personnel who develop tuberculous infection could infect many young children.

- Tuberculin skin tests must be administered to all new personnel (employee, volunteers, and other persons having regular contact with students) as soon as their employment begins, unless they have documentation of a previous positive reaction. The **Mantoux method** is the only approved method, not a multiple puncture test. A two-step procedure is advisable for the initial testing to establish a reliable baseline (if initial test is negative, a repeat skin test is given one to three weeks later). A two-step is not necessary if the person has a record of a tuberculin skin test in the last year.
- The tuberculin skin test must be given and read by a nurse who has been trained to do this, and has been informed of the most recent guidelines in tuberculosis control.
- **Report all positive skin tests to the local health department the day the skin test is read, and follow with a written referral. Provide the following information:**
 - Full name (employee, volunteer, etc.)**
 - Date of Birth**
 - Date the skin test was applied and method**
 - Date the skin test was read and the reaction measured in millimeters of induration (not redness)**
- A first-time positive reactor, or a tuberculin skin test converter (one who has changed from a negative to a positive within two years), shall be referred to the local health department for a chest x-ray and a medical evaluation.
- If active tuberculosis is ruled out, preventive therapy with Isoniazid is indicated. If Isoniazid is contraindicated, the person may be required to have periodic chest x-rays for as long as determined necessary by a physician. Such an individual should be instructed to report promptly any signs or symptoms suggesting tuberculosis.

- Positive reactors and those with previous positive skin tests are to be immediately referred to a physician for evaluation and treatment or further studies. (WV Code 16-30-3c)
- Persons with a history of having the BCG vaccination shall be given a tuberculin skin test and the interpretation will follow the same guidelines as a person who has never had BCG. There is no reliable method of distinguishing tuberculin reactions caused by BCG from those caused by natural infections.
- School personnel who have not had the required examination will be suspended from employment until report of examination are confirmed. WV Code 16-30-3c
- Symptoms compatible with tuberculosis are: persistent cough (> 3 weeks), complaints of bloody sputum, night sweats, loss of appetite, unexplained fever and unexplained weight loss. Persons with symptoms compatible with tuberculosis shall be immediately referred to the local health department or to their private physician for further evaluation.
- School personnel suspected of or found to have tuberculosis in a communicable stage shall have their employment suspended until the local health officer, in consultation with the Commissioner, approves a return to work. They must adhere to an approved treatment regimen and the therapy must be directly observed.
- The school nurse is to provide: required skin testing reports and a monthly update on any personnel being followed by a private physician to the local health department.
- It is also our opinion that school volunteers receive a PPD skin test, the same as the employees in the school, if they are to be in contact with the students.

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Signed _____
Dominic Gaziano, M.D.
Director
Tuberculosis Control Program

