



Summit County Public Health

1867 W Market St ♦ Akron, Ohio 44313
Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-7558
www.schd.org

Date: 4/2/2015

To: Summit County Primary Care Physicians and Pediatricians
From: Summit County Public Health

Re: Evaluation of Jennings Community Learning Center (Akron, OH) Students for Tuberculosis Exposure

At the end of March, Summit County Public Health was notified that a person at Jennings Community Learning Center was diagnosed with probable active pulmonary tuberculosis. For privacy and confidentiality reasons, Summit County Public Health is not identifying the age, gender, or whether person is a student or staff member. The parents of students and the staff have been notified. Summit County Public Health will conduct screening for Jennings Middle School students and staff on Tuesday, April 7 from 10 AM to 7 PM and Wednesday, April 8 from 10 AM to 4 PM. at the school. The screening will consist of symptom assessment and placement of a tuberculin skin test (TST). TST readings will be held on Thursday, April 9 and Friday, April 10. If a person has a positive TST, they will be referred to their primary care provider for further evaluation.

While tuberculosis is communicable, it requires close, prolonged contact with an infectious person. It is important to remember that the building itself is not the issue. Therefore, screening is limited to persons who likely had exposure to the person with TB.

Some families may choose to follow-up with their private physicians. If so, here is some guidance.

1. Regarding this issue at Jennings Community Learning Center: Screening is recommended only for students and staff who were in Jennings Community Learning Center during the school day between January 1, 2015 and March 24, 2015.
 - a. People who attended events at Jennings Community Learning Center after school, in the evenings, or on the weekends do not need to be screened.
 - b. People who came to Jennings Community Learning Center transiently (to make a delivery, drop off notes, lunches, etc.) do not need to be screened.
 - c. Family members or siblings of students or staff at Jennings Community Learning Center do not need to be screened.
 - d. People who live in the community surrounding Jennings Community Learning Center or frequent businesses in the North Hill area do not need to be screened.
2. If a Jennings Community Learning Center student or staff person comes to your office and asks to be tested and has not been screened at Jennings Community Learning Center, the examination should include;

- a. Screen for symptoms suggestive of tuberculosis (fever, cough for three weeks or longer, night sweats, fever, malaise, weight loss, hemoptysis); a screening form is attached. If you screen a Jennings Community Learning Center staff or student, please use this form and fax the completed form to Summit County Public Health at 330-375-2447.
 - b. Administer a TST or an interferon gamma release assay [IGRA]. IGRAs are blood tests such as Quantiferon® or TSpot®. These tests are used in place of a skin test.
 - c. If a TST is administered, it must be read in 48-72 hours after it is administered.
 - i. A TST area of induration should be measured and reported in millimeters. **It should not be read as positive or negative.**
 - ii. A positive TST in this event will be considered 10 mm or larger.
 - iii. Skin tests measuring 0-9 mm are considered negative.
 - d. If the initial TST or IGRA blood test is negative and the person has no symptoms, then a repeat TST or IGRA (use the same method as the initial test) should be repeated no earlier than the last week of May (8-10 weeks after the last day of potential exposure).
 - i. If the second test is negative and person has no symptoms, no further evaluation is necessary; the person had not been infected.
 - e. If the initial TST or IGRA blood test is positive, this indicates the person may have been infected with *M. tuberculosis*. then the person has been exposed to tuberculosis and is infected. There is no way to determine when the exposure to TB occurred; it could have been years or even decades ago. **To be clear: a positive TST or IGRA blood test does not mean the person has active, infectious, tuberculosis disease; the person may have latent tuberculosis infection and is not able pass the TB germ to others.**
 - i. Follow-up the screening test with a chest x-ray.
 1. If the person has no symptoms and chest x-ray is negative, the person is considered to have latent tuberculosis infection (LTBI)
 - a. Consider starting person on medication for LTBI (isoniazid or rifampin)
 - b. The person *should not* have a second screening test.
 - c. If the person has symptoms or no symptoms and the chest x-ray is suggestive of tuberculosis, then 3 separate sputum specimens (one (eight hours apart, at least one being first morning specimen) should be obtained and the person referred for evaluation before starting on any anti-tuberculosis medication. The person should not have a second screening test.
 - f. If the first screening test is negative and the second screening test 8-10 weeks later is positive, follow the same guidance as noted in above.
3. If there are any questions, you can contact Dr. Margo Erme, Medical Director, Summit County Public Health at 330-812-3865 or 330-283-6380.

References

Centers for Disease Control and Prevention

Tuberculosis Testing and Diagnosis <http://www.cdc.gov/tb/topic/testing/default.htm>

Latent Tuberculosis Infection: A Guide for Primary Health Care Providers

<http://www.cdc.gov/tb/publications/ltbi/default.htm>



TB HISTORY FORM For Jennings Student/Staff Screening

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 375-2447

DEMOGRAPHICS

Last name	First Name	MI	D.O.B.	M / F	Age
Address		City	County	State	Zip Code
Telephone _____ / _____ / _____		Client signature _____		Date _____	
Home		Work		Cell	
Parent Name: _____					

SKIN TEST INFORMATION

Reason for this test? School Work _____ Symptoms _____ Other _____

Past TB Skin Test: Yes _____ No _____ If yes, date of test _____ Results _____

Have you received a live vaccine in the last 42 days? Yes _____ No _____

Primary Care Physician _____

Date of Parent Consent for 1st testing _____

Date of Parent Consent for 2nd testing _____

Mantoux #1 Date/time placed _____ Site _____ Man/ Lot # _____ Nurse signature _____

Date/time read _____ Result: _____ Size _____ mm Nurse signature _____

Mantoux #2 Date/time placed _____ Site _____ Man/ Lot # _____ Nurse signature _____

Date/time read _____ Result: _____ Size _____ mm* Nurse signature _____

Criteria for Classifying Positive TST Reactions (For this event, 10 mm would be Positive)

Reaction of ≥ 5 mm of induration is considered positive in	Reaction of ≥ 10 mm of induration is considered positive in	Reaction of ≥ 15 mm of induration is considered positive in
<ul style="list-style-type: none"> HIV-infected persons Recent contacts of infectious TB cases Persons with fibrotic changes on chest radiograph consistent with prior TB Organ transplant recipients Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of > 15 mg/day of prednisone for 1 month or more, taking TNF-a antagonist) 	<ul style="list-style-type: none"> Recent immigrants (within last 5 years) from a high-prevalence countries) Injection drug users Residents of employees of high risk congregate settings Mycobacteriology laboratory personnel Children < 4 years of age, or children or adolescents exposed to adults at high risk Persons with clinical conditions previously mentioned 	<ul style="list-style-type: none"> Persons with no known risk factors for TB* <p>*Although skin testing programs should be conducted only among high risk groups, certain individuals may require TST for employment or school attendance. An approach independent of risk assessment is not recommended by CDC or the American Thoracic Society.</p>

Section A: Symptom Review

Date of Interview: _____ Nurse Conducting Interview _____

Previous Chest X-Ray Date _____

Check appropriate answer

	Yes	No	Comments
Fever			
Chills			
Night Sweats			
Cough			If yes, how long has cough occurred: Is there sputum production: Is there hemoptysis:
Shortness of Breath			
Loss of appetite			
Unexplained weight loss			If yes, number of pounds in number of weeks:
Chest pain			
Smoker			

Section B Risk Factors

Check appropriate answer

	Yes	No	Comments
Contact to active TB case?			
Foreign born			
HIV positive			
Injectable drug use			
Organ transplant			
Homeless			
Diabetes			
Prolonged steroid or immunosuppressive drug use			
Silicosis			
Works in high risk facility			
Lives in high risk facility			
Chest or abdominal surgeries			

Based on symptoms, does patient need to be evaluated for acute TB infections? Yes ____ No ____

Based on risk factors, does patient meet criteria for a positive TST? Yes ____ No ____

Disposition

_____ No referral needed; does not meet criteria for positive test

_____ Refer to private physician for evaluation of TB/LTBI

Private physician name: _____

_____ Local health department for evaluation of TB/LTBI

Chest x-ray ordered: Yes ____ No ____

Physician evaluation: Yes ____ No ____

FAX COMPLETED FORM TO SUMMIT COUNTY PUBLIC HEALTH – 330-375-2447