

# Massachusetts Tuberculosis Risk Assessment

- Use this tool to identify asymptomatic **adults and children** for testing for latent TB infection (LTBI).
- 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 (NAAT). A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.*

Check appropriate risk factor boxes below.

Latent TB infection testing is recommended if any of the 3 boxes below is checked.

If latent TB infection test result is positive and active TB disease is ruled out, treatment of latent TB infection is recommended.

REPORT Latent TB Infection and Active or Suspected Active TB Disease

Go to [www.mass.gov/tuberculosis](http://www.mass.gov/tuberculosis) for reporting forms

## Born or lived in a country with an elevated TB rate

- 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 User Guide for list).
- Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST) for foreign-born persons  $\geq 2$  years old. The TST is an acceptable test for all ages when administered and read correctly.

## Immunosuppression, current or planned

HIV infection, organ transplant recipient; treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication

## Close contact to someone sick with infectious TB disease *since last TB Risk Assessment*

No TB risk factors. TB test not indicated; no TB test done.

Provider: _____	Patient Name: _____
Assessment Date: _____	Date of Birth: _____

See the **Massachusetts Tuberculosis Risk Assessment User Guide** for more information about using this tool.