

University Policy: Tuberculosis Screening and Targeted Testing in New Students

Policy Category: Students

Subject: Required tuberculosis screening and testing of American University students.

Responsible Executive: Vice President, Student Affairs

Office(s) Responsible for Review of this Policy: Student Health Center

Supplemental Documents: Tuberculosis Screening Questionnaire

Related University Policies: N/A

I. SCOPE

This policy applies to all newly admitted American University students.

II. POLICY STATEMENT

The purpose of this policy is to minimize the risk of a tuberculosis outbreak on campus.

This policy is consistent with the joint recommendations from the Centers for Disease Control and Prevention (CDC), the American Thoracic Society and the Infectious Disease Society of America.

It is therefore imperative, from both a campus and community health perspective, to have a policy in place to identify those students who are at increased risk for TB infection and disease, and to require targeted testing of those individuals prior to arrival on campus.

III. DEFINITIONS

Tuberculosis infection- Used interchangeably with latent TB infection (LTBI). Tuberculosis (TB) is a disease caused by a germ called *Mycobacterium tuberculosis* that is spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. When a person with infectious TB coughs or sneezes, droplets containing *M. tuberculosis* are expelled into the air. If another person inhales air containing these droplet nuclei, he or she may become infected. However, not everyone infected with TB bacteria becomes sick.

Tuberculosis disease- In some people, TB bacteria overcome the defenses of the immune system and begin to multiply, resulting in the progression from latent TB infection to TB disease. Some people

develop TB disease soon after infection, while others develop TB disease later when their immune system becomes weak. Symptoms can include unexplained weight loss, night sweats, fever, fatigue, chills, a cough that lasts more than 3 weeks, or coughing up blood. If the infection occurs in the lungs, there will be specific findings on a chest x-ray. A person with active TB disease has had a positive skin or blood test, may have an abnormal chest x-ray or positive sputum smear or culture, usually has symptoms of TB, is considered contagious, and needs to be treated for active disease.

Screening- Identifying individuals or are at increased risk of having been exposed to *Mycobacterium tuberculosis*.

Targeted testing- Only testing individuals who have been identified through screening as being at increased risk for tuberculosis infection or disease.

Latent TB infection (LTBI)- See *Tuberculosis infection*. People with latent TB infection have been exposed to *Mycobacterium tuberculosis*. They have tested positive either through a tuberculin skin test, or a blood test. They are not considered contagious but are at risk of developing active tuberculosis disease at some point. Treatment for LTBI will greatly reduce the risk of progression to active disease.

Tuberculin Skin Test (TST)- The Mantoux tuberculin skin test (TST) is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*. The TST is performed by injecting 0.1 ml of tuberculin purified protein derivative (PPD) into the inner surface of the forearm. The skin test reaction is then read between 48 and 72 hours after administration.

Purified Protein Derivative (PPD)- A combination of proteins that are used in the diagnosis of tuberculosis. Purified protein derivative is injected under the skin. After 48-72 hours, the injection area is examined. If a person has been exposed to mycobacterium tuberculosis, there will be a localized immune reaction at the injection site.

Interferon Gamma Release Assays (IGRAs)- Blood tests that can aid in diagnosing tuberculosis. The QuantiFERON-TB Gold In-Tube test and the T-SPOT TB test are the two commercially available tests in the United States. These tests do not differentiate latent tuberculosis infection (LTBI) from tuberculosis disease.

BCG Vaccine- bacille Calmette-Guerin, is a vaccine for tuberculosis (TB) disease. Many foreign-born persons have been BCG-vaccinated. BCG is used in many countries with a high prevalence of TB to prevent childhood tuberculous meningitis and miliary disease. BCG is not generally recommended for use in the United States because of the low risk of infection with *Mycobacterium tuberculosis* and the variable effectiveness of the vaccine against adult pulmonary TB. BCG may cross react with PPD, resulting in a false positive result.

IV. POLICY

A. Screening

All newly admitted students prior to matriculation are required to complete a tuberculosis screening questionnaire in conjunction with verification of required immunizations (see Student Health Center Tuberculosis Screening Form) to assess their risk factors for tuberculosis. The risk screening questionnaire must be completed and submitted to the Student Health Center by July 1st for the fall semester, and by January 1st for the spring semester. Students who fail to submit their screening form will have a stop placed on their student account that will prevent them from registering for courses.

Students whose questionnaires contain all “no” responses are not at increased risk for tuberculosis. These students are not required to be tested for tuberculosis and will be allowed to register for courses.

Students whose questionnaires contain one or more “yes” responses must undergo further evaluation and testing for tuberculosis infection or disease. Tuberculosis testing results are required prior to the start of the semester.

Students who have previously tested positive for tuberculosis infection or disease must provide documentation of appropriate evaluation and treatment prior to the start of the semester.

B. Testing

The Student Health Center will notify all students who require further evaluation and testing. Once notified of their need to be tested for tuberculosis, students then have fourteen (14) days to comply.

There are two acceptable forms of tuberculosis testing for domestic students: Tuberculin Skin Test (TST) with purified protein derivative (PPD) and Interferon Gamma Release Assays (IGRAs). IGRAs may be preferred for testing in persons who have received the BCG vaccine, or in persons unlikely to return for TST reading. Students residing in the U.S. may have the TSTs performed by a local (domestic) clinic or may have the TSTs performed in the Student Health Center.

Any student with a positive TST or IGRA must then have a chest x-ray, as well as undergo evaluation by a clinician to assess for signs and symptoms of tuberculosis. If the chest x-ray and medical exam are both normal, then treatment for latent tuberculosis infection (LTBI) should be recommended, as this will greatly reduce the risk of TB infection progressing to TB disease.

Any international student who responded “yes” to any items on the tuberculosis questionnaire is required to have a QuantiFERON Gold test. This test must be performed in the United States. It can be performed by appointment at the Student Health Center. American University will not accept any TB blood tests from other countries. Students should bring their lab report for the QuantiFERON Gold test with them to orientation. If a chest x-ray is required, it also must be done in the United States.

C. Treatment

Any student with LTBI will be referred to the Student Health Center to discuss treatment options. There are several different treatment regimens for LTBI that can be prescribed by a Student Health Center clinician. Completion of treatment for LTBI should be a high priority and should be supported by providing culturally competent education and ensuring confidentiality. Students receiving treatment for LTBI will need regular follow-up at the Health Center for laboratory monitoring and monthly review of symptoms to monitor for medication side effects.

It is the responsibility of the Student Health Center to coordinate and document a student’s LTBI treatment. The Student Health Center will also be responsible for documenting when a student begins treatment but does not complete the full course or

refuses treatment altogether. In these cases, the student should be required to receive an annual symptom evaluation by a clinician familiar with tuberculosis prior to being allowed to register for subsequent academic terms. Student who have completed LTBI treatment, as well as those who elected not to be treated, should be educated on the signs and symptoms of TB disease and instructed to seek immediate medical care should any of these signs or symptoms develop.

Any cases of active or suspected active tuberculosis disease will be managed in close coordination with the D.C. Department of Health through their TB Control and Chest Clinic Health and Wellness Center.

D. Consequences of Non-Compliance

Students who fail to comply with the requirements of this policy by the start of the semester will have a stop placed on their student account which will prevent them from registering for courses

V. EFFECTIVE DATE AND REVISIONS:

This Policy is effective as of August 1, 2020.

This Policy was reviewed or revised July 31, 2020.