

Carroll University Student Health Center

POLICY AND PROCEDURE

Effective:

TITLE: TUBERCULOSIS SCREENING FOR NON-U.S. RESIDENTS AND STUDENTS PARTICIPATING IN STUDY ABROAD PROGRAMS IN HIGH RISK AREAS

Page 1 of 2

POLICY:

Non U.S. residents must be screened for tuberculosis (TB) after arriving on campus prior to the 25th day of classes. In addition, students who participate in a Carroll study abroad program in any high incidence area listed in Appendix A need to be tested for TB 8 to 10 weeks after returning to the U.S.

PURPOSE:

To establish a screening requirement to prevent the spread of TB among college residents, and to avoid secondary transmission to the community.

PROCEDURE:

- I. Tuberculosis screening for non-U.S. residents with **no known** TB infection (never had a positive skin test).
 - A. New non-U.S. resident students must obtain a PPD TB skin test or Quantiferon TB Gold blood test after arriving on campus prior to the 25th day of classes. Students that study abroad in high incidence areas listed in appendix A need to have a TB skin test or the Quantiferon TB blood test 8 to 10 weeks after returning to the U.S. The TB skin test or the Quantiferon TB blood test can be obtained at the Carroll University Student Health Center (preferred), or at a private or public medical facility. If the TB skin test is done at another facility, written documentation including the date the test was done, the results in mm of induration, and the signature and title of the health care provider are required. If the Quantiferon TB blood test is done at another facility, a copy of the lab report needs to be submitted to the Carroll University Student Health Center.
 1. TB skin test
 - a. 0.1 ml of purified protein derivative (PPD)-Mantoux solution applied intradermally to the inner forearm.
 - b. Results must be read within 48-72 hours of administration by a health care provider who is trained in TB skin test reading.
 - c. Documentation must include date given, date read, and results in mm of induration.
 2. Or Quantiferon TB Gold blood test
 - a. Draw 3 tubes of blood- one red, one purple, and one gray provided by WMH Laboratory (note tubes stop filling after 1ml of blood is obtained)
 - b. Do not spin down in centrifuge
 - c. Keep filled tubes of blood at room temperature until the sample is picked up
 - d. Call WMH Lab at 262-928-2113 for "stat" pick up- notify lab personnel that it is a Quantiferon TB Gold test to be picked up
 - e. Send sample and completed laboratory requisition form with courier
 3. Having received BCG vaccination does **not** exempt a student from the testing requirement.

TITLE: TUBERCULOSIS SCREENING FOR NON-U.S. RESIDENTS

Page 2 of 2

- B. If the results of the TB skin test are positive, the individual must obtain a Quantiferon TB Gold (interferon gamma release assay) blood test and complete a TB Symptom Survey (obtained at the Carroll University Health Center).
 - C. If results of the Quantiferon TB Gold blood test are positive, the individual must obtain a chest x-ray to show the absence of active disease and complete a TB Symptom Survey (if not already done). The chest x-ray can be done at the office of the student's primary physician, or any U.S. clinic that has x-ray facilities. If necessary, the Carroll University Health Center staff can help students find a local clinic where a chest x-ray can be done.
 - D. Individuals with a positive Quantiferon TB Gold blood test and negative chest x-ray (latent TB infection) will be counseled regarding treatment options, and may be referred to his/her primary care provider or the Waukesha Public Health Department for treatment. If the individual with latent TB infection will not accept treatment, symptoms of active TB disease may be reviewed annually and the individual will be instructed to be evaluated promptly if he/she develops any symptoms of active TB.
 - E. Students with a positive TB skin test, or positive Quantiferon TB Gold blood test, and a positive chest x-ray (active disease) will be removed from classes temporarily, referred to the Waukesha Public Health Department or their primary health care provider for treatment, and readmitted to classes once the Waukesha Public Health Department verifies that the student is no longer contagious.
- II. Tuberculosis screening for international citizens and non-permanent US residents with a history of a **positive** TB skin test or **with known** TB infection or disease.
- A. The individual with a positive TB skin test or with known TB infection or disease must report to the Carroll University Health Center for evaluation to determine if a chest x-ray is needed, if further documentation is required, and to complete a TB Symptom Survey.
 - B. In the case of a history of positive TB skin test related to prior BCG vaccination, a Quantiferon TB Gold blood test will be performed. If the Quantiferon TB Gold blood test is positive, the protocol for section I above (Tuberculosis screening for international citizens and non-permanent U.S. residents with **no known** TB infection) will be followed.
 - C. The individual must provide documentation of prior treatment for active Tuberculosis disease to the Carroll University Health Center staff by the 25th day of classes.
 - D. Annual TB Symptom Surveys may be required if preventive medications were not taken as in the case of latent Tuberculosis infection.
- III. Compliance
- A. Failure to comply with this policy by the 25th day of classes, or by 10 weeks after return from studying abroad to a high incidence area, will result in a hold being placed on the student's registration. In addition, the Director of International Education and the Dean of Students will be notified if a student fails to comply with the policy.
 - B. Any and all fees for TB screening, Quantiferon TB Gold blood test, x-ray, treatment, medication, laboratory testing, etc. are the responsibility of the individual student.
 - C. Carroll University requires all students to carry health insurance. Information regarding health insurance may be obtained by calling Vicky Alf at 262-524-7372. TB skin tests and the Quantiferon TB Gold blood test are covered under the plan offered through the University by WPS. Costs and deductibles for the above testing, chest x-ray, or treatment that are not covered by the student's plan are the responsibility of the student.

Nothing in this policy may be construed to impose liability upon Carroll University, or employees of Carroll University, or the Waukesha Public Health Department for damages resulting from screening of any individual, or the lack of screening of any individual as required by this policy.

APPENDIX A

High-incidence areas are defined as countries with an annual incidence of TB disease of greater than or equal to 20 cases per 100,000 population. Most countries in Africa, Asia, Central America, Eastern Europe, and South America are included in this group. See below for a current list of **High and low-incidence** countries, as identified by the World Health Organization (WHO) Global Health Observatory. (Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010 and American College Health Association http://www.acha.org/Publications/docs/ACHA_Tuberculosis_Screening_Apr2012.pdf)

For future updates, refer to <http://apps.who.int/ghodata>

“High Incidence” areas are countries with incidence rates of ≥ 20 cases per 100,000 population.

Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia & Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China, Columbia, Comoros, Congo, Cote d’Ivoire, Croatia, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, Gabon, Gambia, Georgia, Ghana, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Japan, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Libyan Arab Jamahiriya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Micronesia (Federated States of), Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, St. Vincent & the Grenadines, Sao Tome & Principe, Senegal, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Republic, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Vietnam, Yemen, Zambia, Zimbabwe

“Low Incidence” areas are defined as areas with reported or estimated incidence of <20 cases per 100,000 population

Albania, Andorra, Antigua and Barbuda, Australia, Austria, Bahamas, Barbados, Belgium, British Virgin Islands, Canada, Chile, Cook Islands, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Dominica, Egypt, Finland, France, French Polynesia Germany, Greece, Grenada, Hungary, Iceland, Iran (Islamic Republic of), Ireland, Israel, Italy, Jamaica, Jordan, Lebanon, Luxembourg, Malta, Mexico, Montenegro, Nauru, Netherlands, New Zealand, Norway, Oman, Puerto Rico, Saint Kitts and Nevis, St. Lucia, Samoa, Saudi Arabia, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tonga, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States of America, West Bank and Gaza Strip