June 9, 2014

Re: Addendum to New School Tuberculosis (TB) Screening Policy

Dear Pasadena Providers and Pasadena Schools,

In an effort to capture all school age children, this addendum serves to include children entering Pre-Kindergarten. The New School Tuberculosis (TB) Screening Policy that has been in effect as of July 1, 2012 remains with the addition of children entering Pre-Kindergarten.

Thus, effective immediately, the universal screening policy for TB pertains to students entering Pre-Kindergarten through 12th grade. This population will only require testing if they are at elevated risk for TB, as indicated by the Pediatric TB Risk Assessment Questionnaire Updated 10.15.12.

For more information, contact the Pasadena Public Health Department’s Public Health Nursing Program at (626)744-6089 or http://cityofpasadena.net/publichealth/TBclinic/.

Sincerely,

Ying Ying Goh MD, MSHS
Interim Health Officer

Enclosure: New School Tuberculosis (TB) Screening Policy 6.20.12
Pediatric TB Risk Assessment Questionnaire
June 20, 2012

Re: New School Tuberculosis (TB) Screening Policy

Dear Pasadena Providers and Pasadena Schools,

In congruence with the most current public health and medical guidelines, and the Los Angeles County Department of Public Health, the tuberculosis (TB) testing policy for school-aged students has been revised. Effective July 1, 2012, the current universal testing policy will be replaced with a universal screening, in which students entering kindergarten through 12th grade will be tested if they are at elevated risk for TB.

This updated policy will avoid potential false positive results, lower the childhood exposure to unnecessary chest x-rays, and prevent treatment regimens that may have harmful side effects. As a Pasadena Provider, you will assess children for risk of TB exposure during annual physical examinations, as outlined in the attached Pediatric TB Risk Assessment Questionnaire.

Children will receive TB testing only if they are at increased risk of TB, which is indicated in the “Health Care Provider Follow-Up” column of the questionnaire. Complete and sign the form, PM 171 A, “Report of Health Examination for School Entry,” and provide to the school as documentation of physical examination prior to school enrollment.

For more information, contact the Pasadena Public Health Department’s Public Health Nursing Unit at (626) 744-6012 or http://cityofpasadena.net/publichealth/TBclinic/.

Sincerely,

[Signature]

Eric G. Walsh, MD, MPH
Director of Public Health/Health Officer

Enclosure: Pediatric TB Risk Assessment Questionnaire
PM 171 A “Report of Health Examination for School Entry”
Pediatric TB Risk Assessment Questionnaire

A TB screening tool for healthcare providers only

The following questions are designed to determine whether a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) is indicated for your pediatric patient. According to recent CDC guidelines, a TST is preferred for a child less than 5 years of age. If a child is 5 years of age or older and is foreign-born, then an IGRA is preferred.²

Name of Child: 

Child’s Date of Birth: __________________________ Date of Risk Assessment: __________________________

<table>
<thead>
<tr>
<th>Questions to be asked of parent/guardian (adolescents can be asked directly):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was your child born in a high-risk country?* Yes □ No □</td>
</tr>
<tr>
<td>2. Has your child traveled to a high-risk country* for more than 1 week? Yes □ No □</td>
</tr>
<tr>
<td>3. Has a family member or contact had tuberculosis disease? Yes □ No □</td>
</tr>
<tr>
<td>4. Has a family member had a positive TST or IGRA result? Yes □ No □</td>
</tr>
</tbody>
</table>

* High-risk country: Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe

If there is a “Yes” response to any of the questions above, then TST or IGRA testing should be performed.

Note: If the child being screened was previously tested, had a documented negative TST or IGRA result, and has not acquired any new risk factors since the last assessment, then he/she does not need to be re-tested.

¹ Adapted from the Children’s Medical Services, Child Health and Disability Prevention Program Risk Assessment Questionnaire Distributed in August 1, 2011 Provider Information Notice No. 11-04 Revised.

Updated 10.15.2012