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/dph/cdc/tb](http://www.mass.gov/dph/cdc/tb) 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 ≥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 ≥15 mg/day for ≥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.

Massachusetts Department of Public Health | Bureau of Infectious Disease and Laboratory Sciences | Division of Global Populations and Infectious Disease Prevention | [www.mass.gov/dph/cdc/tb](http://www.mass.gov/dph/cdc/tb) | Adapted from the California Tuberculosis Risk Assessment available at [www.ctca.org](http://www.ctca.org) August 2017