



Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

HCP should be considered at increased risk for TB if any of the following statements are marked "Yes":

Temporary or permanent residence of ≥ 1 month in a country with a high TB rate

Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe

YES

NO

OR

Current or planned immunosuppression,

including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

YES

NO

OR

Close contact with someone who has had infectious TB disease since the last TB test

YES

NO

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.

Individual risk assessment information can be useful in interpreting TB test results (see Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infect Dis 2017;64:111-5).

Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439-43.
https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w



Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Have you experienced any of the following symptoms in the past year?

- a.) A productive cough for more than 3 weeks? Yes No**
- b.) Hemoptysis (coughing up blood)? Yes No**
- c.) Unexplained weight loss? Yes No**
- d.) Fever, Chills, or night sweats for no known reason? Yes No**
- e.) Persistent shortness of breath? Yes No**
- f.) Unexplained fatigue? Yes No**
- g.) Chest Pain? Yes No**