



# California Adult Tuberculosis Risk Assessment



- Use this tool to identify asymptomatic **adults** for latent TB infection (LTBI) testing.
- **Do not repeat testing** unless there are **new risk factors** since the last test.
- Do not treat for LTBI until active TB disease has been excluded:  
*For patients with TB symptoms or an abnormal chest x-ray consistent with 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. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.*

LTBI testing is recommended if any of the boxes below are checked.

- Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month
  - 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 the California Adult Tuberculosis Risk Assessment User Guide for this list).
  - Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons  $\geq 2$  years old
- Immunosuppression, current or planned**  
 HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication
- Close contact** to someone with infectious TB disease during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.

- None;** no TB testing is indicated at this time.

Provider Name: \_\_\_\_\_  
 Assessment Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

See the California Adult Tuberculosis Risk Assessment User Guide for more information about using this tool. To ensure you have the most current version, go to the **TB RISK ASSESSMENT** page (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx>)



\_\_\_\_\_  
Class Day and Time

\_\_\_\_\_  
Parent Last Name