

## INTERIM Program Attachment #7: Tuberculosis Screening Program

Vaccine(s)	Targeted Disease or Condition
See <a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx</a> for information on the California Department of Public Health (CDPH) California Tuberculosis Risk Assessment for College and University Students.	Tuberculosis

### I. Purpose/Supporting Data

The purpose of this Tuberculosis (TB) Screening Program is to facilitate protection of the health and safety of the University community, including its Students, Personnel, and all others who work, live and/or learn in any of the University's Locations or otherwise participate in person in University Programs. This illness is spread by respiratory transmission, and therefore can pose a risk to other individuals, including Covered Individuals, attending classes, living in residence halls, using other University facilities, or attending University events.

This TB Screening Program requires any Covered Individual, as defined in this Program Attachment, to complete an online screening questionnaire for tuberculosis, based on guidance from the California Department of Public Health, by the Compliance Date specified in this Program Attachment as a condition of Physical Presence at a Location or in a University Program. Any Covered Individual who is assessed as potentially at higher risk for TB infection, based on their responses to the screening questionnaire, will be required to undergo further evaluation and testing by their medical provider. Results of this evaluation must be submitted to the Student Health Services (SHS) at the campus where the Covered Individual plans to enroll. Covered Individuals subject to additional or more restrictive TB screening, evaluation, or testing requirements under applicable law and/or applicable public health directives must also comply with those requirements.

SHS at each campus is responsible for collecting evidence of compliance with this TB Screening Program from Covered Individuals. SHS must submit compliance data to their campus Registrar's Office, so that these Offices can institute registration holds for any Covered Individual who has not complied with these requirements.

Campus Registrars are responsible for initiating holds that restrict class enrollment and registration for any Covered Individual who has not complied with these requirements. Continued noncompliance with this Program Attachment may result in educational consequences up to and including disciplinary sanctions as outlined in PACAOS 105.00.

Campus IT is responsible for creating and maintaining interfaces between the SHS electronic medical record (EMR) system and the Registrars' system to facilitate information transfer needed to connect Covered Individuals with the secured data entry set on the EMR, and to place and remove registration holds.

Covered Individuals who are assessed to be at higher risk for TB infection must observe any NPIs as directed by the Location Vaccine Authority (LVA) to mitigate risk to

members of the University community, patients, and others with whom they may interact.

Refer to Section X (Related Information) for linked webpages containing additional information that supports implementation of this program, including the applicable public health recommendations, which are incorporated by reference into this Program Attachment, as those may be amended or updated from time to time.

For purposes of this Program Attachment, Covered Individuals include anyone designated as Students under this Policy who seeks Physically Access to a University Facility or Program in connection with their education/training. Personnel are not Covered Individuals, but Personnel who are also Students are Covered Individuals in their Student role. A person exclusively accessing a Healthcare Location as a patient, or an art, athletics, entertainment, or other publicly accessible venue at a Location as a member of the public, is not a Covered Individual.

## **II. Compliance Date**

Locations must implement this TB Screening Program by January 1, 2025.

For Covered Individuals matriculating after Fall 2024, the Compliance Date is the first day of instruction for the term for which they first enroll. Any Covered Individual who has not provided proof of compliance on or before the registration period for their second term of enrollment will not be allowed to register unless and until the Covered Individual complies with the screening requirement. Locations may specify additional deadlines.

Covered Individuals matriculating Fall 2024 or who matriculated prior to Fall 2024 should consult with their local SHS regarding deadlines and requirements for compliance.

## **III. Program Type: Mandatory Opt-Out**

On or before the applicable Compliance Date, Covered Individuals must complete the online screening questionnaire and provide proof of compliance to their local SHS.

## **V. Evidence Required**

Covered Individuals must submit their completed TB Risk Assessment Questionnaire Form in their electronic medical record (EMR) via a secure interface prior to their first term of enrollment. This is accessed either through a link on the student portal on the campus Registrar's website or directly via the SHS website.

## **VI. Non-Pharmaceutical Interventions (NPIs)**

Covered Individuals may be required by applicable public health authorities or the LVA in response to a public health emergency or during a localized outbreak to observe NPIs, including, but not limited to, the following: (i) wearing face-coverings, medical-grade masks, and other protective equipment; (ii) isolation and quarantine; (iii) physical/social distancing; (iv) frequent washing and cleaning; and (v) asymptomatic (surveillance/screening) and symptomatic testing.

Covered Individuals who are assessed to be at higher risk for TB infection may be subject to NPIs above and beyond those who are assessed to be at lower risk. In the event of a disease outbreak, Covered Individuals who are assessed to be at higher risk for TB infection may be excluded from the Location or site of the outbreak.

## **VII. Vaccine Education**

All Covered Individuals who have not provided proof of compliance with this TB Screening Program by the Compliance Date must participate in any Vaccination Education or other public health education required by the LVA. During a public health emergency or during a localized outbreak, all Covered Individuals may be required to participate in additional systemwide or local Vaccine Education programs. Additional Vaccine Education may be required consistent with applicable federal, state, or local laws, regulations, or accreditation standards.

**VIII. Systemwide Implementation Guidelines:**  Attached  None

## **IX. Program Evaluation**

This TB Screening Program is intended to survey the risk of latent TB among Covered Individuals in order to preserve herd immunity in the University community. Based on the results of the TB Risk Assessment Questionnaire Form, each SHS is authorized to identify certain Covered Individuals for latent TB infection (LTBI) testing; questions about this process and the testing itself should be directed to the Covered Individual's respective SHS. Locations are encouraged, but not required, to evaluate Program Participation on an annual and ongoing basis.

## **X. Related Information**

- [Centers for Disease Control and Prevention \(CDC\), About Tuberculosis \(TB\)](#)
- [CDC, Tuberculosis Vaccination](#) (note: not widely used in the United States)
- [World Health Organization \(WHO\), Tuberculosis: Systematic Screening](#)
- [CDC Immunization Schedules](#)
- [CDPH, Recommendations for Immunization and Screening Requirements for California Colleges and Universities](#)
- [American College Health Association \(ACHA\) Guidelines: Immunization Recommendations for College Students](#), April 2023
- [CDC Advisory Committee for Immunization Practice \(ACIP\) Vaccine Recommendations and Guidelines](#)

## **XI. Frequently Asked Questions**

### **1. How does UC determine which vaccines and screening to require?**

The University relies on the recommendations of the California Department of Public Health (CDPH) [Recommendations for Immunization and Screening Requirements for California Colleges & Universities](#), the American College Health Association (ACHA) Guidelines: [Immunization Recommendations for](#)

[College Students](#), and the Centers for Disease Control and Prevention (CDC) Advisory Committee for Immunization Practices (ACIP) [Vaccine Recommendations and Guidelines](#). The current requirements reflect the CDPH [Recommendations for Immunization and Screening Requirements for California Colleges and Universities](#) in place on February 26, 2024. However, the University reserves the right to modify these requirements pending revisions to the recommendations by CDPH, ACHA, or ACIP. Changes in CDPH, ACHA, or ACIP recommendations, as of February each year, will be incorporated into the requirements affecting the incoming fall class for that year. Additional revisions may be made in response to significant public health events, such as a pandemic or other public health emergency. Please see [UC Immunization Requirements and Recommendations](#) for information on required and recommended vaccines. In general, these requirements pertain to those vaccine-preventable illnesses that can be spread by respiratory secretions (saliva, coughing, sneezing), and pose a risk to others who might become ill due to classroom or residential contact.

## 2. Why did UC implement the Policy on Vaccination Programs and this Program Attachment?

The University's 2016 [Student Immunization Policy](#) was issued in response to an increase in outbreaks of vaccine-preventable illnesses that had occurred on UC campuses and the reemergence of illnesses once thought to have nearly disappeared. In addition, thousands of students were exposed to active tuberculosis (spread by respiratory transmission) across several campuses prior to adoption of the 2016 Policy. Tuberculosis can cause serious illness, lifelong complications, and even death. This Program Attachment incorporates the TB Screening requirement from the 2016 Policy as an addendum to the systemwide Policy on Vaccination Programs.

## XII. Revision History

**TBD** 2024: Initial issuance of Interim Program Attachment requiring Locations to implement this TB Screening Program by January 1, 2025.

**ATTACHMENT 1: Systemwide Implementation Guidelines:** California Department of Public Health California Tuberculosis Risk Assessment for College and University Students

Link here:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-College-Student-TB-Risk-Assessment.pdf>

Screenshots below:



# California Tuberculosis Risk Assessment College and University Students



- Use this tool to identify asymptomatic **college or university students** for latent TB infection (LTBI) testing.
- **Do not repeat testing** unless there are **new risk factors** since the last negative test.
- Do not treat for LTBI until active TB has been excluded:  
*For patients with TB symptoms or 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 3 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
- 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: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

See the **College and University Students Risk Assessment User Guide** for more information about using this tool.  
To ensure you have the most current version, go to the **RISK ASSESSMENT** page at <https://www.cdph.ca.gov/tbcb>





# CA College and University Students TB Risk Assessment User Guide



## Avoid testing persons at low risk

Routine testing of low risk populations is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

## Local recommendations and other risk factors

The core elements listed in the College/University TB Risk Assessment are meant to identify students who need screening for TB. These were selected in order to focus testing on patients at highest risk. This risk assessment does not supersede any mandated testing. Examples of these populations include: healthcare workers, residents or employees of correctional institutions, substance abuse treatment facilities, homeless shelters, and others. Local recommendations should also be considered in testing decisions. Local TB control programs can customize this risk assessment according to local recommendations. **Providers should check with local TB control programs for local recommendations.**

## United States Preventive Services Task Force (USPSTF)

The USPSTF has recommended testing foreign born persons born-in or former residents of a country with an elevated tuberculosis rate and persons who live in or have lived in high-risk congregate settings such as homeless shelters and correctional facilities. Because the increased risk of exposure to TB in congregate settings varies substantially by facility and local health jurisdiction, clinicians are encouraged to follow local recommendations when considering testing among persons from these congregate settings. USPSTF did not review data supporting testing among close contacts to infectious TB nor among persons who are immunosuppressed because these persons are recommended to be screened by public health programs or by clinical standard of care.

## Most patients with LTBI should be treated

Because testing of persons at low risk of TB infection should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out with a chest radiograph and, if indicated, sputum smears, cultures, and nucleic acid amplification testing (NAAT) have been performed. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

## When to repeat a risk assessment testing

Repeat risk assessments should be based on the activities and risk factors specific to the student. Colleges and universities may decide on the need for repeat screening based on the activities and risk factors specific to their student body. Students who volunteer or work in health care settings might require annual testing and should be considered separately.

Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment. In general, this would include new close contact with an infectious TB case or new immunosuppression, but could also include foreign travel in certain circumstances.

## Negative test for latent TB does not rule out active TB

It is important to remember that a negative TST or IGRA result does not rule out active TB. In fact, a negative TST or IGRA in a patient with active TB can be a sign of extensive disease and poor outcome.

## Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI and evaluated for active TB disease.

## IGRA preference in BCG vaccinated students

Because IGRA has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the TST tuberculin skin test in these persons.

## Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Medication	Frequency	Duration
Rifampin	Daily	4 months
Isoniazid + rifapentine*	Weekly	12 weeks

\*The CDC currently recommends DOT for this regimen; however, data has shown that SAT is noninferior to DOT in the United States. Many clinicians are using SAT or modified DOT.

**CDPH LTBI Treatment Fact Sheets:** Fact sheets are available for three treatment regimens on the California Tuberculosis Branch website, on the LTBI Treatment page at: <https://cdph.ca.gov/TB-LTBI-Treatment>

## What if students refuse LTBI treatment when indicated?

Refusal should be documented. Offers of treatment should be made at future encounters with medical services if still indicated. Annual chest radiographs are not recommended in asymptomatic students. If treatment is later accepted, TB disease should be excluded and CXR repeated if it has been more than 3 months from the initial evaluation.

## Symptoms that should trigger evaluation for active TB

Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis or excessive fatigue.

## No state requirements for LTBI screening in college or university students

These recommendations are considered best practices by the CDPH TCB and are not legally mandated.

**Resource:** American College Health Association Guidelines on tuberculosis screening available online: [http://www.acha.org/documents/resources/guidelines/ACHA\\_Tuberculosis\\_Screening\\_2017.pdf](http://www.acha.org/documents/resources/guidelines/ACHA_Tuberculosis_Screening_2017.pdf)

Abbreviations: DOT=Directly observed therapy; IGRA= Interferon gamma release assay (e.g., QuantiFERON-TB Gold, T-SPOT.TB); BCG=Bacillus Calmette-Guérin; TST= tuberculin skin test; LTBI=latent TB infection

