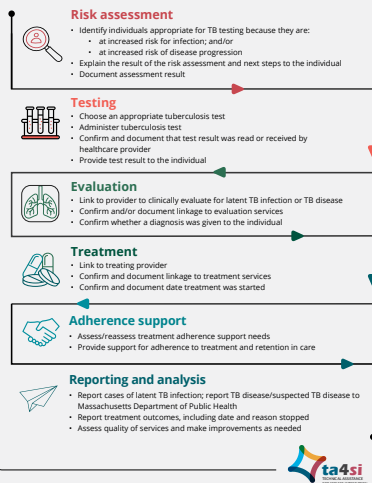


## COMPONENT A:

# Risk Assessment

### Components of Testing and Treatment of Individuals with Latent Tuberculosis (TB) Infection



This resource provides an overview of how to identify individuals at increased risk of TB infection. It is intended for clinical and non-clinical staff from agencies in Massachusetts that provide latent TB infection services. It includes links to tools and resources, and provides answers to questions including:

- What puts someone at increased risk for TB infection?
- What tools can my agency use to identify individuals at increased risk?
- I've identified someone at increased risk, what are the next steps?
- How should I communicate with individuals about risk for latent TB infection?
- What data considerations should I be aware of for linking individuals to TB evaluation services?

## What puts someone at increased risk for TB infection?

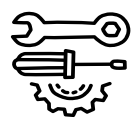
The first step to providing services for latent TB infection is to identify individuals appropriate for testing.

The Massachusetts Department of Public Health (MDPH) [recommends only doing TB testing for people determined to be at increased risk of infection.](#)

Assessing individuals for increased risk of TB infection is critical to finding and treating TB infection, and preventing the spread of TB disease.

### Factors that put individuals at increased risk for TB infection:

- Being born or having lived in a country with an elevated TB rate. This includes any country other than the United States, Canada, Australia, New Zealand, or any country in western or northern Europe.
- Experiencing or about to experience immunosuppression. Certain medical conditions and medications can make a person immunosuppressed, and therefore more susceptible to infection. These medical conditions and medications include: HIV infection; organ transplant recipient; planned treatment 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.
- Being in close contact with someone with active (infectious) TB since their last TB assessment.



## What tools can my agency use to identify individuals at risk?

The Massachusetts Department of Public Health (MDPH) has developed [adult](#) and [pediatric](#) Tuberculosis Risk Assessments and corresponding [adult](#) and [pediatric](#) User Guides to assist providers in identifying which individuals are at increased risk of having TB infection. These materials can be found on the [MDPH TB website](#).

Your agency will need to develop policies and procedures around how staff will assess risk in individuals.

For example, consider the following questions:

- Will staff ask individuals to complete a paper-based risk assessment during their appointments?
- Will staff conduct verbal assessments that use standardized questions?
- Will my agency program our EHR to identify individuals who need assessment?

The content of these tools could be adapted to support clinic practice as a decision support, a patient panel, or a computer assisted self interviewing (CASI) assessment.



## I've identified someone at increased risk, what are the next steps?

If an individual is at increased risk for TB infection, they will require a TB test. Your agency should develop and follow its own policies and procedures for administering TB tests and follow-up for individuals with positive TB infection tests. Information about testing for TB infection can be found in the [Component B Fact Sheet: Testing](#).

If the individual is not at increased risk for TB infection and does not require a TB test, you should communicate that to the individual and document the conversation in their medical record. You do not need to take any additional steps at this time. It is recommended you assess TB risk factors on an annual basis.



## How should I communicate with individuals about risk for latent TB infection?

Explaining to the individual why they need to be tested for TB infection can be complicated. For example, some people may have a hard time understanding why they need to be tested even though they have no symptoms. Individuals may be reluctant to take TB medication after a positive TB test because of stigma associated with being diagnosed with TB. The following messages may help the individual understand what is happening and the importance of TB testing.



## Communication about assessing for increased risk of TB infection should focus on:

- Explaining the risk factors for TB infection, including that latent TB infection can occur in anyone because TB is breathed through the air. TB infection is very common and does not mean that the individual has done something wrong.
- Explaining the benefits of testing for TB infection.  
Discussing the difference between active TB disease and latent TB infection.
- Addressing concerns about the possibility of exposing family members or others to TB and providing reassurance that latent TB infection is not infectious.
- Taking time to answer questions, and making sure you have explained things in a way that the individual understands.

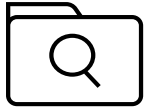
## Example messages agencies have used to communicate:

- “TB is a disease that is passed through the air. TB germs can stay in your body and not make you sick. They can also stay in your body and make you sick. ”
- “TB disease is more common in some countries. If you were born outside of the US, you may have lived somewhere where there are a lot more TB germs and you may have breathed in some of these germs.”
- “Some individuals who were born or have lived outside of the US received a TB vaccine called BCG. In some communities, there is a common belief that the TB test is always positive after BCG vaccination. Either the TB skin test (TST) or TB blood test are good, especially for people vaccinated at birth. Sometimes the blood test (IGRA) is preferred because it doesn’t react with the TB vaccine at all.”
- “If TB stays in your body and makes you sick, you can give the germs to other people close to you and make them sick.”
- “We can test for this infection and cure it if it’s in your body. That’s what we do – we treat infections.”
- “If we reduce the amount of people carrying TB germs in their bodies, we decrease the amount of people who get TB.”

As with any health education session, it is best to approach this communication as a conversation with the individual and make sure there is time for them to ask questions. You should also check that they understand what you’re telling them. Some approaches to do this include the [Teach-Back method](#), and the [Ask Me 3 method](#).

MDPH has many TB infection materials available on the [MDPH tuberculosis](#) website. Some of these materials are available in multiple languages. MDPH offers [provider tip](#) sheets and [fact sheets](#) that providers can use to explain TB infection to individuals. MDPH also has a [video](#) on the MDPH TB website about TB infection. Another resource with helpful suggestions for communicating about latent TB infection is [Talking to your patients about latent TB infection](#) from the California Department of Public Health.





## What data considerations should I be aware of for linking individuals to TB evaluation services?

The table below includes the indicators that are considered key measures of performance of TB risk assessment services. For each indicator, the table has information on whether the relevant data used to calculate the indicator are required to be reported to MDPH or recommended to be collected (but not reported to MDPH), as well as information on where to record these data. To learn more about collecting and reporting data, please review the [Component F Fact Sheet: Reporting and Analysis](#).

| Type of Indicator | Indicator   | Data for this indicator are <u>required</u> to be reported or are <u>recommended</u> to be collected? | Where to record this data                              |
|-------------------|---|---|--|
| Process Indicator | # of individuals assessed for risk  | Recommended to be collected   | Your agency's internal database or information system  |
| Outcome Indicator | # of individuals identified as at risk  | Required to be reported   | Integrated Testing and Linkage to Services (ITLS) form |
| Outcome Indicator | # of individuals assessed for risk among populations to be screened per facility guidelines | Recommended to be collected   | Your agency's internal database or information system  |

*For information about how to plan for and conduct risk assessment activities, please see the Fact Sheet on "[Process Mapping for Latent TB Infection Services](#)."*

