

# Cincinnati Hills Christian Academy

## Information about Travel Immunizations for Students

### **(Vaccinations before traveling and TB Testing after return)**

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Vaccinations are an essential element of student health for preventing disease and illness not only in the school environment, but for extracurricular experiences such as mission or cultural travel. While the Ohio Department of Health sets the Immunization schedule for Vaccinations required for School attendance, the Center for Disease Control (CDC) is the authoritative source along with your personal health care provider when deciding which vaccinations are essential for domestic and foreign travel.

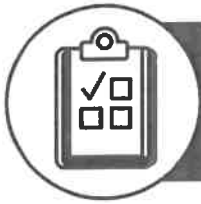
It is highly recommended that while contemplating which of the many unique travel opportunities your child will be able to take advantage of as a student at CHCA, that you read the CDC immunization guidelines for your child's specific destination by going to [www.cdc.gov/travel](http://www.cdc.gov/travel) before a commitment to any trip is made.

It is also suggested that once your child is confirmed for travel to any destination, you print off all CDC information about your child's travel destination and take this information to your private health care provider who can further advise you. Some private health care providers offer travel immunizations on site, others will refer you to a travel medicine specialist in your area. Do not rule out the possibility that some vaccinations may be recommended for domestic travel as well, especially to an inner-city location.

There may be a very rare occasion in which an immunization is absolutely required for travel. This requirement is set by International Health Regulations for travel to certain countries and this information is available on the CDC Traveler's Health Page as well. Again, parents are encouraged to check the CDC web page about these requirements **prior** to committing their child to any travel experience.

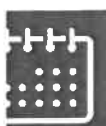




All students traveling on a trip to a country that has been identified as posing a higher risk of contracting Tuberculosis must agree to have their child tested for TB upon return to the States within a window of 60 to 90 days from the return date for all trips lasting 30 days or longer. CHCA will follow the guidelines outlined by the World Health Organization and Hamilton County Public Health when determining which students meet the criteria for TB testing. Parents will be notified by the High School nurse if their child is required to have a post travel TB test and certainly Parents may contact the H.S. Nurse at any time about more information on TB testing.

CHCA Health Services



## 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”:**

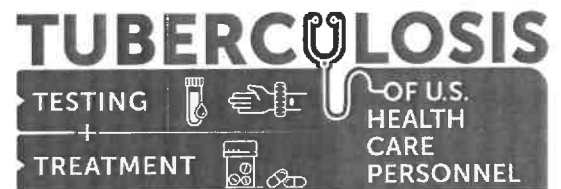
 	<p><b>Temporary or permanent residence of <math>\geq 1</math> month in a country with a high TB rate</b></p> <p>Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<b>OR</b>		
 	<p><b>Current or planned immunosuppression,</b></p> <p>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 <math>\geq 15</math> mg/day for <math>\geq 1</math> month) or other immunosuppressive medication</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<b>OR</b>		
	<p><b>Close contact with someone who has had infectious TB disease since the last TB test</b></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

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](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

# TB Elimination

## Targeted Tuberculosis Testing and Interpreting Tuberculin Skin Test Results

### Introduction

Targeted tuberculosis (TB) testing is used to focus program activities, provider practices, and financial resources on groups at the highest risk for latent tuberculosis infection (LTBI). Once TB disease has been ruled out, those who would benefit from treatment of LTBI should be offered this option regardless of their age.

Every effort should be made to test only those persons at the highest risk, interpret tuberculin skin test (TST) reactions and TB blood test results accurately, and ensure appropriate treatment and completion of the recommended regimen.

**Table 1: Criteria for Classifying Positive TST Reactions**

**Positive IGRA result or a TST reaction of 5 or more millimeters of induration is considered positive in**

- » HIV-infected persons
- » Recent contacts of a TB case
- » Persons with fibrotic changes on chest radiograph consistent with old TB
- » Organ transplant recipients
- » Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF- $\alpha$  antagonists)

**Positive IGRA result or a TST reaction of 10 or more millimeters of induration is considered positive in**

- » Recent immigrants (< 5 years) from high-prevalence countries
- » Injection drug users
- » Residents and employees of high-risk congregate settings (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)
- » Mycobacteriology laboratory personnel
- » Children under 4 years of age, or children and adolescents exposed to adults in high-risk categories

**Positive IGRA result or a TST Reaction of 15 or more millimeters of induration is considered positive in**

- » Persons with no known risk factors for TB\*

*\* Although skin testing programs should be conducted only among high-risk groups, certain individuals may require TST for employment or school attendance. An approach independent of risk assessment is not recommended by CDC or the American Thoracic Society.*

### Persons at Risk for Developing TB Disease

Generally, persons at high risk for developing TB disease fall into two categories: those who have an increased likelihood of exposure to persons with TB disease, and those with clinical conditions that increase the risk of progression from LTBI to TB disease.

Persons at risk for exposure to persons with TB disease include:

- Close contacts of a person with infectious TB disease
- Persons who have immigrated from areas of the world with high rates of TB
- Residents and employees of high-risk congregate settings (e.g., correctional facilities, homeless shelters, health care facilities)

Persons more likely to progress from LTBI to TB disease include:

- Recent converters (those with an increase of 10 mm or more in size of TST reaction within a 2-year period)
- HIV-infected persons
- Young children who have a positive TST result
- Those with a history of prior, untreated TB or fibrotic lesions on chest radiograph
- Injection drug users
- Those receiving TNF- $\alpha$  antagonists for treatment of rheumatoid arthritis or Crohn's disease

Clinical conditions that increase the risk of progression from LTBI to TB disease:

- HIV infection
- Low body weight (>10% below ideal)
- Silicosis
- Diabetes mellitus

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- Chronic renal failure or being on hemodialysis
- Gastrectomy
- Jejunioileal bypass
- Solid organ transplant
- Head and neck cancer

## Special Considerations

Questions often arise about the interpretation of TST results in persons with a history of Bacille Calmette-Gurin (BCG) vaccine, HIV infection, and recent contacts to an infectious TB case.

BCG vaccine is currently used in many parts of the world to protect infants and children from severe TB disease, especially TB meningitis. It does not confer lifelong immunity, and its significance in persons receiving the TST causes confusion in the medical and lay community.

- History of BCG vaccine is NOT a contraindication for tuberculin skin testing
- TST reactivity caused by BCG vaccine generally wanes with time
- If more than 5 years have elapsed since administration of BCG vaccine, a positive TST reaction is most likely a result of *M. tuberculosis* infection

Persons who are HIV infected have a much greater risk for progression to TB disease if they have LTBI.

- Individuals with HIV infection may be unable to mount an immune response to the TST and may have false-negative TST results
- Usefulness of anergy testing in TST-negative persons who are HIV infected has not been demonstrated

Persons with a positive TST result who are contacts of an individual with infectious TB should be treated regardless of age.

- Some TST-negative persons should also be considered for treatment (i.e., young children, immunosuppressed)
- Repeat TST in 8-10 weeks if initial test result is negative. A delayed-type hypersensitivity response to tuberculin is detected 2–8 weeks after infection

## Additional Information

1. ATS/CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49 (No. RR- 6). <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>
2. Targeted Tuberculosis (TB) Testing and Treatment of Latent TB Infection (slide set). <http://www.cdc.gov/tb/publications/slidesets/LTBI/default.htm>
3. ATS/CDC. Update: Adverse Event Data and Revised American Thoracic Society/ CDC Recommendations Against the Use of Rifampin and Pyrazinamide for Treatment of Latent Tuberculosis Infection. *MMWR* 2003; 52 (No. 31). <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5231a4.htm>
4. CDC. Tuberculosis Associated with Blocking Agents Against Tumor Necrosis Factor - Alpha - California, 2002–2003. *MMWR* 2004; 53 (No. 30). <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5330a4.htm>
5. ATS/CDC. Treatment of tuberculosis. *MMWR* 2003; 52(No. RR-11). <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>
6. TB Education and Training Resources website <http://www.findtbresources.org/>
7. World Health Organization (WHO) website <http://www.who.int/en/>
8. CDC Division of TB Elimination website <http://www.cdc.gov/tb>
9. Treatment of Latent Tuberculosis Infection: Maximizing Adherence (factsheet). <http://www.cdc.gov/tb/publications/factsheets/treatment/LTBIadherence.htm>
10. Treatment Options for Latent Tuberculosis Infection (factsheet). <http://www.cdc.gov/tb/publications/factsheets/treatment/LTBITreatmentoptions.htm>

<http://www.cdc.gov/tb>