

TB FACT SHEET/RISK AND SYMPTOM SCREEN

Tuberculosis (TB)

Mycobacterium Tuberculosis is transmitted by air, carried in droplets that are created when a person with respiratory TB coughs, sneezes or shouts. TB Infection occurs when someone inhales the droplet particles containing the Mycobacterium. A person may have no symptoms, but still have latent TB infection (LTBI) and may develop TB disease at some point in their lives. TB skin tests may become positive in 2 to 12 weeks after the exposure.

Risk Factors

Check if any of the following risk factors apply to you:

Groups with a higher risk of exposure and infection*

- Low income/medically under served populations
- Residents or employees of congregate living facilities such as homeless shelters, long-term care facilities and correctional facilities
- Infants, children or adolescents who are exposed to adults in high-risk categories
- Foreign-born persons recently arrived (within 5 years) from areas with a high incidence of TB, such as Asia, Africa, Eastern Europe, Latin America and Russia, or those who frequently travel to areas with a high incidence of TB
- Close contacts with individuals with pulmonary TB persons who inject illicit drugs or other locally identified high-risk substance users (e.g., crack cocaine users)

*Flexibility is needed in defining local high-priority groups for screening

Groups with a greater risk to progress from latent TB infection to active disease

- Individuals with HIV infection, silicosis, diabetes, chronic renal failure, and those more than 10% below normal body weight, hematologic disorders (e.g., leukemias and lymphomas), other specific malignancies (e.g., carcinoma of the head or neck),
- Those receiving some medical treatments that may increase risks, such as prolonged corticosteroid use, or other immunosuppressive treatments, bone marrow or organ transplant, intestinal bypass or gastrectomy
- Persons with a history of untreated or inadequately treated TB disease

Signs and Symptoms of TB Disease in the Lungs*

Check if you currently have any of the following symptoms:

- Sweating at night
- Weight loss
- No appetite
- Weakness or Fatigue
- Chills
- Fever
- Chest pain
- A bad cough lasting more than three weeks
- Coughing up blood or sputum (phlegm from deep inside the lungs)

*Symptoms of TB disease in other parts of the body depend on the area affected.

- I am not experiencing any of the above symptoms
- None of the above risk factors apply to me.

I understand if I am experiencing any of the above symptoms, followup will be required. I understand if I have any of the above symptoms at any time in the future, I am to report to management immediately and follow-up will be required at that time.

TB testing should not be done less than four (4) weeks after receiving the mRNA Covid - 19 vaccine.

I have received the mRNA Covid - 19 vaccine on the following date: ____/____/____.

Signature _____

Date _____