STUDENTS

Tuberculosis (TB) Screening Requirements

The Student Tuberculosis Enrollment Form (Attachment I) will be completed by all parents/guardians upon enrolling a student in Prince William County Public Schools (PWCS).

I. For all students who have resided in a foreign country included on the World Health Organization High TB Burden Country List (Attachment II) during the last five years for a consecutive period of five or more months, one of the following is required:

A. Evidence of a negative tuberculin skin test (TST), or Quantiferon TB Gold blood test (QFT), and a negative symptom screen completed within 90 calendar days prior to registration, certified by a licensed physician or a department of health (Attachment III).

B. Evidence of a normal (negative) chest x-ray taken within 90 calendar days prior to registration.

C. Students who present written documentation of having completed treatment for latent tuberculosis infection or TB disease must provide documentation of a negative symptom screen and risk assessment from a department of health or private physician.

Students may be conditionally enrolled in PWCS if they present a temporary medical waiver of a tuberculin skin test. The medical exemption/waiver must list the reason(s) for the exemption, and an expiration date. Once the medical exemption has expired, the student must present a clearance letter or a written report of a negative purified protein derivative (PPD) or TST before allowed to resume attendance in PWCS. Such an exemption will be accepted only if the student is certified free of tuberculosis symptoms. If the tuberculosis symptom assessment is positive, the student shall have a PPD, TST, or chest x-ray and evaluation for active disease by a health care provider or Prince William Health District before school entry.

Students from countries not found on this list require a clearance letter from a department of health or a United States licensed health care provider (Attachment IV). These students should only be tested if they are symptomatic or have an individual risk factor for TB infection or progression to TB disease.

II. Based upon changing circumstances or other medical reasons, any incoming student may be required to undergo tuberculosis screening.

III. Staff members shall refer any concerns regarding documentation provided by students to the school nurse for further evaluation. The school nurse will consult with the Supervisor of School Health Services and the Prince William Health District.

IV. All reports must be certified by a department of health, a physician, or a nurse practitioner licensed to practice medicine in the United States.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

This regulation and related policy shall be reviewed at least every five years and revised as needed.

References: Commonwealth of Virginia, Prince William Health District correspondence, April 16, 2007; Commonwealth of Virginia, Department of Health 2011; World Health Organization 2015 Global Report.

Attachment I
Regulation 723-4

Tuberculosis Screening Student Enrollment Form
(To be completed by parent/guardian)

STUDENT'S NAME _____ **SCHOOL**_____

Dear Parent/Guardian:

Please check the statement below which applies to the enrolling student:

_____ The enrolling student has not resided outside the United States.

_____ The enrolling student has resided in a foreign country for five consecutive months within the past five years. I understand that I must present evidence of tuberculin screening or testing as described in Prince William County Public Schools Regulation 723-4, "Tuberculosis Screening Requirements."

Students will not be permitted to enter school without written documentation as requested.

_____ _____

Parent/Guardian Signature Date

Attachment II
Regulation 723-4

High TB Burden Country List 2018			
Persons from countries with a high TB incidence (20/100,000) should be screened for TB and TB infection. Persons from countries not found on this list should only be tested if they are symptomatic or have an individual risk factor for TB infection or progression to TB disease. (Data obtained from WHO 2015 Global report.)			
Afghanistan	Ethiopia	Marshall Islands	Suriname
Algeria	Fiji	Mauritania	Swaziland
Angola	French Polynesia	Micronesia (Federal States)	Syrian Arab Republic *
Argentina	Gabon	Moldova (Republic of)	Tajikistan
Armenia	Gambia	Mongolia	Thailand
Azerbaijan	Ghana	Morocco	Timor-Leste
Bangladesh	Georgia	Mozambique	Togo
Belarus	Guam	Myanmar (Burma)	Tunisia
Belize	Guatemala	Nauru	Turkmenistan
Benin	Guinea	Nepal	Tuvalu
Bhutan	Guinea-Bissau	Nicaragua	Tanzania (United Republic)
Bolivia	Guyana	Niger	Uganda
Bosnia and Herzegovina	Haiti	Nigeria	Ukraine
Botswana	Honduras	Northern Mariana Islands	Uruguay
Brazil	India	Pakistan	Uzbekistan
Brunei Darussalam	Indonesia	Palau	Vanuatu
Bulgaria	Iran *(Islamic Republic of)	Panama	Venezuela
Burkina Faso	Iraq	Papua New Guinea	Viet Nam
Burundi	Kazakhstan	Paraguay	Wallis and Futuna Islands
Burma (Myanmar)	Kenya	Peru	Yemen
Cabo Verde	Kiribati	Philippines	Zambia
Cambodia	Kuwait	Portugal	Zimbabwe
Cameroon	Kyrgystan	Qatar	
Central African Republic	Korea (North and South)	Romania	
Chad	Laos	Russian Federation	
China	Latvia	Rwanda	
Colombia	Lesotho	Sao Tome and Principe	
Congo (Democratic Republic)	Liberia	Senegal	
Congo (Republic of)	Lithuania	Serbia	
Cote d'Ivoire	Libya *	Sierra Leone	
Djibouti	Madagascar	Singapore	
Dominican Republic	Malawi	Solomon Islands	
Ecuador	Malaysia	Somalia	
El Salvador	Maldives	South Africa	
Equatorial Guinea	Mali	South Sudan	
Eritrea		Sri Lanka	
		Sudan	

*Locally identified high burden countries not meeting WHO definition of >20/100,000.

Attachment III
Regulation 723-4

REPORT OF TUBERCULOSIS SCREENING

(Students who have resided in any country listed on Attachment II: High TB Burden Country List by the World Health Organization)

DATE _____

Name_____ Date of Birth _____

Tuberculin Skin Test (TST) OR Quantiferon TB Gold blood test (QFT)

Date given: _____ Date read: _____

Results: _____mm ____Negative ____Positive

Interferon Gamma Release Assay Alternative test for the tuberculin skin test (TST)

Date drawn: _____ Time drawn: _____

Result: ___Neg ___Pos ___Indeterminate ___Borderline

Chest X-Ray Result

Date of Chest x-ray: _____ Date of Positive Skin Test/IGRA: _____

____No evidence of active tuberculosis

____Chest x-ray abnormal, active tuberculosis to be ruled out

Based on the above report:

___The individual listed above has no symptoms compatible with active tuberculosis. The individual is free of tuberculosis in a communicable form.

____Active tuberculosis cannot be ruled out in the individual listed above. The individual has been referred to a physician or health department for further evaluation.

Signature_____ Date_____
(Healthcare provider or Health Department Official)

Address_____ Phone_____

Attachment IV
Regulation 723-4

REPORT OF TUBERCULOSIS (TB) SCREENING AND CLEARANCE

(Students that have NOT resided in a country listed on Attachment II: High TB Burden Country List by World Health Organization)

Date _____

Name_____ Date of Birth _____

_____ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

_____ The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

_____ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

_____ The individual had a chest x-ray on _____ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature_____ Date_____
(Healthcare provider or Health Department Official)

Address_____ Phone_____

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