

- Use this tool to identify asymptomatic **adults** for latent TB infection (LTBI) testing.
- Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment.
- For TB symptoms or abnormal chest x-ray consistent with active TB disease → Evaluate for active TB disease

Call the Colorado Tuberculosis Program to report a suspected case of TB at (303) 692-2656, and for general questions, call (303) 692-2638. Please Note: *A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.*

Check appropriate risk factor boxes below.

LTBI testing is recommended if any of the 4 boxes below are checked.

If LTBI test result is positive and active TB disease is ruled out, LTBI treatment is recommended.

☐ **Birth or foreign travel of ≥ 1 month consecutively in a country/countries with an elevated TB rate.**

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for foreign-born persons.
- Note: Doctors may make individual decisions based on the information supplied by the individual during the evaluation. Individuals who have traveled to TB-endemic countries for the purpose of medical or health tourism for less than one month may be considered for further screening based on the risk estimated during the evaluation.

☐ **Medical conditions increasing risk for progression to TB disease.**

Radiographic evidence of prior healed TB, low body weight (10% below ideal), silicosis, diabetes mellitus, chronic renal failure or on hemodialysis, gastrectomy, jejunioileal bypass, solid organ transplant, head and neck cancer.

☐ **Immunosuppression, current or planned.**

HIV infection, injection drug use, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication.

☐ **Close contact to someone with infectious TB disease at any time.**

Patient name: _____

Provider: _____

Date of birth: _____

(Place sticker here if applicable)

Assessment date: _____

See the [Colorado Tuberculosis Risk Assessment User Guide](#) for more information about using this tool.

Adapted from the California Tuberculosis Risk Assessment available on the PROVIDERS page at www.ctca.org