



North Carolina Department of Health and Human Services
Division of Public Health

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June 21, 2013

To: Local Health Department TB Programs, Hospital Infection Control Practitioners
From: Jason Stout, MD, MHS, TB Controller/Medical Director
Re: Tuberculin Shortage and Administrative Testing of Low-Risk Persons Including School Teachers

On April 22, 2013, a memo was distributed outlining the current shortage of both Tubersol® and Aplisol® purified protein derivative (PPD) solutions. In this memo, it was recommended that low-risk individuals being tested for administrative purposes not be screened until this shortage is resolved. However, this recommendation has caused some confusion with regard to certain North Carolina General Statutes, in particular § 115C-323 Employee health certificate for public school teachers. This memo is to clarify the recommendation for screening these individuals.

Unfortunately, the shortage of PPD solution is ongoing, and even after full distribution is resumed it will likely take some time to get our stocks replenished. Until then, tuberculin skin testing should be reserved for individuals most likely to have been recently infected by tuberculosis, as noted in the April 22 memo. However, this recommendation should not interfere with appropriate screening of individuals for active tuberculosis.

§ 115C-323 states the following:

Any person initially employed in a public school or reemployed in a public school after an absence of more than one school year shall provide to the superintendent a certificate certifying that the person does not have any physical or mental disease, including tuberculosis in the communicable form or other communicable disease, that would impair the person's ability to perform his or her duties effectively.

To comply with the statute as well as current guidelines of the Centers for Disease Control and Prevention, the following procedure is recommended for all low-risk persons requiring administrative screening for tuberculosis, including schoolteachers and other non-healthcare workers:

- 1) The healthcare provider performing the certifying examination should administer the Tuberculosis Risk Questionnaire and Tuberculosis Symptom Questionnaire
- 2) Persons who have negative responses to all questions on both the Tuberculosis Risk Questionnaire and Tuberculosis Symptom Questionnaire may be certified as not having tuberculosis in the communicable form. No further testing is required for such persons
- 3) Persons with any positive response on the Tuberculosis Symptom Questionnaire should receive further medical evaluation, which should include a chest radiograph
- 4) Persons with no positive responses on the Tuberculosis Symptom Questionnaire, but with any positive response on the Tuberculosis Risk Questionnaire should receive further medical evaluation, which should include either a tuberculin skin test or an interferon gamma release assay (written documentation of a prior positive test and subsequent negative chest radiograph is acceptable) .

This procedure represents best medical practice for persons requiring administrative testing, and should be followed even after the tuberculin shortage resolves.

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Tuberculosis Risk Questionnaire

- | | | |
|---|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world:
Africa, Asia, Central America, South America, or Eastern Europe? | YES | NO |
| 2) Have you traveled outside the USA and lived for more than one month in
one of the following parts of the world:
Africa, Asia, Central America, South America, or Eastern Europe? | YES | NO |
| 3) Do you have a compromised immune system such as from any of the
following conditions: HIV/AIDS, organ or bone marrow transplantation,
diabetes, immunosuppressive medicines (e.g. prednisone, Remicade),
leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejunal
bypass, end-stage renal disease (on dialysis), or silicosis? | YES | NO |
| 4) Have you ever done one of the following: used crack cocaine, injected
illegal drugs, worked or resided in jail or prison, worked or resided at a
homeless shelter, or worked as a healthcare worker in direct contact with
patients? | YES | NO |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | YES | NO |

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

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| 1) Unexplained cough lasting more than 3 weeks | YES | NO |
| 2) Unexplained fever lasting more than 3 weeks | YES | NO |
| 3) Night sweats (sweating that leaves the bedclothes and sheets wet) | YES | NO |
| 4) Shortness of breath | YES | NO |
| 5) Chest pain | YES | NO |
| 6) Unintentional weight loss | YES | NO |
| 7) Unexplained fatigue (very tired for no reason) | YES | NO |