

Augusta University

Policy Library

Tuberculosis Screening Requirements for Students

Policy Manager: Dean of Students

POLICY STATEMENT

Universities are at risk of disease transmission because a diverse population of students and employees work and learn in close proximity for prolonged periods of time. Based on the guidelines of the American College Health Association released April 2022

(https://www.acha.org/documents/resources/guidelines/ACHA_Tuberculosis_Screening_April2022.pdf), Augusta University has implemented the following tuberculosis (TB) screening and surveillance policy applicable to student enrollment and registration requirements:

All new students must complete the TB screening questionnaire no later than two weeks from the start of a student’s first academic term at Augusta University. While all incoming students should be screened, only those students with identifiable risk factors for exposure to TB and/or for TB disease should be tested. Incoming students at low risk should not be tested for TB. Students with a documented previous positive test should not be retested. Some academic programs, e.g., health professional programs, may require additional screenings and testing based on the requirements of the clinical care sites where students may attend as for their rotations.

Failure to complete the questionnaire and any further required testing applicable to a particular student will result in an “immunization hold” preventing further course registration. The immunization hold will be removed only upon completion of all screening and/or testing requirements. Students will be able to register for Augusta University courses once the immunization hold is removed. After submission of the required materials, the screening form will be processed, and immunization holds will be removed within three to five business days.

AFFECTED STAKEHOLDERS

Indicate all entities and persons within the Enterprise that are affected by this policy:

- Alumni Faculty Graduate Students Health Professional Students
 Staff Undergraduate Students Vendors/Contractors Visitors
 Other:

DEFINITIONS

- Tuberculosis = an infectious disease caused by the bacterium *Mycobacteria tuberculosis*, that typically invades the lungs but may also involve the kidneys, bone, brain, and lymph nodes.

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Executive Sponsor: VP for Enrollment and Student Affairs

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- Screening = the process of identifying persons at high risk for TB infection and disease. Screening is conducted through a surveillance questionnaire in which the student identifies any risk factors for TB infection and disease.
- Testing = the procedure for diagnosing latent TB infection, i.e., interferon gamma release assay (IGRA) or Mantoux tuberculin skin test (TST).
- Latent TB Infection (LTBI) = a person is infected with the *Mycobacterium tuberculosis* bacteria but is asymptomatic and does not have TB disease. The bacteria are suppressed by the body's immune system, remaining dormant. The person is not contagious while asymptomatic but may become ill if the bacteria become active and replicates.
- Active TB = a person's immune system is not able to suppress the active and multiplying bacteria, resulting in active illness. The person is contagious at the time and needs treatment.
- TB skin test (TST) = the Mantoux tuberculin skin test, using tuberculin injected under the skin of the forearm, serves as baseline testing for TB in the general population.
- Interferon-gamma release assay (IGRA) = blood test to detect TB activity. There are two FDA approved IGRA tests in the United States: 1) QuantiFERON-TB Gold Plus (QFT-Plus) and 2) the T-SPOT.

PROCESS & PROCEDURES

1. TB screening is required for all students as part of the matriculation process and must be completed prior to registration. Students may complete the online surveillance questionnaire located at: <https://augusta.medicatconnect.com>.
2. TB testing is required for all students enrolled in a health professional college (e.g., College of Nursing, College of Allied Health Sciences, Medical College of Georgia, Dental College of Georgia, and a few majors in the Graduate School and College of Education) and should be completed within three months prior to the start of the first academic semester.
3. Continuing students need to complete the TB surveillance questionnaire only if they travel back from a high-risk country, when their activities place them at risk for a new infection (i.e., exposed to an individual with confirmed TB diagnosis), or when required by an academic college, school, or department.
4. Any individual whose risk factors change (i.e., spend an extensive period in an area of high disease prevalence) should receive surveillance upon return to Augusta University.
5. Any individual who believes they have been in close contact (e.g., living arrangement, patient care) with someone having active pulmonary TB or showing symptoms (fever, chills, cough, shortness of breath, weight loss, night sweats, etc.) must be tested and results sent to the Student Health Services using their online portal, fax, email, or delivery in-person. The Student Health Services Clinic can provide this testing for students who are currently registered for classes and paid the Student Health Fee.

6. The TB skin test, also called the Mantoux tuberculin skin test (TST), requires two visits with a health care provider. A small amount of fluid (tuberculin) is injected into the skin on a forearm on the first visit and then a healthcare provider reads the test (i.e., the diameter of the reaction) on the second visit 48 - 72 hours later.
7. The IGRA is a blood test that requires only one visit to a healthcare provider. A student may submit an IGRA test result for compliance purposes.

ADVANCED SCREENING REQUIREMENTS

1. Dependent upon the submitted response, additional medical documentation and screening may be required for some students. The immunization hold will not be lifted until all required documentation, including treatment records if applicable, is complete.
2. TB testing of high-risk students should take place no sooner than six months prior to the start of the first semester and should be completed before the second semester registration.
3. The IGRA is the preferred best practice of TB screening for:
 - a. any individual with a positive TST
 - b. anyone with a past positive TST and no IGRA on record
 - c. people who have received the bacilli Calmette-Guerin (BCG) vaccine.
 - d. Any individual with an indeterminate or unclear TST result; IGRA's cannot distinguish between latent infection and active TB disease. A negative IGRA does not rule out active TB disease.
4. Any individual with either a positive chest x-ray for active disease or a positive symptom log will be reviewed by the Chief Clinical Officer or designee for accuracy and documented in the Student Health Services electronic health record.

DISCLOSURE AND TREATMENT REQUIREMENT

1. Individuals with positive IGRA tests are presumed infected and must proceed to TB surveillance.
2. Individuals with positive IGRA tests who do not show symptoms of being actively sick or infectious are considered as having LTBI. Surveillance at this level requires documentation of a chest x-ray showing no active pulmonary tuberculosis and a signed statement from a medical provider attesting the absence of symptoms.
3. Active TB is a reportable disease to both federal and state public health authorities.
4. Individuals with active TB will not be allowed to participate in any curricular or extracurricular activities located at any University-affiliated campus or clinical facilities.
5. Acutely ill individuals must follow any seclusion requirements made by the Public Health Service and will not be allowed to participate in campus-based activities until cleared by the local Public Health Department.

FACILITATION

Student Health Services will assist any student who:

- is uncertain about the policy or how to comply with the requirements
- needs assistance with documentation related to this policy
- needs additional screening or testing
- believes they may have active or latent TB infection
- has a positive TST or IGRA, or has reason to believe they fall into a high-risk group
- has questions about their individual medical condition

REFERENCES AND SUPPORTING DOCUMENTS:

1. Centers for Disease Control and Prevention:
 - General information: <https://www.cdc.gov/tb>
 - TB Fact Sheet: <https://www.cdc.gov/tb/publications/factsheets/general/tb.htm>
 - TB testing and diagnosis: <https://www.cdc.gov/tb/topic/testing/default.htm>
 - TB data and statistics: <https://www.cdc.gov/tb/statistics/default.htm>
 - TB Infographic: <https://www.cdc.gov/tb/publications/infographic/pdf/Custom-Infographic.pdf>
 - Types of TB tests: <https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm>
 - TB Skin test – patient information:
https://www.cdc.gov/tb/publications/pamphlets/tb_skin_test.pdf
 - IGRA test: <https://www.labcorp.com/help/patient-test-info/igra-tb-test>
 - T-spot test: <https://www.tspot.com/why-the-t-spot-tb-test/technology/>
 - Morbidity and Mortality Weekly Report (MMWR): Essential Components of a Tuberculosis Prevention and Control Program – July 2020:
<https://www.cdc.gov/mmwr/volumes/69/rr/rr6907a1.htm>
 - Core Curriculum on Tuberculosis: What the Clinician Should Know (March 2021):
<https://www.cdc.gov/tb/education/corecurr/index.htm>
2. American College Health Association Guidelines for TB Screening and Targeted Testing of College and University Students: April 2022:
https://www.acha.org/documents/resources/guidelines/ACHA_Tuberculosis_Screening_April2022.pdf

RELATED POLICIES

[Immunization Policy](#)

[Student Medical Records Security and Confidentiality](#)

APPROVED BY:

Executive Vice President for Academic Affairs and Provost, Augusta University
Date: 11/17/2022

President, Augusta University

Date: 11/17/2022