These recommendations from the Connecticut Department of Public Health and the School Health Committee of the Connecticut Chapter of the American Academy of Pediatrics replace those issued March 1991 and are intended to guide school systems, health departments and pediatricians in developing school district policies regarding tuberculin testing requirements for students and staff, and, if applicable, administering a tuberculin skin testing program on-site.

The Connecticut General Statutes Sections 10-206 (b) and (c) mandate that each student have a health assessment at three time periods during his/her primary and secondary school education: just before school entry, during grade 6 or 7, and during grade 10 or 11. The Statute states that "this assessment shall include a test for tuberculosis when the local or regional Board of Education determines, after consultation with the school medical adviser and local health department, that such a test is necessary."

**Recommended Testing Schedule**

Routine tuberculin testing at each of the required examinations is not recommended. The current low rates of transmission of tuberculosis in all parts of Connecticut do not justify it.

It is recommended that at *each mandated examination*, an assessment be made of the risk of exposure to tuberculosis. Students not already known to have a positive test should be tested if they have any of the following risk factors for tuberculosis infection: a) were born in a high risk country of the world and do not have a record of a tuberculin skin test performed in the US; b) have travelled to a high risk country since the previously required examination; c) have had extensive contact with persons who have recently come to the US since the previously required examination; d) had contact with person(s) suspected to have tuberculosis; e) have been living in a homeless shelter; or f) have HIV infection. **Schools should assure that all students originally from high risk countries who are entering school in Connecticut for the first time receive a tuberculin skin test.** *A history of BCG vaccination is not a contraindication to testing nor should it be considered in interpretation of the skin test result.*

The results of the risk assessment and testing, when done, should be recorded on the state health assessment record (HAR-3) or directly in the student's school health record (CHR-1).

**Personnel**

School personnel are not required by state statute or regulation to be tested. However, it is recommended that all staff have baseline skin testing at the time of employment. Those with a clear history of a previously positive test do not need to be tested. The result of the test should be recorded in millimeters of induration in the employee health record. Repeat skin testing on persons with a negative test is not routinely necessary, but should be done if exposure to a potentially infectious tuberculosis case occurs in the school or if the employee develops symptoms of tuberculosis.

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1 All countries in Africa, Asia (including former Soviet Union), Central and South America, Dominican Republic and Haiti.
**Type of Test and Recording Results**
The intradermal injection test (Mantoux text) should be used, if possible, in preference to multiple puncture (e.g., Monovac, Tine) tests. Results of the Mantoux test should be recorded in millimeters of induration. If a multiple puncture test is used, any reaction should be followed up immediately with a Mantoux test. Results of multiple puncture tests should ideally be recorded qualitatively as "no reaction" or "reactive".

**Interpretation and Management of Test Results**

*Negative/Non-significant Reactions*
In general, an induration of 0-9 mm obtained by routine screening by the Mantoux test should be considered negative. If testing is being done as part of a contact investigation following discovery of a potentially infectious case, induration of 0-4 mm should be considered negative. No further evaluation is indicated unless the child or employee has a chronic unexplained cough or is a contact to a known infectious case of tuberculosis. In the latter instance, initiation of INH preventive therapy and repeat skin testing in 2 months may be indicated.

*Significant Reactions - Students*
Under routine testing conditions, induration of greater than or equal to 10 mm by the Mantoux test should be considered positive. If testing is conducted as part of a contact investigation, induration $\geq 5$ mm should be considered positive. These criteria apply to all children, including those who have received BCG vaccination in the past. A symptom screen and chest x-ray should be performed to rule out active TB disease on all students with a positive skin test.

If active TB disease is ruled out, the student’s health care provider should initiate preventive therapy with INH. To ensure adherence to the usual 6-12 month course of daily therapy, arrangements may need to be made for INH to be administered on school days by the school nurse or designee, as authorized in Section 10-212a of the Connecticut General Statutes.

Although not required by law, it is recommended that children with significant reactions be reported to the local health department and the Connecticut Department of Public Health Tuberculosis Control Program. This is especially important for children who test positive on the school entry examination or who convert their skin test from negative to positive. A follow-up contact investigation may be indicated.

*Significant Reactions - Personnel*
Positive reactions in personnel are defined in the same way as positive reactions in students. Similarly, each employee with a positive skin test should have a symptom screen and chest x-ray to rule out active disease. When indicated, employees should be offered INH preventive therapy by their physicians. Repeat chest x-rays should be performed only if the employee develops symptoms consistent with tuberculosis.

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For further information, please call the Connecticut Department of Public Health TB Control Program, 860-509-7722, or the Connecticut Department of Education, School Nurse Consultant, 860-566-5160.