JOINT RESOLUTION OF THE
MONROE COUNTY MEDICAL SOCIETY (MCMS) SCHOOL HEALTH COMMITTEE,
THE AMERICAN ACADEMY OF PEDIATRICS (AAP), NY CHAPTER 1, DISTRICT II SCHOOL HEALTH COMMITTEE, AND
THE MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH (MCDPH) TB CONTROL PROGRAM

TUBERCULOSIS IN SCHOOLS

Whereas, the above agencies have the task of developing medical standards for assisting physicians and school districts in matters pertaining to school health; and

Whereas infection with tuberculosis carries certain inherent risks associated with disease progression and public health concerns; and

Whereas positive reaction on a Mantoux skin test (PPD) in a school age child warrants careful surveillance and potential treatment; and

Whereas the population most often involved may have English as a second language; and/or not speak English well when the need for evaluation and treatment has been first identified; and may, therefore, fail to understand the full ramifications of the benefits and risks of therapy; may move between districts; and may be more willing to accept medical intervention at a later date as they become more acclimated to the community;

Be it therefore resolved that the Monroe County Medical Society (MCMS) School Health Committee,
The American Academy of Pediatrics (AAP), District II Chapter 1 School Health Committee, and
The Monroe County Department of Public Health (MCDPH) TB Control Program recommend that school districts develop regulations for tuberculosis surveillance including the following guidelines:

I. Screening of High Risk New Entrants for Tuberculosis

A. All new entrants from outside of the Unites States, Canada, or Western Europe, and who have resided in Mexico, Central or South America, Africa, Asia, Near, Middle or Far East, Eastern Europe or any area indicated by the Centers for Disease Control as being endemic or at risk for tuberculosis require proof of a negative tuberculosis screening (PPD Mantoux skin test) done in the U.S. within the preceding twelve months upon registration in a school district. If such documentation is lacking, the student requires placement of a regular strength PPD test. (Note: Young children who require vaccination with Measles, Mumps, Rubella (MMR) must have PPD placed either before the MMR, at the time of the MMR, or 6 weeks after placement of an MMR in order for the PPD to be considered valid. Placement of a PPD will not interfere with an MMR, but an MMR can interfere with a PPD.)

B. Tuberculin skin testing is not contraindicated for individuals who have been vaccinated with BCG, and the skin test results of such individuals are used to support or exclude the diagnosis of tuberculosis infection. Therefore, students presenting with BCG documentation also require placement of a PPD. If positive, they should be managed the same as any other child with a positive PPD (see II-A).

II. Protocol for Students with Positive PPDs

A. The school, the private health care provider or the local public health agency may place a PPD on the child. If it is placed by the school and is read as positive, the child should be referred to the local public health agency for further evaluation and clearance to attend school. If the private health care provider places the PPD that is read as positive, the private health care provider may either manage the child or refer the child to the local public health agency. Any child with a positive PPD test will require further evaluation and clearance to attend school from either the private health care provider or the local public health agency. When the child is cleared to attend school, the School Nurse should be advised whether the child is on medication.

B. Whenever school staff has a question or public health concern regarding disease, the risk of transmission, and treatment advice for any student with a positive PPD, the school nurse should confer with the local public health agency and follow their recommendation. This facilitates the school health office, the family and the local public health agency working together on behalf of the child.

C. Students Receiving Preventive Medication

1. If a school is made aware of a student with a positive PPD who is on medication from the local public health agency, the school nurse and the local public health agency nurse will work together to ensure that the child receives all doses of medication and is monitored for side effects. If the child is receiving medication through the private health care provider, the school nurse should periodically, e.g. once monthly, check with the family to determine that the student is compliant with medication. If the school nurse is made aware that the child or family is not compliant, she should alert the treating health care provider of her findings.

D. Students Who Have Declined Preventive Medication

1. In the event that a student with a positive PPD has been cleared to attend school and is not receiving treatment, the school should develop a plan to determine the most appropriate action for follow up by the school. Such a plan should be comprehensive and may include but is not limited to: notification of the school physician; consultation with the student, family, student's private health care provider, and the local public health agency; and a plan to regularly assess the student for symptoms and re-offer preventive

therapy. If there is a language barrier, the school should make efforts to ensure that there has been adequate explanation, communication, and explanation about the risks and benefits of therapy. The school nurse is an excellent resource to develop a trusting rapport with the family to ease their concerns and to answer questions, and is essential to the ultimate success of a surveillance program.

2. There is a 10% lifetime risk of progressing from a positive TB test (TB infection) to clinical TB disease. Therefore, schools should institute a protocol to ensure that any student who has had a positive PPD remains disease free. Those students with positive PPD and negative chest x-ray who have declined recommended preventive therapy should be assessed at least once annually for symptoms of active tuberculosis, such as persistent productive cough, with or without blood, fever, night sweats, weight loss, and malaise. This assessment may be done by the student's private provider, by the local public health agency, or by the school nurse using the local public health agency for information/consultation.

3. If a student with a history of a positive PPD who did not receive recommended therapy leaves a school district, that district should advise the local public health agency, as well as the new district, of the child's health status in regard to the positive PPD and need for continued follow up and annual surveillance.

4. An individual who has a positive PPD and a negative chest x-ray does not present a public health risk, whether on preventive medication or not. Therefore, no child should be excluded from school for a positive PPD with a negative chest x-ray. Questions about public health risk may be directed to the local public health agency.

III. Exclusion and Re-entry

A. A child should be excluded from school for TB only if the child has active pulmonary TB. Any child excluded from school by the private health care provider or local public health agency for active disease requires a certificate of clearance from the private health care provider and/or the local public health agency for readmission to school.