

TB FACT SHEET/SYMPTOM SCREEN

Tuberculosis (TB)

Mycobacterium Tuberculosis is transmitted by air, carried in droplets that are created when a person with respiratory TB coughs, sneezes or shouts. TB Infection occurs when someone inhales the droplet particles containing the Mycobacterium. A person may have no symptoms, but still have latent TB infection (LTBI) and may develop TB disease at some point in their lives. TB skin tests may become positive in 2 to 12 weeks after the exposure.

Risk Factors

Groups with a higher risk of exposure and infection:

1. Low income/medically underserved populations
2. Residents or employees of congregate living facilities such as homeless shelters, long-term care facilities and correctional facilities
3. Healthcare workers who serve high-risk patients
4. Infants, children or adolescents who are exposed to adults in high-risk categories
5. Foreign-born persons from areas with a high incidence of TB, such as Asia, Africa, Eastern Europe, Latin America and Russia, or those who frequently travel to areas with a high incidence of TB
6. Close contacts with individuals with pulmonary TB

Groups with a greater risk to progress from latent TB infection to active disease

1. Individuals with HIV infection, silicosis, diabetes, chronic renal failure, some malignancies, and those more than 10 pounds below normal body weight.
2. Those receiving some medical treatments that may increase risks, such as prolonged corticosteroid use, or other immunosuppressive treatments, organ transplant, intestinal bypass or gastrectomy
3. Persons with a history of untreated or inadequately treated TB disease

Signs and Symptoms

Check if you currently have any of the following symptoms:

- Drenching night sweats of more than two weeks duration
- Unexplained weight loss
- Body weight 10% below ideal body weight
- Loss of appetite
- A cough lasting more than three weeks
- Coughing up bloody sputum
- Hoarseness
- Fever
- Fatigue
- Chest pain

I am not experiencing any of the above symptoms

I understand if I am experiencing any of the above symptoms, followup will be required. I understand if I have any of the above symptoms at any time in the future, I am to report to management immediately and followup will be required at that time.

Name

Date