



## **AB 1667 (Pre-K and K-12 TB Risk Assessment Questionnaire) FREQUENTLY ASKED QUESTIONS**

### *1. What is AB 1667?*

The provisions of Assembly Bill (AB) 1667, which became effective on January 1, 2015, replace universal tuberculosis (TB) testing for private, parochial, public K-12 school and nursery school employees and volunteers with a TB risk assessment questionnaire, and if risk factors are identified, would then require TB testing and examination to determine that the person is free of infectious tuberculosis. This will be more cost-effective, while still protecting the state's teachers, volunteers, school employees, and children from tuberculosis.

### *2. Why was the law changed?*

Prior law was not consistent with guidelines from numerous expert bodies, and was not cost-effective, particularly given prior shortages of the drugs required to test for tuberculosis.

### *3. What expert bodies support this change?*

The Centers for Disease Control and Prevention (CDC), the American Thoracic Society (ATS), the Infectious Diseases Society of America (IDSA), the American Academy of Family Physicians (AAFP), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA) support this change.

### *4. What evidence supported this change?*

The best public health and medical evidence suggests that universal TB testing is neither necessary nor cost-effective. The Mantoux tuberculin skin test (TST) or any TB test recommended by CDC and licensed by the federal Food and Drug Administration (FDA) should be applied routinely only among high-risk populations. Since 1999, the CDC has discouraged the practice of testing individuals without risk factors for TB exposure, infection and disease due to the potential for false positive tests in persons with a low probability of infection. In 2013, California's TB case rate was 5.7 cases per 100,000 population, an all-time low.

### *5. What was the cost of the prior screening program?*

In the 2010-2011 school year, an estimated 173,803 Certificated and Classified Staff were examined for tuberculosis. The estimated total annual cost of TB examination for these staff was \$3,264,576, and the TB examination cost per TB case detected (estimated 8 cases) was \$414,813.



6. *What specifically did AB 1667 change?*

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
  - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
  - b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
  - c. Persons providing for the transportation of private school pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with “frequent or prolonged contact with pupils” in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment questionnaire administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with “frequent or prolonged contact with pupils,” mandates a TB risk assessment questionnaire administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

7. *Who developed the Pre-K and K-12 TB risk assessment questionnaire?*

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the Pre-K and K-12 TB risk assessment questionnaire form which is required in AB 1667.

8. *Where can I find the TB risk assessment questionnaire, and how will it be distributed?*

The TB risk assessment questionnaire is available on the following websites and the California Department of Education will distribute to local education agencies:

- California Department of Education (<http://www.cde.ca.gov/ls/he/hn/index.asp>)
- CDPH, Tuberculosis Control Branch (<http://www.cdph.ca.gov/programs/tb/Pages/default.aspx>)
- California School Nurses Organization (<http://www.csno.org/>)
- California Tuberculosis Controllers Association (<http://www.ctca.org/>)



*9. Who may administer the TB risk assessment?*

The TB risk assessment is to be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, or registered nurse).

*10. Who may administer and interpret the TB test?*

The TB test may be administered and interpreted by a registered nurse, physician, physician assistant, or nurse practitioner.

*11. Who may conduct the examination, if TB risk factors are identified and the TB test is positive?*

Only a physician, physician assistant, or nurse practitioner may conduct the examination.

*12. If someone does not want to submit to a TB risk assessment, can they get a TB test instead?*

Yes, an examination, including a TB test, may be completed instead of submitting to a TB risk assessment.

*13. If someone has a positive TB test, can they start working before the chest x-ray is completed?*

No, the x-ray must be completed prior to starting work.

*14. The Pre-K and K-12 TB risk assessment questionnaire form identifies birth in or travel to a "high TB-prevalence country" as a risk factor. What is a "high TB-prevalence country"?*

"High TB-prevalence countries" include countries other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.

United Nations countries by region: <http://unstats.un.org/unsd/methods/m49/m49regin.htm>

TB is present in all regions of the world and the World Health Organization (WHO) tracks TB cases and deaths in more than 200 countries and territories. However, the WHO has identified 22 countries that make up 80% of worldwide TB cases (<http://www.stoptb.org/countries/tbdata.asp>). Additionally, the Centers for Disease Control and Prevention (CDC) states that the majority of U.S. cases among foreign-born individuals are in people from 7 countries: Mexico, the Philippines, Vietnam, India, China, Haiti, and Guatemala.



15. *What if someone's risk factors don't change (for example, birth in a high TB-prevalence country), do they still need to submit to a TB risk assessment in 4 years?*

Yes, the TB risk assessment questionnaire is administered to identify any additional risk factors, and TB testing based on the results of the TB risk assessment.

16. *What subsequent screening is required for a person who has a positive TB test on examination?*

Once an employee or volunteer has a documented positive test for TB infection followed by an x-ray, the TB risk assessment is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his or her health care provider.

17. *What screening is required for a person with a positive TB test or history of TB disease?*

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his or her health care provider.

18. *What does "determined to be free of infectious TB" mean?*

"Determined to be free of infectious TB" means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB germ to others.

19. *What proof do I need that a TB risk assessment was completed or that I have been "determined to be free of infectious TB"?*

The second page of the CDPH-CTCA Pre-K and K-12 TB risk assessment questionnaire form is a Certificate of Completion to be signed by the health care provider and provided to your employer.

20. *If someone is currently employed and had a negative TB test prior to January 1, 2015, when should the TB risk assessment be completed?*

At the next regularly scheduled interval four years following the last negative TB test.



21. *If someone is a new employee and recently completed a TB test that was negative, would he or she need to also complete a TB risk assessment?*

Not if the TB test was within the 60 days prior to hire date.

22. *Who may I contact to get further information?*

For further information, you may contact:

- California Department of Education: (916) 319-0914
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000
- California School Nurses Organization: (916) 448-5752 or email [csno@csno.org](mailto:csno@csno.org)
- California Tuberculosis Controllers Association: "Contact" link on CTCA website (<http://www.ctca.org/>)