

School Entry Tuberculosis Risk Assessment Requirement

Frequently Asked Questions for Parents and/or Guardians

Tuberculosis Control Program

123 West Manchester Boulevard Room 228 | Inglewood, CA 90301
Phone: (213) 745-0800 | Fax: (213) 749-0926



1. Why does my child need a TB risk assessment to attend school?

A TB risk assessment is required to protect your child and others at school from tuberculosis (TB). TB is a serious but treatable infection that can spread in schools. The assessment identifies children who may have been exposed to TB and need further testing. Most children will not need any testing. Only children with specific risk factors identified on the TB risk assessment will need further testing.

2. Can my child start school before completing the TB risk assessment?

Yes. Your child may attend school without completing a TB risk assessment provided that you complete it within 90 days of starting school; however, children 10 years old or older with TB symptoms (cough >2-3 weeks, unexplained fever, weight loss or poor weight gain, excessive tiredness) must be reported as suspected TB to the LA County Department of Public Health TB Control Program by their provider via the [Confidential Morbidity Report](#) and excluded from school until medical evaluation is completed (see [Incomplete Screening Algorithm](#)). Contact your child's healthcare provider for follow-up if your child has symptoms concerning of TB.

3. What happens if a TB risk is identified on my child's assessment?

If your child has a TB risk factor (such as being born or frequent travel in a country with high TB rate or contacting someone with TB), they will need a TB test. This is usually a skin test (TST) or blood test (IGRA). Having a risk factor does not mean your child has TB; it just means they need testing to be sure.

4. Will my child be excluded from school if they have a TB risk factor?

Most children with TB risk factors do not have TB disease and can safely attend school. Your child can attend school while getting tested for TB, as long as they do not have symptoms of TB such as cough >2-3 weeks, weight loss or poor weight gain, excessive tiredness. Children 10 years old or older with TB symptoms must be reported as suspected TB to the LA County Department of Public Health TB Control Program by their provider via the [Confidential Morbidity Report](#) and excluded from school until medical evaluation is completed (see [Incomplete Screening Algorithm](#)). Contact your child's healthcare provider for follow-up if your child has symptoms concerning of TB.

5. What happens if my child needs a TB test?

Your child will get either a skin test (TST) or a blood test (IGRA):

- Skin test: A small amount of fluid is injected under the skin of the forearm. You must return in 48-72 hours for a healthcare provider to read the test.
- Blood test: A blood sample is drawn and sent to a laboratory. Results are usually available in a few days. Both tests are safe and help determine if your child has been infected with TB bacteria.

6. **Can my child attend school while waiting for the TB test or chest x-ray results?**

Yes. Your child can continue attending school while waiting for test results or a chest x-ray, unless they are 10 years old or older and have symptoms of TB disease (cough >2-3 weeks, weight loss or poor weight gain, excessive tiredness). Most children who need testing do not have active TB and are not contagious.

7. **If my child recently attended another school in LA County, do they need repeat TB screening?**

No. If your child has documentation of a completed TB risk assessment from another LA County school, repeat screening is not necessary unless there has been new TB exposure or travel to a country with high TB rate.

8. **What is the recommendation for TB screening if my child is transferring from Long Beach or Pasadena jurisdictions?**

It is recommended that all counties and cities, including Long Beach and Pasadena, recognize the LA County or California risk assessment. The student does not need to repeat the TB risk assessment if completed once and is able to provide the documentation of a previous risk assessment, even if completed over a year ago.

9. **What is the recommendation for TB screening for students transferring from other California school districts?**

LA County will recognize completion of the California pediatric risk assessment to meet the LA County TB risk assessment requirement, provided the risk assessment was completed within 1 year of school registration into the LA County school.

10. **What should I do if my child does not have documentation of prior TB testing or evaluation?**

Parents of students without documentation of completed TB evaluation or TB infection (latent TB) treatment should receive a parent education packet. The student must have a [TB symptom review](#) completed by their healthcare provider or any licensed clinical provider to determine eligibility to attend school. Children without symptoms of TB do not need to be excluded from school. Any child 10 years old or older with TB symptoms (cough >2-3 weeks, unexplained fever, weight loss or poor weight gain, excessive tiredness) must be reported as suspected TB to the LA County Department of Public Health TB Control Program by their provider via the [Confidential Morbidity Report](#) and excluded from school until medical evaluation is completed (see [Incomplete Screening Algorithm](#)). Contact your child's healthcare provider for follow-up if your child has symptoms concerning of TB.

Understanding Testing for TB:

11. **What is the difference between TB infection and TB disease?**

TB infection (latent TB) means TB bacteria are in the body but are inactive. Your child feels well, has no symptoms, and cannot spread TB to others. TB disease (active TB) means the bacteria are active and multiplying. Your child may have symptoms like cough, fever, and weight loss, and may be contagious. Treatment prevents TB infection from becoming TB disease.

12. **Where can my child get a TB test or evaluation?**

Your child's regular doctor can perform TB testing. You can also go to the LA County Department of Public Health TB clinics, community health centers, or Federally Qualified Health Centers. Many of these locations provide services regardless of ability to pay. You can find a list of community clinics that offer evaluation here:

<http://publichealth.lacounty.gov/tb/docs/LTB1%20Treatment%20Options.pdf>.

13. What if we cannot afford TB testing or treatment?

TB testing and treatment are available at low or no cost through LA County Department of Public Health TB clinics, community health centers, or federally qualified health centers. Do not let cost prevent your child from getting needed care. Contact the school nurse for help finding resources or refer to TB Control Program's [list of community clinics](#).

14. What is the difference between the TB skin test and the TB blood test?

Both tests check if your child has been infected with TB bacteria. The skin test (TST) requires an injection in the arm and a return visit in 48-72 hours to read the result. The blood test (IGRA) requires a blood draw with results in a few days and no return visit. Both are accurate and safe.

15. Is the TB skin test safe? What are the side effects?

The TB skin test (TST) is very safe. The most common side effect is mild discomfort or small bruise at the injection site. Serious reactions are extremely rare. The test does not contain live bacteria and cannot give your child TB.

16. What if my child received TB vaccine (BCG) in another country?

The BCG vaccine is given in many countries to prevent severe TB in young children. If your child received BCG, they may still need TB testing if they have risk factors. A blood test (IGRA) is preferred for BCG-vaccinated children because it is not affected by the vaccine and gives more accurate results.

17. Is TB infection (latent TB) treatable?

TB infection is easily treated in children, and we strongly recommended that your child receive preventative treatment. Treatment for TB infection in children is generally well-tolerated and successful. Talk to your pediatrician for options for TB infection treatment, which usually includes 3-4 months of medication.

School Attendance and Safety:

18. Can my child spread TB to other students?

Children with TB infection (latent TB) cannot spread TB to others; they are not contagious. Children with active TB disease may be contagious, which is why they must be excluded from school until cleared by a healthcare provider. Children under 10 years old with TB disease are generally not contagious.

19. Will other parents be notified if my child has TB?

If your child has TB infection (latent TB), other families will not be notified because your child is not contagious. If your child has active TB disease, the health department will conduct a confidential investigation and notify people who may have been exposed, in accordance with privacy laws.

20. Will my child's TB screening information be kept private?

Yes. TB screening information is part of your child's confidential health record and is protected by privacy laws. Schools and healthcare providers can only share this information as required by law or with your permission.