Smith College Policy on Tuberculosis (TB) Testing for Returning Travelers

Smith College Policy on Tuberculosis (TB) Testing for Returning Travelers Smith College requires that students be screened and tested for tuberculosis exposure before returning to campus if they travel to countries that have a high incidence of tuberculosis infection.

The ability to register for the next semester and to receive a Smith transcript will be blocked until TB test documentation is received by Smith Health Services.

Students may request a TB test from their primary care physician, a walk-in clinic or their local department of health.

Please note: we do NOT accept ppd skin tests. We require students to have TB IGRA blood tests performed (TSPOT or Quantiferon Gold). If IGRA testing is not available, we will accept a ppd skin test as a temporary measure until IGRA blood testing can be performed.

Prior to returning to campus, students must submit their completed TB screening questionnaire and a copy of TB test results to Smith College Schacht Center for Health and Wellness via their secure patient portal. Alternately, students may send documentation to The Smith College Schacht Center for Health and Wellness, 21 Belmont Avenue, Northampton Massachusetts 01063, or fax it to 413-585-4639.

Those who travel during J-term may request TB testing at Smith Health Services within one month of returning to campus.

As it may take 8 to 12 weeks for a person exposed to tuberculosis to develop a positive TB test, we recommend a repeat test 2 to 3 months after returning from the at-risk country if your initial test was negative. Signs and symptoms of active tuberculosis infection include unexplained cough, fever, night sweats, fatigue, weight loss and/or loss of appetite. If you do develop these symptoms, please see your health care provider and let him/her know of your travel history.

Countries with Estimated or Reported Tuberculosis Incidence
"High Incidence" areas are defined as countries with an annual reported or estimated incidence of $\geq$ 20 cases per 100,000 population. Source: World Health Organization; 2009. The most common destinations for Smith students are highlighted.

Afghanistan, Albania, Algeria, Angola, Anguilla, **Argentina**, Armenia, Azerbaijan, Bangladesh, Belarus, **Belize**, Benin, Bhutan, **Bolivia** (Plurinational State of), **Bosnia and Herzegovina**, **Botswana**, **Brazil**, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cabo Verde, **Cambodia**, **Cameroon**, Central African Republic, Chad, **China**, **China-Hong Kong SAR**, China-Macao SAR, Colombia, Comoros, Congo, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, **Ecuador**, El Salvador, Equatorial Guinea, Eritrea, eSwatini, Ethiopia, Fiji, French Polynesia, Gabon, Gambia, Georgia, **Ghana**, Greenland, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, **India**, Indonesia, Iraq, Kazakhstan, **Kenya**, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia Lesotho, Liberia, Libya, Lithuania, **Madagascar**, Malawi, Malaysia, Maldives, **Mali**, Marshall Islands, Mauritania, **Mexico**, Micronesia (Federated States of), Mongolia, **Morocco**, Mozambique, Myanmar, Namibia, Nauru, **Nepal**, Nicaragua, Niger, Nigeria, Niue, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, **Peru**, Philippines, **Portugal**, Qatar, **Republic of Korea**, Republic of

Moldova, Romania, **Russian Federation**, **Rwanda**, Sao Tome and Principe, **Senegal**, Sierra Leone, **Singapore**, Solomon Islands, Somalia, **South Africa**, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Tajikistan, **Tanzania** (United Republic of), Thailand, Timor-Leste, Togo, Tunisia, Turkmenistan, Tuvalu, **Uganda**, Ukraine, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe
Source: American College Health Association recommendations for targeted screening.
https://www.acha.org/documents/resources/guidelines/ACHA_Tuberculosis_Screening_2018.pdf

Information on Tuberculosis
Tuberculosis (TB) is a disease caused by bacteria called Mycobacterium tuberculosis. The bacteria usually attack the lungs, but can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States. TB is spread through the air when a person with active TB disease of the lungs or throat coughs or sneezes, and people nearby breathe in these bacteria and become infected. Not everyone infected with TB bacteria becomes sick. Instead, infected people may develop latent TB infection; they will not have any symptoms, and cannot spread TB to others, but some people with latent TB infection will develop the TB disease. People with active TB disease can be treated if they seek medical help, and most people with latent TB infection can take medicine so that they will not develop active TB disease. Multi-drug resistant or MDR-TB is TB that is resistant to at least two of the most effective drugs, isoniazid and rifampin (also called first-line drugs). Extensively Drug-Resistant Tuberculosis (XDR-TB) is a rare type of multidrug resistant tuberculosis and is resistant to almost all drugs used to treat TB including the two best first line drugs and the best second line medications.

For more information, please see the United States Centers for disease Control (CDC) overview.
http://www.cdc.gov/tb/xdrtb/overview.htm

Occurrence
In many other countries, tuberculosis is much more common than in the United States, and it is an increasingly serious public health problem. Although MDR-TB occurs globally, it appears to be rare compared to drug-sensitive TB. XDR-TB is of particular concern among HIV-infected or other immunocompromised persons.

Risk for Travelers
To become infected, a person usually has to spend a relatively long time in a closed environment where the air was contaminated by a person with untreated tuberculosis who was coughing and who had numerous M. tuberculosis organisms (or tubercle bacilli) in secretions from the lungs or larynx. Since infection is generally transmitted through the air, there is virtually no danger of its being spread by dishes, linens, and other items that are touched, or by most food products. However, it can be transmitted through unpasteurized milk or milk products (e.g., some cheeses) obtained from infected cattle. Documented sites of XDR-TB include crowded hospitals, prisons, homeless shelters, and other settings where susceptible persons come in contact with infected persons with TB disease.

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