

**RULES AND REGULATIONS  
PERTAINING TO TUBERCULOSIS  
SCREENING FOR FOREIGN-BORN  
UNIVERSITY AND COLLEGE STUDENTS**



**ARKANSAS DEPARTMENT OF HEALTH**  
**Effective September 16, 2011**

**RULES AND REGULATIONS PERTAINING TO TUBERCULOSIS  
SCREENING FOR FOREIGN-BORN UNIVERSITY AND COLLEGE STUDENTS**

**Table of Contents**

SECTION I.	AUTHORITY .....	1
SECTION II.	DEFINITIONS.....	1
SECTION III.	APPLICABILITY.....	3
SECTION IV.	REQUIREMENTS.....	3
SECTION V.	RECORDS .....	4
SECTION VI.	REPORTING .....	6
SECTION VII.	COMPLIANCE.....	6
SECTION VIII.	EXCLUSION FROM SCHOOL .....	6
SECTION IX.	NON-LIMITATION .....	6
APPENDIX.....		8

**SECTION I. AUTHORITY**

Pursuant to Act 96 of 1913, the Arkansas Department of Health has the authority to require testing for communicable diseases which the Arkansas Department of Health designates as having the potential to cause outbreaks when they occur on college and university campuses. Arkansas Code Ann. § 20-7-109. Arkansas Code Ann. § 20-7-110 grants the state Board of Health: “. . . direction and control of all matters of quarantine regulations and enforcement. It shall have full power and authority to prevent the entrance of such diseases from points outside the state. The board shall also have direction and control over all sanitary and quarantine measures for dealing with all infectious, contagious, and communicable diseases within the state and direction and control to suppress them and prevent their spread.”

One third of the world’s population is infected with *Mycobacterium tuberculosis*, and increasing numbers of students from countries where tuberculosis (TB) is much more prevalent than in the United States are attending higher educational institutions in Arkansas. The Department of Health has identified colleges and universities within the State of Arkansas as populations at risk for TB infection. Targeted testing and treatment of individuals with Latent TB Infection (LTBI) or TB disease (active TB) in collaboration with institutions of higher education are effective methods to prevent, control, and eliminate TB among college and university students, faculty, and staff.

The Department of Health has authority to treat TB patients pursuant to Arkansas Code Ann. § 20-15-701, et seq.

**SECTION II. DEFINITIONS**

A. Student: Any person born in a country where TB is endemic, who is not a permanent resident, and receives instruction in a room in which other students are present. People who

receive only individual instruction at which only they and an instructor are present are excluded. People who receive instruction solely by electronic means are excluded if no other students occupy the room in which they receive instruction at the same time. Part-time as well as full time students are included. Auditors are included. TB is not endemic in the countries listed below and students from these countries are not included.

**American Region:**

Canada	Saint Lucia
Jamaica	USA
Saint Kitts and Nevis	Virgin Islands (USA)

**European Region:**

Belgium	Luxembourg
Denmark	Malta
Finland	Monaco
France	Netherlands
Germany	Norway
Greece	San Marino
Iceland	Sweden
Ireland	Switzerland
Italy	United Kingdom
Liechtenstein	

**Western Pacific Region:**

American Samoa  
Australia  
New Zealand

B. Tuberculin Tests

1. Tuberculin skin test (TST) performed by the Mantoux method, consisting of intradermal injection of five tuberculin units (5TU) of Purified Protein Derivative (PPD) in a volume of 0.1 milliliter (ml), read in 48 to 72 hours by measuring the palpable induration, with a positive reaction being 10 millimeters (mm) or greater in diameter.

2. Special TB blood tests (interferon-gamma release assays [IGRAs]) to measure how the immune system reacts to the bacteria that cause TB.

C. Department: Arkansas Department of Health.

D. Division: Division of Tuberculosis, Arkansas Department of Health.

E. Control Officer: State Tuberculosis Control Officer

F. Radiograph: Standard 14 by 17 inch antero-posterior 72-inch chest radiograph.

### SECTION III. APPLICABILITY

**Students as defined in II.A** who enroll in higher education institutions in Arkansas are subject to the requirements of this regulation. Previous receipt of Bacillus Calmette Guerin (BCG) vaccine will have no effect on application of this regulation.

### SECTION IV. REQUIREMENTS

#### A. TB screening at initial enrollment

1. Students without a documented previous tuberculin skin test reaction of 10 mm or more induration or a positive interferon-gamma release assay (IGRA) must have a tuberculin test:

##### a) Tuberculin tests

A tuberculin skin test with five tuberculin units of purified protein derivative applied by the Mantoux method and read after 48 to 72 hours with the reading reported in mm of induration.

When a student has an undocumented history of a positive tuberculin reaction, he may, at the option of the provider administering the test, be tested initially with a half dose (2.5 TU) of PPD. If this test causes less than 10 mm of induration, the student *must be retested with the full dose of 5 TU PPD.*

A student may be tested using an interferon-gamma release assay (IGRA) to measure how the immune system reacts to the bacteria that cause TB.

b) When a tuberculin skin test causes 10 mm or more of induration or an interferon-gamma release assay (IGRA) is positive, the student must have a radiograph, which must be interpreted by a physician associated with the Department or a board eligible radiologist, pulmonologist, or infectious disease specialist.

2. Students with a previous documented tuberculin skin test reaction of 10 mm or more or a previous positive interferon-gamma release assay (IGRA):

a) A radiograph, which must be interpreted by a physician associated with the Health Department, a board eligible radiologist, pulmonologist, or infectious disease specialist.

3. Students who have radiographic findings consistent with TB disease:

a) Additional evaluation and/or treatment as required to assure that the student does not pose a risk of TB infection to others, as determined by the Control Officer. *No student in this group may begin attending or continue to attend classes or reside in communal housing under the college's control without the approval of the Control Officer.*

#### B. Follow-up TB screening for TST reactors and positive interferon-gamma release assays

1. Tuberculin positive students are required to have an annual radiograph meeting the requirements of A.2 above. Exception: students who can document completion of an adequate course of treatment for latent TB infection with a negative initial radiograph.

Only the Control Officer or his designee may determine the adequacy of a course of treatment or of documentation of treatment.

C. Follow-up TB screening for Active Disease

1. Any student, who has a history of TB disease, should present documentation that he has completed an adequate course of treatment. If he is unable to present such documentation, he must undergo screening just as if he did not have the history of TB. Such students will not be excused from meeting the deadlines for completing the requirements for screening due to difficulties in obtaining documentation or any other reason. If the original documentation is not in English, a translator approved by the Control Officer must translate it. The student will be responsible for all costs of translation and for arranging for payment with the translator.

2. Students who have a history of TB disease are required to have an annual screening for 2 years following completion of an adequate course of treatment. The screening will include a chest radiograph and bacteriologic studies to rule out relapse of disease, as well as such other evaluation the Control Officer directs.

3. Only the Control Officer or his designee may determine the adequacy of a course of treatment or of documentation of treatment.

D. Follow-up TB Screening for HIV Positive Students

1. Any student who is HIV positive *must* receive a chest radiograph initially and annually regardless of tuberculin test results.

E. Screening Facilities

1. TB screening may be done by any of the following:

a) Department facilities

b) College and University Student Health Services that are approved by the Department. Obtaining approval will require that one or more individuals employed by the service be certified to apply and read tuberculin skin tests and to draw and properly handle tuberculosis blood test specimens.

c) Licensed Physicians

2. When necessary, more than one provider or type of provider may provide TB screening services to a student, e.g. a college health service might perform tuberculin testing, but refer students with positive tests to another facility for chest radiography. In such a case, the college health service would retain overall responsibility for assuring that the student fully complies with the requirements of this regulation. The college's responsibility will be discharged if it refers the student to the Department and conditions continued enrollment on the student's cooperation with the Department for prompt completion of the screening required by this regulation.

## SECTION V. RECORDS

A. Colleges that have health services that perform TB screening

1. These institutions may keep their internal records in the format of their choice, including electronic form. They are not required to use Department forms for students

they screen. If some students are screened elsewhere, the procedures described below for colleges whose own health services do not provide screening must be followed for those cases only.

- B. Colleges that do not provide screening through their own health services
  - 1. The institution should provide the Arkansas Certification of Tuberculosis Screening for Institutions of Higher Education to the students. It will be the responsibility of the student to obtain the prescribed screening, have the form filled out and signed by the provider(s), and return it to the college. The form may be obtained from the Department.
- C. Acceptance of evidence of prior TB screening
  - 1. Students who have had the required screening performed in the United States or Canada within the six months prior to enrollment will not be required to have it repeated, provided that they present satisfactory documentation.
  - 2. Documentation of tuberculin testing must include:
    - a) Name and address of provider
    - b) Date applied
    - c) Result of TST in mm of induration or of interferon-gamma release assay (IGRA)
    - d) Date TST read or interval between application and reading
    - e) Signature of provider
  - 3. Documentation of chest radiography must include:
    - a) Name and address of provider
    - b) Date performed
    - c) Interpretation
    - d) Interpreter's signature
    - e) Printed or typed name of interpreter
    - f) Identification of interpreter's medical specialty, which must be radiology, pulmonology, or infectious disease
- D. Intrastate transfers
  - 1. Students will not be required to have additional screening for TB solely because they transfer from one college to another within the state, *provided that they supply documentation to the receiving college that they have previously complied with this regulation*. The form, Arkansas Certification of Tuberculosis Screening for Institutions of Higher Education, should be used as the documentation.
- E. Retention of records
  - 1. All documentation and records required by this regulation or required to document compliance will be retained for three years after the student's last attendance,

during which time they will be made available to Health Department representatives on request.

#### **SECTION VI. REPORTING**

- A. The Health Department will provide a secure Web site where college personnel will enter the required information. Other electronic means of reporting acceptable to the Department and colleges may be used.
- B. The information provided to the Department shall include the items listed in the Appendix.

#### **SECTION VII. COMPLIANCE**

- A. All students as defined in Section II.A are subject to the provisions of this regulation.
- B. Students are required to comply within 45 days of enrollment.
- C. Students who, at the time of initial enrollment, are expected to complete their course of study within six weeks are not required to comply. If such students continue to be enrolled, re-enroll, or return after six weeks, they shall comply within 45 days.
- D. No student who is not fully in compliance with the requirements of this regulation shall be permitted to enroll for a subsequent semester or term, to have credits transferred, or to graduate until he/she is fully compliant.

#### **SECTION VIII. EXCLUSION FROM SCHOOL**

- A. The responsibility for the enforcement of these TB rules and regulations rests equally with each college and university of this state, the parent or guardian of the student, and the student. Each of them shall be separately and individually responsible for permitting any violation of this regulation.
- B. Students will not be allowed to attend school unless they can document compliance with this regulation or are in the process of completing the requirements within the timeframes described in VII. Students must be excluded from the college or university until they complete the required testing and documentation is provided.

#### **SECTION IX. NON-LIMITATION**

Nothing in this regulation shall be construed as restricting any college or university from having more stringent requirements for TB screening than this requires.

#### **SEVERABILITY**

If any provision of these Rules and Regulations, or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules and Regulations which can give effect without the invalid provisions or applications, and to this end the provisions hereto are declared to be severable.

#### **REPEAL**

All Rules and Regulations and any parts of Rules and Regulations in conflict herewith are hereby repealed.

**CERTIFICATION**

This will certify that the foregoing Rules and Regulations Pertaining to Tuberculosis Screening for Foreign-Born University and College Students adopted by the Arkansas State Board of Health at a regular session of the Board held in Little Rock, Arkansas on the 28<sup>th</sup> day of July 2011.

\_\_\_\_\_/original signed/

Paul Halverson, DrPH, FACHE,  
Secretary, Arkansas State Board of Health

## **APPENDIX**

### **Data to be Reported to the Department Regarding Each Student**

1. Name
2. Date of Birth
3. Social Security Number, if applicable
4. Country of Birth
5. Gender
6. Race/ethnicity
7. Date of Arrival in the United States (Month /Day /Year)
8. History of TB Disease (Year, treatment)
9. BCG Status and Year Received
10. Past Tuberculin Status (Year tested, results)
11. Current Tuberculin Test Date and Reading
12. Brand of Tuberculin Antigen Used
13. Date, Place and Provider of Chest Radiograph (if indicated)
14. Chest Radiograph Result
15. HIV Status if Known

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Health  
**DIVISION** Center for Health Protection  
**PERSON COMPLETING THIS STATEMENT** James Phillips, M.D.  
**FAX**  
**TELEPHONE NO.** 501-280-4351 **NO.** 501-661-2055 **EMAIL:** james.phillips@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** Tuberculosis Screening for Foreign-Born University and College Students

1. Does this proposed, amended, or repealed rule have a financial impact? Yes  No
2. Does this proposed, amended, or repealed rule affect small businesses? Yes  No   
If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

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3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

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4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

\$ N/A

**Next Fiscal Year**

\$ N/A

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6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

**Current Fiscal Year**

\$ 0

**Next Fiscal Year**

\$ 0

The Department does not anticipate that any additional personnel will be needed and any costs to the Department will be negligible.

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