



<b>Title:</b> Tuberculosis Screening				
<b>Policy #:</b> N204				
<b>Creation Date:</b> 10/2003		<b>Last Approved Date:</b>		Reviewed Annually
<b>Description:</b> Policy on Tuberculosis Screening				
<a href="#">PHAB Domain/ Standard/ Measure (LINK):</a> Domain 2 (Investigate, diagnose, and address health problems and hazards affecting the population), Standard 2.1 (Anticipate, prevent, and mitigate health threats through surveillance and investigation of health problems and environmental hazards.) Measure 2.1.4 A (Maintain protocols for investigation of public health issues)				
<b>Statutory Authority/ Evidence Base/ Links:</b> <a href="#">Wis. Stat. ch. 252</a> Communicable Diseases <a href="#">Wis. Admin. Code Ch. DHS 145</a> Control of Communicable Diseases				
<b>Author(s)/ Reviewer(s):</b> Julie Erickson, Sonja Jensen, Becky Lindberg, Katie Schink-Pawlowski				
<b>Policy Approval Tracking</b>				
<b>Created/ Reviewed/ Revised Date</b>	<b>Legal Services Approval Date</b>	<b>Board of Health Approval Date</b>	<b>Council Approval Date</b>	<b>Health Officer or Designee Signature (Name/Title)</b>
Revised 5/13/24	6/5/24			

## Purpose

To eliminate the spread of active tuberculosis (TB) disease by early identification and testing.

## Policy

Provide TB screening or linkage to a medical provider for TB screening for residents with an identified exposure to TB, or through the Appleton fee for service TB skin test program. Includes education to



DEPARTMENT OF  
**PUBLIC  
HEALTH**

# Appleton Health Department Policies

client(s) on latent tuberculosis and treatment options, when applicable. An attempt by a public health nurse will be made to collaborate in offering treatment for latent tuberculosis in accordance with [medication regimens](#) recommended by the WI State TB Program or CDC/American Thoracic Society (ATS) current guidelines.

## Attachments

Medical Authorization for TB Skin Test Administration

Testing and Treatment of Latent Tuberculosis Infection in the United States: [Clinical Recommendations](#)

Official American Thoracic Society/Infectious Diseases Society of American/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children  
<https://www.idsociety.org/practice-guideline/diagnosis-of-tb-in-adults-and-children/>



# CITY OF APPLETON

**Health Department**  
100 North Appleton Street  
Appleton, WI 54911  
p: 920.832.6429  
f: 920.832.5853  
[www.appleton.org/health](http://www.appleton.org/health)

## Medical Authorization

### Administration of Tuberculin

Medical authorization is hereby granted to the Appleton Health Department to order and administer purified protein derivative (5TU) using the Mantoux Tuberculin Skin Test method as part of the department's comprehensive tuberculosis control activities.

This authorization is limited to the following conditions:

1. This procedure shall be performed by a public health nurse under the direction of the nursing supervisor. Such personnel shall receive training prior to performing control activities.
2. The performance of this procedure shall be strictly adherent to a written policy and procedure (N103). Current CDC, DPH TB Program and Public Health Guidelines relevant to this activity will be followed.
3. The purified protein derivative (5TU) shall be ordered from a pharmacy. Dosage per test is 0.1 ml of tuberculin.
4. Any adverse incidents or conditions resulting from the administration of tuberculin under this authorization shall be reported to me, in writing, not to exceed 30 days after the nursing supervisor becomes aware of it.

This order shall be reviewed for renewal annually.

---

Lee Marie Vogel, M.D.  
Medical Advisor

---

Date

---

Charles E Sepers, Jr, PhD, MPH  
Health Officer

---

Date