



## Actions and Best Practices for Diagnosis and Treatment of Tuberculosis (TB) and Latent TB Infection (LTBI)



We want Californians to get the tuberculosis care they need when they need it.

Here are the best practices to prevent TB spread and have effective TB-related healthcare services.

	Actions	Timeframe
<b>Active TB Disease Diagnosis</b>	<p>When active TB disease is suspected*</p> <ul style="list-style-type: none"> <li>✓ Obtain chest imaging, expedite referrals for diagnostic procedures and obtain HIV test</li> <li>✓ Collect 3 sputum 8-24 hours apart (one in early morning) for acid fast bacilli (AFB) smear, culture and susceptibility testing</li> <li>✓ Obtain nucleic acid amplification test (NAAT) on at least one respiratory specimen for rapid detection within 24-48 hours</li> <li>✓ Expedite referrals to sub-specialists or the public health TB clinic by using standing referrals</li> </ul>	Initiate within a day
<b>TB Treatment</b>	<ul style="list-style-type: none"> <li>✓ Start TB treatment (that includes at least 3-4 drugs of presumed susceptibility) in individuals with reasonably <u>suspected</u> and confirmed active TB disease</li> </ul>	Within a week
<b>Identifying and Treating Latent TB Infection (LTBI)</b>	<p>Prioritize individuals with the following latent TB infection risk factors who are at greatest risk of progression to disease:</p> <ul style="list-style-type: none"> <li>✓ Immunosuppression, current or planned</li> <li>✓ Current or planned treatment with tumor necrosis factor antagonist (TNF-alpha antagonist)</li> <li>✓ HIV infection</li> <li>✓ Recent contact to someone with infectious TB</li> </ul>	<p><u>Test</u> within a week</p> <p><u>Treat</u> within 2 weeks of diagnosis (e.g., positive TB test, negative CXR)</p>
	<p>Assess individuals <u>without</u> the above for other TB risk factors, according to local epidemiology, to identify asymptomatic adults for latent TB infection testing, such as:</p> <ul style="list-style-type: none"> <li>✓ Foreign-born persons from a country with an elevated TB rate (includes countries other than the United States, Canada, Australia, New Zealand, or a country in Western and Northern Europe)</li> </ul>	<p><u>Test</u> within 2 weeks of assessing</p> <p><u>Treat</u> within a month of testing</p>
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>✓ Availability of <u>all</u> first and second line TB drugs without delay</li> <li>✓ Timely access to TB drugs without financial barriers</li> </ul>	Within a week

\*Contact the local health department when TB is suspected and with any questions on reporting requirements, TB diagnosis, treatment, or LTBI risk identification testing, and treatment

**Tuberculosis (TB) Diagnosis, Treatment, and Prevention:  
Connecting Health Plans and Community Providers  
with their Local Public Health Department**

**Latent Tuberculosis Infection (LTBI)**

Assessing and identifying patients at risk for TB infection can reduce unnecessary TB testing in low risk populations. Treatment of TB infection in patients who have risk factors for progression to TB disease or who will benefit from preventive treatment is necessary to see more substantive decreases in TB cases and TB exposures in our communities. The health department may provide assistance to providers.

Actions by the Local Health Departments

- Provide information regarding the epidemiology of TB cases in the local health jurisdiction
- Provide technical assistance with the risk assessment implementation and provider training
- Facilitate access and providing technical support for TB testing by interferon gamma release assays (IGRA) in patients who have been BCG vaccinated
- Provide technical assistance with identifying target groups for TB infection treatment initiation
- Facilitate access to TB infection pharmaceuticals (e.g. rifapentine) and provide technical support/consultation for the short course TB infection treatment regimens
- Provide technical assistance with tracking TB infection treatment completion

**Active Tuberculosis Disease**

Reporting persons confirmed with TB or suspected to have TB to the health department will facilitate linkage of the patient to treatment and interventions to limit the spread of TB disease in the community.

Actions by the Local Health Departments

- Locate and find patients who are not easily linked to care (e.g. homeless, marginally housed, substance users)
- Link patients to clinicians or clinics who provide TB specialty care or consultation for TB care
- Initiate a contact investigation involving the people at risk for exposure to the index patient, and linkage to specialty care or consultation support for higher risk contact patients
- Assist with access to TB diagnostic tests at the local public health laboratory or other laboratory tests
- Assist with assurance that patients in care for TB disease are adherent to their anti-TB treatment and are receiving case management by the health department to remove barriers and enable successful completion of anti-TB treatment
- Assist with access to pharmaceuticals for anti-TB treatment (e.g. uninsured or underinsured patient, drug shortage)