

Reporting Tuberculosis and Suspected Cases in California

Fact Sheet

Background

State regulations require health care providers knowing of, or in attendance on, a case or suspected case of tuberculosis to report to the local health officer (of the jurisdiction where the patient resides) **within 1 working day** of identification of the case or suspected case by electronic transmission, phone or mail. (California Code of Regulations, Title 17, Section 2500) The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case or a suspected case of tuberculosis within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.

Suspected Case of Tuberculosis

According to these regulations, a “suspected case” of TB means:

1. “A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have...[TB]; or
2. A person who is considered a probable case or an epidemiologically linked case or who has supportive laboratory findings under the most recent surveillance case definition established by the Centers for Disease Control and Prevention (CDC).

To assist in clarifying those requirements, CTCA has developed the following examples of suspected TB cases for the purpose of provider reporting to the local health officer:

1. Any person in whom a smear or preliminary culture result from any body fluid or tissue is positive for acid fast bacilli.
2. Any person with pathologic findings consistent with active TB, unless other clinical evidence makes a TB diagnosis unlikely.
3. Any person with clinical, radiographic, or laboratory evidence consistent with active TB, even if the diagnostic evaluation is incomplete or culture results are pending, in whom the level of clinical suspicion of active TB is high enough to warrant the initiation of anti-tuberculous therapy, whether or not such therapy has actually been started.
4. Any person who has been started on anti-tuberculous therapy for clinical suspicion of active TB.
5. Any person with known or suspected HIV infection who:
 - has a new finding on chest radiograph consistent with active TB, regardless of symptoms, AFB smear results, and whether anti-TB therapy has been initiated; AND
 - resides in, or may reside in, a congregate setting where other immunocompromised persons may be exposed, such as a correctional, homeless, or residential facility.

NOTE: If the person has known or suspected HIV infection, and/or resides in, or may reside in a congregate setting, it is appropriate to initiate anti-tuberculosis therapy at a lower level of clinical suspicion than would otherwise be warranted.

Case of Tuberculosis

According to these regulations, a “case” of TB means:

1. “A person who has been diagnosed by a health care provider, who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have...[TB]; or

A person who is considered a case of...[TB]...that satisfies the most recent communicable disease surveillance case definition established by the CDC.”

<http://www.cdc.gov/tb/programs/rvct/default.htm>. To assist in clarifying those requirements, CTCA has developed the following examples of TB cases for the purpose of provider reporting to the local health officer:

1. Any person with *M. tuberculosis complex* (including *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. microti*, *M. canetti*, *M. caprae*, and *M. pinnipedii*) isolated from a clinical specimen from any source.
2. Any person who has a nucleic acid amplification test (NAAT) which is positive for *M. tuberculosis complex* on a clinical specimen.
3. Any person who 1) demonstrates signs and symptoms compatible with TB (e.g. abnormal chest radiograph or other chest imaging study, or clinical evidence of current disease such as: fever, night sweats, cough, weight loss, and hemoptysis; and 2) clinical suspicion is high.
4. Treatment for active TB is initiated.

Remember a negative TB test does not exclude active TB, especially in a person with HIV or other immunosuppression.

NOTE: The above examples are not all inclusive.

Contact your TB control program for county specific reporting requirements.

This information has been developed by the California Department of Public Health (CDPH), Centers for Infectious Diseases, Tuberculosis Control Branch (TBCB), and the California Tuberculosis Controllers Association (CTCA), providing statewide recommendations for tuberculosis (TB) control in California. When questions arise on individual situations not covered by these guidelines, consult your local TB Controller or CDPH, TBCB