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
Active TB Disease Diagnosis	When active TB disease is suspected* ✓ Report to local health department of the patient's residence ✓ Obtain chest imaging, expedite referrals for diagnostic procedures and obtain HIV test. Consider screening for diabetes and viral hepatitis for at-risk patients. ✓ Collect 3 sputum 8-24 hours apart (one in early morning) for acid fast bacilli (AFB) smear, culture and susceptibility testing. *When non-pulmonary TB is suspected, collections should be taken from location of suspected disease (e.g. lymph node, CSF, urine, tissue sample).* ✓ **Obtain nucleic acid amplification test (NAAT) e.g. TB PCR on at least one respiratory specimen for rapid detection within 24-48 hours** ✓ Expedite referrals to sub-specialists or the public health TB clinic by using standing referrals	Initiate TB evaluation within 1 day
Active TB Treatment	Start TB treatment if TB disease is reasonably suspected or confirmed. ✓ Treat according to national TB guidelines (typically 4 drugs of presumed susceptibility); discuss any alternate regimens with local public health program. Drug-susceptible TB treatment guidelines ✓ Consult CDPH MDR-TB Consultation Service via local health department if drug resistance is suspected	Initiate TB treatment within 1 week
Latent TB (LTBI) Diagnosis and Treatment	**Think**: Assess TB Risk – Risk Assessment Tool ✓ Birth, travel or residence outside U.S. in a country with an elevated TB rate^ ✓ Immunosuppression, current or planned including: • HIV infection or transplant recipient • Tumor necrosis factor (TNF-alpha) antagonist • Prednisone (≥15mg for ≥1 month duration) therapy • Other immune suppressive medication ✓ Recent contact to someone with infectious TB **Test**: Evaluate for TB and LTBI ✓ Symptom review ✓ Test: IGRA (blood) preferred in non-US-born age ≥2** ✓ Physical exam and CXR if positive test or symptoms **Treat**: Treat LTBI in patients with positive TB test once active TB disease excluded through testing and evaluation ✓ CDC guidance: short course rifamycin-based therapy is preferred and most likely to be completed	**Think**: Assess LTBI risk at primary care & other visits **Test**: TB test within 1 week of visit **Treat**: Start LTBI treatment within 2 weeks of LTBI diagnosis (recent contacts to someone with infectious TB and immune suppressed) Start **LTBI treatment** within 1 month (others with LTBI)
Pharmacy	Availability of all first and second line TB drugs without delay or financial barriers	Within 1 week

** Tuberculin skin test (TST) acceptable for those <2 years and non-BCG vaccinated. ^TB risk profiles and BCG usage at http://www.bcgatlas.org/index.php

*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

Active Tuberculosis Disease

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

Actions by the Local Health Departments
- Locate and link patients who are not easily linked to care (e.g., those with substance use or who are experiencing homelessness or are marginally housed)
- Link patients to TB care and specialty consultation
- Initiate contact investigation for the people at risk for exposure to the index patient, and linkage to specialty care or consultation support for contacts as needed
- Provide access to TB diagnostic tests at the local public health laboratory or other laboratories
- Assure 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)

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 can 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 risk assessment implementation and provider training
- Facilitate access to and provide technical support for TB testing using interferon gamma release assays (IGRA) in patients who have been BCG vaccinated
- Provide technical assistance with identifying priority groups for TB infection treatment initiation
- Facilitate access to TB infection pharmaceuticals (e.g., rifapentine)
- Provide technical support/consultation for LTBI treatment regimens including short course regimens, medically complex situations and provide referral to regional consultation services**
- Provide technical assistance with tracking TB infection treatment completion

**The UCSF Curry International Tuberculosis Center provides free consultation: https://www.currytbcenter.ucsf.edu/consultation