

Sullivan County Department of Public Health

Title: Tuberculosis Control- Latent Cases	Original Approval: 4/09
Number: DT-02	Reviewed/ revised: 1/20, 5/24
Page Number: 1 of 2	

Statement/ Purpose:

To reduce tuberculosis (TB) morbidity and mortality in Sullivan County in accordance with New York State Department of Health (NSYDOH), Centers for Disease Control and Prevention (CDC) and American Thoracic Society diagnostic and treatment recommendations

Authority:

Article 28 TB Control Program, *Clinical Infectious Disease*, Volume 64; Issue 2, 15 January 2017

Application:

Disease Surveillance and Investigation (DSI) staff

Terminology:

Responsible Party:

Public Health Director

Cross-Reference:

Tuberculosis Control- Active Cases, Tuberculosis Directly Observed Therapy

Procedure:

Latent cases of Tuberculosis (LTBI) (positive TB screening result in asymptomatic person) will be accepted into the TB control program upon referral from a community health care provider.

Recommendation: It is recommended that an IGRA is performed rather than a TST in individuals 5 years or older who meet the following criteria:

1. Are likely to be infected with Mtb
2. Have a low or intermediate risk of disease progression
3. It has been decided that testing for LTBI is warranted, and
4. Either have a history of BCG vaccination or are unlikely to return to have a TST read.

Remarks: A TST is an acceptable alternative, especially in situations where an IGRA is not available, too costly, or too burdensome (*Clinical Infectious Disease*, Volume 64; Issue 2, 15 January 2017).

Admission Protocol:

- Baseline assessment will be arranged for all prospective TB Control Program clinic patients. The patient will be contacted by the TB Program Control RN who will instruct the patient of the need for a baseline chest x-ray and for liver function serologies to be obtained at Garnet Health Medical Center- Catskills (GHMC-C). The nurse will obtain orders from the TB Control Program clinic provider and forward documentation to

Sullivan County Department of Public Health

GHMC-C. Once testing has been completed, GHMC-C will bill the SCDPH TB Control Program. There will be no charge to the patient or their insurance.

- Upon receipt of the chest x-ray and serology results, the TB Control Program RN will schedule the patient for the next available clinic. At the clinic visit, the TB Control Program clinic provider will conduct a physical assessment and prescribe a treatment plan in accordance with NYSDOH TB treatment regimen. Medications will be dispensed by the TB Control RN after confirming patient specific orders. Directly observed therapy (DOT) will be scheduled for 12-week LTBI treatment regimens as recommended by NYSDOH.
- All patients admitted to the TB control program will be encouraged to accept HIV rapid testing. If the patient declines HIV rapid testing, it will be offered at every subsequent clinic visit.
- If the TB Control Program provider believes the LTBI patient's medical history, comorbidities or compliance may present as contraindication to treatment, the TB Control Program RN will refer the patient to an appropriate health care provider. If the patient has been educated regarding the risk of untreated LTBI and refuses treatment, the patient will be discharged with information on how to follow up should reconsider.
- Those who develop a positive TST are considered to have LTBI. It is estimated that, in the absence of treatment, approximately 4-6% of individuals who acquire LTBI will develop active TB disease in their lifetime.
 - Individuals with LTBI most at risk for progression to active disease include:
 - Positive skin test results >5 mm in HIV positive person
 - Recent contact of an active TB case
 - Person with fibrotic changes consistent with old TB disease
 - Patient with organ transplants and other immunosuppressed conditions; positive skin test results >10 mm
 - Recent arrival from high-prevalence country
 - Injection drug user
 - Resident or employee of high-risk congregate setting
 - Micro-bacteriology laboratory personnel
 - Person with clinical conditions that make them high risk
 - Children < 4 years of age, or children and adolescents exposed to adults in high-risk categories; positive skin test result >15 mm

NOTE: Children under 5 years of age are at significantly increased risk of active infection serious sequelae. Prompt, well monitored treatment should be initiated especially if the child has had a recent exposure to an active case.

- Patients are evaluated at the TB Control Program clinic monthly by the provider/ RN or every other month as deemed appropriate by the TB Control Program provider. Liver function serologies are drawn at the baseline of treatment and again after 1 month of therapy. Additional liver function assessment serologies should be drawn at the discretion of the TB Control Program clinic provider and whenever the patient demonstrates symptoms consistent with liver toxicity.
- All patients receiving TB treatment in the TB Control Program clinic will receive a fact sheet for each medication prescribed upon admission, which included signs and symptoms of toxicity to report.
- All patient enrolled in the TB Control Program clinic will be provided the contact information for TB Control Program nursing staff for both business and after hours, in writing.

Discharge Protocol:

- When the full course of treatment has been completed, the patient will be discharged from clinic with documentation of their treatment completion, instructions for future follow up, including that any TST will

Sullivan County Department of Public Health

be positive and how to be screened for TB if needed, and a letter for employers or potential employer.