TULARE COUNTY
HEALTH & HUMAN SERVICES AGENCY

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Tulare County Tuberculosis (TB) Screening and Referrals

Please see the following regarding outpatient TB screening and referrals to the Tulare County TB Program.

1. **TB screening:** Screen for symptoms plus either IGRA blood test or TB skin test. Screening is indicated for persons born outside the U.S. *or* with extended international travel *or* after an exposure *or* as requested for employment *or* if planned immunosuppressants *or* as part of initial work-up if symptomatic. IGRA (QuantiFERON Gold) is preferred for patients over 2 years old and for individuals born outside the U.S. or who have received the BCG Vaccine.
    - **If IGRA or TB skin test is positive**—order chest x-ray and follow #2a or #2b. HIV screening is also recommended for any persons with latent TB infection or suspected TB disease.
    - **If TB skin test is positive and IGRA is negative**—no chest x-ray, treatment, or further follow-up is needed unless patient is symptomatic.
    - **If clinical presentation or symptoms specifically concerning for TB**—order chest x-ray and follow #2a or #2b, depending on imaging result.
        i. This is regardless of IGRA or TB skin test result (negative or indeterminate results do not rule out active TB in certain clinical contexts).
        ii. Consider screening for Valley Fever (coccidioidomycosis antibody with reflex titers) and HIV.

2a. If chest x-ray is abnormal: Refer to TB program as "suspected TB," as active TB likely needs to be ruled out. TB program will review and complete rule-out by ordering/collecting sputum (for AFB smear/culture, TB NAAT, and fungal culture) as indicated for testing in the public health lab. Do not initiate any TB treatment, as this can affect micro results and delay diagnosis. Along with the CMR reporting form, please include labs, imaging reports, and recent progress notes.

- This is regardless of symptoms or specific imaging findings (TB does not always present typically: may include infiltrates, nodules, mass, cavitary lesion, pleural effusions, fibrosis or granulomatous disease, hilar/mediastinal lymphadenopathy, etc.)
- Per Title 17, suspected TB must be reported within 24 hours. TB program will review records, collect sputum if indicated, and advise if/when treatment or isolation are indicated.
- CXRs should be evaluated for presence of TB prior to sending to TB program, as alternate diagnoses may also cause abnormalities to radiology.

2b. If chest x-ray is normal OR active TB has been ruled out: Latent TB treatment is recommended to prevent progression to active disease later in life. Treat for latent TB with one of the CDC regimens. Generally, assuming no contraindications, daily rifampin is often preferred, as it has higher completion rates.

- Regimens and dosing: https://www.cdc.gov/tb/topic/treatment/ltbi.htm
- If uninsured, may refer to TB clinic for free latent TB treatment.

Note: Pulmonary TB may present with constitutional (fever, chills, weight loss, night sweats, malaise, or lymphadenopathy) and/or respiratory symptoms (cough, shortness of breath). Extrapulmonary disease may also present symptomatically, dependent on disease location. As these symptoms are not specific to TB, providers should consider differentials as indicated, including other pertinent referrals or work-up. Thank you for your continued efforts in keeping our community healthy. For inpatient referrals, see discharge criteria for hospitalized patients.

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