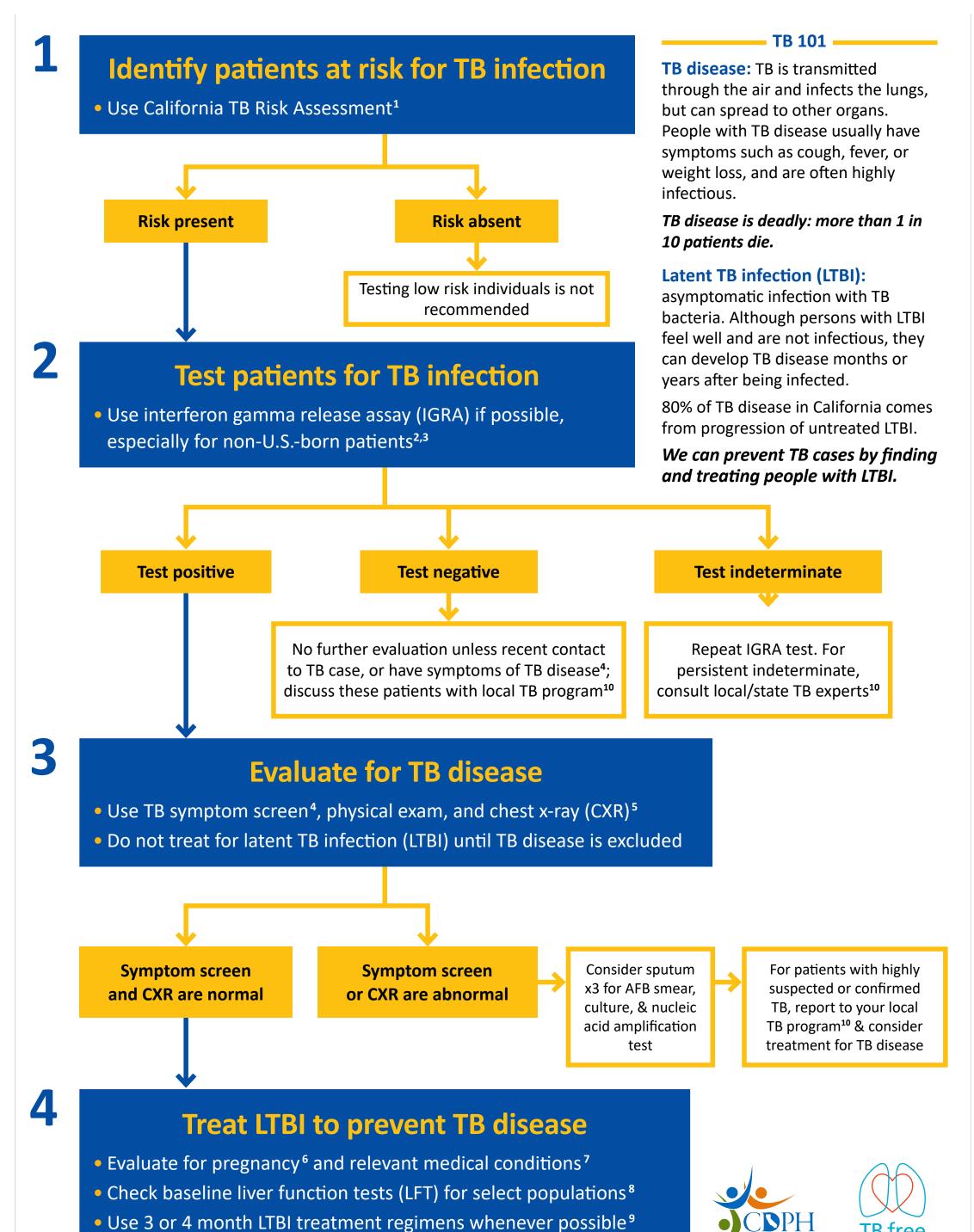
Prevent Tuberculosis (TB) in 4 Steps: A Guide for Medical Providers

1. California Department of Public Health **Tuberculosis (TB) Risk Assessment** is available here: TB Risk Assessment (cdph.ca.gov/Programs/CID/ DCDC/Pages/TB-Risk-Assessment.aspx)

Risk factors that should prompt testing for TB infection include any of the following:

- Birth, travel, or residence for ≥1 month, or frequent border crossing in a country with an elevated TB rate. Includes any country other than the U.S., Canada, Australia, New Zealand, or countries in western or northern Europe
- Immunosuppression (current or planned): HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, others), steroids (equivalent of prednisone ≥2 mg/kg/day, or $\geq 15 mg/day$ for ≥ 2 weeks) or other immunosuppressive medication
- Close contact to someone with infectious TB disease during lifetime
- Homelessness or incarceration: For adults, residence in a high-risk congregate setting including homless shelter or correctional facility during lifetime
- 2. Interferon gamma release assays (IGRA), may include Quantiferon-TB Gold Plus (QFT) or T-SPOT. IGRAs are not affected by prior BCG vaccination and are preferred over TB skin test (TST) for non-U.S.-born patients.
- **3. Prior TB treatment:** If patient has previously been treated for TB disease or latent TB infection (LTBI), do not repeat IGRA or TST. If there is clinical concern for TB disease or a new TB exposure, evaluate for TB disease using symptom screen, physical exam, and chest x-ray (CXR)
- **4. TB symptom screen:** Patients should be asked about presence of >2 weeks of any of these symptoms:
 - Cough
- Night sweats
- Hemoptysis
- Unexplained
- weight loss Fever
- **5. CXR:** Posteroanterior (PA) view is sufficient for patients ≥10 years. For patients <10 years, obtain both PA and lateral views. CXR abnormalities in TB disease may include infiltrates, nodules, cavitations, effusions, and hilar lymphadenopathy
- **6. Pregnant patients:** Pregnant persons with a positive IGRA or TST should receive prompt evaluation for TB disease including CXR with abdominal shielding. Pregnant persons with LTBI should be treated immediately if they are recent contacts of a TB case, documented new converters, have HIV or significant immune suppression. For other pregnant persons, LTBI treatment can be either started during pregnancy or deferred to postpartum
- 7. Medical conditions that may increase risk of adverse events during LTBI treatment include HIV infection, liver disease (including cirrhosis, non-alcoholic fatty liver disease, chronic hepatitis B and C), heavy alcohol use, use of hepatotoxic medication, or age >50 years. Patient with these conditions can still be treated, with baseline lab testing and clinical monitoring



- **8. Baseline liver function tests (LFT)** are needed prior to starting LTBI treatment, for all pregnant patients and those with medical conditions listed in Section 7 (Medical Conditions)
 - If ALT is normal, proceed with LTBI treatment, routine LFT testing not needed
 - If ALT elevated ≤3x upper limit of normal, consult MD and consider LTBI treatment with monthly LFT testing
 - If ALT >3x upper limit of normal, consult local or state TB expert prior to LTBI treatment
- **9. LTBI treatment regimen** should be selected based on medical history, drug interactions, and patient preference. 3 or 4 month regimens are preferred. Drug interactions should be carefully reviewed with a clinical drug database or pharmacist; many drug interactions can be managed with close patient monitoring. Current LTBI treatment options include:
 - 4 months of daily rifampin (4R): strongly preferred regimen for adults and children of all ages (HIV-uninfected)
 - 3 months/12 weekly doses of isoniazid + rifapentine (3HP): another strongly preferred regimen, suitable for children age >2 and non-pregnant adults (including people living with HIV, as drug interactions allow)
 - 3 months of daily isoniazid + rifampin (3HR): preferred regimen for children of all ages and non-pregnant adults (including people living with HIV, as drug interactions allow)
 - 9 months of daily isoniazid (9H): Alternative regimen for children and adults; often used in those with significant drug interaction or intolerance to rifampin/rifapentine, including people living with HIV on antiretroviral therapy
 - 6 months of daily isoniazid (6H): alternative regimen for children and adults

More drug information, including dosing, available here:

CDC Treatment Regimens for Latent TB Infection (cdc.gov/tb/topic/treatment/ltbi.htm)

10. For additional support, or to talk to a local or state TB expert, contact:

- Local TB program: CTCA Directory (ctca.org/ wp-content/uploads/CTCA-Directory.pdf)
- State TB Control Branch: (510) 620-3000 or tbcb@cdph.ca.gov
- Curry International Tuberculosis Center:



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