

TB Screening & Referral

TB skin test

Tuberculosis screening of the general population is no longer recommended. Screening should be targeted to populations with higher rates of TB infection (*see previous page*); persons with an increased risk of progression to active TB if infected; and those likely to be exposed or to expose others, such as health care workers and volunteers.

Mantoux Test

The Mantoux test (0.1 cc PPD injected intradermally in the inner forearm) is the only recommended method of skin testing for TB. Multiple-puncture "tine" tests are unreliable and should not be used.

The test should be read by a trained professional 48-72 hours after injection. The edge of the induration (palpable swelling, not redness) is marked with a ballpoint pen and the diameter is measured in millimeters.

For most people, the test is positive if the induration is **10 mm or larger**.

The test is considered positive if the induration is **5-9 mm**, and one or more of the following apply:

- HIV infected, immunosuppressed
- A close contact to an infectious TB case (pulmonary or laryngeal)
- Symptoms highly suggestive of TB
- Chest x-ray suspicious for TB

Test limitations

The tuberculosis skin test is neither 100% sensitive nor specific. Vaccination within the last year or multiple vaccinations with BCG (Bacille Calmette Guerin) can cause a false positive, as can infection with non-TB *Mycobacteria*. Generally BCG is ignored in skin test interpretation if it was given over one year ago, or if the induration is 15 mm or larger.

Quantiferon test

This screening tool for latent TB was recently approved by the FDA. It's a blood test that also has controls for BCG and *Mycobacterium avium*. Local laboratories may or may not offer this test.

Tuberculosis screening of the general population is no longer recommended. Screening should be targeted to populations with high rates of TB infection.

Managing positive reactions

If the TB skin test is positive or a patient has symptoms compatible with TB, a chest x-ray is indicated.

Active TB

If the chest x-ray suggests active disease, the patient should be isolated and put on appropriate 4 drug therapy immediately. Isolation should be continued until three consecutive sputum smears collected on different days are negative for acid fast bacilli.

Latent TB Infection (LTBI)

If the chest x-ray is not suggestive of active TB, the patient may be a candidate for latent TB treatment (formerly called "prophylaxis"). Preventive therapy is especially indicated for LTBI patients who are at high risk for progression to active disease (*see previous page*), and for children under age 5.

Current recommendation for LTBI treatment is **Isoniazid** for 9 months, or alternate drug regimens.

Consultation for LTBI treatment for low income patients is available through the County TB Clinic.

Acid-fast testing

Infections which fail to show an organism on standard cultures or which do not respond to conventional antibiotics can be cultured for acid-fast bacilli to rule out TB or other *Mycobacteria*.

Referral of Active TB patients to County Tuberculosis Clinic

Contact HSA Disease Control Unit by phone 454-4114 or fax 454-5049 to request clinic services.

! To prevent possible infection of medical staff or other patients, do not send an active TB patient directly to HSA or any medical facility without prior notification. Phone first so that arrangements can be made for an appropriate reception.

Referral of Latent TB patients to County Tuberculosis Clinic

Please complete both sides of *Referral Form for Treatment of Latent TB* and fax it to 454-5049 along with a copy of the chest x-ray report.

To be eligible for services at the County TB Clinic, the patient must:

- reside in Santa Cruz County;
- not have insurance coverage for LTBI services; and
- score 50 or more points on the risk assessment scale on page 2 of the form.

Persons with symptoms of active TB may be eligible as a suspect.

Thumbnail of County TB Referral form:

The image shows a thumbnail of a 'Referral Form for Treatment of Latent TB'. The form contains several sections with fields for data entry. At the top, it says 'Patient Information' and includes fields for Name, Date of Birth, Sex, Race, and Ethnicity. Below that is 'Medical History' with fields for Current TB, Previous TB, and HIV Status. There are also fields for 'Date of origin' and 'Referral Source'. The bottom section is for 'Treatment' and includes fields for 'Start Date', 'End Date', and 'Status'. A note at the bottom states: 'Referrals for LTBI treatment should be made after the results of the patient's TB test have been received. Please complete the Risk Assessment Scale on reverse side of this form.'