

# Managing Patients with Positive Tuberculin Skin Tests

## If the chest x-ray shows No Active Disease:

If the chest x-ray is not suggestive of active TB, the patient may be a candidate for latent TB treatment (this was previously called "prophylaxis").

The current recommendation for LTBI treatment is **Isoniazid** for 9 months in most situations. Specific information is on the next page.

Pregnancy is not a contraindication for LTBI treatment. However, treatment may be delayed until after delivery if adequate follow-up is reasonably expected. The patient should be questioned regularly during pregnancy about symptoms of active disease.

TB medications may be used safely during breastfeeding and LTBI treatment should be started postpartum. Levels secreted into breast milk are not significant and unlikely to lead to toxicity in the infant.

Some low-income uninsured patients are eligible for treatment for LTBI through the San Mateo County Clinics – please call if you have questions about a specific patient.

## If the chest x-ray suggests Prior TB:

Three sputum samples should be obtained for smear and culture. Treatment for LTBI should not be initiated until final culture results are available. If the patient has symptoms suggesting TB disease, consult with Disease Control and Prevention (650-573-2346) or your infectious disease specialist to determine if a 4-drug regimen should be started.

In order to avoid development of drug-resistant strains, it is important not to treat with INH alone before active TB has been ruled out.

## Which patients with positive TSTs but negative CXRs need to be reported?

Send reports of TST converters or any positive TST in a child up to age 5 by fax or mail within one working day of receiving X-ray report.

## Latent TB Infection (LTBI) Treatment

**Preventative therapy is especially indicated for LTBI patients who are at increased risk for progression to active disease because of the following conditions:**

- Immunosuppression (HIV, organ transplant, immunosuppressive medications)
- Chest X-ray with parenchymal abnormalities consistent with prior TB (not just isolated calcified granulomas or apical thickening)
- Infants and children <5 years of age
- Persons from countries with high TB rates
- Recent contact to an infectious active TB case
- Recent tuberculin skin test conversion (and increase of 10 mm of induration within a 2 year period)
- Head and neck cancer
- Intravenous drug use
- Diabetes
- Malnutrition
- Renal failure
- Silicosis
- Alcoholism
- Gastrectomy, jejunioileal bypass



To prevent possible infection of medical staff or other patients, do not send a patient with suspected or known active TB patient directly to the Health Department or any medical facility without prior notification. Phone first so that arrangements can be made for an appropriate reception. The patient should wear a surgical mask when going to any medical or laboratory appointments.

## If the chest x-ray shows Active TB:

If the chest x-ray suggests active disease, the patient should be isolated and should provide three sputum specimens. Four-drug therapy should be initiated. Isolation should be continued until three consecutive sputum smears collected on different days are negative for acid fast bacilli. Please contact Disease Control and Prevention if you have questions about appropriate treatment regimens.

**All cases of suspected active TB should be reported by fax or phone within 1 working day.**

 **(650) 573-2346**

 **(650) 573-2919** fax

 **Disease Control and Prevention**

**San Mateo County Health Dept.  
225 37<sup>th</sup> Avenue  
San Mateo, CA 94403**

**Patients with active tuberculosis may not be discharged from a hospital without clearance from the Health Department. Outpatients with suspected active TB should also be discussed immediately with the Health Department. Call 650-573-2346 to discuss the case; on weekends or after hours, contact the health officer on call at 650-363-4981.**