



January 18, 2018

Dear **Medical Provider**

Your patient, has been identified as a **Contact** to someone diagnosed with pulmonary tuberculosis (TB). This exposure requires that your patient receive prompt clinical evaluation for latent TB infection (LTBI) and active TB disease in accordance with California Health and Safety Code 121363. The Department of Public Health of San Francisco is responsible for tracking the outcome of local TB contact investigations. We ask that you complete the initial medical evaluation within **5 business days (high priority)**.

Your patient requires a TB screening test (tuberculin skin test OR TB blood test / Interferon-Gamma Release Assay) and a medical evaluation to determine if symptoms of TB are present. If either are positive, then a chest X-ray is required. The following key concepts are included for your reference:

- The Tuberculin Skin Test (TST) result should be read 48-72 hours after administration; measure the millimeters of induration only, disregarding any area of erythema. Induration of  $\geq 5$  mm is considered a positive TST reaction for TB contacts.
- Interferon-gamma release assays (IGRAs, e.g. Quantiferon) can be used instead of the TST in patients > 5 yo and is the preferred test in those with prior BCG vaccine history.
- If the initial TB screening test is negative, a second TB screening test should be administered 8-10 weeks after the patient's break in contact to the infectious TB patient.
- Symptoms of TB disease include prolonged cough (duration of  $\geq 3$  weeks), chest pain, hemoptysis, fever, chills, night sweats, weight loss, appetite loss, and fatigue. Note that non-classical symptoms can occur (e.g. non-cavitary disease, extrapulmonary).
- Patients with a positive TB screening test and/or symptoms consistent with TB disease should receive further diagnostic testing to evaluate the patient for possible active TB disease. Such evaluation should include a chest x-ray. Individuals with abnormal chest x-rays consistent with TB (either findings suggesting inactive or active disease) should be referred to the SF TB clinic at Ward 94 for further evaluation.
- Window prophylaxis (treatment with isoniazid + vitamin B6 in patients with initial negative TB screening test and CXR) is strongly recommended for patients <5 years old and/or those patients who are immunocompromised. Please contact me if your patient falls within one of these categories, as more specific guidelines will be sent to you.

Please use the attached form to record the results of your patient's evaluation and **fax the form to (415) 206-4565**. If you have questions about this information, please call **(415) 206-6902**. Thank you for your assistance in this important TB prevention and control activity.

Sincerely,  
TB Control and Surveillance section  
Department of Public Health



Provider's Name:

Clinic:

Telephone:

Patient's Name: (Last)

(First)

(Middle)

Date of Birth:

Sex:

Country of Birth:

**STEP 1. Assess TB Risk for progression:**

- Age <5 years old
- HIV positive
- Medications (Prednisone >15mg for >4 weeks, chemotherapy, transplant patient, TNF inhibitors).

Describe: \_\_\_\_\_

- Other: \_\_\_\_\_

⇒ IF ANY OF THESE CONDITIONS, STOP HERE AND CONTACT TB CONTROL FOR SPECIFIC GUIDELINES.

**STEP 2. Assess TB Symptoms:**

- No     Yes, date of onset: \_\_\_\_\_

- Prolonged cough (duration of ≥3wks)
- Night sweats
- Hemoptysis
- Weight loss
- Chest pain
- Loss of appetite
- Fever
- Fatigue
- Chills
- Other: \_\_\_\_\_

⇒ IF ANY OF THESE CONDITIONS, PATIENT REQUIRES MEDICAL EVALUATION FOR ACTIVE TB.

**STEP 3. Report Prior Positive Tuberculin Skin Test (TST):**

- No     Yes: Date Placed: \_\_\_\_\_ Results (mm induration): \_\_\_\_\_

⇒ IF PRIOR POSITIVE, RECOMMEND PROCEEDING TO IGRA.

**STEP 4. Perform Tuberculin Skin Test (TST) or Interferon-Gamma Release Assay (IGRA):**

Initial TST: (≥5 mm of induration is considered a positive reaction for contacts)

Date Placed: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results (mm induration): \_\_\_\_\_

**OR**

Initial IGRA: (preferred test for those with prior positive TST or BCG vaccination, age>5yo)

Date Drawn: \_\_\_\_\_ Results:  Negative     Positive

⇒ IF POSITIVE, PATIENT REQUIRES PHYSICAL EXAM AND CHEST X-RAY.

**STEP 5. Chest X-Ray (must be performed if TB screening test or symptoms positive):**

Interpretation: (check one)    Date: \_\_\_\_\_

- Normal (MOVE TO STEP 6)
- Abnormal, consistent with active TB (STOP HERE. Fax copy of report and refer to TB Control)
- Abnormal, but not consistent with active TB. (STOP HERE. Fax copy of report and refer to TB Control)

**STEP 6. Determine treatment for latent TB infection (LTBI):**

- TB Screen Test Positive + Normal Chest X-Ray ⇒ 6-9 months of Isoniazid + Vitamin B6
- TB Screen Test Negative + Symptom Review Negative ⇒ Repeat TB Screen Test 8-10 weeks after the patient's break in contact to the infectious TB patient (we will send you a follow-up evaluation form)

**UPON COMPLETION PLEASE FAX TO: SF TB CONTROL AND SURVEILLANCE**

**FAX # (415) 206-4565**