



Monterey County Health Department  
Public Health Bureau  
Tuberculosis Control Unit

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## Tuberculosis Reporting Guidelines

### Legal Mandate for Reporting Suspect Tuberculosis (TB) Cases

Title 17 of the California Code of Regulations requires that healthcare providers report tuberculosis TB to the local health officer **within 1 working day** of identification of the case or suspected case. Reports can be made by electronic transmission, facsimile transmission, phone, or mail. The administrator of each health facility, clinic, or other setting where more than one healthcare provider may know of a case or a suspected case of TB within the facility must establish and be responsible for administrative procedures to assure that timely reports are made to the local Health Officer.

According to these regulations, a “suspected case” of TB means:

1. “A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have” TB; OR
2. A person who is considered a probable case or an epidemiologically linked case<sup>a</sup> or who has supportive laboratory findings<sup>b</sup> under the most recent. . . surveillance case definition established by the Centers for Disease Control and Prevention (CDC).”
  - a. “Epidemiologically linked case” means a case in which a patient has/had contact with one or more persons who have/had the disease, and transmission of the agent by the usual modes of transmission is plausible.
  - b. “Laboratory findings” means the results of a laboratory examination of any specimen derived from the human body which yields microscopic, culture...or other evidence suggestive of TB.

Timely and accurate reporting of suspected TB cases enables the Health Department’s Tuberculosis Control Unit to investigate, identify, and interrupt the spread of TB disease before it affects others in the community. Disease reporting also allows the Health Department’s Surveillance and Epidemiology Unit to monitor and track trends in TB over time. Each report submitted by clinicians improves the quality of our disease surveillance and prevention programs.

### Clarifying Examples of Suspect TB Cases

The Monterey County Health Department has developed the following examples to help providers recognize suspect TB cases. Note that the below examples are not all inclusive. No set of guidelines can cover all individual situations that can and will occur. When questions arise on individual situations not covered by these guidelines, please consult with the TB Controller (831-755-4603) or the Health Department’s Tuberculosis Control Unit (831-755-4593).

Examples:

1. Any person in whom a smear or preliminary culture result from any body fluid or tissue is positive for acid fast bacilli (AFB).
2. Any person who has a nucleic acid amplification test (NAAT) which is positive for *Mycobacterium tuberculosis* complex.



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3. Any person with pathologic findings consistent with active TB, unless other clinical evidence makes a TB diagnosis unlikely.
4. Any person with a cavitary lesion present on chest x-ray or computed tomography (CT) without other known etiology.
5. Any person who has been started on anti-TB therapy for clinical suspicion of active TB.
6. Any person presenting with cough for at least 2 weeks, fever, and/or night sweats; an abnormal chest x-ray; **AND** who is in one of the high risk groups listed below:
  - a. Known close contact with a person with infectious TB disease.
  - b. Immigrated from or traveled to TB-endemic regions of the world within the last 2 years (Mexico, Philippines, Vietnam, India, China, Haiti, Guatemala, or Eastern Europe) and no other diagnosis that explains symptoms.
  - c. Works or resides in facilities with people who are at high risk for TB, such as hospitals that care for TB patients, homeless shelters, correctional facilities, nursing homes, or residential facilities for patients with HIV infection/AIDS.
  - d. Has one or more of the following conditions or behavioral risk factors associated with progressing to TB disease if infected:
    - i. HIV infection
    - ii. Injection drug use (IDU)
    - iii. Silicosis
    - iv. Diabetes mellitus
    - v. Chronic renal failure, including patients on hemodialysis
    - vi. Status post gastrectomy
    - vii. Status post jejunioileal bypass
    - viii. Status post solid organ transplant
    - ix. Head or neck cancer
    - x. Medically frail/elderly
    - xi. Prolonged use of corticosteroids or other immunosuppressive agents such as TNF- $\alpha$  antagonists (Enbrel, Remicade, etc.)
    - xii. Recent tuberculin skin test (TST) converters (increase of 10 mm or more in the size of the TST reaction within a 2-year period)

### How to Report Suspect TB Cases to the Health Department

1. During normal business hours (Monday through Friday 8:00 a.m. to 5:00 p.m.), complete a Tuberculosis Confidential Morbidity Report Form (TB CMR) and fax it to: 831-796-1272. Please include any relevant diagnostics results and clinical history.
2. Outside of normal business hours, call 831-755-5100 and ask for the on-call Health Officer.

A tool for assisting providers to determine if an individual should be reported to the Health Department is attached in Appendix I. The tool guides potential actions based on a list of conditions and/or risk factors.

### Latent Tuberculosis Infections (LTBI)

The diagnosis of LTBI is based on information gathered from the medical history, PPD or QuantiFERON result, chest radiograph, physical examination, and in certain circumstances, sputum examinations. The presence of TB disease must be excluded before treatment for LTBI is initiated because failure to do so may result in



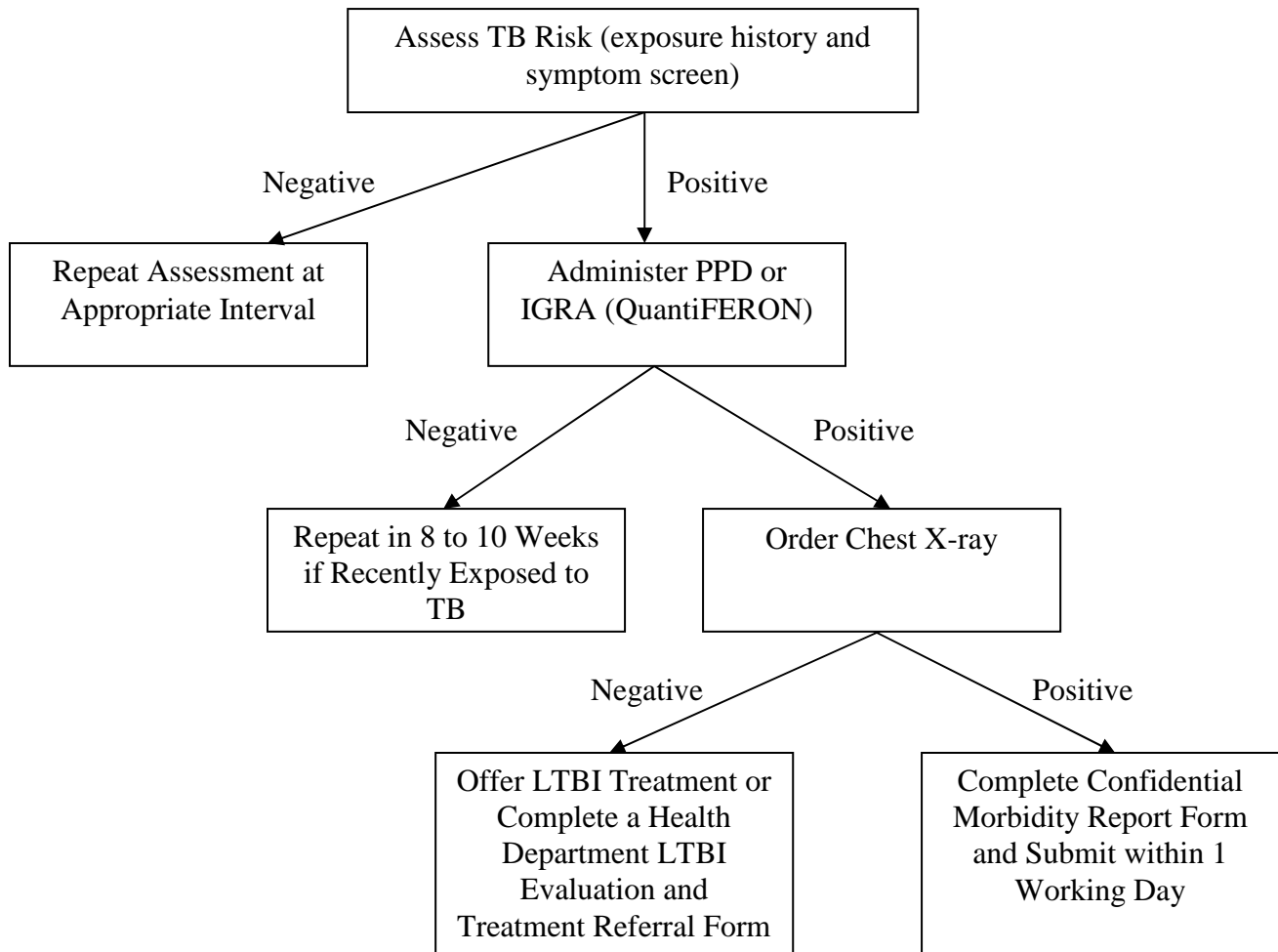
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inadequate treatment and development of drug resistance. Below please find a sample algorithm to assist in distinguishing between active TB and LTBI.

Please note that LTBI is not a reportable condition. Guidelines for treatment of LTBI can be found at [http://www.ctca.org/index.cfm?fuseaction=page&page\\_id=5040](http://www.ctca.org/index.cfm?fuseaction=page&page_id=5040).

If you would like to refer a patient to the Health Department's LTBI clinic, please complete an LTBI referral form and submit it to one of the clinics listed on the form. **Your patient must be asymptomatic and/or have a negative chest x-ray prior to LTBI clinic referral.**

### Sample Algorithm for Determining Active TB versus LTBI





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### Appendix I: Sample TB Reporting Assessment Tool

Condition or Risk Factor	Complete CMR and Fax to Health Department	Order Additional Diagnostic Tests	Consider LTBI Treatment or Refer to LTBI Clinic
Positive AFB smear	√		
Positive AFB culture	√		
Positive NAAT for <i>M. tuberculosis</i>	√		
Positive PPD or QuantiFERON test		√	
Cavitary lesion on chest x-ray or CT without other known etiology	√		
On anti-TB therapy for clinical suspicion of TB	√		
Pathology results suggestive of <i>M. tuberculosis</i>	√		
Coughing up blood		√	
Positive PPD/QuantiFERON, asymptomatic, <b>and</b> negative chest x-ray			√
Symptomatic* and recent close or prolonged contact with someone with infectious TB	√		
Symptomatic* and immunocompromised, either due to HIV infection or immunosuppressive drug therapy	√		
Symptomatic* and immigrant from or traveler to Mexico, Philippines, Vietnam, India, China, Haiti, Guatemala, or Eastern Europe <b>in the past 2 years</b>	√		
Symptomatic* and history of injection drug use	√		
Symptomatic* and resident or employee of high-risk congregational setting	√		
Symptomatic* with a positive PPD/QuantiFERON and diagnosed with a medical condition associated with risk of progressing to active TB disease if infected (diabetes, end stage renal disease, cancer of head or neck, intestinal bypass or gastrectomy, etc.)	√		

\*Cough for at least 2 weeks, fever, and night sweats with an abnormal chest x-ray or chest CT.