



DATE: November 5, 2021
TO: Healthcare Providers
FROM: Dr. Maggie Park, Public Health Officer

Please distribute to all providers and relevant medical staff in your office.

HEALTH ADVISORY UPDATE TB Outbreak

Tuberculosis (TB) continues to be a significant cause of morbidity and mortality in County residents, requiring extra diligence from healthcare providers (HCP) in terms of awareness and help to control outbreaks. We last reported about a large multiyear TB outbreak in the north County area in 2017. In 2020, four county residents were reported with this outbreak-related TB strain, with another four cases so far in 2021.

On October 27, 2021, the genotype cluster in San Joaquin County **increased in alert level from Medium to High.** An increase in alert level indicates increased geographical clustering of a genotype in a specified county as compared to the rest of the United States and might be an indicator of recent transmission of TB.

The situation requires renewed attention and collaboration from HCP and partners. We ask all HCP to maintain a heightened level of clinical suspicion for TB in patients with clinical or radiographic findings suggestive of active TB disease. Just as important, it is imperative we address Latent TB Infection (LTBI) in our community.

Preventing TB disease through finding and treating people with LTBI is crucial in stopping TB transmission. Approximately 80% of tuberculosis is due to the reactivation of LTBI and therefore represents a missed opportunity for prevention. Routine assessment of TB risk followed by testing and treatment are crucial in preventing TB.

ACTIONS REQUESTED OF ALL CLINICIANS

Screen all patients using the California Tuberculosis Risk Assessment Tool.

- Risk Assessment Tool can be found at:
www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx
- Use this tool to identify asymptomatic persons for LTBI testing.
There is one tool for Adults, one for Pediatrics.

Test for LTBI with Interferon-Gamma Release Assays (IGRA) as preferred method; TST acceptable.

- IGRAs – such as Quantiferon or T-Spot TB – are preferred over tuberculin skin test (TST) because of increased specificity and require only one visit.
- IGRA is especially helpful in persons who have been vaccinated with BCG.
Most persons born outside of the U.S. have been vaccinated with BCG.



- For non-U.S. born, immunocompetent, BCG-vaccinated persons with a positive TST, IGRA can be used to confirm or rule out LTBI.
- IGRA can be used on children ≥ 2 years of age.

Evaluate patients with a positive TB test. Treatment for LTBI should not be initiated without ruling out active TB disease.

- Evaluation must include:
 - Symptoms Review
 - Chest Radiograph (CXR)
 - Medical History
- **Symptoms or CXR abnormalities should trigger evaluation for active TB disease.**

Treat LTBI with a short-course regimen. Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid and are more likely to be completed.

- Isoniazid and Rifampin: Once weekly for 12 weeks
- Rifampin: Daily for 4 months
- Offer treatment to patients who have tested positive for TB in the past and never received LTBI treatment.

Monitor for symptoms and compliance.

- Check ALT and bilirubin in patients with symptoms suggestive of hepatitis.
- Follow-up with patient to ensure compliance and completion of treatment.

Report all LTBI cases to San Joaquin County Public Health Services.

- Use the TB Confidential Morbidity Report (CMR) linked below.

Report all suspected and/or confirmed cases of active TB disease to Public Health Services (PHS) within one working day, as required by law.

- Suspected TB cases include patients who have:
 - Sputum smear or preliminary culture result that is positive for acid fast bacilli
 - Been started on anti-TB therapy for clinical suspicion of active TB.
- TB CMR can be found at: www.sjcphs.org/Disease/disease_control_reporting.aspx
- Fax completed CMR to (209) 468-8222.

For more information, call PHS TB Control staff at (209) 468-3828.