

Tuberculosis

(TB) Targeted Testing & Treatment of Latent TB Infection (LTBI)

Revised Guidelines 2005

Targeted tuberculosis skin testing (TST) is only recommended in Florida for:

- Groups with recent TB exposure and/or
- Groups at risk for progression to active disease and
- Persons who are likely to complete treatment

The decision to test should always be a decision to complete treatment.

For more information regarding these guidelines contact your local county health department, the Florida TB Physicians Network at **1-800-4TB-INFO**, the Florida Department of Health Bureau of TB and Refugee Health at www.doh.state.fl.us/disease_ctrl/tb/index.html or the Centers for Disease Control and Prevention @ www.cdc.gov/nchstp/tb



Screening and Testing for Tuberculosis

Screen ALL patients for risk of TB but SKIN TEST only those who are in high risk categories.

Symptom Screening for Active TB Disease

Recommended for patients entering high risk settings where risk of transmission is high (e.g. homeless shelters, jails, child care facilities).

Questions to be asked:

- Productive, prolonged cough and/or hoarseness lasting 3 weeks?*
- Recent unplanned weight loss?
- Fever or “night sweats” for more than 1 week?

**If yes, place a surgical mask on patient and place in airborne infection isolation room (AIIR) and examine for active TB.*

TB Skin Testing for Latent TB Infection

Mantoux tuberculin skin test (PPD) is the **ONLY** method recommended! History of BCG vaccination is not a contraindication to TB skin testing; a positive result is highly indicative of TB infection in a person who has received BCG.

TB skin testing and LTBI treatment is highly recommended for the following who are at high risk to progress to TB disease:

- Recent contact to persons with TB disease*
- HIV positive persons or those at high risk for HIV infection
- Fibrotic changes on chest x-ray consistent with prior TB
- Organ transplant recipients or other immunosuppressed persons (i.e. receiving the equivalent of ≥ 15 mg/day of prednisone for one month or more)

TST also recommended for the following who are at increased risk for TB, and are likely to complete treatment:

- Immigration within the last 5 years from a high TB prevalence country
- Intravenous (IV) drug users
- Residents/employees of high risk congregate settings (e.g. jails, nursing homes, hospitals)
- Mycobacteriology laboratory employees
- Infants, children and adolescents exposed to adults at high risk for TB disease
- Persons with one or more of the medical conditions listed on back cover
- Others determined by local epidemiology*

**Contact your local County Health Department TB Control Program*

Recommended Treatment Regimens

(Chest x-ray indicated for all persons considered for treatment of LTBI to exclude active TB Disease)

Drug	Interval/Duration	Dosage (Max.)	Criteria for Completion	Monitoring/Comments
Isoniazid (INH)	Daily/9 months	5 mg/kg (300 mg)	270 doses within 12 mos.	Preferred regimen for all persons, including HIV positive. May be administered with Nucleoside Reverse Transcriptase Inhibitors (NRTIs), protease inhibitors (PIs) or Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs). Evaluate monthly.**
	Twice weekly/9 months	15 mg/kg (900 mg)	76 doses within 12 mos.	Administered only as directly observed therapy (DOT).* Evaluate monthly.**
	Daily/6 months***	5 mg/kg (300 mg)	180 doses within 9 mos.	The 9 month daily regimen is recommended. Evaluate monthly.**
	Twice weekly/6 months***	15 mg/kg (900 mg)	52 doses within 6 mos.	The 9 month daily regimen is recommended Only as DOT.* Evaluate monthly.**

The following regimens are only recommended with consultation from the Florida TB Physicians' Network (1-800-4TB-INFO) or your local County Health Department TB Control Program:

Rifampin (RIF)	Daily/4 months	Contact TB Physicians Network	120 doses within 6 mos.	Only as DOT.* Evaluate monthly.** For patients who cannot tolerate INH or PZA. For contacts to INH resistant, RIF susceptible TB.
Rifampin (RIF)/Pyrazinamide (PZA) <i>Note: Generally, should not be offered. ONLY for persons at high risk and only when other regimens cannot be given.</i>	Daily/2 months Only as DOT.	Contact TB Physicians Network	60 doses within 3 mos.	Only for adults.
	Twice weekly/2 months Only as DOT.	Contact TB Physicians Network	16–24 doses within 3 mos.	

* Contact your local County Health Department TB Control Program for assistance with DOT.

** Evaluation includes questioning about and examination for side effects. Withhold medications if serious side effects or elevations of transaminase 3–5 times upper limits of normal.

*** Not indicated for HIV+, children, or those with fibrotic lesions.

Candidates for TST and treatment of latent tuberculosis infection (LTBI)

The tuberculin skin test (TST) is measured in millimeters of induration

Category of person tested	TST < 5MM	TST ≥ 5MM	TST ≥ 10 MM	TST ≥ 15 MM
Recent contacts <5 years of age*	TREAT	TREAT	TREAT	TREAT
Recent contacts who are HIV-positive*	TREAT	TREAT	TREAT	TREAT
Recent contacts who are immunosuppressed*	TREAT	TREAT	TREAT	TREAT
Recent contacts to TB disease patients*	DO NOT TREAT	TREAT	TREAT	TREAT
HIV-positive patients	DO NOT TREAT	TREAT	TREAT	TREAT
Fibrotic changes on chest x-ray consistent with prior TB	DO NOT TREAT	TREAT	TREAT	TREAT
Organ transplant recipients and other immunosuppressed persons (receiving the equivalent of ≥ 15 mg/d of prednisone for one month or more)	DO NOT TREAT	TREAT	TREAT	TREAT
Recent (within 2 yrs.) documented TST converters	DO NOT TREAT	DO NOT TREAT	TREAT	TREAT
Recent immigrants (i.e., within last 5 yrs.) from high prevalence countries	DO NOT TREAT	DO NOT TREAT	TREAT	TREAT
Injection drug users	DO NOT TREAT	DO NOT TREAT	TREAT	TREAT
Residents & employees of high-risk congregate settings	DO NOT TREAT	DO NOT TREAT	TREAT	TREAT
Persons with certain clinical conditions (See list**)	DO NOT TREAT	DO NOT TREAT	TREAT	TREAT
Infants, children and adolescents exposed to adults at high risk for TB disease	DO NOT TREAT	DO NOT TREAT	TREAT	TREAT
No risk factors for progression to TB disease (TST discouraged)	DO NOT TREAT	DO NOT TREAT	DO NOT TREAT	TREAT

* Contact your local County Health Department for consultation regarding treatment of recent contacts. All contacts should receive a TST immediately and be evaluated for treatment regardless of skin test results during the 12 weeks post-exposure; i.e. "window period." A second TST is required to determine the need to continue treatment.

** Silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (e.g., leukemias and lymphomas), other specific malignancies (e.g., carcinoma of the head, neck or lung), weight loss of ≥ 10% of ideal body weight, gastrectomy or jejunoileal bypass.