

Tuberculosis

Symptoms

Consider a diagnosis of **tuberculosis** in patients with any of the following symptoms, especially if other causes have been ruled out:

- Cough lasting over 3 weeks
- Hemoptysis
- Night sweats
- Unexplained fatigue or weight loss
- Persistent fever or weakness

TB infection of other parts of the body

Also, consider extrapulmonary TB, especially in HIV infected individuals, if there are symptoms which cannot be ascribed to other causes.

Pneumonia and TB

If cultures from a patient with pneumonia fail to show an organism and the patient does not respond to conventional antibiotics, consider obtaining a specimen for smear and culture for acid-fast bacilli to rule out TB or other *mycobacteria*.

Populations with increased rates of TB infection:

- Contacts of infectious TB cases
- Foreign-born visitors or migrants from Mexico, Central or South America, Africa, Eastern Europe, Asia, the Pacific Islands, or the Middle East
- Homeless and medically underserved persons
- Residents of long-term care facilities (prisons or nursing homes)
- Healthcare workers

Any person diagnosed with tuberculosis should be tested for HIV.

Conditions associated with increased risk of progression to active TB

- Immunosuppression HIV, organ transplant, immunosuppressive medications including infliximab (Remicade) and prolonged corticosteroid therapy (≥ 15 mg/ day for ≥ 1 month)
- Infants and children <5 yrs of age
- Recent contact to an infectious active TB case
- Recent tuberculin skin test conversion (an 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

Persons with these conditions should have TB considered in their differential diagnoses, and a thorough history taken. The history should include specific questions about any exposure to active TB, travel to endemic countries, history of homelessness or incarceration, or history of a positive skin test or abnormal x-ray.

County TB services

San Mateo County Health Department provides consultation, case management, and clinical services for patients with active TB disease and some low-income uninsured patients with latent TB infection.

A **public health nurse** is assigned to every active TB case to promote patient compliance and to initiate a contact investigation. In addition, educational materials about TB, and TB screening and diagnosis are available for providers and patients through the County TB Coordinator, who can be reached at 573-2346.

Active TB: Report by phone or fax within 1 working day

 **(650) 573-2346**

 **(650) 573-2919** fax

Do not wait for lab results to confirm the diagnosis prior to reporting.

For faxed reports, use the *Confidential Morbidity Report* included with this binder. Please fill out the TB section at the bottom as completely as possible.

Do not wait for lab results to confirm diagnosis of active TB prior to reporting.

Latent TB Infections: Report by fax or mail within 1 week

 **(650) 573-2919** fax

 **Disease Control and Prevention**

**San Mateo County Health Dept.
225 37th Avenue
San Mateo, CA 94403**

Which LTBI patients need to be reported?

Report only recent converters (patients with tuberculin skin test indurations increasing 10 mm or more in 2 years) and all children up to 5 years of age. Report after chest x-ray results are known on the *Confidential Morbidity Report (CMR)*.

What about patients from one county who see healthcare providers in another county?

The Health Departments in both counties need to receive reports.