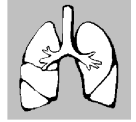




CDHS/CTCA JOINT GUIDELINES Guidelines for Reporting Tuberculosis Suspects and Cases in California



The following guidelines have been developed by the California Department of Health Services, Tuberculosis Control Branch in consultation with the Executive Committee of the California Tuberculosis Controllers Association. These guidelines are official State Recommendations and have been endorsed by the California Tuberculosis Controllers Association.

State regulations require health care providers to report tuberculosis (TB) to the local health officer (of the jurisdiction where the patient resides) **within 1 working day** of identification of the case or suspected case (I). This requirement extends to every provider knowing of or in attendance on a case or suspected case.

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

- I. “A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have. . . [TB]; or
- II. A person who is considered a probable case or an epidemiologically linked case* or who has supportive laboratory findings** under the most recent. . . surveillance case definition established by the Centers for Disease Control and Prevention (CDC).”

To assist in clarifying those requirements, CTCA has developed the following examples of suspected TB cases for the purpose of provider reporting to the local health officer:

- I. Any person in whom a smear or preliminary culture result from any body fluid or tissue is positive for acid fast bacilli.
- II. Any person with pathologic findings consistent with active TB, unless other clinical evidence makes a TB diagnosis unlikely.
- III. Any person with clinical, radiographic, or laboratory evidence consistent with active TB, even if the diagnostic evaluation is incomplete or culture results are pending, in whom the level of clinical suspicion of active TB is high enough to warrant the initiation of antituberculous therapy, whether or not such therapy has actually been started.
- IV. Any person who has been started on antituberculous therapy for clinical suspicion of active TB.

* ‘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.

** ‘laboratory findings’ means the results of a laboratory examination of any specimen derived from the human body which yields microscopical, cultural...or other evidence suggestive of [TB].

- V. Any person with known or suspected HIV infection who:
- A. Has a new finding on chest radiograph consistent with active TB, regardless of symptoms, AFB smear results, and whether anti-TB therapy has been initiated; AND
 - B. Resides in or may reside in a congregate setting where other immunocompromised persons may be exposed, such as a correctional, homeless, or residential facility.

Note: If the person has known or suspected HIV infection, and/or resides in or may reside in a congregate setting, it is appropriate to initiate anti-tuberculosis therapy at a lower level of clinical suspicion than would otherwise be warranted.

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

- I. “A person who has been diagnosed by a health care provider, who is lawfully authorized to diagnose, using clinical judgement or laboratory evidence, to have . . . [TB]; or
- II. A person who is considered a case of . . . [TB] . . . that satisfies the most recent communicable disease surveillance case definition established by the CDC.”

To assist in clarifying those requirements, CTCA has developed the following examples of TB cases for the purpose of provider reporting to the local health officer:

- I. Any person who has a culture which is positive for *M. tuberculosis* complex (including *M. tuberculosis*, *M. bovis*, and *M. africanum*) on a specimen from any source.
- II. Any person who has a nucleic acid amplification test (NAAT) which is positive for *M. tuberculosis* complex on a respiratory specimen which is AFB smear positive.
- III. Any person who is a suspected case of TB who demonstrates a clinical and/or radiographic response to antituberculous therapy, and for whom the level of clinical suspicion of active TB is high enough to warrant continuation of such therapy for a full course of treatment.

Note: The above examples are not all inclusive. No set of guidelines can cover all individual situations that can and will arise. Thus, when questions on individual situations not covered by these guidelines do arise, consult with the local Tuberculosis Control Program or the California Department of Health Services, TB Control Branch, for further information.

References:

- 1. California Code of Regulations, Title 17, Sections 2500 (a)(4),(11), (18), and (23), (b), (c) and (j)(1). (Note: Health and Safety Code Section 121362 also addresses TB reporting.)