

# **Tuberculosis Disease Care Guide April 2017**



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

## SUMMARY

### GOALS

- ✓ Respiratory isolation of high suspect tuberculosis (TB) patients
- ✓ Prevent TB transmission among inmates, staff, and the community
- ✓ Initiate treatment early in symptomatic patients
- ✓ Monitor medication adherence and response closely to avoid treatment failure and relapse

### ALERTS

- Breach in respiratory isolation protocol
- Nonadherence with medication
- Never add a single drug to a failing regimen

*All TB disease treatment must be overseen by the Chief Medical Executive (CME) in consultation, by law, with the Local Health Department (LHD) TB Controller (TBC).*

**ALL high suspect TB patients must be promptly placed in respiratory isolation and immediately started on a 4 drug TB regimen. Do not wait for confirmation of *Mycobacterium tuberculosis* (MTB) before initiating treatment.**

### DEFINITIONS

**HIGH SUSPECT TB DISEASE** - Disease with clinical features that are so highly characteristic or suspicious for tuberculosis that TB treatment is warranted.

**CONFIRMED TB DISEASE LABORATORY CONFIRMED** - TB disease that is confirmed by the presence of MTB on culture.

**CLINICALLY CONFIRMED** - TB disease that is culture negative but confirmed by a physician based on the patient's clinical characteristics.

**PULMONARY TB** - TB disease that is confined to the lungs.

**EXTRAPULMONARY TB** - TB disease that occurs outside of the lungs. (Extrapulmonary TB is rarely infectious unless it affects the larynx. However, a full evaluation for pulmonary TB [including chest x-ray CXR] and respiratory specimen collection] must be performed in all cases of confirmed extrapulmonary TB).

**MULTI DRUG RESISTANT TB** - TB caused by an organism that is resistant to (at least) both isoniazid (INH) and rifampin (RIF).

**TREATMENT TEAM** - TB treatment in CCHCS is always managed by a TB Treatment Team of physicians, nurses, and public health practitioners headed by the CME of the patient's institution under the legally mandated oversight of the LHD TBC.

**TREATMENT COMPLETION** - Ingestion of the prescribed number of doses within a specified timeframe.

### TB DISEASE DIAGNOSIS

#### Examination

History, physical, or CXR suggestive of TB:

- Collect 3 sputum specimens for acid-fast bacilli (AFB) smear and culture (see pages 2-4).
- At least 1 specimen should be tested using a nucleic acid amplification test (NAAT).

### TB DISEASE TREATMENT

- Start treatment immediately in high suspect or confirmed TB patients.
- Treat low suspect TB patients in whom TB disease is confirmed.

#### Two Phase TB Treatment

Standard treatment for the majority of persons with previously untreated pan-sensitive pulmonary TB consists of two phases of directly observed therapy (DOT).

**Initial Phase: Four drugs given for 2 months\* (see Dosing page 5):**

- Isoniazid/thiamine (INH/B<sub>6</sub>)
- Rifampin (RIF)
- Pyrazinamide (PZA)
- Ethambutol (EMB)

\*Directly observed therapy (DOT) all given together as a single daily dose

**Continuation Phase (see page 5):**

- Most patients with pan-sensitive pulmonary TB
- Patients with cavitory disease or positive culture results at 2 months
- FOUR additional months of 2 drugs (INH/B<sub>6</sub>/RIF)
- SEVEN additional months of 2 drugs (INH/B<sub>6</sub>/RIF)

**Treatment in Other Cases**

- Consultation with LHD TBC and CCHCS Public Health Branch (PHB), and other TB experts as recommended (see page 7).