Tuberculosis Disease Care Guide

April 2017

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_6)
- 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 cavitary disease or positive culture results at 2 months
- FOUR additional months of 2 drugs (INH/B_6/RIF)
- SEVEN additional months of 2 drugs (INH/B_6/RIF)

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