

TB Triage: A tool to evaluate patients for possible active pulmonary tuberculosis

TB Risk Factors:

- Close contact of a person diagnosed with active TB disease within the past two years
- PPD+ or Quantiferon™ + by history or current test
- Diagnosed with TB within the past two years
- History of untreated or inadequately treated TB infection or disease
- Immunocompromised due to illness, therapies, or drugs: cancer, radiation, chemotherapy, use of immune suppressants such as prednisone, methotrexate, anti-TNF α drugs such as infliximab, adalimumab and etanercept
- HIV positive
- Illicit drug use, either injectable or non-injectable
- Medically underserved, low income population
- Resident or employee of high-risk congregate settings (e.g., correction facilities, homeless shelters, long term care facilities, hospices, skilled nursing facilities, mental institutions)
- Born in another country, especially SE Asia, Mexico, Africa, Eastern Europe, former USSR, China
- Born to parents who were born in another country

TB symptoms

- Chronic cough (more than three weeks), productive or not
- Weight loss, unplanned
- Bloody sputum or hemoptysis
- Night sweats
- Fever
- Fatigue
- Chest pain
- Loss of appetite
- Chills

TB medical procedures

- Chest Xray abnormal
- Sputum AFB positive

The symptomatic patient should be in airborne isolation until three sputum samples are determined to be AFB negative. Patient should wear a surgical mask when leaving isolation, and should ONLY leave isolation for medical visits or procedures. Staff caring for patient should wear individually fitted N95 respirators. Patients may be on home isolation; family members may stay in the home, but no visitors are allowed. **Report all suspect or confirmed TB to local public health.**

Three consecutive sputum samples should be obtained, at least 8 hours apart, preferably early morning specimens. The samples should be sent to a laboratory (preferably the State Lab for fee-exempt testing) that can do nucleic-acid amplification testing (NAAT) on AFB positive samples immediately after doing the stain and smear, AND report the results immediately (the WI State Lab of Hygiene will have smear and NAAT results the same day that a specimen is received, if received by 10:30 am).

If TB disease is suspected due to signs and symptoms despite three AFB negative sputa, the patient should be kept in airborne isolation on standard multidrug antituberculosis therapy until clinically improved or three negative sputum cultures in sequence have been obtained.

Source: *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005.*
MMWR http://www.cdc.gov/mmwr/indrr_2005.html

*Remember, 30% of TB patients in WI have extrapulmonary AND pulmonary TB –
10% have extrapulmonary TB only.*
<http://dhs.wisconsin.gov/tb/> 608-261-6319