

Date: November 21, 2014  
To: Medical Care Providers  
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Assistant Health Officer

**Please distribute to all  
providers and relevant medical  
staff in your office.**

## **Health Advisory: Tuberculosis Outbreak**

Tuberculosis (TB) continues to be an important and significant cause of morbidity and mortality in County residents. This advisory is to notify healthcare providers (HCP) about an ongoing TB outbreak in the north County and ask HCP to maintain a heightened level of clinical suspicion for TB in patients with clinical or radiographic findings suggestive of active TB.

In the past 14 months, 16 active cases of TB have been genotypically linked with matching DNA fingerprints. This includes three (19% of cases) children under two years of age, and 13 (81%) adults. Thirteen (81%) live in Lodi or Woodbridge, 14 (88%) are US-born, nine (56%) are female. Ages range from eight months to 70 years. Twelve (75%) have pulmonary disease, four (25%) have pleural disease only. All three children had pulmonary disease; one also had severe basilar meningitis.

### **ACTIONS REQUESTED OF ALL CLINICIANS:**

**Think** (suspect) TB in anyone with suggestive history and symptoms. Remember that most children tend to show minimal or no symptoms when ill with TB.

**Test** for TB in adults, children and infants with suspected TB disease with skin testing, sputum smears and cultures, and radiographs as appropriate.

**Treat** active TB disease and TB infection in consultation with the TB Controller.

**Prevent** TB through early identification and treatment of TB infection and disease.

**Report** all TB suspects to San Joaquin County Public Health Services (PHS) TB Control program at (209) 468-3828.

See details below

The following guidelines are for your convenience.

### **1. Think TB**

- Assess your patients for any symptoms of TB, history of TB or exposure to anyone with TB. Know the risk factors for TB infection (close contact to a person with infectious TB, foreign born, congregate living, homelessness, and substance abuse) and the risk factors for progression to active TB disease (recent infection, diabetes, immunosuppression including HIV infection and use of TNF- $\alpha$  inhibitors, smoking, and age < 5 years).

- Consider TB in the differential diagnosis of patients presenting with cough for 3 weeks or longer, hemoptysis, weight loss, fever, or fatigue.
- Maintain a heightened level of clinical suspicion for TB in children. Children with active TB are typically asymptomatic or have mild respiratory complaints. If disease recognition is delayed and disseminated disease occurs, clinical findings can be more prominent including fever, night sweats, weight loss, “failure to thrive”, growth retardation, and symptoms specific to organ involvement. The bacillary load of pediatric TB is usually low and younger children are rarely infectious to others. Typical chest x-ray findings include hilar adenopathy with or without parenchymal infiltrates, which can occur in any lobe.

## 2. Test for TB

- Test for TB infection:
  - \* Place a TB skin test (TST, commonly called a PPD), unless the patient has a previous positive result documented in millimeters of induration.
  - \* If patient has received BCG in the past 5 years, consider drawing blood for an Interferon Gamma Release Assay (IGRA) instead of a skin test.
- Medical evaluation: Patients with positive IGRA or positive TST results ( $\geq 10$  mm induration, or  $\geq 5$  mm induration in immunocompromised patients / TB contacts) should undergo medical evaluation for TB, including clinical exam and appropriate radiographic studies.
- Bacteriologic evaluation: (if symptoms and/or chest X-ray indicate possible TB)
  - \* Collect sputum specimens on 3 separate days,
  - \* Ensure that all specimens are sent for smear and culture,
  - \* Ensure that susceptibility testing is performed on all positive cultures.

## 3. Treat TB

- Begin standard four-drug treatment on all active TB patients.
- Once active TB disease is excluded, treat TB infection to prevent future cases of active disease.

## 4. Prevent TB

- Once a TB case has been reported, our TB Control Program staff will work with you to ensure that the patient completes treatment for their TB disease and that all contacts are promptly identified, evaluated, and treated, if necessary.

## 5. Report all suspected and/or confirmed cases of TB to San Joaquin County Public Health Services within one working day, as required by State law.

- Suspected TB cases include patients who have:
  - \* A smear or preliminary culture result that is positive for acid fast bacilli,
  - \* Been started on antituberculous therapy for clinical suspicion of active TB.
- Tuberculosis Confidential Morbidity Report can be found at: <http://www.sjcphs.org/Disease/documents/cdph110b.pdf?2>.
- Fax completed CMR to (209) 468-8222.

**For more information call PHS TB Control Program at 468-3828**