

# Suspect TB Disease

## What to do next.

### Persons with increased risk factors for developing TB Disease:

- Close contacts of a person with infectious TB disease
- Persons who have immigrated from areas of the world with high rates of TB
- Children less than 5 years of age who have a positive TB test
- Groups with high rates of TB transmission, such as homeless persons, injection drug users, and persons with HIV infection
- Persons who work or reside with people who are at high risk for TB in facilities or institutions such as hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for those with HIV
- HIV infection (the virus that causes AIDS)
- Substance abuse
- Silicosis
- Diabetes mellitus
- Severe kidney disease
- Low body weight
- Organ transplants
- Head and neck cancer
- Medical treatments such as corticosteroids or organ transplant

Symptoms of TB Disease depend on where in the body the bacteria is growing: At least 2 or more of the following symptoms lasting more than 2-3 weeks): cough 3 weeks or longer, chest pain, hemoptysis, weakness, weight loss, no appetite, chills, fever, night sweats

Perform chest X-ray , medical evaluation and TB Blood test to assess for active pulmonary and /or extra pulmonary TB disease

Medical Exam/radiology consistent with TB disease

YES

NO

### Suspect TB

(note: *negative or indeterminate TB test does not rule out TB Disease.*)

- Isolate,
- Report to BCPH 920-448-6400.
- Coordinate with Public Health collection of 3 sputum's for AFB smear & cul-

YES

NO

NO

AFB Smear Positive

PCR positive for TB &/or ID as tuberculosis

YES

Start TB Treatment based upon CDC recommendations

- Complete Initial Request for Medication (IRM)
- Public Health will follow for directly observed therapy
- Continue to monitor medically as indicated

If no other possible diagnosis assume TB, Start TB treatment until culture results. Treatment for TB disease can be stopped if culture negative for TB

If TB blood test positive, consider treating for LTBI

- Report LTBI to BCPH
- Complete Initial Request for Medication (IRM) if utilizing WI TB Program pharmacy



# Suspect TB Disease

## What to do next.

### Tuberculosis Related Reporting

#### What is Reportable?

- Clinical suspicion of TB (Pulmonary or Extrapulmonary)
- A smear from any site that is positive for acid-fast bacilli (AFB)
- A nucleic acid-based assay positive for M. tuberculosis complex
- A positive culture for M. tb complex
- Biopsy, pathology, or autopsy findings consistent with active TB
- A patient being treated with anti-TB medications for suspected or confirmed TB
- Any positive TB test (TB Skin test or TB Blood test/IGRA)
- Any patient being treated with anti-TB medications for Latent TB Infection
- Any patient who has finished treatment for Latent TB Infection

#### When to Report

- Patients with active or suspected cases of TB must be reported within 24 hours of diagnosis.
- People with latent TB infection must be reported within 72 hours.
- Any follow-up on people with active, suspected or latent TB must also be reported. This includes starting treatment AND completing treatment.

#### How to Report

***When reporting, please include: provider notes, chest x-ray and laboratory reports.***

- **People with Active/Suspected TB**
  - ◊ Call BCPH: 920-448-6400 and
  - ◊ Complete WEDSS report or fax TB suspect report form to BCPH 920-448-6449  
[TB Suspect Case Report Form](#)
- **People with Latent TB**
  - ◊ To report a **positive TB test**,
    - ◆ Complete WEDSS Report or fax LTBI reporting form to BCPH 920-448-6449  
[LTBI Report Form](#)
    - ◆ In the note section please indicate if they were referred for additional testing, treatment recommendations, or any other helpful information
    - ◆ Please fax only one person per fax. Do not send multiple forms at once.
  - ◊ To order **LTBI treatment through Public Health**,
    - ◆ Attach completed medication request form in WEDSS or fax to BCPH 920-448-6449.  
[Initial Request for Medications LTBI](#)
    - ◆ Please ensure the name is listed on page 2
    - ◆ Please fax TB test results, radiology reports, current medication list and prescription/insurance information
  - ◊ To report **LTBI treatment through providers office**,
    - ◆ Attach LTBI follow up form in WEDSS or Fax to BCPH 920-448-6449  
[LTBI Follow-up Form](#)

#### Resources

[Wisconsin TB Program](#)  
[TB Disease Fact Sheet](#)  
[TB Infection Fact Sheet](#)