

Madigan Army Medical Center

Referral Guidelines

Suspected Tuberculosis in Adults

Definitions

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis* (MtB) that usually affects the lungs, but can affect other parts of the body as well. TB is spread when an individual with active TB disease coughs, sneezes, speaks, or sings and those persons in close proximity inhale the bacteria and become infected.

Not everyone infected with *Mycobacterium tuberculosis* develops active TB disease. Persons with an immune system that is able to prevent the bacteria from multiplying and ensure the bacteria remain in a “dormant” state are considered to have Latent Tuberculosis Infection (LTBI). Those with LTBI may have a reactive tuberculin skin test (TST), but do not show symptoms of disease, will have a normal chest radiograph or radiographic findings indicative of healed infection, and will have negative sputum cultures or smears. Such persons are not contagious to others. Persons with an immune system that is unable to control the bacteria from multiplying are considered to have active TB disease. Those with active TB disease may have a reactive TST, an abnormal chest radiograph, and positive sputum cultures or smears. Such persons may be contagious and may exhibit symptoms of disease such as unexplained weight loss, loss of appetite, night sweats, fever, fatigue, chills, hemoptysis, and/or experience a cough for greater than 3 weeks.

Diagnosis

- Routine screening for LTBI. Targeted TST screening of persons who are at high risk for exposure to or infection with *Mycobacterium tuberculosis* should occur in accordance with current Army policy and Madigan Regulation 40-128. TST screening results should be read by a trained healthcare professional 48-72 hours after placement of the TST. Results should be documented in the medical record in millimeters (mm) of induration. Negative results should be documented as "0 mm".
- Screening for active TB disease. Patients suspected of having active TB disease on the basis of symptoms and/or abnormal chest radiograph should undergo TST screening as above and be referred for specialty evaluation. Respiratory precautions should be followed whenever active pulmonary or laryngeal TB disease is suspected.

Indications for Specialty Care Referral

- Evaluation for LTBI. All service members, hospital employees, and eligible spouses with a TST measurement of 5 mm or greater and without clinical symptoms suggestive of active TB disease should be referred to the Army Public Health Nursing (APHN) Service, within the Department of Preventive Medicine, for further evaluation. Of note, eligible children aged 22 years and younger should be referred to the Pediatric Infectious Disease Service for evaluation.
- Evaluation for active TB disease. All service members, hospital employees, and eligible spouses suspected of having active TB disease should be immediately referred to either the Infectious Disease or Pulmonary Services for evaluation. Again, eligible children aged 22 years and

younger should be referred to the Pediatric Infectious Disease Service for evaluation. If unable to contact either the Infectious Disease or Pulmonary Services, those suspected of having active TB disease should be instructed to remain at home and avoid contact with other individuals until the Infectious Disease or Pulmonary Service can be contacted for further instructions. **Those patients suspected of having active TB should be provided with and directed to wear a surgical mask, and if hospitalized, should be placed in a negative pressure room under respiratory isolation.**

- Reporting active TB disease cases. All suspected and/or confirmed cases of active TB disease must be reported directly to the Department of Preventive Medicine (253-968-4443), or through the Preventive Medicine Officer of the Day (pager: 253-291-1398) for further action.

Criteria for Return to Primary Care

- Patients with confirmed active TB disease should be placed on a regimen of medications administered as Directly Observed Therapy (DOT) to ensure compliance with treatment. APHN will perform DOT for patients residing on Joint Base Lewis-McChord (JBLM). For those residing outside of JBLM, APHN will coordinate DOT services with the local county health department.
- Once a patient receiving treatment for active TB disease is considered to no longer be infectious (i.e., following 2-3 sputum cultures negative for MtB), the patient may return to his/her primary care provider for management of other, unrelated health concerns.
- A patient who is assessed to be uninfected, infected but not prescribed LTBI therapy, or who has initiated LTBI therapy, may return to his/her primary care provider for management of other, unrelated health problems. Patients diagnosed with LTBI who have initiated therapy should be evaluated by APHN on a monthly basis to monitor potential difficulties with the medication and ensure compliance until completion of therapy.
- All TST-reactive patients should have a TB symptom review incorporated into routine periodic examinations. There is no current recommendation for periodic chest radiograph screening.

References

- Centers for Disease Control and Prevention (2011). *Core curriculum on tuberculosis: what the clinician should know*. Atlanta: Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (2010). *Latent tuberculosis infection: a guide for primary health care providers*. Atlanta: Centers for Disease Control and Prevention.
- Heymann, D.L. (2008). *Control of communicable diseases manual, 19th edition*. Washington, D.C.: American Public Health Association.
- Iseman, M. D. (2008). *A clinician's guide to tuberculosis*. Philadelphia: Lippincott Williams and Wilkins.

Last Review for this Guideline: **April 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator