



If patient has symptoms concerning for TB, see [Active TB Guideline](#). Do not send patient to Bethel unless patient is medically unstable.

Patient ≥14 years with:
New positive TB skin test
OR
New positive Quantiferon-Gold

At least one symptom

Patient in village?

DO NOT PUT A PATIENT WHO MAY HAVE ACTIVE TB ON A PLANE UNLESS ACUTELY ILL; this could expose the other passengers. Perform evaluation in village, as able.

Symptoms

- Cough for more than three weeks
- Weight loss
- Fever
- Night sweats
- Hemoptysis

What is a positive TB skin test?

- At least 10 mm of induration OR >5 mm of induration for patients who are high risk for TB (See box).
- Must be read 48-72 hours after placement to be a true negative.
- If positive, the induration can remain up to seven days and can be read until then.

High Risk for Tuberculosis

1. Immunosuppressed, HIV positive, prednisone >15 mg/day for >1 month, TNF-α blocker.
2. Suspicious chest X-ray.
3. Household contact with active TB.

LTBI Treatments: Choose one option

1. 3HP: INH 15 mg/kg PO weekly, rounding to nearest 50 mg (max dose 900 mg) x 12 weeks AND Rifapentine PO weekly x12 weeks.
Rifapentine Dosing:
• 32.1-49.9 kg: 750 mg
• >50 kg: 900 mg (max dose)
DOT optional.
2. Rifampin 10 mg/kg PO daily (max dose 600 mg) x4 months.
3. INH 5 mg/kg PO daily (max dose 300 mg) x9 months.

If on INH, give pyridoxine (vitamin B6) 50 mg PO daily to prevent neuropathy.

If patient is pregnant or HIV infected, contact TB Officer.

Abbreviations

3HP: three month regimen of INH and rifapentine
AFB: acid-fast bacilli
DOT: directly-observed therapy
hCG: pregnancy test
HIV: human immunodeficiency virus
INH: isoniazid
LFT: liver function tests
LTBI: latent tuberculosis infection
MTB-RIF: mycobacterium tuberculosis nucleic acid amplification test that also tests for rifampin resistance
PHN: Public Health Nursing
TB: tuberculosis
TNF-α: tumor necrosis factor alpha

Thirty minute appointment in Bethel for:
• Physical exam
• Chest X-ray
• Labs: LFTs, HIV, and hCG if female

Abnormal chest X-ray?

• Patient must wear surgical mask AND stay in a negative pressure room, if available, until MTB-RIF result is negative.
• Collect sputum samples using the “AMB NEW +PPD/LTBI” Power Plan. This generates orders for all three sputum samples, including the 2nd and 3rd day samples.
• First collect one sputum sample (3 mL in a urine cup) for MTB-RIF and send to lab.
• Next collect three sputum samples for AFB smear and TB culture (5 mL in a conical tube) at least eight hours apart.
• Obtain labwork: LFTs, HIV, and hCG if female.
• Chest X-ray if available.

LTBI

- Call PHN with plan of care.
- Begin treatment per box, using LTBI Power Plan.
- Print LTBI prescriptions and fax to PHN.
- Follow-up sputum smears and cultures, if indicated.

MTB-RIF positive?

Active TB.
Contact TB officer and see [Active TB Guideline](#).

Sputum smear or culture positive?

Not positive or not indicated

LTBI.
Continue full course of treatment per Public Health.

TB Officers

- Philip Johnson MD
- Elizabeth Roll MD
- Robert Tyree MD
- Mien Chyi MD (pediatrician)
- Kimberly Fisher DO (pediatrician)
- Cynthia Mondesir MD (pediatrician)

Contact Information

- Public Health Nursing (PHN):
Phone: 543-2110
Fax: 543-0435
All directly-observed therapy (DOT) will be arranged by PHN.
- Curry Center TB Warm Line: (877) 390-6682
- State Epidemiology: (907) 269-8000
- State Epidemiology Lab: (907) 334-2100

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 4/14/20.
If comments about this guideline, please contact Robert_Tyree@ykhc.org.