



High Risk for TB

1. Exposure to an active TB patient.
2. HIV positive.
3. Immunosuppressed.
4. Prednisone-dependent on ≥ 15 mg/day.
5. Suspicious CXR.
6. <6 mo of age.

+PPD

At least 10 mm induration (not redness) OR
 >5 mm induration (not redness) for patients who are high risk (see box).

Needs to be read 48-72 hours after placement for a true negative.
If positive, the induration will remain up to seven days and can be read until then.

Public Health Nursing (PHN)

Phone: 543-2110
Fax: 543-0435

All Directly Observed
Therapy (DOT) will
be arranged by
PHNs.

Schedule 40 minute clinic appointment.
Notify Public Health.
Patient may do three sputums for AFB
smear/culture in village or Bethel while
awaiting appointment.

Examine patient and perform symptom review: cough >3 weeks, sputum,
weight loss, sweats, fever, cough not resolving on antibiotics, fatigue.

Get CXR, LFTs, HIV testing.
Consider STI screening with RPR, GC/CT.
Order three sputums for AFB smear/culture: first in the clinic, two more at
home. Need first morning samples if not already done.

If concerned about false-positive PPD consider Quantiferon-Gold.

CXR normal?
Symptom review
normal?

No
Consider active TB.
See tuberculosis
guideline.

Yes

Adult or child?

Older child or adult

1. Hold on LTBI meds while obtaining
sputum samples.
2. Ensure follow-up if medication deferred.
3. Discuss with PHNs.
4. Send note and med order to PHN.

1. If negative smears, start LTBI regimen
(see box). If Hx INH resistance in patient's
village, consider rifampin.
2. PH completes monthly symptom and
medication side effects screens.
3. Consider following LFTs if alcohol use.
4. Await AFB cultures.

If culture is positive, stop LTBI
therapy, consult a TB officer, and
start four drug active TB therapy.
See tuberculosis guideline.

Infant or child unable
to do sputum (<6 years)

Treat as LTBI

1. See regimens and
select with PHN
discussion.
2. Use pills and a
crusher; mix
medications in
pudding or
applesauce.
3. Follow-up Q3mo.
4. Send note and
med order to PHN.

Older child
or adult

Obtain sputums for
AFB smear/culture
x3 if not already
done.

Start four drug
therapy for active
TB. See
tuberculosis
guideline.

Infant or child unable
to do sputum (<6 years)

Admit child for
collection of
gastric aspirates or
induced sputums.
When collected,
start four drug
therapy.

LTBI Treatment Medications

1. Isoniazid 300 mg PO daily x9 months. For pediatrics: 20 mg/kg (max dose 300 mg).
2. Isoniazid 900 mg PO twice a week x9 months. For pediatrics: 30 mg/kg (max dose 900 mg). May only be given with DOT.
3. For 12 years and up: isoniazid weight-based/rifapentine weight-based Qweek x12 weeks. Not for patients who are pregnant, nursing, HIV+ on retrovirals, or have presumed INH or rifampin resistance. May only be given with DOT.
4. If INH-resistant: rifampin 20 mg/kg PO daily x4 months for adults. For pediatrics: 10-20 mg/kg PO daily x6 months.