



Symptoms

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

Do not perform TB skin test or QuantiFERON Gold on anyone with a prior positive. QuantiFERON Golds can be ordered Monday through Thursday only, and they cannot be done in villages.

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, the preferred treatment is INH for 9 months. In HIV infection, avoid rifampin and rifapentine.

Abbreviations

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

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

At least one symptom

No

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

Abnormal chest X-ray?

No

LTBI

- Call PHN with plan of care.
- Begin treatment per box, using LTBI Power Plan.
- Print LTBI prescriptions and fax to PHN.

Yes

No

Yes

- Consult TB officer regarding whether to treat for active TB
- Consider treating for CAP.

Sputum positive? No response to CAP tx?

No

LTBI.

Continue full course of treatment per Public Health.

Yes

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

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.

ACTIVE TB IS SUSPECTED

- 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, if 18 or older, 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.

MTB-RIF positive?

Yes

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

How to Consult a TB Officer: Send a message via Tiger Connect to "TB Officers" Team.

Contact Information

- Public Health Nursing (PHN):
Phone: 907-543-2110
Fax: 907-543-0435
All directly-observed therapy (DOT) will be arranged by PHN.
- Curry Center TB Warm Line: (877) 390-6682
- Dr. Jacob Gray, ANMC Infectious Disease (Tiger Text)
- State Epidemiology: (907) 269-8000

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 5/5/22. Click [here](#) to see the supplemental resources for this guideline.
If comments about this guideline, please contact Robert_Tyree@ykhc.org.