Latent Tuberculosis Bacterial Infection (LBTI)

High Risk for TB
1. Exposure to a Active TB pt
2. HIV+
3. Immunosupressed
4. Prednisone dependent on 15 mg a day or more.
5. Suspicious CXR
6. Under 6 months of age

+ PPD

At least 10 mm of induration **OR** > 5 mm induration (not redness) for patients who are High Risk for TB – See box on Left.

Needs to be read at 48-72 hours after placement for a true negative.
If positive – the induration will remain up to 7 days and it can be read until then.

Public Health Nursing Contact Information

(PHN) – Public Health Nurses
Phone – 543-2110
Fax – 543-0435

ALL DOT- (Directly Observed Therapy) WILL BE SET UP BY PHNs

Schedule 40 min Clinic appt.
Notify Public Health Clinic – fax them PEF or PCC

Can have patient do a 3 Sputums for AFB Smear /Culture in village or Bethel while waiting for appt date.

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

Get CXR/ LFTs, HIV on all patients. Consider STI screening - RPR/GC/CT.
Order 3 AFB Smear/AFB Cx to be done – 1st in the office now, other two at home 1st AM samples if not already done.

If concerned about False + PPD, consider getting QFT-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. Have discussion with PHNs.
4. Send PCCs and med order to PHN

1. If negative smears – can start a LTBI treatment regimen – see box. If hx of INH resistance in the village – consider Rifampin treatment.
2. Public Health completes monthly symptom and medication side effects screens.
3. Consider following LFTs if alcohol use is an issue.
4. Await AFB Cultures..

If culture is positve – stop LTBI therapy and start 4 drug Active TB therapy.. Consult YKHC TB Officer.
See Tuberculosis guideline.

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

Treat as LTBI
1. See regimens and select with PHN discussion.
2. Use pills and a crusher- mixing it in pudding or applesauce.
3. See Q 3 months for follow up. Can check LFTs but not needed.
4. Send PCC/Med Rec to PHNs.

LTBI Treatment Meds
1. Isoniazid 300 mg Qday for 9 months – Adult,
Peds 20 mg/kg max 300mg
2. Isoniazid 900 mg 2x a week for 9 months –
Peds – 30 mg/kg max 900mg. –**ONLY DOT**
3. For 12 and up – Isoniazid wt based/Rifapentine wt. based Q week x 12 weeks. Not for pregnant, nursing, HIV+ on retrovirals, or LTBI with presumed INH or Rifampin resistance. **ONLY DOT**
4. If INH resistant – Rifampin QDay 10 mg/kg- 4 months adult. Peds- 10-20 mg/kg Qday- 6 months.

Adult or child?

Older child or adult → **Obtain sputums for AFB Smear/Culture x 3 if not already done.** → Start 4 drug therapy for active TB – **See Tuberculosis Guideline**.

Infant or child unable to do sputum (<6years) → Admit child for 3 days of AM Gastric Aspirates – see protocol. Then start 4 drugs TB therapy.

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