



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
TUBERCULOSIS CONTROL & REFUGEE BRANCH
3851 ROSECRANS STREET, MAIL STOP P-576
SAN DIEGO, CA 92110-3134
(619) 692-5565 • FAX (619) 692-5650

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

January 4, 2019

Dear Guam Club Participant:

County of San Diego, TB Control (TBC) and Sons & Daughters of Guam Club, Inc. (Guam Club) are working together because we have been informed that you may have potentially been in contact with an individual who has tuberculosis (TB). If you participated in social/community activities located at 334 Willie James Jones Ave., San Diego, CA 92102 between the dates from August 2, 2018 to November 30, 2018, we recommend that you receive TB test(s). TB is a serious disease that is spread through the air from person to person.

Symptoms of active TB include persistent cough, fever, night sweats, and unexplained weight loss. For individuals with symptoms of TB, or who are immune-compromised, it is important that they see their medical provider to rule-out TB. Please read the enclosed form TB-450e: *TUBERCULOSIS Get the Facts!* It will answer many of your questions.

Individuals with a documented (current or past history) of a "positive" TB reading result will be required to get a chest x-ray within 5 days of notice to make sure they do not have active disease. Individuals with a positive TB test result and a normal chest x-ray are advised to be evaluated by a medical provider for treatment of latent TB infection (LTBI) to reduce the risk of developing TB disease in the future.

A "negative" result usually indicates that the person is not infected with the TB bacteria. However, it may take 8 to 10 weeks after exposure for a test to be positive. Therefore, a follow-up test may be required.

TBC staff will provide a TB Health Presentation: January 8, 2019 at 10:00 A.M. to 10:30 A.M. located at the Sons and Daughters of Guam Club 334 Willie James Jones Ave. San Diego, CA 92102.

For your convenience, Public Health Staff has made arrangements for screening at no cost to identified individuals at the Guam Club on

Baseline test: January 8, 2019 from 10:30 A.M. to 2:30 P.M.

Follow-up test: January 29, 2019 from 10:30 A.M. to 2:30 P.M.

TB test and chest x-rays may also be obtained from your medical provider. If you choose to go to your medical provider, please give this letter along with the enclosed TB-130 & TB-265 *Testing & Treatment Recommendation for Individual Exposed to Active TB Disease* forms to your medical provider and ask that a written report of the test results be faxed to County of San Diego TB Control, attention: Dayna Zarate, Communicable Disease Investigator (CDI) at fax # (619) 692-5650 or by email at Dayna.Zarate@sdcounty.ca.gov.

We appreciate your cooperation in helping us to protect your health and the health of our community. If you or your physician has any questions, please call Dayna, CDI at 619-692-8831 or Lorena Gonzalez-Fabiny, Supervising CDI at (619) 692-8292.

Sincerely,

LORENA GONZALEZ-FABINY
Supervising Communicable Disease Investigator

Enclosures: TB-450, TB-130, & TB-265

Testing and Treatment Recommendations for Individuals Exposed to Active TB Disease

Patient	Risk	Initial TST/IGRA	Additional Exams	If initial and repeat TST/IGRA is negative	If initial or repeat TST/IGRA is positive
Children under 5 years of age¹	TB can progress rapidly from primary infection to disseminated disease, including meningitis.	Place a tuberculin skin test (TST) and read in 48-72 hours. An interferon gamma release assay (IGRA) may be used instead of a TST, but is not the preferred test. ²	Regardless of TST/IGRA results, evaluate the child with clinical <u>and</u> CXR exams. ³	If active disease has been ruled out and the TST is 0-4mm or the IGRA is negative: <ul style="list-style-type: none"> Start treatment for presumptive LTBI immediately. Repeat TST/IGRA <u>8-10 weeks after</u> contact with the infectious patient has ended. If the repeat TST remains 0-4 mm or IGRA is negative, discontinue treatment¹. 	If initial or repeat TST is ≥ 5 mm or IGRA is positive and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI treatment.⁴ Options: Isoniazid (INH) x 9 months Rifampin x 4 months INH + Rifapentine x 12 doses
Immunocompromised Individual • HIV-positive persons • Patients receiving immunosuppressive therapy (e.g. chemotherapy, anti-TNF, organ transplant recipient, equiv. to ≥ 15 mg/day of prednisone for ≥ 1 month)	TB can rapidly progress from primary infection to disseminated disease. May be unable to develop a positive TST/IGRA reaction even if infected.	Use an IGRA or TST. IGRA is preferred if BCG vaccinated.	Regardless of TST/IGRA results, evaluate the patient with clinical <u>and</u> CXR exams. ³	If active disease has been ruled out and the TST is 0-4mm or/and the IGRA is negative: <ul style="list-style-type: none"> Start treatment for presumptive LTBI. Repeat TST or/and IGRA <u>8-10 weeks after</u> contact with the infectious patient has ended. If the repeat TST remains 0-4 mm or/and IGRA is negative, re-evaluate continuation of therapy in consideration of the patient's level of exposure, current immune status, and final results of the suspected source case's evaluation. 	If initial or repeat TST is ≥ 5 mm or/and IGRA is positive and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI treatment.⁴ Options: Isoniazid (INH) x 9 months Rifampin x 4 months INH + Rifapentine x 12 doses
All Other Individuals without past positive TST/IGRA	Risk of progressing from TB infection to TB disease is high within the first two years after becoming infected.	Use an IGRA or TST. IGRA is preferred if BCG vaccinated.	Regardless of TST/IGRA results, evaluate the patient for any signs or symptoms of TB disease. ³ CXR if sx	If the patient has no signs or symptoms of active TB disease and the TST is 0-4 mm or the IGRA is negative: <ul style="list-style-type: none"> Treatment for presumptive LTBI need not be started. Repeat TST/IGRA <u>8-10 weeks after</u> contact with the infectious patient has ended. If the repeat TST remains 0-4 mm or the IGRA is negative, no further action is needed. 	If initial or repeat TST is ≥ 5 mm or IGRA is positive and active disease has been ruled out: <ul style="list-style-type: none"> Evaluate person for LTBI treatment Must have a CXR prior to LTBI treatment.⁴ Options: Isoniazid (INH) x 9 months Rifampin x 4 months INH + Rifapentine x 12 doses
Individuals with a documented positive TST/IGRA prior to current exposure	Reinfection is possible, but limited risk in immunocompetent contacts.	Obtain verification of the past positive TST/IGRA	Obtain CXR to rule out current disease.	Note: Patient may be a candidate for treatment of LTBI based on pre-existing TB infection, not related to the recent exposure. Use this as an opportunity to treat for TB infection unless contraindications.	

¹Children < 4 months old may be unable to develop TST/IGRA response, even if infected. Consider treatment until ≥ 4 months of age. Red Book 2015

²Updated Guidelines for Using IGRAs. CDC MMWR, June 25, 2010, S9RR05 (1 - 25)

³A negative IGRA or TST does not rule out active TB disease.

⁴Treatment for LTBI. www.cdc.gov/tb/topic/treatment/ltbi.htm For contacts to drug resistant cases seek expert advice.

TB-265

What is Tuberculosis?

Tuberculosis (TB) is an infectious disease that is spread from person to person through the air. The germs are put into the air when a person with TB of the lungs coughs, sneezes, laughs, or speaks. TB usually affects the lungs but it can also affect other parts of the body, such as the brain or the spine.



What are the symptoms of TB?

General symptoms may include:

- feeling weak or sick
- weight loss
- fever and/or sweats

Symptoms of TB of the lungs may also include:

- cough
- chest pain
- coughing up blood

Other symptoms depend on the part of the body that is affected.

Who gets TB?

Anyone can get TB, but some people are at higher risk. Those at higher risk include:

- People who share the same breathing space (such as family members, friends and co-workers) with someone who has TB disease in their lungs
- People born in countries where a lot of people have TB
- Nursing home residents
- Persons in jails
- Alcoholics and intravenous drug users
- People with medical conditions such as diabetes, certain types of cancers, and being underweight
- People with HIV infection (the virus that causes AIDS) or other conditions that weaken the immune system

What is the difference between TB infection and TB disease?

People with TB disease are sick from germs that are active in their bodies. They usually have one or more symptoms of TB. These people are often capable of infecting others with TB germs. Medicines which can cure TB are prescribed for these people.

People with TB infection have the germ that causes TB in their bodies. They are not sick because the germ is inactive in their bodies. They cannot spread the germs to others.

However, these people may develop TB disease in the future. Medicine is often prescribed for these people to prevent them from developing TB disease.

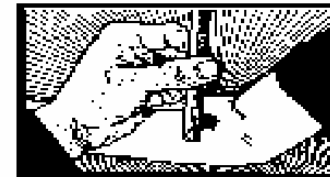
How can I tell if I have TB?

See your doctor if you think you have TB symptoms. He will probably recommend a TB test. There are two types of tests available, the TB skin test and the QuantiFERON® TB Gold (QFT) blood test.

If you have a positive reaction to either of the tests, you will probably be given other tests to see if you have TB infection or TB disease.

Where can I get a TB skin test or QFT?

You can get a TB skin test from your doctor or local health department. You may be able to get the QFT at your doctor or your local health department.



How are the tests given?

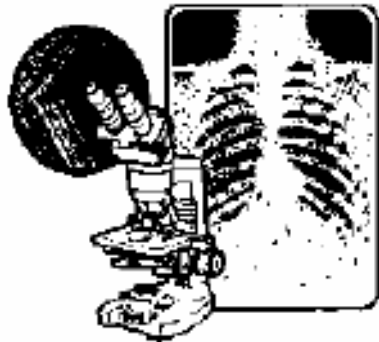
For the skin test a small needle is used to put some testing material, called tuberculin, on the inside of the forearm. The person getting the test must return in 48 to 72 hours to have the test read by a health provider. If there is a reaction on the arm, the size of the reaction is measured.

If your health department does offer the QFT, some of your blood is taken for the test. You will be instructed on how to get the results of your tests.

What if the test is negative?

A negative test usually means that the person is not infected with the TB germ. However, the test may be falsely negative in a person who has been recently infected. It usually takes 2 to 10 weeks after exposure to a person with TB disease for the skin test to turn positive. The test may also be falsely negative if the person's immune system is weakened.

A negative QFT usually means you are not infected.



What if the test is positive?

A positive skin test or QFT usually means that the person has been infected with the TB germ. This person is said to have TB infection. It does not necessarily mean that the person has TB disease. Other tests, such as an x-ray, are needed to see if the person has TB disease.

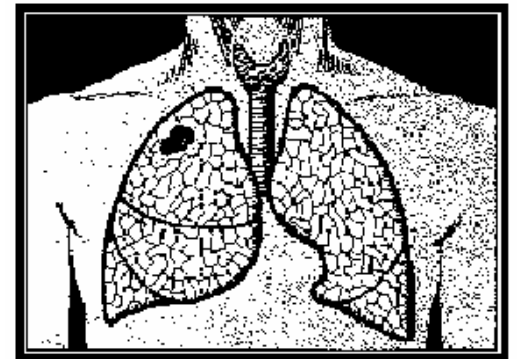
What should I do if I have TB infection or TB disease?

Get required follow-up tests. Follow your doctor's advice and take the medicine as prescribed. Today, TB infection and TB disease can be effectively treated!



County of San Diego

TUBERCULOSIS



Get the Facts!

Adapted from brochure prepared by the
Centers for Disease Control and Prevention.

County of San Diego
Health and Human Services Agency
3851 Rosecrans Street, Suite 128
San Diego, CA 92110
(619) 692-8600

www.sandiegotbcontrol.org

*You may qualify for Medi-Cal benefits.
People with TB infection or TB disease may also
qualify for TB-Cal. To find out about your
eligibility and to request an information packet
and application, please call 1-858-514-6885.
Collect calls are accepted.*



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
TUBERCULOSIS CONTROL AND REFUGEE HEALTH BRANCH
3851 ROSECRANS STREET, MAIL STOP P-576
SAN DIEGO, CA 92110-3134
(619) 692-5565 • FAX (619) 692-5650

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Dear Doctor _____:

Date: _____

Your patient has been identified as having been exposed to an individual with infectious tuberculosis. The dates of exposure are from **August 20, 2018 to November 30, 2018 at the Guam Club**. Because it can take 10 weeks after exposure for the TB test to become positive, individuals who initially had a negative TB test should have repeat testing 8-10 weeks after their last exposure. Per the California Health and Safety Code, Section 121363, the Tuberculosis Control Program should be informed about clinical follow up of all exposed persons. We appreciate your efforts in supplying the data requested. Please fax the final TB test results to Dayna Zarate, Communicable Disease Investigator (CDI) at fax number (619) 692-5650. If you have any questions, please call (619) 692-8831.

Sincerely,

Tuberculosis Control Program

Patient:			
Last name:		First name:	DOB:
TB Skin Test (Mantoux)	TB Test History (prior to this exposure)	1st TB Test	2nd TB Test (8-10 weeks post-exposure)
	Date: mm: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done	Date: mm: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done	Date: mm: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done
IGRA (interferon gamma release assay e.g. QuantiFERON, TSpot)	Date: _____ IU/ml or spots <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Indeter. <input type="checkbox"/> Test not done	Date: _____ IU/ml or spots <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Indeterminate <input type="checkbox"/> Test not done	Date: _____ IU/ml or spots <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Indeterminate <input type="checkbox"/> Test not done
	CXR:	Date: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Date: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Reason for not doing second TB test:			
<input type="checkbox"/> first TB test done > 8 weeks after exposure ended <input type="checkbox"/> patient lost to follow-up <input type="checkbox"/> active TB developed <input type="checkbox"/> patient moved – f/u unknown		<input type="checkbox"/> no longer my patient: current provider Name: _____ Phone: _____ <input type="checkbox"/> other _____	
<input type="checkbox"/> first TB test was positive <input type="checkbox"/> patient refused 2 nd test <input type="checkbox"/> death			

Submitted by: _____

Date submitted: _____



County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

PUBLIC HEALTH SERVICES
TUBERCULOSIS CONTROL BRANCH
3851 ROSECRANS STREET, MAIL STOP P-576
SAN DIEGO, CA 92110-3134
(619) 692-5565 • FAX (619) 692-5650

Date: _____

Patient name: _____

DOB: ___/___/_____

Dear Provider:

Your patient has been identified as having probable exposure to an individual [suspected/proven] to have active, infectious tuberculosis (TB). As per the recommendations of the Centers for Disease Control and Prevention (CDC) and other authorities in the field, persons recently exposed should be evaluated for latent TB infection (LTBI) and disease. Risk of TB disease can be reduced when treatment for LTBI is initiated early.

Please review the attached table for appropriate recommendations for your patient.

Testing: interferon gamma release assay (IGRA) blood test or tuberculin skin test (TST)

- Perform clinical evaluation & chest x-ray on immune suppressed patients and children under 5
- All contacts should undergo symptom screen and TB test (IGRA or TST)
- TST: positive test is ≥ 5 mm in contacts, TST is the preferred test for children under age two
- IGRA: preferred test if prior BCG vaccination or unlikely to return for TST reading
 - Commercially available: QuantiFERON (Quiagen), T-SPOT.TB (Oxford Immunotec)
- Note: both IGRAs and TSTs may take 8-10 weeks to become positive after TB infection

Treatment: CDC updated LTBI treatment recommendations (2018):

- New short course LTBI treatments are recommended in most patients given higher completion:
 - rifampin daily for 4 months
 - isoniazid + rifapentine weekly for 12 doses (3 months)
- Summary of updated CDC recommendations: <https://www.cdc.gov/tb/topic/treatment/ltbi.htm>

If active TB is suspected after your evaluation, please report within 24 hours to our office at 619-692-8610. We hope this information is helpful to you. Please contact our offices with any questions or concerns at 619-692-8531 and ask for the Nurse of the Day.

Sincerely,

Tuberculosis and Refugee Health Services