JOSH GREEN, M.D. GOVERNOR OF HAWAI'I KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I



STATE OF HAWAI'I DEPARTMENT OF HEALTH KA 'OIHANA OLAKINO

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August 07, 2024

MEDICAL ADVISORY: RECENT CASE HIGHLIGHTS IMPORTANCE OF CONSIDERING TUBERCULOSIS WHEN EVALUATING RESPIRATORY COMPLAINTS

- A recent case of active tuberculosis with a delayed diagnosis has resulted in potential
 exposure to numerous individuals in Hawaii County. While DOH is working to fully
 identify and evaluate those at risk, people may choose to be evaluated at your office or
 practice.
- DOH recommends evaluating for tuberculosis in patients exhibiting respiratory complaints that do not resolve with standard treatment.
- While skin testing can be useful for screening, sputum testing (for AFB smear, TB culture, and MTB-PCR) and Interferon gamma release assay (IGRA) blood testing should be performed if there is high suspicion for TB based on the clinical picture or risk factors.
- Providers can request DOH assistance with evaluating a person who may have been exposed to TB by calling the TB Control Branch at 808-832-5731.

Dear Healthcare Provider:

The Hawaii State Department of Health (DOH) TB Control Branch has identified an individual with pulmonary tuberculosis (TB) who has potentially exposed persons at a hospital in Hawaii County. DOH has assessed the risk of TB transmission and will be contacting at-risk persons to be evaluated and tested for TB.

Tuberculosis was identified in the patient after multiple hospitalizations for pneumonia that did not completely resolve with antibiotics. Early diagnosis and treatment of TB is essential to prevent poor patient outcomes and transmission of TB to contacts.

DOH recommends considering TB in the differential diagnosis for patients with respiratory complaints, especially if symptoms do not resolve with treatment for other etiologies. TB should be also considered in patients with risk factors for TB such as being born in or extensive travel to countries with high rates of TB such as the Philippines, Marshall Islands, Micronesia/Chuuk, Marshall Islands, China, Vietnam; having comorbid conditions such as DM, CKD, HIV/AIDS or decreased immune status due to medications (steroids, immune modulators, chemotherapy).

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From this case, DOH estimates there may be up to 75 individual contacts that will require TB evaluation. For these persons, DOH will begin screening and administering TB tests. However, exposed individuals may choose instead to be tested at your office or practice. If you do not feel comfortable performing the TB evaluation for these identified contacts, please encourage them to complete their evaluations at the DOH Public Health Nursing Office TB clinic in Hilo. Call 808-974-6025 for more information.

DOH recommends taking the following steps when evaluating a person who has been exposed to TB:

If NO history of prior positive TB skin test

- Screen for signs and symptoms of active TB disease.¹
- If signs and symptoms are absent, administer a TB skin test.
- Read the TB skin test 48–72 hours later.
- If the TB skin test is positive (≥5 mm induration for persons recently exposed to active TB disease) or if symptoms of TB disease are present, obtain a chest X-ray. Consider treatment of latent TB if active TB not identified.
- Please fax results to DOH TB Control Branch at (808) 832-5846.

If history of prior positive TB skin test

- Screen for signs and symptoms of active TB disease.
- Obtain a chest X-ray.
- Evaluate for treatment of latent TB if active TB is not identified. DOH recommends treatment
 of latent TB.
- Fax results to DOH TB Control Branch at (808) 832-5846.

Interferon gamma release assay (IGRA) blood testing can be performed in lieu of TB skin testing and is the preferred method of initial testing for people who have received BCG vaccination. If IGRA testing is positive, obtain a chest xray and follow guidance similar to a positive TB skin test. See CDC's IGRAs Blood Tests for TB Infection Fact Sheet for more information.

Note that members of the community who were not considered to be in the exposed group may still seek TB testing from you. While a TB skin test is not recommended in this scenario, note that a TB skin test is considered positive at ≥10 mm induration for people in Hawaii whose <u>risk assessment</u> is positive (e.g. symptoms of TB or at least 1 risk factor) and ≥ 15 mm for those whose <u>risk assessment</u> is negative.² See <u>CDC's Tuberculin Skin Testing Fact Sheet</u> for more information.

If you have any questions or concerns, please contact Dr. Genevieve Ley at the Department of Health TB Control Branch, (808) 832-5535.

Sincerely,

Genevieve Ley, MD Chief, DOH TB Branch Diana Felton, MD

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Chief, DOH Communicable Disease and Public Health Nursing Division

¹ Hawaii DOH TB Control Program http://health.hawaii.gov/tb/frequently-asked-questions-2/

² Hawaii DOH TB Control Program TB Document G: State of Hawaii TB Risk Assessment for Adults and Children