



Tuberculosis Screening Recommendations

Think tuberculosis (TB) in patients with: chronic cough (≥ 3 weeks), unexplained weight loss, fever, hemoptysis and/or fatigue.

Active TB rates are highest among:

- foreign-born persons from areas with a high prevalence of TB
- homeless and marginally housed persons
- residents of long-term care facilities (including correctional facilities)

The risk of developing TB disease is significantly increased when co-morbid medical conditions such as diabetes, HIV or other medical conditions that weaken the immune systems (listed below) occur in these same individuals.

Whenever TB symptoms are present, TB disease should always be evaluated with a chest x-ray, sputum smears and culture, and careful clinical evaluation. Referral to TB clinic at SFGH, Ward 94 is appropriate when TB symptoms are present.

Screening for TB

TB screening is an assessment of:

- TB symptoms
- Risk of exposure and disease progression
- TB infection if symptoms or risks are present

TB screening is not recommended for the general public but should be prioritized and routine for foreign-born populations and those that are marginally housed or reside in congregate settings.

Symptom Review

All patients being screened for TB should be asked if they have the following:

- Cough ≥ 3 weeks
- Unexplained weight loss
- Hemoptysis
- Chronic fever
- Drenching night sweats

Risk Assessment

TB screening is recommended for the following groups:

- Contacts of persons with pulmonary or laryngeal TB disease

- Foreign-born persons born in countries outside of the U.S. with the exception of Australia and Canada
- Marginally housed or homeless persons
- Persons with prolonged (>1 month) or frequent travel (\geq twice/year) to TB endemic countries
- Employees or residents of congregate settings, such as hospitals, dialysis units, correctional facilities, homeless shelters, nursing homes, single-room occupancy hotels, or substance abuse treatment centers
- Persons with medical risk factors for TB disease progression, such as:
 - HIV infection
 - Diabetes mellitus (prioritize screening in foreign born and homeless)
 - Prolonged corticosteroid therapy or other immunosuppressive therapy (such as TNF-antagonists, post-transplant immunosuppressive drugs, cancer chemotherapy)
 - Persons with radiographic evidence of previous TB
 - Current and former tobacco smokers (prioritize screening in foreign-born and homeless)
 - Cancer of the head and neck, hematologic malignancy (e.g., leukemia and Hodgkins disease)
 - End-stage renal disease
 - Organ transplant candidates/recipients
 - Intestinal bypass or gastrectomy, chronic malabsorption syndromes
 - Low body weight (10% or more below ideal)
 - Silicosis

Frequency of Screening

In individuals with initial negative tests:

- Annual testing: Individuals living or working in congregate settings (mandated)
- Periodic testing: Individuals with possible new exposure to TB (contact to a pulmonary/laryngeal TB cases, prolonged/frequent travel overseas to TB endemic countries, or new medical risk factor)

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