



Public Health Department

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Health Advisory

To: Healthcare Providers

From: Robert Bernstein, M.D. (signed original on file)

Date: December 1, 2020

Re: TB and COVID-19

The identification, evaluation, and management of patients with Tuberculosis (TB) has been adversely affected by COVID-19's impact on healthcare systems, public health, and patients' use of health care services. According to the California Tuberculosis Controllers Association, local health jurisdictions across the State have observed declines in reports of TB since the advent of COVID-19 and, unfortunately it appears unlikely that these declines represent decreases in the occurrence and distribution of TB cases.

Patients with TB disease who acquire COVID-19 infection may be at an increased risk for severe COVID-19 disease because of exacerbation of existing lung damage. Some of the following patient populations that are vulnerable and at high risk for TB disease are also at risk for severe COVID-19 disease, including Latinx, Asian, and Black residents, persons originating from or with a travel history to countries with high rates of TB, people aged > 65 years old, people experiencing homelessness, and individuals who are immunosuppressed or have comorbidities such as end stage renal disease and HIV/AIDS. Vigilance and prompt diagnosis of TB in patients with suspected, current, or resolved COVID-19 can improve patient outcomes as well as reduce the risk of TB transmission.

Actions Requested of Healthcare Professionals:

- Consider the diagnosis of TB in patients with pulmonary or extra-pulmonary symptoms of TB disease.
- Be alert for patients with suspected or confirmed COVID-19 in whom the chronicity of symptoms or radiographic features may be consistent with pulmonary tuberculosis disease, including the following: persistent cough for ≥ 3 weeks, non-resolving pneumonia, upper lobe infiltrates, miliary, nodular or cavitory lesions.
- Immediately implement airborne infection isolation precautions for patients with suspected or proven pulmonary tuberculosis disease.
- Collect specimens for Mycobacterium tuberculosis complex NAAT and AFB smear/culture from appropriate sites, including ≥ 3 induced or expectorated sputum specimens, or other lower respiratory tract specimens, collected at least 8 hours apart.
- Report cases of suspected or confirmed tuberculosis disease within 1 working day, as required per California code of regulations. Detection of Latent TB Infection
- Consider interferon-gamma release assays (IGRA) or tuberculin skin testing (TST) for LTBI in COVID-19 patients who may receive off-label immunomodulatory therapies such as systemic glucocorticoids and anti-IL-6 biologic response modifiers (e.g. tocilizumab).

Management of Contacts

Work in partnership with Butte County Public Health to promptly evaluate patients who are identified as a contact to a person with infectious TB by using an IGRA (preferred) or TST TB test, and if the test is positive or the patient is symptomatic, obtain a chest radiograph. Initiate treatment for latent TB infection after exclusion of active TB disease.

Infection Control

- Airborne infection isolation precautions should be used for patients with suspected or proven pulmonary TB disease.
- Title 22's healthcare facility licensing and certification requirements for employee TB testing have been temporarily suspended for primary care clinics and mobile health care units because of the pandemic response (per [CDPH All Facilities Letter 20-30](#) regarding the [Governor's Executive Order N-35-20](#)). The Cal/OSHA Aerosol Transmissible Disease standard for annual TB screenings, however, remain in effect. [Please contact Cal/OSHA for more information.](#)
- Strategies to mitigate the risk of COVID-19 transmission during the delivery of TB services include:
 - Expansion of telehealth options
 - COVID-19 pre-screening and triage for all face-to-face patient encounters
 - Use of universal source control and appropriate PPE
 - Promotion of physical distancing, hand hygiene and respiratory etiquette
 - Note that the collection of spontaneously expectorated sputum specimens is an acceptable strategy for pulmonary TB evaluation among patients with laboratory confirmed, infectious COVID-19.
- More information is available in the "Interim CDC Guidance on Handling Non-COVID-19 Public Health Activities that Require Face-to-Face Interaction with Clients in the Clinic and Field in the Current COVID-19 Pandemic," (See: [Public Health Activity Guidance | CDC, April 8, 2020](#)).

Reporting and Consultation

All suspected or confirmed cases of tuberculosis must be reported to Butte County Public Health by [Confidential Morbidity Report \(CMR\)](#) within 1 working day.

Under Title 17, California Code of Regulations (CCR), failure to report is a misdemeanor (Health and Safety Code § 120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, § 1364).

Categories of urgency levels:

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action