Yukon-Kuskokwim **HEALTH CORPORATION**

Clinical Guideline

Tuberculosis, Latent Infection (≥14 years)

If patient has symptoms concerning

for TB, see **Active TB Guideline**.

Do not send patient to Bethel unless

patient is medically unstable.

Symptoms

- Cough for more than three weeks
- Weight loss
- Fever
- Night sweats
- Hemoptysis

Do not perform TB skin test or QuantiFERON Gold on anyone with a prior positive.

QuantiFERON Golds can be ordered Monday through Thursday only, and they cannot be done in villages.

What is a positive TB skin test?

- At least 10 mm of induration OR >5 mm of induration for patients who are high risk for TB. (See box.)
- Must be read 48-72 hours after placement to be a true negative.
- If positive, the induration can remain up to seven days and can be read until then.

High Risk for Tuberculosis

- 1. Immunosuppressed, HIV positive, prednisone >15 mg/day for >1 month, TNF-α blocker.
- 2. Suspicious chest X-ray.
- 3. Household contact with active TB.

Patient ≥14 years with: New positive TB skin test OR New positive Quantiferon-Gold. DO NOT PUT A PATIENT WHO MAY HAVE ACTIVE TB ON A PLANE Patient At least one UNLESS ACUTELY ILL; this could symptom village2 expose the other passengers. Perform evaluation in village, as able. No Thirty minute appointment in Bethel for: **ACTIVE TB IS SUSPECTED** Physical exam Chest X-rav Patient must wear surgical mask AND stay in a Labs: LFTs, HIV, and hCG if female No negative pressure room, if available, until MTB-RIF result is negative. Collect sputum samples using the "AMB NEW +PPD/ LTBI" Power Plan. This generates orders for all three Abnormal sputum samples, including the 2nd and 3rd day samples. chest X-ray • First, if 18 or older, collect one sputum sample (3 mL in a urine cup) for MTB-RIF and send to lab. Next collect three sputum samples for AFB smear and No TB culture (5 mL in a conical tube) at least eight hours **LTBI** · Obtain labwork: LFTs, HIV, and hCG if female. Chest X-ray if available. Call PHN with plan of care. Begin treatment per box, using LTBI Power Plan. Send LTBI prescriptions to the YKHC pharmacy

LTBI Treatments: Choose one option. DOT is optional for all three treatment options.

and securely email notification to

1. 3HP: INH 15 mg/kg PO weekly, rounding to nearest 50 mg (max dose 900 mg) x 12 weeks AND

Rifapentine PO weekly x12 weeks.

Rifapentine Dosing:

- 32.1-49.9 kg: 750 mg
- >50 kg: 900 mg (max dose)
- 2. Rifampin 10 mg/kg PO daily (max dose 600 mg) x4 months.
- 3. INH 5 mg/kg PO daily (max dose 300 mg) x9 months.
 - If on INH, give pyridoxine (vitamin B6) 50 mg PO daily to prevent neuropathy.
 - If patient is pregnant or HIV infected, the preferred treatment is INH for 9 months. In HIV infection, avoid rifampin and rifapentine.

Abbreviations

3HP: three month regimen of INH and rifapentine

AFB: acid-fast bacilli

DOT: directly-observed therapy

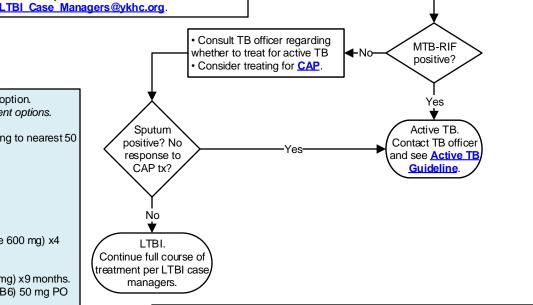
INH: isoniazid

LTBI: latent tuberculosis infection

MTB-RIF: mycobacterium tuberculosis nucleic acid amplification test that also tests for rifampin resistance

PHN: Public Health Nursing

TNF-α: tumor necrosis factor alpha



Contact Information

How to Consult a TB Officer: Send a message via Tiger Connect to "TB Officers" Team.

Public Health Nursing (PHN):

Phone: 907-543-2110 Fax: 907-543-0435

All directly-observed therapy (DOT) will be arranged by LTBI Case Managers.

- Curry Center TB Warm Line: (877) 390-6682
- Dr. Jacob Gray, ANMC Infectious Disease (Tiger Text)
- State Epidemiology: (907) 269-8000

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved 8/2/24. Click here to see the supplemental resources for this guideline. If comments about this guideline, please contact Robert_Tyree @ykhc.org.