# Yukon-Kuskokwim HEALTH CORPORATION

#### **Clinical Guideline**

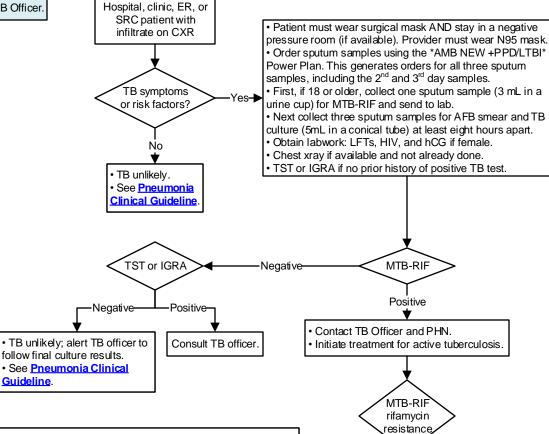
## **Tuberculosis, Active Pulmonary (≥14 years)**

If you diagnose active TB, please contact a TB Officer.

DO NOT PUT A PATIENT WHO MAY HAVE ACTIVE TB ON A PLANE UNLESS ACUTELY ILL: This could expose the other passengers. Perform evaluation in village as able. Consult TB Officer.

# TB Symptoms and Risk Factors (clinical judgment required)

- Hemoptysis
- Cough > 3 weeks
- Fever
- Night sweats
- Weight loss
- Persistent pneumonia
- Atypical CXR
- · Household contact of active TB
- Prior active or latent TB infection
- Foreign born from endemic area
- Immunosuppression (HIV, diabetes mellitus, prednisone >15 mg/day for > 1 month, or TNF-alpha blocker)
- Born before 1960 and long-term resident of western Alaska or other endemic area



### Active TB Treatments: choose one option

- 1. "RIPE": See "AMB TB Presumed Active" Power Plan for weight based dosing. This 6 month daily treatment regimen consists of an intensive phase composed of 8 weeks of daily treatment with RIF, INH, PZA, and EMB followed by a 4 month continuation phase of RIF and INH.
- 2. "RPT-MOX" (FOR NON-PREGNANT INDIVIDUALS ≥ 40 kg WITH DRUG SUSCEPTIBLE PULMONARY TB ONLY): If no rifamycin resistance on MTB-RIF, the isolate is presumed to be "SUSCEPTIBLE" for the purpose of initiating this option. See the "AMB TB Presumed Active" Power Plan for weight based dosing. This 4 month daily treatment regimen consists of an intensive phase composed of 8 weeks of daily treatment with RPT, MOX, INH, and PZA followed by a continuation phase of 9 weeks of daily treatment with RPT, MOX, and INH.
- For both options, at least 5 of the 7 weekly doses should be administered by DOT.
- When on INH, give pyridoxine (vitamin B6) 50 mg by mouth daily to prevent neuropathy.
- If patient is pregnant or HIV infected, please consult a TB officer.
- Dosing is per <u>CDC guidelines</u>.
- Start treatment immediately, either inpatient or with 2 week prescription through YK pharmacy. Consult TB Officers and PHN regarding ongoing prescriptions.

#### **Abbreviations**

AFB: acid-fast bacilli

DOT: directly observed therapy

EMB: ethambutol

IGRA: interferon gamma release assay, e.g. QuantiFERON Gold

INH: isoniazid

LTBI: latent TB infection

MOX: moxifloxacin

MTB-RIF: mycobacterium tuberculosis nucleic acid amplification test that also

tests for rifamycin resistance

PZA: pyrazinamide RIF: rifampin(a rifamycin)

RPT: rifapentine (another rifamycin)

TST: tuberculosis skin test

#### TB Discharge and Follow up

- For hospitalized patients, use the <u>Heartland Criteria</u> to determine suitability for discharge
- For patients listed as having completed TB treatment, an appropriate initial follow up is a symptom screen and chest xray. However, there can be much nuance to follow up so consult TB officer if questions.

#### **Contact Information**

Negative

Positive

Consult TB Officer.

<u>How to Consult a TB Officer</u>: 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 PHN.

- 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 <a href="here">here</a> to see the supplemental resources for this guideline. If comments about this guideline, please contact Robert\_Tyree @ykhc.org.