



**LAC DPH Health Advisory:
Tuberculosis During the COVID-19 Pandemic**

June 1, 2020



*This message is intended for all healthcare providers in Los Angeles County.
Please distribute as appropriate.*

Key Messages

- Tuberculosis (TB) disease is endemic in Los Angeles County (LAC), and delays in TB diagnosis have been seen in patients with suspected, confirmed, or resolved COVID-19.
- TB disease should be considered in patients with compatible clinical and radiological features, even if they also have suspected or confirmed COVID-19.
- It is essential that TB clinical care and control are continued during the COVID-19 pandemic, including: evaluation and treatment of suspected or confirmed active TB disease; evaluation after significant exposure to infectious TB disease; and treatment of latent TB infection (LTBI) for high risk individuals.
- The risk of COVID-19 transmission during the delivery of TB services may be mitigated by the use of multiple strategies (see infection control below).

Situation

The identification, evaluation, and management of patients with TB has been affected by COVID-19's impact on healthcare systems, public health, and patients' use of health care services. According to California Tuberculosis Controllers Association, local health jurisdictions across the State have observed declines in reports of TB since the advent of COVID-19.

The incidence of TB in LAC residents is one of the highest in the U.S. and mortality in LAC from TB disease is $\geq 10\%$. In 2019, the case rate in LAC increased for the second consecutive year to 5.6 per 100,000 persons, which is more than double the rate nationally. For more information, please see the 2019 Tuberculosis Epidemiology [Fact Sheet](#).

Patients with TB disease who acquire COVID-19 infection may be at an increased risk of severe COVID-19 disease because of existing lung damage. Vulnerable patient populations at high risk for TB disease include Latinx, Black, and Asian residents, age ≥ 65 years old, people experiencing homelessness, as well as individuals who are immunosuppressed or have comorbidities such as end stage renal disease and HIV/AIDS. Some of these groups are also at risk for severe COVID-19 disease. 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 Providers

Diagnosis of TB disease

- 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 more 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 LAC DPH to promptly evaluate patients who are identified as a contact to a person with infectious TB. Use an IGRA (preferred) or TST, and if the TB test is positive or the patient is symptomatic, a chest radiograph. Initiate treatment for latent TB infection after exclusion of active TB disease, as described in the LAC DPH [TB toolkit](#) for providers. (Information on the TB Control Program consultant phone line is shown in the reporting and consultation section below).

Infection control

- Airborne infection isolation precautions should be used for patients with suspected or proven pulmonary TB disease.
- Requirements for TB testing for healthcare personnel have not changed in California during the COVID-19 pandemic. 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](#) 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; and 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,](#)” (April 8, 2020).

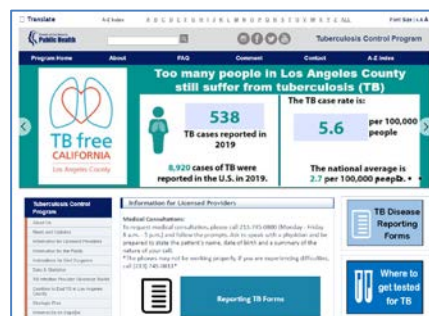
Reporting and Consultation

All suspected or proven cases of tuberculosis should be reported in writing within 1 working day.

- **Los Angeles County DPH TB Control Program:**
Download forms at <http://ph.lacounty.gov/tb/reporting.htm> and fax to 213-749-0926
For enquiries, call 213-745-0800 during business hours. For urgent consults after hours call 213-974-1234 and ask for the physician on call.
- **Long Beach Health and Human Services:**
Download forms at <http://www.longbeach.gov/health/diseases-and-condition/reporting-requirement/tb-laws-and-regulations/> and fax to 562-570-4391
For enquiries, call 562-570-4283 or 562-570-4235
- **Pasadena Public Health Department:**
Download forms at <https://www.cityofpasadena.net/public-health/wp-content/uploads/sites/32/Pasadena-Confidential-Morbidity-Report-CMR-Form-09-2011.pdf?v=1590182630275> and fax to 626-744-6115 or send by encrypted/secure email to nursing@cityofpasadena.net
For enquiries, call 626-744-6089

Resources

- LAC DPH TB provider webpage ph.lacounty.gov/tb/healthpro.htm



- LAC DPH COVID-19 Provider website publichealth.lacounty.gov/acd/ncorona2019/

This communication was sent by Julie Higashi, MD, Director, Tuberculosis Control Program, Los Angeles County Department of Public Health

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