



FLATHEAD CITY-COUNTY PUBLIC HEALTH  
HEALTH ALERT NETWORK

**FLATHEAD CITY-COUNTY HEALTH  
DEPARTMENT**

**Health Alert Network Messaging**

**Cover Sheet**

**DATE:** March 20, 2018

**SUBJECT:** One Positive Case of Active Tuberculosis Identified in Flathead County

**Categories of Health Alert Messages:**

**HAN ALERT (HIGH LEVEL)**

- Conveys the highest level of importance; warrants immediate action or attention.

**HAN ADVISORY (MEDIUM LEVEL)**

- Provides important information for a specific incident or situation; may not require immediate action.

**HAN UPDATE (LOW LEVEL)**

- Provides updated information regarding an incident or situation; unlikely to require immediate action.

**INFORMATION SERVICE**

- Passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

**FLATHEAD CITY-COUNTY PUBLIC HEALTH**  
**ADDRESS PHONE: PHONE NUMBER FAX: FAX NUMBER**  
**[HEALTH DEPARTMENT WEBSITE](#)**

**AFTER HOURS: PHONE NUMBER**

**Date:** DATE

**Message Type:** Health Advisory

**To:** All Health Care Providers

**Re:** Active Tuberculosis Case

**Background:** A student at Flathead High School has been diagnosed with active tuberculosis (TB). Flathead City-County Health Department and Flathead High School are working closely with the Montana Department of Public Health and Human Services (DPHHS) and Kalispell Regional Healthcare to manage the care of the person diagnosed and to minimize risk of additional cases.

Please be advised that the staff at the Health Department is actively conducting a contact investigation to determine persons who have been exposed to the TB patient. Please assure any worried well that if they have been exposed they will be contacted directly by the Health Department or Flathead High School for appropriate follow-up.

If an identified contact prefers to receive their testing through their primary care physician please follow these steps:

1. Contact the Health Department at PHONE NUMBER to verify the student is an identified contact.
2. Conduct testing and provide the results (negative or positive) to the Health Department by faxing page one of the attached form to FAX NUMBER.

For additional information on tuberculosis see the Centers for Disease Control and Prevention web site at: <https://www.cdc.gov/tb/topic/basics/>

## Active Tuberculosis Contact Provider Letter

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

The patient (named above) has been identified as a close contact of a person who has been diagnosed with active tuberculosis (TB). This contact has been verified with the Flathead City-County Health Department.

**NOTE:** Contacts whose test reaction induration diameter is >5 mm should undergo further examination and diagnostic testing for TB, starting typically with a chest radiograph. Asymptomatic contacts with normal chest radiograph findings should be regarded to have a recent tuberculosis infection, and be offered treatment.

|   |  |
|---|--|
| <p>(CHECK ONE of the following)</p> <p><input type="checkbox"/> <b>Baseline Testing</b></p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> <b>Final Testing</b></p> | <p><input type="checkbox"/> Please perform a tuberculin skin test (TST) or interferon gamma-release assay (IGRA).</p> <p>Date TST Administered _____ Date TST Read _____</p> <p>TST Reading (in mm) _____ Test Location _____</p> <p style="text-align: center;"><i><u>*For contacts of an active TB case, a positive is considered to be 5 mm of induration*</u></i></p> <p>For IGRA testing, attach the laboratory report.</p> <p><input type="checkbox"/> Fax this form (and IGRA result, if applicable) to FCCHD, at 406-751-8127.</p> |
|---|--|

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**Fax the completed form for all results at either baseline or final testing to FAX NUMBER.**

Provider: \_\_\_\_\_

Date: \_\_\_\_\_

*If you have questions, please call Local Health Department at PHONE NUMBER. Please see page 2-3 for FAQ on tuberculosis testing and disease.*

## Tuberculosis Frequently Asked Questions

### What testing for *Mycobacterium tuberculosis* should occur for a known exposure?

Testing for infection with *Mycobacterium tuberculosis* after a known exposure should be performed as a baseline, then repeated 8-10 weeks after the last exposure to the infectious individual. While assessing contacts, a skin tuberculin test (TST) is sufficient to determine if your patient was infected, however, an interferon gamma-release assay (IGRA) is also acceptable. The same method of testing should be used for both encounters.

### If the patient missed the appointment to have the TST read, how soon can another TST be placed?

The skin test reaction should be read between 48 and 72 hours after administration. For a patient who does not return within 72 hours of the initial placement, an additional TST may be placed at any time following the invalid test.

### How should I interpret the TST reaction?

| Classification of the Tuberculin Skin Test Reaction  |   |   |
|--|---|---|
| <p>An <b>induration of 5 or more millimeters</b> is considered positive in</p> <ul style="list-style-type: none"> <li>-HIV-infected persons</li> <li>-A recent contact of a person with TB disease</li> <li>-Persons with fibrotic changes on chest radiograph consistent with prior TB</li> <li>-Patients with organ transplants</li> <li>-Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of &gt;15 mg/day of prednisone for 1 month or longer, taking TNF-<math>\alpha</math> antagonists)</li> </ul> | <p>An <b>induration of 10 or more millimeters</b> is considered positive in</p> <ul style="list-style-type: none"> <li>-Recent immigrants (&lt; 5 years) from high-prevalence countries</li> <li>-Injection drug users</li> <li>-Residents and employees of high-risk congregate settings</li> <li>-Mycobacteriology laboratory personnel</li> <li>-Persons with clinical conditions that place them at high risk</li> <li>-Children &lt; 4 years of age                             <ul style="list-style-type: none"> <li>– Infants, children, and adolescents exposed to adults in high-risk categories</li> </ul> </li> </ul> | <p>&gt;An <b>induration of 15 or more millimeters</b> is considered positive in any person, including persons with no known risk factors for TB. However, targeted skin testing programs should only be conducted among high-risk groups.</p> |

### Who should I contact for testing information?

Please consult with your local public health department at **406-751-8117**. In the event that your local public health contact is not available, please call the Communicable Disease Epidemiology section at 444-0273.

### What Are False-Positive Reactions?

Some persons may react to the TST even though they are not infected with *M. tuberculosis*. The causes of these false-positive reactions may include, but are not limited to, the following:

- Infection with nontuberculosis mycobacteria
- Previous BCG vaccination
- Incorrect method of TST administration
- Incorrect interpretation of reaction
- Incorrect bottle of antigen used

## What Are False-Negative Reactions?

Some persons may not react to the TST even though they are infected with *M. tuberculosis*. The reasons for these false-negative reactions may include, but are not limited to, the following:

- Cutaneous anergy (anergy is the inability to react to skin tests because of a weakened immune system)
- Recent TB infection (within 8-10 weeks of exposure)
- Very old TB infection (many years)
- Very young age (less than 6 months old)
- Recent live-virus vaccination (e.g., measles and smallpox)
- Overwhelming TB disease
- Some viral illnesses (e.g., measles and chicken pox)
- Incorrect method of TST administration
- Incorrect interpretation of reaction

## What are the latent TB infection treatment regimens?

| Drugs                     | Duration | Interval      | Comments  |
|---------------------------|----------|---------------|---|
| Isoniazid                 | 9 months | Daily         | Preferred treatment for: <ul style="list-style-type: none"> <li>• Persons living with HIV</li> <li>• Children aged 2-11</li> <li>• Pregnant Women (with pyridoxine/vitamin B6 supplements)</li> </ul>   |
|                           |          | Twice weekly* | Preferred treatment for: <ul style="list-style-type: none"> <li>• Pregnant Women (with pyridoxine/vitamin B6 supplements)</li> </ul>  |
| Isoniazid                 | 6 months | Daily         |   |
|                           |          | Twice weekly* |   |
| Isoniazid and Rifapentine | 3 months | Once weekly*  | Treatment for Persons 12 years or older<br><b>Not recommended for persons who are:</b> <ul style="list-style-type: none"> <li>• Younger than 2 years old,</li> <li>• Living with HIV/AIDS taking antiretroviral treatment,</li> <li>• Presumed infected with INH or RIF-resistant <i>M. tuberculosis</i>, and</li> <li>• Women who are pregnant or expect to become pregnant within the 12-week regimen.</li> </ul> |
| Rifampin                  | 4 months | Daily         |   |

Reference: <https://www.cdc.gov/tb/topic/treatment/ltbi.htm>