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PROVIDER HEALTH ADVISORY JULY 27, 2020 TUBERCULOSIS DURING COVID-19 PANDEMIC

SUMMARY:

- Tuberculosis (TB) disease is endemic in Contra Costa County, 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 using multiple strategies.

Actions Requested of Healthcare Professionals:

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 cavitary 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.

Diagnosis 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).

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 the

California Tuberculosis Controllers Association, local health jurisdictions across the State have observed declines in reports of TB since the advent of COVID-19.

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

Management of Contacts

Work in partnership with Contra Costa PH 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.

<u>Infection Control</u>

- Airborne infection isolation precautions should be used for patients with suspected or proven pulmonary TB disease.
- 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
 - o 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 confirmed cases of tuberculosis should be reported to Contra Costa Public Health Tuberculosis Control in writing within one business day. Reporting forms and additional provider information may be found at: cchealth.org/tb/providers.php

