



**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  $\geq 3$  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  $\geq 3$  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

