TB: Transmission, Pathogenesis, & Classification

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Case Management Intensive: Part 1
April 2021
Overview

1. TB Transmission and Pathogenesis
   • Latent TB infection (LTBI)
   • Active TB disease

2. Tuberculosis Classifications

3. Strategies for TB prevention (& elimination?)
TB = Tuberculosis

Mycobacterium Tuberculosis Complex (MTBC)
You can take medicine to treat \textit{LATENT TB INFECTION} and prevent getting \textit{TB DISEASE}.

\begin{itemize}
\item You have a positive TB skin test or TB blood test.
\item You feel sick with cough, fever, weight loss, chest pain, or sweating at night.
\item You have active TB germs in your body.
\item You may give TB germs to others.
\item You may have an abnormal chest x-ray.
\end{itemize}

If your body controls the germs, you have \textit{LATENT TB INFECTION}. When this happens,
\begin{itemize}
\item You may have a positive TB skin test or TB blood test.
\item You don't feel sick.
\item You don't have TB symptoms.
\item You can't give TB germs to others.
\item You have a normal chest x-ray.
\end{itemize}

You get \textit{TB DISEASE} when the TB germs multiply and attack your lungs or other parts of your body. When this happens,
\begin{itemize}
\item You have a positive TB skin test or TB blood test.
\item You feel sick with cough, fever, weight loss, chest pain, or sweating at night.
\item You have active TB germs in your body.
\item You may give TB germs to others.
\item You may have an abnormal chest x-ray.
\end{itemize}

Taking your TB medicine is very important. You need to take the medicine to help get better and to prevent the spread of TB germs to others.

TB is spread when a person with TB disease coughs, sneezes, or speaks and you breathe the air contaminated with TB germs.

The germs reach your lungs. From there, they can go to other parts of your body.

Your body fights the TB germs.
2 Steps to Prevent M. bovis (cow TB)

Test cows for TB  Pasteurization

Keep your family safe: Make sure your Queso Fresco is Pasteurized!
Latent TB infection or active TB disease?
What features distinguish one from the other?
TB Transmission & Pathogenesis

Not everyone who is exposed to TB will become infected.
Risk Factors for TB Infection

The chance of INFECTION increases when...

• The concentration of TB bacteria circulating in the air is greater
  – Coughing; smear-positive; cavitary disease
  – Poor ventilation; small enclosed space

• More time is spent with the infectious person (frequency and duration)

• Exposure occurs in an area where the bacteria can easily survive (no ultra violet light)
Person/Place/Time
Pathogenesis

TB Pathogenesis

- **Exposure**
  - Adequate Immunity
    - Non-specific immunity
      - Inadequate Immunity
        - Infection (30%)
          - Immunologic defenses
            - Inadequate Defenses
              - Early progression
                - TB disease (5-10%)
            - Adequate Defenses
              - Containment (90-95%)
                - No infection (70%)
DISSEMINATION:
Spread of TB to Other Parts of the Body

1. Lungs (85% all cases)
2. Pleura
3. Central nervous system (spine, brain, meninges)
4. Lymph nodes
5. Genitourinary system
6. Bones and joints
7. Disseminated (miliary)
TB Pathogenesis (3)

No infection (70%)

Adequate Immunity

Non-specific immunity

Inadequate Immunity

Infection (30%)

Containment (90-95%)

Adequate Defenses

Immunologic defenses

Inadequate Defenses

Late progression TB disease (5-10%)
Risk Factors for Progression of Infection to TB Disease

• 10% of adults with normal immune systems develop TB at some point in their lifetime

• Highest risk: Recent infection (within 1-2 years of infection)

• Conditions/treatment that impairs immune control of *M. tb*

<table>
<thead>
<tr>
<th>Condition (partial list)</th>
<th>TB risk(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>10 - 100</td>
</tr>
<tr>
<td>Organ-transplant recipients</td>
<td>20 - 70</td>
</tr>
<tr>
<td>Chronic renal failure requiring dialysis</td>
<td>6.9 - 52.5</td>
</tr>
<tr>
<td>TNF-alpha blockers</td>
<td>1.6 - 25.1</td>
</tr>
<tr>
<td>Silicosis</td>
<td>2.8</td>
</tr>
<tr>
<td>Fibronodular disease on CXR</td>
<td>6 - 19</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>1.6 - 7.83</td>
</tr>
<tr>
<td>Smoking</td>
<td>2 – 3.4</td>
</tr>
</tbody>
</table>

\(^a\) Relative risk of TB compared to the general population

For individualized risk, Online TST/IGRA Interpreter:


<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Risk of Developing TB Disease</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB infection and no risk factors</td>
<td>About 10% over a lifetime</td>
<td>For people with TB infection, no risk factors, and no treatment, the risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>is about 5% in the first 2 years after infection and about 10% over a lifetime.</td>
</tr>
<tr>
<td>TB infection and diabetes</td>
<td>About 30% over a lifetime</td>
<td>For people with TB infection, diabetes, and no LTBI treatment, the risk is</td>
</tr>
<tr>
<td></td>
<td></td>
<td>about 30% over a lifetime (3 times as high as those with no risk factors).</td>
</tr>
<tr>
<td>TB infection and HIV infection</td>
<td>About 7% to 10% PER YEAR</td>
<td>For people with TB infection, untreated HIV infection and with no LTBI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>treatment, the risk is about 7% to 10% PER YEAR, a very high risk over a lifetime.</td>
</tr>
</tbody>
</table>

### Risk of Progression from TB Infection to Disease by Age

<table>
<thead>
<tr>
<th>Age at Primary Infection</th>
<th>No Disease (%)</th>
<th>Pulmonary TB (%)</th>
<th>Miliary or Central Nervous System TB (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth -12 months</td>
<td>50</td>
<td>30-40</td>
<td>10-20</td>
</tr>
<tr>
<td>1-2 years</td>
<td>75-80</td>
<td>10-20</td>
<td>2-5</td>
</tr>
<tr>
<td>2-5 years</td>
<td>95</td>
<td>5</td>
<td>0.5</td>
</tr>
<tr>
<td>5-10 years</td>
<td>98</td>
<td>2</td>
<td>&lt;0.5</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>80-90</td>
<td>10-20</td>
<td>&lt;0.5</td>
</tr>
</tbody>
</table>

Adapted from Marias et al Am J Resp Crit Care 2006;173:1078-1093
Natural History of TB: Timeline

1 2 3 4 5 6 7 8 9 10 11 12 2 yr 3 yr 4 yr
<table>
<thead>
<tr>
<th>Person with LTBI</th>
<th>Person with TB Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a small amount of TB bacteria in his/her body that are alive but <strong>inactive</strong></td>
<td>Has a large amount of <strong>active</strong> TB bacteria in his/her body</td>
</tr>
<tr>
<td>Cannot spread TB bacteria to others</td>
<td>May spread TB bacteria to others</td>
</tr>
<tr>
<td>Does not feel sick, but may become sick if the bacteria in his/her body become active</td>
<td>May feel sick, and may have symptoms such as a cough, fever, and/or weight loss</td>
</tr>
<tr>
<td>Usually has a positive TB skin test or TB blood test result indicating TB infection</td>
<td>Usually has a positive TB skin test or TB blood test result indicating TB infection</td>
</tr>
<tr>
<td>Chest radiograph is typically <strong>normal</strong></td>
<td>Chest radiograph may be <strong>abnormal</strong></td>
</tr>
<tr>
<td>Sputum smears and cultures are <strong>negative</strong></td>
<td>Sputum smears and cultures may be <strong>positive</strong></td>
</tr>
<tr>
<td>Should consider treatment for LTBI to prevent TB disease</td>
<td>Needs treatment for TB disease</td>
</tr>
<tr>
<td>Does <strong>not</strong> require respiratory isolation</td>
<td>May require respiratory isolation</td>
</tr>
<tr>
<td>Is not a TB case</td>
<td>Is a TB case</td>
</tr>
</tbody>
</table>

LTBI or TB?

Latent TB Infection

Is not currently sick. Can be treated to prevent future illness

Tuberculosis (TB)
Latent TB Infection

Tuberculosis (TB)

Collected specimens may culture out *M.tb*
Latent TB Infection

Tuberculosis (TB)

May require respiratory isolation precautions
LTBI or TB?

Latent TB Infection

May feel sick and may have symptoms such as a cough, fever, and/or weight loss

Tuberculosis (TB)
Latent TB Infection

Is not contagious. There is no risk of spreading TB to others at this point in time.

Tuberculosis (TB)
Latent TB Infection or Tuberculosis (TB)?

Never treat with a single drug. Standard treatment starts with four drug therapy: (RIPE).
TB Spectrum: Infection to Disease

What are the classifications for TB?
## TB Classification Scheme & Definitions

<table>
<thead>
<tr>
<th>Class</th>
<th>Stage of Disease</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No TB exposure, Not infected</td>
<td>No history of TB exposure. Negative tuberculin skin test (or IGRA)</td>
</tr>
<tr>
<td>1</td>
<td>Exposure, no evidence of infection</td>
<td>History of TB exposure. Negative tuberculin skin test (or IGRA)</td>
</tr>
<tr>
<td>2</td>
<td>Latent TB infection, no disease</td>
<td>Positive tuberculin skin test (or IGRA). No clinical, bacteriologic, or radiographic evidence of TB</td>
</tr>
<tr>
<td>3</td>
<td>TB, clinically active</td>
<td><em>M. tuberculosis</em> cultured (if performed). Clinical, bacteriologic, or radiographic evidence of current TB disease</td>
</tr>
<tr>
<td>4</td>
<td>TB, not clinically active</td>
<td>History of episode(s) of TB OR Abnormal but stable radiographic findings, positive tuberculin skin test, negative bacteriologic studies (if done) AND no clinical or radiographic evidence of current disease</td>
</tr>
<tr>
<td>5</td>
<td>TB suspect (aka presumptive TB)</td>
<td>Diagnosis pending. TB disease should be ruled in or out within 3 months</td>
</tr>
</tbody>
</table>

5: TB suspected (until otherwise categorized)

- Does not have LTBI or TB disease (neg TST and/or IGRA and no symptoms)
- 0: No History of Exposure
  - Example: in Contact Investigation (CI) not true exposure
- 1: History of Exposure:
  - In CI, final TST/IGRA should be at least 8 weeks after last exposure

- 2: LTBI (no disease)
  - Positive TST/IGRA
  - No clinical or xray evidence of TB disease
  - No bacteriological evidence of TB (if done)

- 3: TB, clinically active

- 4: TB, not clinically active (past history of active disease, and currently no active disease)
# CDC TB Classifications: Immigrants and Refugees

<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No TB</td>
<td>Normal TB screening examinations</td>
</tr>
<tr>
<td>Class A TB with waiver</td>
<td>[Active] TB disease and have been granted a waiver</td>
</tr>
<tr>
<td>Class B0 TB, Pulmonary</td>
<td>Diagnosed with TB and completed directly observed therapy prior to immigration.</td>
</tr>
<tr>
<td>Class B1 TB, Pulmonary (PTB)</td>
<td>Applicants who have signs or symptoms, physical exam, or chest x-ray findings suggestive of tuberculosis disease, or have known HIV infection, but have negative AFB sputum smears and cultures and are not diagnosed with tuberculosis disease.</td>
</tr>
<tr>
<td>Class B1 TB, Extra-pulmonary (EPTB)</td>
<td>Evidence of EPTB without pulmonary involvement. The anatomic site of infection should be documented.</td>
</tr>
<tr>
<td>Class B2 TB, LTBI Evaluation</td>
<td>Applicants who have a positive IGRA or TST but otherwise have a negative evaluation for tuberculosis.</td>
</tr>
<tr>
<td>Class B3 TB, Contact Evaluation</td>
<td>Recent contact of a known TB case.</td>
</tr>
</tbody>
</table>

*Adapted from: [https://www.cdc.gov/immigrantrefugeehealth/panel-physicians/tuberculosis.html](https://www.cdc.gov/immigrantrefugeehealth/panel-physicians/tuberculosis.html)*
What public health strategies can prevent & (eventually) eliminate TB disease?
### Priority Strategies for TB Prevention & Control

1. Early and accurate detection, diagnosis, and reporting of **TB cases** leading to initiation and completion of treatment

2. Identification of **contacts** of patients with infectious TB and treatment of those at risk with an effective drug regimen

3. Identification of other persons with **latent TB infection** at risk for progression to TB disease and treatment of those persons with an effective drug regimen

4. Identification of settings in which a high risk exists for transmission of *Mycobacterium tuberculosis* and application of effective **infection-control measures**

TB is Curable

- **Early detection**: If diagnosed & treated early, it decreases risk of becoming infectious
- TB is *reportable* to public health
- **Appropriate treatment** is part of infection control
- **Case management** includes following criteria for release from Airborne Isolation
- **Public health rules** vary by state/jurisdiction
TB is Preventable

- **Contact Investigations** help to find the most vulnerable to developing TB (recently infected), but it only works if treatment is taken.

- **Targeted testing** followed by treatment of LTBI can prevent someone from developing TB disease and passing it onto friends and family (and coworkers and patients!)
Interventions to Decrease Risk of Spreading TB

- Cough policy
- Environmental controls
- Administrative controls
- Public health rules vary by state/jurisdiction

Who are your partners?