***[Replace this text with your organization’s identifier.]***

***[name of county]* Tuberculosis Controller Protocol for Medical Evaluation of Individuals Exposed to an Infectious Tuberculosis (TB) Case at *[name of school]***

**Exposure period *[dates]* at *[name of school]***

**Drug susceptibility results**: ***[enter results- sample protocol is for M.tb strains susceptible to INH and RIF; modify as needed]***

1. Assess for signs and symptoms of TB and risk factors for TB using the ***[name of county]*** TB Exposure Questionnaire
2. If symptomatic for TB **(regardless of result of any TB test)**:
   * Perform chest radiograph (or, refer to private physician for chest radiograph and further evaluation as needed)
   * Exclude from school until active TB disease is ruled out
3. Perform interferon gamma release assay (IGRA) (**preferred for BCG vaccinated persons)** or tuberculin skin test (TST) unless **documentation** of a prior positive TB test is available.
4. If IGRA or TST is negative *AND* contact has no signs and symptoms of TB *AND* is not immunosuppressed (see below)

* For individuals exposed in both the ***[add winter, spring, fall terms as needed]*** or exposed only in the ***[name term]***, **repeat TB test on or after *[date]*** (8 weeks after contact with case was broken)
* For individuals who were exposed before ***[date]*** (e.g. exposure occurred more than 8 weeks prior to testing date), no repeat TB testing is indicated (**one-time testing only**)

1. If IGRA or TST is positive, (**TST** **5mm induration is positive**) perform chest radiograph
   * If chest radiograph is normal, *AND* contact has no signs and symptoms of TB *AND* is not immunosuppressed (see below), refer to private physician for treatment of latent TB infection (LTBI)
2. If contact has a **documented prior positive** IGRA or TST:
3. Assess for signs and symptoms of TB.
4. If symptomatic for TB, perform chest radiograph
5. If denies signs and symptoms of TB *AND* prior treatment for LTBI is documented, no further action is recommended for this exposure at this time
6. If contact denies signs and symptoms of TB *AND* never received, *OR* started and did not complete, treatment for LTBI in the past, treatment is recommended now

* FIRST reevaluate for active TB disease including physical examination and chest radiograph
* Follow guidance in #5 if there are any abnormalities on exam or on chest radiograph that may be consistent with TB

1. If contact is immunosuppressed (i.e., HIV infection; cancer on chemotherapy; on a TNF-alpha antagonist; receiving prednisone or its equivalent > 15 mg/day for > 4 weeks; or immunosuppressive therapy for organ transplantation),
2. Perform chest radiograph (PA and lateral – *MUST* be a 2-view film) **regardless of result of TB test**
3. Refer to private physician for further evaluation for active TB and consideration for treatment for LTBI
4. If chest radiograph is abnormal and consistent with active TB:
5. Refer for physician examination and collection of sputa x 3 for acid-fast bacilli smear, culture and sensitivities; ensure one sputum specimen is sent for a TB nucleic acid amplification test
6. **Exclude from group settings until active TB disease is ruled out**
7. **If sputum specimens were collected, wait for final culture results (6-8 weeks) before starting treatment for LTBI**
8. Unless medically contraindicated, preferred treatment for LTBI is isoniazid (INH) and Rifapentine (RPT).

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TB Controller, ***[Name and Name of county]****.*  Date