

## World Tuberculosis Day

*In partnership with California Department of Public Health (CDPH) Tuberculosis Control Branch, we would like to provide guidance regarding tuberculosis screening as part of preventive care.*

Despite being preventable, tuberculosis (TB) disease continues to cause significant [suffering and death in the state of California](#). TB is a health disparity, with a disproportionate impact on Asian, Black, Latinx, and Native American people. Medi-Cal enrollees account for 68% of patients with TB disease.

**TB disease can be prevented.** Approximately 80% of persons with TB in the U.S. develop disease due to untreated, asymptomatic TB infection (also known as latent TB infection or LTBI), which could have been prevented with appropriate TB preventive therapy.

Primary care providers serve a critical role in identifying patients with risk factors for TB infection. Because **we do not have an effective vaccine for TB** (the Bacille Calmette-Guerin or BCG vaccine does not offer lifelong protection from TB disease), diagnosing and treating LTBI is our most promising tool to prevent TB.

### To protect patients from TB disease, CDPH recommends:

1. **Screen** all patients for risk factors of TB infection, using the [California TB Risk Assessment](#)
2. **Test** for TB infection if a risk factor is identified, preferably using an interferon gamma release assay (IGRA)<sup>1,2</sup>
3. **Ensure patient does not have active TB disease**, using symptom screen and chest x-ray, before treating LTBI
4. **Treat** LTBI with [3-4 month rifamycin-based therapies](#).
  - 4 months of rifampin OR 12 weeks of isoniazid plus rifapentine preferred for most patients

Risk-based testing for TB infection and treating with 3- to 4-month LTBI treatment regimens is recommended by the [US Preventative Services Task Force](#), the [Centers for Disease Control and Prevention](#), the [Infectious Diseases Society of America](#) and the [American Academy of Pediatrics](#) in order to protect patients from developing TB disease. Additionally, [Assembly Bill 2132](#), which took effect on January 1, 2025, **requires all adult patients receiving primary care services to be offered a TB screening test if risk factors are identified** and if the patient's health insurance covers it, followed by provision or referral for appropriate follow-up care.

CDPH TB Control Branch will hold a webinar about LTBI best practices, aimed at primary care providers, on Thursday April 24, 12-1:30 pm. Registration link: [Latent TB Infection \(LTBI\): Opportunities for Preventing TB](#). Questions about this training should be sent to: [TBFreeCATraining@cdph.ca.gov](mailto:TBFreeCATraining@cdph.ca.gov).

Please contact CDPH TB Control Branch at [TBCB@cdph.ca.gov](mailto:TBCB@cdph.ca.gov) with questions about TB clinical care or for additional resources.

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<sup>1</sup>Commercially available interferon gamma release assays (IGRA) include T-SPOT.TB (Oxford Immunotec Global), QuantiFERON-TB Gold In-Tube (Qiagen), and QuantiFERON-Gold Plus

<sup>2</sup>Patients who have received BCG vaccine should be tested using IGRA; they are not protected from developing TB disease later in life

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