



HEALTH ALERT NETWORK BROADCAST

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FROM: CO-CDPHE

SUBJECT: HAN Advisory - TB & COVID-19

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - Please forward to healthcare providers. This information is for the public health and health care community. Do not post this document on a public web or social media site

## HEALTH ADVISORY | TB & COVID-19 | May 8, 2020

Health care providers: Please distribute widely in your office

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### Key points

- Many symptoms of pulmonary tuberculosis (TB) overlap with COVID-19: fever, cough, fatigue, shortness of breath.
- Symptoms lasting for weeks to months, weight loss, hemoptysis, and cavitation on chest imaging are more typical for TB.
- Anyone with signs or symptoms of pulmonary TB should have sputum collected for TB and be referred to the state or local TB program.
- Do NOT use a tuberculin skin test (TST aka PPD) or TB blood test (QuantiFERON-TB Gold Plus or T-SPOT.TB) to decide if a person with symptoms needs further evaluation for TB. These only test for a person's exposure to *Mycobacterium tuberculosis*, not disease progression.
- Contact local public health immediately if TB is suspected regardless of a TB skin or blood test result. Recommendations for what to do if a patient has suspected TB are provided below.

### Background information

Tuberculosis (TB) is the leading infectious disease killer, globally causing disease in 10 million people and 1.5 million deaths each year. Delays in seeking care and in providers diagnosing TB as a result of the COVID-19 pandemic is projected to cause an additional 6.3 million people getting sick and 1.4 million preventable deaths over the next five years. See related article in the "More Information" section below.

A patient was admitted to a Colorado hospital in early April with two weeks of cough and shortness of breath. He was hypoxic on room air and had bilateral infiltrates on chest radiograph. Admission testing for COVID-19 was positive. Due to persistent hypoxia and a worsening chest radiograph, a CT scan for pulmonary embolus was done on hospital day #8 that showed a large cavitary lesion in the lower segment of the left upper lobe. Tuberculosis (TB) was considered in the differential diagnosis but sputum were not collected due to concern for spreading COVID-19. A QuantiFERON test was sent and was pending when the patient was discharged home. The local TB program was only notified about the patient when the QuantiFERON result came back positive.

### Recommendations / guidance

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#### When should you suspect pulmonary TB:

- People at greatest risk for TB are those who have lived or travelled for more than a month outside the U.S. in a country where TB is common (Colorado Adult TB Risk Assessment can be found at <https://drive.google.com/file/d/1wgtRX81C3EBqZLE08z3WLI5bkwu2ic6g/view>)
- Weight loss, hemoptysis, or cavitation on chest imaging are more typical of TB
- Symptoms that are persistent and getting worse over several weeks or months are also more likely to be TB than COVID-19

#### What should you do if you suspect someone has pulmonary TB?

- Collect sputum for acid-fast bacilli (AFB) smear, culture and nucleic acid amplification testing. Find CDC guidance on use of PPE below.
- Samples can be spontaneous expectorated sputum and do not need to be induced
- Notify the state or local public health department TB program immediately. They can help with the evaluation if needed.
  - For Denver, Boulder, Broomfield, Jefferson and Tri-County call the Denver Metro TB Clinic at 303-602-7244
  - Outside metro Denver, contact your local county health department (<https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency>) or the CDPHE TB Program at 303-692-2656.
  - **Do NOT use a tuberculin skin test (TST aka PPD) or an interferon-gamma release assay (QuantiFERON-TB Gold Plus or T-SPOT.TB) to determine whether further testing is needed in someone with signs and symptoms of pulmonary TB. These tests will miss 10-30% of people who have active TB.**

#### More information

<http://www.denverpublichealth.org/clinics-services/tuberculosis>

<https://www.colorado.gov/pacific/cdphe/tb>

<https://www.cdc.gov/tb>

<https://www.theguardian.com/global-development/2020/may/06/millions-develop-tuberculosis-tb-covid-19-lockdown>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

**CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)**