

# County of Santa Clara

## Public Health Department

Tuberculosis Prevention & Control Program  
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Dear Colleagues,

We were recently informed that there is a nationwide shortage of Tubersol and limited availability of Aplisol, the two products used for tuberculosis (TB) skin tests (TST). We have also received calls from patients and community providers reporting limited supplies in Santa Clara County.

Tubersol supplies are expected to be replenished in October. In the interim we ask that providers defer the screening of lower risk individuals and allocate TSTs and IGRAs to priority patients (**see Box 1**). The highest priority is to test those at high risk for both infection and progression to TB disease. Note close contacts to active TB disease cases have an elevated risk of being both infected and progressing to disease.

Please also substitute an alternative screening test for detecting TB infection such as Interferon Gamma Release Assays (IGRA) (e.g. QuantiFERON and T-SPOT) which continue to be available though cost may be a barrier. The Centers for Disease Control and Prevention (CDC) recommends the use of IGRAs in all situations when a TST would be used, however a TST is still the preferable test for children under 5.

### **Please keep the following in mind:**

**Diagnosis of TB disease:** If there is high suspicion of TB disease, TST and IGRA should not be used to rule out active disease and treatment should not be deferred when TB tests are unavailable.

**School entry screening requirements:** We have deferred the school mandate for TB screening in Santa Clara County for those students who have not been tested until January. We ask that parents and providers conduct a risk assessment screening and symptom review to prioritize children who should be screened. TB Risk assessment questions are below and the TB Symptom screening tool.

**Health care workers Screening in California:** Effective 5/30/13, the use of the IGRA test for screening healthcare workers no longer requires a grant of program flexibility from California Department of Public Health Licensing & Certification (per All Facilities Letter 13-15). Revised California Code of Regulation, Title 22 allows the use of TB blood tests and TB skin tests if the test is licensed by the Federal Food and Drug Administration and recommended by CDC.

**Switching test type or methods for serial testing programs such as health care worker or inmate screening:** Switching products (e.g. from Tubersol to Aplisol) or methods (e.g. from TST to IGRA) might make serial results more difficult to interpret. However, in controlled studies, the concordance between TST results from Tubersol and Aplisol is high.

**The following populations are considered a priority for TB screening:**

### **Box 1**

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Ken Yeager, S. Joseph Simitian  
County Executive: Jeffrey V. Smith

Persons at increased risk for being recently infected	Persons at increased risk of progression from LTBI to TB disease
<ul style="list-style-type: none"> <li>• Close contacts of a person with infectious TB</li> <li>• Persons who have immigrated within the last 5 years from areas of the world with high rates of TB</li> <li>• Children and adolescents &lt;18 years of age who have one or more positive responses to the risk assessment questionnaire (see Box 2).</li> <li>• Groups with high rates of M. tuberculosis transmission as defined locally, such as homeless persons, drug users, and persons with HIV infection</li> <li>• Persons who work or reside with people who are at high risk for TB in facilities or institutions such as hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for those with HIV/AIDS.</li> <li>• Mycobacteriology laboratory workers</li> </ul>	<ul style="list-style-type: none"> <li>• HIV infection</li> <li>• Pulmonary fibrotic lesions seen on chest radiograph consistent with prior healed TB (TB4)</li> <li>• Diabetes mellitus (especially insulin-dependent)</li> <li>• Silicosis</li> <li>• Chronic renal failure /hemodialysis</li> <li>• Chronic immunosuppression</li> <li>• Transplant recipients</li> <li>• Prolonged corticosteroid therapy (15 mg/day prednisone for 1month)</li> <li>• Anti-Tumor Necrosis Factor-alpha agents</li> <li>• Other immunosuppressive therapy</li> <li>• Hematological malignances (leukemia, lymphoma)</li> <li>• Cancer of the head and neck or lung</li> <li>• Intestinal bypass or gastrectomy</li> <li>• Malnutrition and clinical situations associated with rapid weight loss</li> <li>• Chronic malabsorption</li> <li>• Low body weight (15% below ideal body weight)</li> <li>• Injection drug use</li> </ul>

## Box 2

### TB risk assessment questions for children

- 1) Has a family member or contact had TB disease?
- 2) Has a family member had a positive TST result?
- 3) Was your child born in another country?
- 4) Has your child traveled to a foreign country\* for more than a week?

\*Excludes US, Canada, Australia, New Zealand, or Western and Northern European countries

**References:**

1. California Department of Public Health and California Tuberculosis Controller's Association. Targeted Testing and Treatment of Latent Tuberculosis Infection in Adults and Children, 2006.
2. Centers for Disease Control and Prevention. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. MMWR, June 9, 2000/V49/No.RR-6, p.8.
3. Centers for Disease Control and Prevention. Updated Guidelines for using interferon gamma release assays to detect Mycobacterium tuberculosis infection — United States, 2010. MMWR 2010;59 (RR-5)
4. American Academy of Pediatrics. Red Book: 2012 Report of the Committee on Infectious Diseases. Pickering LK, ed. 29th ed. Elk Grove Village, IL.