**SUSPECT Patient with *Mycobacterium tuberculosis* (MTB)?**

**A) Screening Questions/ Clinical Signs:**
- Pulmonary
  - Cough > 3 weeks
  - Chest pain (pleuritic)
  - Hemoptysis
- Systemic:
  - Night sweats
  - Fever, chills
  - Unexplained weight loss, or anorexia

**B) TB Risk Factors**
- Foreign born or from a highly endemic MTB area (Mexico, Somalia, Ethiopia, Middle East)
- Domicile: extended LTCF, homeless shelter, past/current correctional facility
- Prior + PPD
- History of untreated TB
- Contact with an active TB case
- Known immunosuppression:
  - HIV
  - Steroids
  - Chemotherapy
  - Anti-TNF alpha meds
  - Transplantation recipient

**C) Chest radiograph**
- Pulmonary cavitation
- Infiltrates: upper lobe(s), miliary disease, bilateral interstitial findings
- Hilar / mediastinal adenopathy
- Pleural effusions
- *5% of HIV will have clear CXR

Assess patient on entry with screening questions, risk factors and chest x-ray.

Does patient have at least 1 pulmonary and 1 systemic symptom from (A), an identified risk factor from (B), AND an abnormal CXR (C-see one exception*)

**YES**
OR an alternative diagnosis seems more likely OR confirmed

**STOP:** Admit to routine patient care room

**Initiate airborne precautions.**
1) Negative-airflow room with **sign** on the door
2) Keep door closed
3) HCWs are to wear a fit tested N-95 respirator or Powered air purified respirator (PAPR) when entering
4) Minimize transport; if necessary surgical mask on patient.
5) **Notify Epidemiology** to place Suspect Tuberculosis Flag if no diagnosis is made during admission and it seems most likely.

**Workup includes: (MTB Orderset)**
- Chest x-ray, as above
- **Quantiferon-TB gold blood test**
  - Sputum for AFB smear and culture x 3.
    - Use sputum induction as needed by Respiratory Therapy with MTB PCR on at least one sample
    - Sputum for routine bacterial smear and culture
    - Possible bronchoscopy after smears are negative.
    - **ID consult**

**When to Discontinue Airborne Precautions**

**Low clinical suspicion of TB:**
- 3 negative smears from 3 adequate specimens and a negative MTB PCR and Clinical Epidemiology or ID approval

**When Confirmed TB:**
- On effective therapy, improving clinically, and has 3 negative smears on 3 separate days (usually 10-14 days)

**When Suspected or Confirmed MDR-TB:**
- In isolation for duration of hospitalization

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In the outpatient setting, suspect patients should be masked and referred to the Ben Franklin TB Control Program.
240 Parsons Ave, Columbus OH 43215. Phone: 614-645-2199 Fax: 614-645-0265 Hours and Directions: 614-645-7310
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