



DEPARTMENT OF
**PUBLIC
HEALTH**

Appleton Health Department Procedures

Title: Tuberculosis Case Finding				
Procedure #: N_205_5_PRO				
Creation Date: 2/24/2025		Last Approved Date:		Reviewed Annually
Description: Tuberculosis Case Finding Procedure				
PHAB Domain/ Standard/ Measure: 2.1.3 A: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards. 2.1.4 A: Maintain protocols for investigation of public health issues. 2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.				
Statutory Authority/ Evidence Base/ Links: Chapter 252: Communicable Diseases (specifically, 252.07 Tuberculosis): https://docs.legis.wisconsin.gov/statutes/statutes/252/07				
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Procedure Approval Tracking				
Created/ Reviewed/ Revised Date	Legal Services Approval Date	Board of Health Approval Date	Council Approval Date	Health Officer or Designee Signature (Name/Title)
Created 2/24/2025	08.27.2025			

Purpose

Provide consistent and timely identification of suspected Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease.



Procedure

1. TB Screening (client has positive TB test):
 - a. If client has a positive Interferon-Gamma Release Assay (IGRA) (received from lab facilities / WEDSS), examine lab values in accordance with P-01182 Tuberculosis Blood Test: Interferon Gamma Release Assay (IGRA).ⁱ
 - b. If the client has a positive TST from AHD (Appleton Health Department) or an outside source - Match the measurement of the induration with the client's risk factors based on CDC's interpretation guidelines in Mantoux Tuberculin Skin Testing Fact Sheet.ⁱⁱ
 - c. Attempt to reach provider/reporting source within 14 days of referral assignment. Obtain information on F-02265 Latent Tuberculosis Infection (LTBI) Confidential Case Report.ⁱⁱⁱ If client has not had a chest x-ray, refer client to medical provider for chest x-ray and follow-up appointment. If client is having symptoms consistent with TB continue to bullet e: TB Disease/TB Disease rule-out follow-up.
 - d. Clients with no signs or symptoms consistent with TB AND chest imaging (chest x-ray or CT) without abnormalities consistent with TB disease, would meet case definition of LTBI. Continue to Latent Tuberculosis Infection Case Management Procedure.
 - e. TB Disease/TB Disease rule-out follow-up:
 - i. For clients with symptoms and/or abnormal chest imaging that may be indicative of TB, sputum x3 will need to be collected. **Client needs to be in isolation pending sputum results.** Continue to Active Tuberculosis Disease Case Management Procedure.
2. See WEDSS charting instructions and additional guidance for latent TB case definitions and recommendations per WI State TB program, P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic Disease Surveillance System (WEDSS).^{iv}
3. Limitations: Although the healthcare of people affected by TB is coordinated by Public Health Nurses, many interventions can be brief (i.e. DOT once client is established on TB regimen) and provide information/education regarding TB. However, Public Health Nurses should also make referrals to appropriate resources (i.e. If a client has questions about food pantries in the area, the client may call 211 for comprehensive information about the most convenient food pantry for that client). Public health nurses are not always the appropriate person for lengthy individual counseling or triage/management



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**PUBLIC
HEALTH**

Appleton Health Department Procedures

of medical emergencies. As Public Health Nurses, staff cannot diagnose conditions beyond the scope of nursing practice or outside the realm of public health services. While suggestions can be made regarding health complaints, clients should always be referred to their health care providers or to an appropriate clinic.

Definitions

Active TB Disease: Active tuberculosis (TB) disease happens when the immune system cannot keep TB germs from multiplying and growing in the body. People with TB disease feel sick and can spread TB germs to others. TB disease can almost always be treated and cured with medicine. Without treatment, it can be fatal.

CDC: Center for Disease Control

DOT: Directly Observed Therapy for TB is a best practice where a trained healthcare worker observes a patient taking their TB medications.

IGRA: Interferon-Gamma Release Assay, is a blood test used to diagnose tuberculosis infection.

Latent or Inactive Tuberculosis: Tuberculosis (TB) germs can live in the body for years without making you sick. This is called inactive TB or latent TB infection. People with inactive TB do not feel sick, do not have symptoms, and cannot spread TB germs to others. Without treatment, inactive TB can develop into active TB disease at any time and make you sick.

TST: Tuberculin Skin Test, a two-step screening test for TB bacteria.

WEDSS: Wisconsin Electronic Disease Surveillance System

Attachments

[Wisconsin State Statutes Chapter 252: Communicable Diseases](#)

[Wisconsin Administrative Codes Chapter DHS 145: Control of Communicable Diseases](#)



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Appleton Health Department Procedures

ⁱ P-01182 Tuberculosis Blood Test: Interferon Gamma Release Assay (IGRA).

<https://www.dhs.wisconsin.gov/publications/index.htm>

ⁱⁱ Mantoux Tuberculin Skin Testing Fact Sheet (CDC's interpretation guidelines)

<https://www.cdc.gov/tb/hcp/mantoux/skin-test-fact-sheet.html>

ⁱⁱⁱ F-02265 Latent Tuberculosis Infection (LTBI) Confidential Case Report

<https://www.dhs.wisconsin.gov/forms/index.htm>

^{iv} P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic

Disease Surveillance System (WEDSS) <https://www.dhs.wisconsin.gov/publications/index.htm>