



DEPARTMENT OF  
**PUBLIC  
HEALTH**

# Appleton Health Department Procedures

<b>Title:</b> Latent Tuberculosis Infection Case Management				
<b>Procedure #:</b> N_205_2_PRO				
<b>Creation Date:</b> 2/24/2024		<b>Last Approved Date:</b>		Reviewed Annually
<b>Description:</b> Latent Tuberculosis Infection Case Management Procedure				
<b>PHAB Domain/ Standard/ Measure:</b> 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.				
<b>Statutory Authority/ Evidence Base/ Links:</b> Chapter 252: Communicable Diseases (specifically, 252.07 Tuberculosis): <a href="https://docs.legis.wisconsin.gov/statutes/statutes/252/07">https://docs.legis.wisconsin.gov/statutes/statutes/252/07</a>				
<b>Author(s)/ Reviewer(s):</b> Valerie Davis, Sonja Jensen, Jena McNiel, Katie Schink-Pawlowski				
<b>Procedure Approval Tracking</b>				
<b>Created/ Reviewed/ Revised Date</b>	<b>Legal Services Approval Date</b>	<b>Board of Health Approval Date</b>	<b>Council Approval Date</b>	<b>Health Officer or Designee Signature (Name/Title)</b>
Created 2/24/2024	08.27.2025			

## Purpose

To provide education and treatment in accordance with best practice to clients diagnosed with Latent TB infection to prevent active tuberculosis disease in the future.



## Procedure

### Case Finding

1. TB Screening (client has positive TB test):
  - a. Attempt to reach the client by phone within 14 days of referral assignment. Often more information will follow after the provider has had time to discuss results with client.
  - b. Attempt 2 phone calls, at least 1 day apart at different times of the day (i.e. 9am on Day 1 and 2pm on Day 2).
  - c. If unable to reach the client after 2 phone attempts, send letter and wait 2 weeks.
    - i. If the letter is returned to Appleton Health Department (incorrect address), follow-up with referring clinic (if applicable) to see if there is a different address/phone number on file. Send letter to new address if applicable. If no other address is listed, notify clinic (if applicable) and close chart lost to follow up.
    - ii. If the letter is not returned within 2 weeks, notify clinic (if applicable) and close chart-lost to follow up.
  - d. If client has positive IGRA, refer to medical provider for chest x-ray and follow-up appointment. IGRAs are preferred, especially for persons born outside the U.S. due to higher test specificity. The other exception being individuals under age 2 (not eligible for IGRAs). If an individual has no risk factors, retesting should be considered per guidance, P-01182 Tuberculosis Blood Test: Interferon Gamma Release Assay (IGRA).<sup>i</sup>
  - e. If the client has a positive TST greater than 15mm, refer client to medical provider for chest x-ray and follow-up appointment.
  - f. If client has positive TST that is 15mm or less, consider personal risk factors. Based on risk factor information, refer client for IGRA (WI TB Program recommends 3 to 6 months after a TST to draw an IGRA to decrease the chance of boosting TSTs may cause an immune response which can later be detected by IGRA testing. If an IGRA (either a T-Spot or QFT-GIT®) is performed shortly after a TST, the numeric results might increase and may be misinterpreted as a new infection.<sup>4</sup> This is called boosting. If a TST was administered, the Wisconsin TB Program recommends IGRA testing at least 90 days after a TST to avoid potential boosting.) P-02288 Positive Tuberculin Skin Test (TST) - What's Next?<sup>ii</sup>
    - i. If IGRA is positive, refer client to medical provider for chest x-ray and follow-up appointment.



DEPARTMENT OF  
**PUBLIC  
HEALTH**

# Appleton Health Department Procedures

- ii. If IGRA is negative, notify provider and close the chart. Send negative IGRA letter to the client.
  - iii. If the client has a negative IGRA but has other risk factors for the development or breakdown of disease, consult with provider, Public Health Nursing Supervisor and/or WI State TB program.
  - g. Exceptions: Contacts to an active case have a separate policy, N\_205\_4\_PRO\_Tuberculosis Contacts. For immune compromised individuals consult with Public Health Nursing Supervisor and/or WI State TB program.
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).<sup>iii</sup>

## Medication Management

1. Follow State TB Medication treatment P-01181 Latent Tuberculosis Infection (LTBI) Treatments<sup>iv</sup>. Assess risk factors for infection, appropriate positive TB testing and potential for progression to disease. Consult State TB Program staff if medications prescribed by the patient's physician do not conform to TB Program or CDC/American Thoracic Society (ATS) current guidelines.
2. Review the incoming TB Program Medication order form for completeness, accuracy and conformance with prescribing guidelines.
  - a. In some instances, providers may choose to order medication through a client's pharmacy. Education should be provided to the healthcare provider and/or client that a nurse at the health department can ensure medication is managed in accordance with best practice recommendations. However, it is not a requirement that medication ordered through a client's pharmacy must be done in conjunction with local health department staff. If a client's receiving medication through the State TB Dispensary they must work with local health department staff.
3. Contact client prior to ordering medication to ensure they are agreeable to LTBI treatment. Inform the client of the expected waiting period until the arrival of the medication. Contact client after medication arrives to schedule a home or clinic visit.
4. Upload LTBI medication order into WEDSS and fax order to State TB Program. Change process status to "New LTBI medication Order". State TB Program staff will review and submit to pharmacy for fulfillment.



DEPARTMENT OF  
**PUBLIC  
HEALTH**

# Appleton Health Department Procedures

5. If medication order is approved, a note will be put under the investigation tab notes section and the process status will be "Medication Order Processed." Medication will arrive to the AHD in approximately 1 week.
6. If medication order is not approved, the process status will be changed to "Updated" by the State TB Program and a note about why the order is not approved will be entered in the notes section of the Investigation tab. Re-submit medication order, if applicable.
7. Medications arrive to the AHD via mail from pharmacy. Admin staff notify Intake PHN when medications have arrived. Intake PHN make note under proper client in WEDSS and email PHN assigned to client of arrival of medications.
8. Medications will be kept at assigned PHN's desk in a locked drawer. Clients should be encouraged to keep all medications stored safely.
9. Check each medication bottle to assure that it matches the client's name, medication, and dosage prescribed. Check each bottle/dose before leaving it with the client to ensure that it contains the correct medication and number of pills.
10. Upon receipt of the medication, call client to schedule home or office visit to deliver the first dose or bottle of medication. Using the hardcopy weekly or monthly LTBI medication flow sheet or WEDSS TB Medication Monitoring Form, record:
  - a. Assessment for compliance, potential symptoms of adverse effects, symptoms of overdose and potential TB Disease symptoms
  - b. Date medication delivered to client
  - c. Adherence to plan
  - d. Medical management updates (education, consults with providers, etc.)
11. Meet the client and assess/review for adverse events or side effects, as well as symptoms of TB disease. A face-to-face visit must be made, which enables the PHN to evaluate the client's physical appearance for potential signs of medication related liver disease. Make this clear to your client at the first visit. The frequency of visits is dependent on the type of medication which is ordered.
12. Parents should be present at visits with children under age 16 years. Children at least 16 years can be evaluated and medication delivered, but parent should be contacted by phone. Medication delivery may be delegated to another provider, i.e. school nurse, but regular updates on treatment status with PHN should be coordinated.
13. Medication refills are automatically filled by the pharmacy when the time is appropriate and delivered to AHD.
14. Complete F-44125 Latent Tuberculosis Infection (LTBI) Follow-Up Report<sup>v</sup> and fax to provider for signature. Upload signed report to WEDSS filing cabinet. Give copy of report to client and fill out WI TB Wallet Card for their own records.



15. When medication is discontinued due to problems with patient adherence or due to medical reasons (pregnancy, changes in liver function test results, etc.):
  - a. Notify prescribing physician
  - b. Document medication discontinuation in WEDSS
  - c. Dispose of excess medication
    - i. Unopened and unexpired medications may be returned to pharmacy. View Returning Unused Medications to the Pharmacy instructions in WEDSS.
    - ii. Opened and/or expired medications should be removed from packaging and placed into a large zip lock bag. Zip lock bag should be brought to a medication drop off site. Remove patient identifying information from packaging and dispose of securely.
16. Complete documentation in WEDSS. Change Process Status to Closed by LTHD for closing out WEDSS record.

## 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.

**AFB smear:** Specimens are smeared onto a glass slide and stained so that they can be examined for acid-fast bacilli (AFB) under a microscope. Results can show a possible or likely infection but cannot be used to provide a diagnosis.

**Boosting:** TSTs may cause an immune response which can later be detected by IGRA testing. If an IGRA is performed shortly after a TST, the numeric results might increase and may be misinterpreted as a new infection.

**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.



DEPARTMENT OF  
**PUBLIC  
HEALTH**

# Appleton Health Department Procedures

**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.

**PCR culture:** A PCR (polymerase chain reaction) test is a lab technique that amplifies (creates more copies) of genetic material (DNA). can use PCR to test for infectious diseases.

**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](#)

---

<sup>i</sup> P-01182 Blood Test: Interferon Gamma Release Assay (IGRA)

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

<sup>ii</sup> P-02288 Positive Tuberculin Skin Test (TST) - What's Next?

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

<sup>iii</sup> P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic Disease Surveillance System (WEDSS)

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

<sup>iv</sup> P-01181 Latent Tuberculosis Infection (LTBI) Treatments

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

<sup>v</sup> F-44125 Latent Tuberculosis Infection (LTBI) Follow-Up Report

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