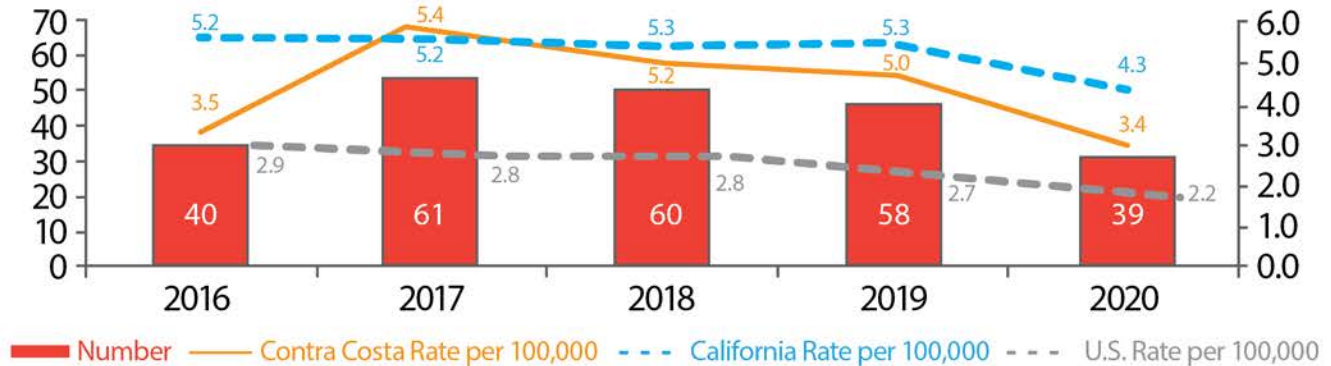


TUBERCULOSIS in Contra Costa County 2020

Contra Costa County Tuberculosis Cases & Case Rates



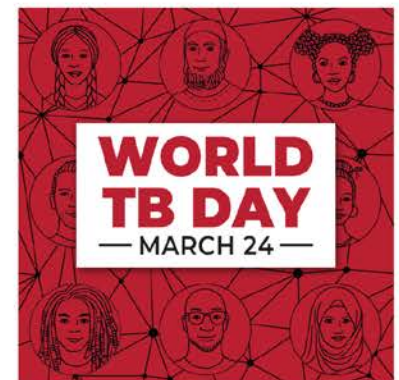
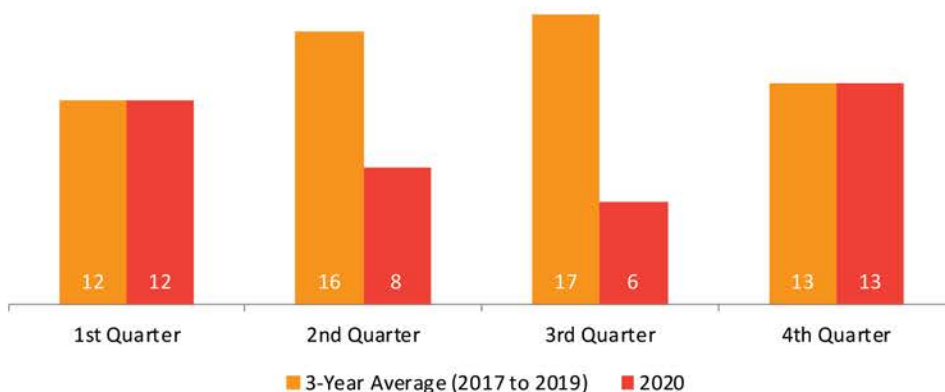
TB in Contra Costa County during the COVID-19 Pandemic

- TB cases were down 33% in 2020, likely due to underdiagnosis.
- Similar trends were seen statewide and nationally.
- The number of contacts to pulmonary TB patients completing evaluation also decreased.
- Patients were likely not seeking care for symptoms or exposures.

Remember, THINK TB to FIND TB!

Consider TB disease in patients with clinical and radiological features compatible with both TB and COVID-19.

Quarterly Case Count



- During the first COVID-19 wave (April to September) there was a significant decrease in reported cases.
- Delayed diagnosis leads to more advanced disease and spread in our community.
- We must stay vigilant during the COVID-19 pandemic and not let TB go undiagnosed.

And, remember to screen and test for Latent Tuberculosis Infection (LTBI)

- Screen and test all persons with risk factors <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx>
- LTBI should be treated regardless of age or country of birth
- Always consider LTBI treatment in the elderly. We are living longer with a higher quality of life. It is easier to treat LTBI in the elderly than it is to treat active TB disease
- Short-course LTBI treatment regimens result in higher completion rates https://www.cdc.gov/mmwr/volumes/69/rr/rr6901a1.htm?s_cid=rr6901a1_w

Patients are most likely to complete short-course treatment for LTBI: 3HP and 4R are the *preferred regimens

INH+rifapentine (3HP)

- Once-weekly isoniazid (INH) and rifapentine for 12 weeks
- Recommended for all patients ≥ 2 years old except:
 - People taking medications with significant drug-drug interactions with rifapentine (e.g. some antiretrovirals, diabetes, cardiac and seizure medications)
 - Contacts to persons with INH or rifampin resistant TB
 - Pregnant women or women planning to become pregnant during treatment
 - Persons who have had prior adverse events or hypersensitivity to INH or rifampin
- Treatment completion is highest with directly observed therapy (DOT) although self-administered therapy (SAT) is an approved option.

Possible Side Effects

- Hypersensitivity reaction
- Rash
- Hepatotoxicity (rare)
- Thrombocytopenia (rare)

Dosing of INH/rifapentine:

Drug	Dosage	Maximum dose
INH	15 mg/kg in patients ≥ 12 years	900 mg
	25 mg/kg in patients 2-11 years	
Rifapentine	10.0 – 14.0 kg = 300 mg	900 mg
	14.1 – 25.0 kg = 450 mg	
	25.1 – 32.0 kg = 600 mg	
	32.1 – 49.9 kg = 750 mg	

Rifapentine and INH tablets can be crushed and administered with semi-solid food for patients unable to swallow pills

Rifampin (4R)

- Rifampin daily for 4 months
- Recommended for persons of any age except:
 - People taking medications with significant drug-drug interactions with rifampin (e.g. some antiretrovirals, and some diabetes, cardiac and seizure medications)
 - People presumed infected with rifampin resistant TB
 - People who have had prior adverse events or hypersensitivity to rifamycins

Possible Side Effects

- Orange staining of body fluids
- Rash and pruritis
- GI upset
- Rarely:
 - Hepatotoxicity
 - Hematologic abnormalities, thrombocytopenia

Dosing of Rifampin

Drug	Dosage
Rifampin	Adults 10mg/kg up to 600mg
	Children 10-15mg/kg up to 600mg

Rifampin capsules can be opened and the contents mixed with semi-solid food for patients who are unable to swallow pills

For More Information:

Contra Costa Health Services
Tuberculosis Control Program
<http://cchealth.org/tb/>
925-313-6740

Centers for Disease Control and Prevention
Division of Tuberculosis Elimination
<http://www.cdc.gov/tb/>

California Department of Public Health
Tuberculosis Control Branch (TBCB)

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>

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