**MDPH Tuberculosis Prevention Program**

The MDPH Tuberculosis Program seeks to reduce the incidence of tuberculosis (TB) through surveillance, education and clinical services delivered within a collaborative multiagency system. A wide spectrum of educational services coupled with a network of contracted tuberculosis clinics and multidisciplinary projects creates a comprehensive prevention and treatment strategy. Provision of these services involves a cooperative working relationship with local health departments and other community agencies, to ensure that needs are met and to build community capacity to respond to TB-related health issues.

**Regulations: 105 CMR 365.000**

<https://www.mass.gov/files/documents/2017/09/11/105cmr365.pdf>

**Website:** [Tuberculosis information for public health | Mass.gov](https://www.mass.gov/lists/tuberculosis-information-for-health-care-providers-and-public-health)

**Contacts:**

Division of Global Populations and Infectious Disease Prevention, TB Program

305 South Street

Jamaica Plain, MA 02130

(617) 983-6970 (during business hours) (617) 983-6800 (after business hours)

Fax (617) 887-8791

**TB Program Director**: Jennifer Cochran, MPH   
617-983-6596 [jennifer.cochran@state.ma.us](mailto:jennifer.cochran@state.ma.us)

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[john.bernardo@state.ma.us](mailto:john.bernardo@state.ma.us)

**Public Health Nurse Advisor:** Your PHN Advisor will depend on the region/ municipality in which you are practicing. Call 617-983-6970.

**Nursing Case Management of TB cases:** [MA Tuberculosis Nursing Case Management Protocols (mass.gov)](https://www.mass.gov/doc/nursing-case-protocolspdf/download)

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| **Tuberculosis Resources** | * [Tuberculosis | Mass.gov](https://www.mass.gov/tuberculosis) * [TB Testing & Diagnosis | CDC](https://www.cdc.gov/tb/topic/testing/default.htm) * [Professional Resources & Tools | TB | CDC](https://www.cdc.gov/tb/education/professionaltools.htm) * [Global TB Center (rutgers.edu)](http://globaltb.njms.rutgers.edu/) * [Global TB Center Ed Materials (rutgers.edu)](https://globaltb.njms.rutgers.edu/educationalmaterials/productlist.php) |

**A free, comprehensive online training on Infectious Disease Case Management is available through the Local Public Health Institute (LPHI):**

[Infectious Disease Case Management/ LPHI](https://sites.bu.edu/masslocalinstitute/2014/06/23/disease-case-management/)

1. Screening/Testing for TB
   1. Risk Assessment
   2. Reporting TB
2. PPD Ordering
3. Tuberculosis Skin Testing (TST)

**Contact your appointed TB PHN Advisor for guidance as needed for any of these situations. You will work closely with the TB PHN Advisor particularly when there is a reported case of suspected active TB Disease in your community.**

**I. Screening/Testing for TB**

**Risk Assessment**

Interferon Gamma Release Assay (IGRA) has become the preferred screening test over Tuberculin Skin Test (TST) for **foreign-born persons** >2 years old, and is recommended whenever feasible. If a PHN assesses an asymptomatic person to be at increased risk for TB (refer to [MA Tuberculosis Risk Assessment](https://www.mass.gov/lists/tuberculosis-information-for-health-care-providers-and-public-health#tb-risk-assessment-)), that person should be referred to their health provider or to one of the MA Regional TB Clinics (for list, go to [MA TB Outpatient Services | Mass.gov](https://www.mass.gov/service-details/massachusetts-tb-outpatient-services) ).

**Reporting TB**

Both active TB disease and Latent TB Infection (LTBI) are reportable to MDPH. If you have administered a Tuberculin Skin Test (TST) where the result is positive, you must complete a Latent Tuberculosis Infection reporting form.  Go to this web link for guidance:

[Report a case of Tuberculosis Disease or Latent TB Infection | Mass.gov](https://www.mass.gov/how-to/report-a-case-of-tuberculosis-disease-or-latent-tb-infection)

* Call (617) 983-6801 to report LTBI and for any questions regarding your LTBI case

LTBI Report Form: [LTBI CRF (mass.gov)](https://www.mass.gov/doc/latent-tb-infection-case-report-form/download)

* Suspect and Confirmed cases of active TB disease are usually faxed to the appropriate health department; you can also expect to receive a call from your designated TB PHN Advisor.

Active TB Report Form: [Active TB CRF (mass.gov)](https://www.mass.gov/doc/active-tb-case-report-form/download)

**II.** **Tuberculin Purified Protein Derivative (PPD) Ordering from MDPH**

Administering TSTs using MDPH-supplied Tuberculin Purified Protein Derivative (PPD)are restricted to those who have had close contact to someone sick with infectious TB Disease, and IGRA is not feasible. For more detailed information, go to: [Policy for Distribution of DPH-purchased PPD | Mass.gov](https://www.mass.gov/service-details/policy-for-distribution-of-dph-purchased-ppd)



**Contact:** 617-983-6970

[ppd.tb@massmail.state.ma.us](mailto:ppd.tb@massmail.state.ma.us)

**III.Tuberculosis Skin Testing (TST)** (also known as the Mantoux test)

**Standing Order Template**:



**Indications for TST**

Targeted tuberculin testing should be conducted only among groups at high risk; it should be discouraged in those at low risk for TB infection. Testing low risk populations results in a higher proportion of false positive tests. All infected persons who are considered to be at high risk for developing active TB should be encouraged to receive treatment for latent TB infection. For more information, go to: [Latent Tuberculosis Infection Testing and Treatment for High-Risk Populations | Mass.gov](https://www.mass.gov/clinical-advisory/latent-tuberculosis-infection-testing-and-treatment-for-high-risk-populations)

**Tuberculin Purified Protein Derivative (PPD) Reagent** used: TUBERSOL (Sanofi Pasteur)

**Dose**: 0.1 ml (5TU) using 1cc TB Syringe 25-27G X 1/2 inch, given intradermally

Date vial when opening. Once vial is opened, it is viable for **30 days**, after that, any remaining must be discarded

Review the **CDC TST Podcast Video**: <https://tools.cdc.gov/podcasts/media/mp3/mantoux.mp3>

**Contraindications to Administering TST**

**Do not** administer TST if patient has had:

* Previously documented **positive reaction**
* Previously documented history of **confirmed** **TB disease**
* **Live virus vaccine (**MMR, varicella, yellow fever, etc.) within the last 6-8 weeks. The tuberculin skin test can be administered on same day as live virus vaccine or administered 6-8 weeks after, or the live virus vaccine may be administered on the day the TST is read.
* History of immediate **hypersensitivity or anaphylaxis** to latex or a previous TST.

**Procedure:**

Use the left forearm, 4 inches from elbow. Avoid areas with a rash, scarring, veins, and excessively hairy areas.

Clean area with alcohol. Allow to air dry.

With the bevel up and the needle parallel to the arm, pull the skin taut and insert the needle just under the surface of the skin. Inject slowly to produce a 6-10 mm wheal. *(Alternate sites, such as the thigh, upper back, or shoulder may be used when arms are not suitable).*

Have patient return in 48-72 hours for TST to be read. When patient returns, assess for induration (not redness), and measure transversely using TB ruler (Measure in mm)

If TST is positive, fill out the TB Risk Assessment Form ([MA Tuberculosis Risk Assessment](https://www.mass.gov/lists/tuberculosis-information-for-health-care-providers-and-public-health#tb-risk-assessment-)) and LTBI Case Report Form ([LTBI CRF (mass.gov)](https://www.mass.gov/doc/latent-tb-infection-case-report-form/download)). Refer to one of the MDPH clinics (preferred) or their health care provider. (**The patient does not need to be excluded from work or school if they are asymptomatic with a positive PPD while they are waiting to be seen for evaluation.)**

Report positive test results as LTBI; enter the information into MAVEN *(See Chapter on Reportable Disease Guidelines: MAVEN*). Refer patient for treatment to their health provider, or to one of the regional TB Clinics.

**List of MDPH TB Clinics:** [MA TB Outpatient Services | Mass.gov](https://www.mass.gov/service-details/massachusetts-tb-outpatient-services)

**TB Patient Brochures:**

[TB information for Patients | Mass.gov](https://www.mass.gov/lists/tb-information-for-your-patients-in-english-and-other-languages)

[Massachusetts Health Promotion Clearinghouse:TB / Mass.gov](https://massclearinghouse.ehs.state.ma.us/SRCH.html?Search=tuberculosis)

[Professional Resources & Tools | TB | CDC](https://www.cdc.gov/tb/education/professionaltools.htm)

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| **Latent TB Infection (LTBI)**  ***Can you administer COVID-19 Vaccines and then screen for LTBI using TST or IGRA?***  *Testing for TB infection with either the TST or an IGRA, can be done before or during the same encounter as COVID-19 vaccination. It is recommended that the TST/IGRA be done before administration of the COVID-19 vaccination. If this is not possible, these tests should be delayed ≥4 weeks after the completion of COVID-19 vaccination series. However, this decision is at the discretion of the responsible medical provider (eg, during contact investigation after exposure to contagious TB disease).*  *The reliability of a positive TST or IGRA result after COVID-19 vaccination is expected to be the same as without the vaccination. COVID-19 vaccination is not expected to cause false positive results from a TB test that is done at the same encounter as or after COVID-19 vaccination. It should be noted that the reliability of a negative TST or IGRA result after COVID-19 vaccination has not been studied. If these tests cannot be done at the time of COVID-19 vaccine administration or delayed until ≥4 weeks after administration, a false negative TST or IGRA cannot be excluded, and consideration should be given to repeating negative TST or IGRA tests at least 4 weeks after the completion of COVID-19 vaccination.*  *Patients who have active TB disease or suspect active TB disease can receive a COVID-19 vaccine. However, it should be noted that presence of moderate/severe acute illness is a precaution to administration of all vaccines.* | **TB Disease** |
| * Has no symptoms | * Has symptoms that may include   + a bad cough that lasts 3 weeks or longer   + pain in the chest   + coughing up blood or sputum   + weakness or fatigue   + weight loss   + no appetite   + chills   + fever   + sweating at night |
| |  |  | | --- | --- | | * Does not feel sick | * Usually feels sick | | |  |  | | --- | --- | |  | * Usually feels sick | |
| * Cannot spread TB bacteria to others | * May spread TB bacteria to others |
| * Usually has a skin test or blood test result indicating TB infection | * Usually has a skin test or blood test result indicating TB infection |
| **Latent TB Infection (LTBI) (continued)** | **TB Disease (continued)** |
| * Has a normal chest x-ray and a negative sputum smear | * May have an abnormal chest x-ray, or positive sputum smear or culture |
| * Needs treatment for latent TB infection to prevent TB disease | * Needs treatment to treat TB disease |