Who what is positive PPD?
- >5mm in person with HIV, immunocompromised states, recent contact
- >10 mm in any other person (including with history of +BCG vaccine)
- change of 10 mm since last test

How good is the test? Depends on the stage of the disease, excellent for latent TB
- Sensitivity: 95% LTBI, 75-90% primary pulmonary disease, 50% overwhelming infection either pulmonary, extrapulmonary or disseminated.
- Specificity: 98% LTBI, otherwise varies on population and prevalence of disease
- False negatives: seen with poor nutrition, HIV, other immunocompromised states, other infections (typhoid fever, leprosy, brucellosis), sarcoidosis, lymphoma

What is latent TB?
- Person with a positive PPD and NO symptom of tuberculosis infection
- Chest x ray either normal or evidence of old disease (fibroapical scarring or calcifications)

TB classifications:
- TB0: no exposure, no disease
- TB1: exposure, no disease
- TB2: latent TB with no clinical evidence of disease, normal CXR
- TB3: current active disease (culture positive or +PPD with symptoms)
- TB4: latent TB with history of prior infections, abnormal and stable radiographic evidence of old tuberculosis, no current active disease (culture negative if symptoms)
- TB5: TB suspect

Who gets treated with latent TB? ANY person with LTBI2 or 4, regardless of age, with propensity to reactivate latent tuberculosis infection, no history of prior therapy
- Recently infected: high risk close contacts despite PPD status, new conversions, recent immigrants (<5 years)
- Comorbid medical conditions: CRF/ESRD, DM, HIV, IVDU, silicosis, s/p gastrectomy, chronic malabsorption, recipient of immunosuppressive therapy (>15 mg steroids for >2 weeks and chemotherapy), s/p transplant, carcinoma of head and neck
- LTBI 4 with abnormal radiographs.
- Special groups to consider treatment in are: post partum women (INH NOT contraindicated in pregnancy or during breast-feeding), persons who work in institutions that can become public health risks, foreign-born immigrants.

What is the treatment and follow up for latent TBI?
- INH: 6 months except in HIV, immunosuppressed or children <15 yo get 9 months.
- B6: add if patient high risk of developing peripheral neuropathy such as uremia, DM, ETOH, malnutrition, HIV, elderly
- Alternative regimen: Rifampin and PZA for 2moths
- DO not prescribe more than one-month supply of INH, need to evaluate for symptoms of liver toxicity, need NOT check liver function tests.
- STOP INH if transaminases exceed 3-4 x upper limit or normal when patient is symptomatic

Who should get screened with a PPD for TB? ANYONE who if LTBI is diagnosed would benefit from treatment to prevent reactivation disease
- All of the above
- People at risk of being exposed to active TB in their employment or living situation: HCW, jails, nursing home workers and patients, homeless,

**Not all pulmonary cavities are TB, what else?**
- Infections: TB (primary and secondary disease), fungal (blasto, cocci, histo, paracocci, invasive aspergillosis), gram negative organisms (klebsiella), anaerobes, staph aureus, strep pneumonia, septic emboli
- Neoplasm: squamous cell carcinoma
- Inflammatory: rheumatoid nodules, anklyosing spondylitis (fibrotic lung disease of apices can cavitate)

**What are the complications of cavitary lesions?**
- Pneumothorax: rupture of cavitory wall can lead to tension
- Hemoptysis: either due to cavitation through vessels or fungal ball
- Apergillumas

CALL TB controller with questions:
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