

Tuberculosis Disease and Tuberculosis Infection Reporting Guidance in Virginia

What to report:

Presumptive or Confirmed Tuberculosis (TB) Disease:

Pulmonary or extrapulmonary sites of TB (*Mycobacterium tuberculosis* complex), including **presumptive, laboratory confirmed, or clinically diagnosed** TB disease, must be reported to the Virginia Department of Health (VDH) within 24 hours.

Presumptive TB Disease Definition (this includes pulmonary AND extrapulmonary):

- A positive microscopic smear result for acid-fast bacilli (AFB) from a respiratory or extrapulmonary specimen AND clinical, radiographic, laboratory, or epidemiologic evidence consistent with active TB disease,
OR
- Clinical, radiographic, laboratory, or epidemiologic evidence consistent with active TB disease AND clinical specimens for bacteriology testing are not available or bacteriologic test results are negative for *M. tuberculosis*.
OR
- Multi-drug therapy for treatment of TB disease has been prescribed (**if two or more anti-TB drugs prescribed, reporting is required**).

Laboratory confirmed:

- Isolation of *M. tuberculosis* complex from a clinical specimen,
OR
- Demonstration of *M. tuberculosis* complex from a clinical specimen by nucleic acid amplification (NAA) test,
OR
- Demonstration of acid-fast bacilli in a clinical specimen when a culture had not been or cannot be obtained or is falsely negative or contaminated.

Clinical Case Definition:

A case that meets **all** of the following criteria:

- A positive tuberculin skin test (TST) result or a positive interferon gamma release assay (IGRA) for *M. tuberculosis*
- Other signs and symptoms compatible with TB (e.g., abnormal chest radiograph, abnormal chest computerized tomography scan or other chest imaging study, or clinical evidence of current disease).
- Treatment with two or more anti-TB medications
- A completed diagnostic evaluation

Presumptive or Confirmed Tuberculosis Infection:

Tuberculosis infection should be reported to VDH within three days of diagnosis.

- Positive tuberculin skin test (TST)
OR
- Positive interferon gamma release assay (IGRA)
AND
- TB disease ruled-out (negative chest x-ray, no symptoms of active TB)

How to report:

Presumptive or Confirmed Tuberculosis Disease:

Contact your local health department by phone: <http://www.vdh.virginia.gov/local-health-districts/>

Information to prepare for initial report if available:

- Patient name, DOB, age, sex and address
- Pertinent clinical, radiographic, microbiologic and pathologic reports, whether pending or final
- Information needed to locate the patient for follow-up
- Name, address and telephone number of treating physician
- Date and results of TST or IGRA
- Date and results of the initial and any follow-up chest radiographs
- Dates and results of bacteriologic or pathologic testing
- Antituberculosis drug regimen, including names of the drugs, dosages and frequencies of administration, and start date
- Date and results of drug susceptibility testing
- HIV status

Presumptive or Confirmed Tuberculosis Infection:

Submit an electronic morbidity report: <https://redcap.vdh.virginia.gov/redcap/surveys/?s=4HRC9Y484A>

Document in the report that the patient's chest x-ray was negative and that the patient had no symptoms of TB disease. Include treatment information if available.

You may also work with your local health department to develop other means of reporting this information, such as through a computer-generated report from your hospital or office's system. Your hospital system may also already report IGRA results to VDH through electronic laboratory reporting.

Who is required to report:

Healthcare practitioners and directors of laboratories

Examples:

- *A pre-employment IGRA/TST is required according to your organization's policy. A positive result of an IGRA/TST is forwarded to a clinician within the organization for review. Radiography is ordered and the report is reviewed by this clinician before being given to the new employee for follow-up with their primary care provider for further evaluation and treatment. Who must report the positive result?*
 - Both the organization ordering the IGRA/TST and radiography and the employee's primary care provider must report as both are determining a diagnosis of TB infection.
- *A hospital system performs both TST and IGRA testing for TB infection. IGRAs are reported electronically and it is also possible for the infection prevention team to pull reports of these positive lab results. How should they locate TST results to report?*
 - At the hospital level, this may be challenging. It is recommended that hospitals work to create reports that can pull data from their system by diagnosis code:
 - R76.11 – LTBI diagnosed with a TST
 - R76.12 – LTBI diagnosed with an IGRA
- *A hospital conducts a contact investigation of staff members who were potentially exposed to an active TB patient. Several staff members have positive IGRA results who also report a history of vaccination with BCG. All of the staff members have normal chest x-rays and all refuse treatment for TB infection. Should these staff members be reported as TB Infection cases?*
 - Yes. The staff members meet the criteria for TB Infection given their positive IGRAs and normal chest x-rays. IGRA is the preferred test for most patients with a history of BCG vaccination.
- *A provider has included tuberculosis in the differential diagnosis for a patient and starts the patient on two anti-TB drugs. The provider is not sure whether or not the patient has TB with the information currently available. Should the provider report to the local health department?*
 - Yes. As the provider suspects TB disease and has started the patient on two anti-TB medications, the provider should contact the local health department as soon as possible to report the presumptive case of TB disease.

Resources:

[Virginia Reportable Disease List](#)

[Conditions Reportable by the Directors of Laboratories](#)

[Regulations for Disease Reporting and Control \(specifically 12 VAC 5-90-225\)](#)