TB Screening Guidelines
Partnership HealthPlan of California
Last updated:2026

MPUP3047 - Attachment A
MPQG1005 - Attachment B
MCQG1015 - Attachment B
06/10/2026

Legend:

CXR: Chest X-Ray

IGRA: Interferon-gamma Release Assays

TB: Tuberculosis

TST: Tuberculin Skin Test

Patient seen at Clinician Office

Cough for greater than 3 weeks and one of:
1. weight loss
2. fatigue
3. night sweats
4. cough up blood

Patient with cough >3 weeks plus other Sx?

No → Clinical suspicion for non-pulmonary TB

No → Patient with risk factors for TB infection or progression?

Risk factor screening

If any doubt of patient history, review chart carefully

No → Patient chooses to test anyway?

No → Patient given a note, signed by the healthcare provider, stating that TST/ IGRA is not indicated

Yes → Chest X-ray ordered; IGRA drawn, if no prior (2 view Xray if less than 6 years old)

Yes → Work-up as indicated by organ system involved

Yes → Clinician asks about last TB screening test during visit ↔ Clinician ascertains HIV status (test if risk factors)

CXR positive?

No → (back to Patient with risk factors for TB infection or progression?)

Yes → Sputums (smear and culture and sensitivity) ordered x3 (gastric aspirate if child; induced sputum if not spontaneous)

See separate protocols

Sputum smear positive?

No → TST or blood reactivity test Indicated

Yes → Report to Public Health Department → Active TB treatment

TST placed or IGRA ordered.

Patient returns for reading of TST or interpretation of IGRA

Confirmatory test done if needed

CXR required?

No → No further immediate testing; Future testing if continued risk factors

Yes → 1 view CXR done

Clinician review of history, test results and CXR

Sputums required?

No → Report to County Health Department → Consideration of Treatment of Latent TB (by PCP)

Yes → Induced sputums smear positive?

No → Clinical Picture consistent with active TB?

No → Report to County Health Department

Yes → Report to County Health Department → Active TB treatment

Yes → Active TB treatment

<u>Risk factors for new TB infection/transmission (regular testing recommended for conditions 1-8)</u>

1. Current close contact of known or suspected TB
2. Homeless in the last two years
3. Injects IV drugs in last two years
4. Resident or employee of nursing home, community clinic, adult day services, hospital, homeless shelter, correctional facility
5. Child exposed to high risk adult
6. HIV positive
7. Drug abuse, alcohol abuse
8. Risk factors for HIV (including use of injection drugs)
9. US resident traveling to high risk country for at least 3 months (one time screening)
10. Immigrant to US from high risk countries (one time screening)

<u>Risk factors for TB progression (One time testing if no ongoing risk factors for new infection)</u>

1. Patient on immunosuppressive therapy (equivalent of ≥ 15mg pred/day for 1 month)
2. Patient with chronic medical conditions that suppress immune system: diabetes, renal insufficiency, cirrhosis/hepatic disease, rheumatologic conditions, cancer
3. History of silicosis, gastrectomy or jejunoileal bypass
4. Current tobacco smoker