

# 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

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

**Risk factor screening**

If any doubt of patient history, review chart carefully

Patient given a note, signed by the healthcare provider, stating that TST/IGRA is not indicated

See separate protocols

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

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)

**Risk factors for TB progression (One time testing if no ongoing risk factors for new infection)**

1. Patient on immunosuppressive therapy (equivalent of  $\geq 15\text{mg}$  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 jejunioileal bypass
4. Current tobacco smoker

