Evaluation and Treatment of Immunocompromised Tuberculosis (TB) Contacts<sup>1</sup> and TB Contacts < 5 Years of Age

**TB Symptoms Include:**
- prolonged cough (≥ 3 weeks)
- chest pain
- hemoptysis
- fever
- chills
- night sweats
- weight loss
- appetite loss
- fatigue

Evaluate with medical and exposure history, physical examination, chest x-ray<sup>2</sup>, and tuberculin skin test (TST). If history of previous positive TST, do not repeat TST.

Does the contact have symptoms consistent with TB disease? (See list at left.)

- Yes → Fully evaluate for TB disease. Contact the Minnesota Department of Health for consultation as needed. (651-201-5414 or 1-877-676-5414)
- No →

Is chest x-ray suggestive of TB disease?

- Yes → Recommend treatment for LTBI<sup>3</sup>. DOT<sup>4</sup> is recommended. Educate patient about symptoms of TB disease.
- No →

Is TST reaction ≥ 5mm? (Disregard BCG history.)

- Yes → Continue treatment for LTBI. DOT<sup>4</sup> is recommended. Educate patient about symptoms of TB disease.
- No →

Have ≥ 8 weeks passed since last exposure to TB?

- Yes → No further evaluation needed. Consider treatment for LTBI<sup>3</sup> for HIV-infected contacts and educate patient about symptoms of TB disease.
- No →

Begin window-period treatment<sup>5</sup> for LTBI<sup>3</sup>; repeat TST 8-10 weeks after last exposure to TB.

- Is TST reaction ≥ 5mm? (Disregard BCG history.)
  - Yes → No further evaluation needed. If initiated, window period treatment can be discontinued. Consider treatment for LTBI for HIV-infected contacts and educate patient about symptoms of TB disease.
  - No →