

TUBERCULOSIS DISEASE
(Reportable Disease - Report to Local Health Agency)

- IMMUNIZATION:** Not generally recommended
- INCUBATION PERIOD:** From infection to development of a positive reaction to a TB skin-test is about 2 to 10 weeks. Highest risk for disease is in the first 2 years following infection. In most instances, untreated infection becomes dormant and never progresses to disease in the healthy host.
- SYMPTOMS:** Most children are asymptomatic. Symptoms of obvious lung disease might include fever, cough, poor appetite, and weight loss. Chest x-rays are needed to confirm active disease. The disease may spread to other organs.
- PERIOD OF COMMUNICABILITY:** Children with primary tuberculosis are generally not infectious (they don't cough or produce sputum). For adults - as long as tubercle bacilli are being discharged in the sputum. Laryngeal TB is highly contagious.
- MODE OF TRANSMISSION:** In adults, via airborne droplet nuclei produced by infected person during expiratory efforts, such as coughing, singing, sneezing.
- SCHOOL ATTENDANCE:** Children with TB infection or disease can attend school or child care if they are receiving chemotherapy. They can resume all activities (extracurricular) when clinical symptoms have disappeared and acceptable plan for completing the course of therapy has been developed.
- CONTACTS/FOLLOW-UP:** Children younger than 4 years of age with positive tuberculin skin tests or with clinical tuberculous disease should be the starting point for epidemiologic investigation, which is best accomplished with assistance from the local health department. Close contacts of the tuberculin-positive child should be skin tested, and persons with a positive reaction should be investigated for the presence of tuberculosis. Since children with primary tuberculosis are usually not contagious, their contacts are not likely to be infected unless they also have been in contact with the adult source. After the presumptive adult source for the child's disease is identified, other contacts of that person should be skin tested to identify those needing antituberculosis treatment. Chest x-rays of tuberculin-positive contacts should be obtained, and treatment for disease or preventive therapy should be started.
- Persons exposed to a potentially infectious case of tuberculosis, especially persons with impaired immunity, and all household contacts younger than 4 years of age who are exposed to any adult with active tuberculosis should undergo tuberculin skin testing, have a chest x-ray, and be given INH preventive therapy even if the skin test is negative, once clinical disease is excluded.