



DOH 420-305 December 2020

December 21, 2020

Tuberculosis: Delayed and misdiagnosed tuberculosis (TB) due to COVID-19

Summary: We expect Washington state is seeing an increase of TB transmission in the community due to a reduction in the number of TB cases reported, delayed diagnosis, and undiscovered TB cases.

Action requested: Consider pulmonary TB disease in patients presenting with symptoms *and* risk factors consistent with TB, *regardless of COVID-19 test results*.

Background: Tuberculosis was the leading infectious disease killer globally prior to 2020, killing more than 1.4 million people in 2019 alone. While COVID-19 deaths exceeded TB deaths this year, TB will likely return as the leading infectious disease killer in subsequent years as a quarter of the world population is estimated to be infected with *M. tuberculosis*.

In addition to the enormous hardship and destruction the pandemic is causing, the impact of COVID-19 on TB is particularly difficult. Delays in TB diagnosis, treatment interruptions, and resource reallocation are being seen both globally and locally.

As there is considerable overlap between the symptoms and several risk factors for exposure, and severe illness and poor outcomes of the two conditions, clinicians are urged to consider pulmonary TB disease in the diagnosis and care of patients presenting with symptoms and risk factors consistent with TB, regardless of COVID-19 testing and risk factors.

Risk factors for TB include being born or living in a country with an elevated rate of TB¹, immunosuppression, or close contact to someone with infectious TB disease.

Recommendations for Clinicians:

- Include pulmonary TB disease in the differential diagnosis of cough for more than two weeks, fever and/or weight loss among those from a country with an elevated TB rate.
- If the patient's symptoms are consistent with active TB, obtain a chest x-ray.
- If the chest x-ray is consistent with TB disease (e.g., an opacity in the upper lobe with or without cavitation), contact your local health department.

¹ All countries in Asia, Africa, Latin America, Pacific Islands, and Eastern Europe; i.e., any country other than the United States, Canada, Australia, New Zealand and countries in northern or western Europe.

Tuberculosis: Delayed and misdiagnosed TB due to COVID-19

December 21, 2020

Page 2

- TB skin test, QuantiFERON, or T-SPOT will be false-negative in 20% of active TB cases and should not be routinely used in the diagnosis of active tuberculosis.

For More Information:

Diagnosis of Tuberculosis (Fact Sheet)

<https://www.cdc.gov/tb/publications/factsheets/testing/diagnosis.pdf>

Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children

https://www.cdc.gov/tb/publications/guidelines/pdf/cid_ciw694_full.pdf

Tuberculosis and Public Health Emergencies

https://www.cdc.gov/tb/education/public-health-emergencies.htm?s_cid=fb_cdctb_covid19202007120001

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