

For the initiation of services in Chest Clinic, Drug Treatment Programs will be required to provide a referral with a request for TB screening. The referral should include the name, DOB, Drug Treatment Program, positive TST result, any prior x-rays, and any prior history of positive TSTs. TSTs for Drug Rehabilitation residents will not be provided in Chest Clinic.

Client Type and Results	Follow-up	Data Entry
TST or QFT negative and asymptomatic	<ul style="list-style-type: none"> <li>• None (until following year)</li> <li>• Provide green TB clearance card</li> </ul>	Enter shelter clearance date in the LCR
TST or QFT+ and asymptomatic	<ul style="list-style-type: none"> <li>• Chest x-ray</li> <li>• Medical evaluation at TB Clinic (refer with TB47 form)</li> </ul>	TB Control enters shelter clearance date or clinical alert in the LCR
Symptomatic	<ul style="list-style-type: none"> <li>• New chest x-ray</li> <li>• Urgent medical evaluation</li> <li>• TST or QFT</li> </ul>	All TB suspects should be sent to TB Clinic for evaluation. If work-up by provider is negative, enter clearance in the LCR

At Chest Clinic, the client will register and be screened by Chest Clinic personnel for history and symptoms of TB.

Any client without a known past or current positive TST will have a Chest X-Ray done, if Chest X-Ray has not been done within:

- the last 6 months (with normal report)
- within 3 months (with abnormal report).

Any client with suggestive of TB disease is to be brought to the attention of the TB Physician. Chest Clinic will follow current protocols for screening which may include a TB skin test, chest x-ray, or sputum collection.

All clients with a negative initial TST or QFT will require a repeat TST or QFT, and TB symptom review annually. The following types of clients require specific evaluations:

Client Type	Treatment Status/History	Evaluation Required
<u>HIV– or HIV+ :</u> TST or QFT–	No prior treatment	Annual TST/QFT Annual symptom review
<u>HIV– or HIV unknown :</u> TST or QFT+	Completed LTBI treatment	Annual symptom review
<u>HIV– or HIV unknown :</u> TST or QFT+	No prior or incomplete treatment	<ul style="list-style-type: none"> <li>• Annual symptom review and medical risk assessment for diabetes, cancer, immune modulating medication intake, end-stage renal disease and HIV</li> <li>• If new risk present, repeat chest x-ray annually if patient remains untreated</li> </ul>
<u>HIV+ :</u> TST or QFT+	Completed preventive treatment	Annual symptom review Low threshold to repeat CXR
<u>HIV+ :</u> TST or QFT+	No prior or incomplete treatment	<ul style="list-style-type: none"> <li>▪ Minimum annual symptom review and repeat CXR</li> <li>▪ Should be followed by SF TB Control (please refer and get assistance from TOPS if necessary)</li> </ul>