

TB and COVID-19

California healthcare providers have reported

- **delays in diagnosis and treatment of TB disease**
- and
- **patients having concurrent TB disease and COVID-19**

COVID-19 and TB disease may have overlapping features: both have serious consequences in the elderly and immunocompromised and easily spread in congregate settings.

Consider TB disease as a cause of respiratory illness – even in those who test positive for COVID-19 – when TB risks, signs, symptoms or imaging findings below are present

➔ Risks for TB disease

- Lived outside the United States
- Immunocompromised
- Close contact to someone with TB disease

➔ Signs/symptoms more consistent with TB

- Persistent cough for ≥ 3 weeks
- Weight loss
- Hemoptysis

➔ Radiographic findings of active TB are highly variable and may overlap with those of COVID-19



Multilobar infiltrates with multiple cavitations in a person with TB disease
Source: CDC Image Library

More consistent with TB disease	More consistent with COVID-19
<ul style="list-style-type: none"> • Upper lobe infiltrates • Miliary, nodular, or cavitory lesions • Lymphadenopathy (children and immunocompromised) • Pleural effusions 	<ul style="list-style-type: none"> • Ground-glass opacities • Peripheral and posterior lung segment predominance • Absence of pleural effusions and lymphadenopathy

If you suspect TB disease:

- Contact the **On Duty Nurse** at **714-834-8790** to report a suspected case and ensure effective treatment and timely contact evaluation
- Collect 3 sputum samples 8 hours apart for AFB smear, mycobacterial culture, and nucleic acid amplification testing (e.g. Xpert MTB)