

TB pathway 2: TB Screening in Primary Care

This care pathway describes the process of TB screening accessed through primary care.

For advice on screening of new-entrant children aged 0-16 from countries of high-incidence, please see TB Pathway 3.

	Presenting condition	Actions required
1	Is active TB suspected; does the patient have concerning symptoms (fevers, night sweats, weight loss, anorexia, exceptional fatigue, cough for >3weeks?)	Use TB pathway 1: Referral of Suspected TB
2	Is the patient reporting contact with a case of TB in the UK? Normally all people who have had significant exposure to a case of TB in the UK are identified and offered screening through the TB contact-tracing system. This usually happens within 6 to 8 weeks of notification of the index case (note: more rapid screening risks producing false-negative results).	The GP or patient can phone Bristol Tuberculosis Nurses service on 0117 9543066 whose staff can assess risk, liaise with counterparts across the UK, and reassure or refer for screening as necessary. They will need the identifying details of the index case to do this, including name, date of birth and address.
3	Is the patient a child under 2 years, who has been in contact with someone with pulmonary TB In the UK or elsewhere? Young children are at high risk of acquiring serious life-threatening infection following exposure to pulmonary TB, and may need prophylactic treatment for 3 months. Young children will be prioritised for contact-tracing by the TB nurses and need urgent referral.	Liaise with TB nurses, or fax urgent referral to Dr Jolanta Bernatoniene, Infectious Diseases Consultant, Bristol Children's Hospital. Fax: 0117 3420221. Include as much detail as possible about the index case to assist assessment.
4	Is the patient at potential risk because they are a recent refugee or asylum seeker? They may have been screened for TB at an induction centre or by Bristol's "The Haven". Note: People who have arrived through the Family Reunion process may NOT have come through The Haven.	Ask to see their "blue book" (personal health record for asylum applicants and refugees) which may have a record of TB screening that has already been done. Phone The Haven (0117 9703887) to establish the outcome of their screening. NB: a negative screening result from the Haven does not necessarily exclude risk from more recent exposure.

		If there is no evidence of completed screening, go to point 5.
5	<p>Are they a recent migrant, over 16, and from a high incidence country (40 per 100,000 or above) who has NOT been screened through the Haven? This will include people who have arrived through the “family reunion” process.</p> <p>See www.hpa.org.uk for countries’ incidence rates. Enter the term “WHO TB country data” in the “search” box.</p>	<p>Chest xray for all, unless done within past 3 months.</p> <p>Chest xray is normal and person is not from sub-Saharan Africa or country with incidence of over 500 / 100,000?</p> <ul style="list-style-type: none"> • No further action required except “inform and advise”. <p>Chest xray normal and person is age 16 – 34 and from sub-Saharan Africa or country of incidence over 500/100,000. This patient will need IGRA* testing to complete screening.</p> <ul style="list-style-type: none"> • Refer to Avon Tuberculosis Prevention Clinic for screening. <p>Chest xray abnormal at any age:</p> <ul style="list-style-type: none"> • Refer to Avon Tuberculosis Prevention Clinic. <p>Is the person able to produce sputum?</p> <ul style="list-style-type: none"> • Collect 3 early morning sputum samples, send to lab same day, requesting “AFBs, culture and sensitivities”.
6	<p>Have they been in contact (within the last year) with someone with TB outside the UK?</p>	<p>Needs screening:</p> <ul style="list-style-type: none"> • Refer to Avon TB Prevention Clinic (adults) • or to Dr Jolanta Bernatoniene (children) -details below <p>Start investigations by ordering chest xray, and collecting 3 early morning sputums. Request “for AFBs, culture and sensitivities”. Specimens should reach the lab the day they are produced.</p>
7	<p>Are they homeless / living in hostels? Homeless people are at high risk of TB.</p>	<p>Consider an opportunistic chest xray, and refer if abnormal.</p>

***IGRA = Interferon Gamma Release Assay. Blood test recommended by NICE in these circumstances. Currently only available following hospital referral.**

Don't use "Choose and Book" for TB referrals

Refer people aged 16 and over to:

Avon Tuberculosis Prevention Clinic

Dr M Hetzel`
Respiratory Department
Bristol Royal Infirmary
Tel: 3422615
Fax: 3422921

Babies and children under 16

Dr Jolanta Bernatoniene

Consultant Paediatric Infectious Diseases
Bristol Children's Hospital
Tel: 3420174
Fax: 3420221
Email: jolanta.bernatoniene@ubhbristol.nhs.uk