

Tuberculosis (TB) Screening Guidelines for Providers

In partnership with the Department of Health Care Services (DHCS), the California Department of Public Health (CDPH) Tuberculosis Control Branch would like to provide guidance regarding tuberculosis screening as part of preventive care.

Despite being preventable, tuberculosis (TB) disease continues to cause significant [suffering and death in the state of California](#). **Medi-Cal members account for 68% of patients with TB disease.**

TB highlights an alarming health disparity, with a disproportionate impact on Asian, Black, Latinx, and Native American people.

TB disease can be prevented. More than 80% of TB disease in California can be prevented by testing and getting treatment for asymptomatic TB infection (also known as latent TB infection or LTBI).

Primary care providers serve a critical role in identifying patients with risk factors for TB infection. Because we do not have an effective vaccine – the Bacille Calmette-Guerin (BCG) vaccine does not offer lifelong protection from TB disease – the most promising tool in the fight against TB is diagnosing and treating LTBI.

To protect patients from TB disease, CDPH recommends:

- **Screen** all patients for risk factors of TB infection, using the [California TB Risk Assessment](#)
- **Test** for TB infection if a risk factor is identified, preferably using an interferon gamma release assay (IGRA)^{1,2}
- [Ensure patient does not have active TB disease](#), using a symptom screen and chest x-ray, before treating LTBI
- **Treat LTBI** with [3-4 month rifamycin-based therapies](#).
 - 4 months of rifampin OR 12 weeks of isoniazid plus rifapentine preferred

Risk-based testing for TB infection and **treating with 3-4 month LTBI treatment regimens is recommended** to protect patients from TB disease by:

- [US Preventative Services Task Force](#)
- [Centers for Disease Control and Prevention](#)
- [Infectious Diseases Society of America](#)
- [American Academy of Pediatrics](#)

¹Commercially available interferon gamma release assays (IGRA) include T-SPOT.TB (Oxford Immunotec Global), and QuantiFERON-Gold Plus (Qiagen)

²Patients who have received BCG vaccine should be tested using IGRA; they are not protected from developing TB disease later in life

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[Assembly Bill 2132](#), which took effect on January 1, 2025, requires all adult patients receiving primary care services to be offered a TB screening test, if TB risk factors are identified and the patient's health insurance covers it. For those who test positive, further follow-up or referral is then required for latent TB infection treatment. Please note those not eligible for full Medi-Cal coverage may qualify to receive outpatient TB-related services at zero share of cost under aid code 7H through the Medi-Cal Tuberculosis Program. For more information, see the [Medi-Cal Tuberculosis Program](#).

CDPH TB Control Branch hosts semi-annual webinar trainings about LTBI best practices aimed at supporting primary care clinicians. To learn more about our next training, please write us at TBFreeCATraining@cdph.ca.gov.

For questions about TB clinical care or for additional resources, please contact CDPH TB Control Branch at TBCB@cdph.ca.gov.