



Public Health Administration

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Health Advisory Tuberculosis Screening and Treatment as Prevention (Not Intended for Public Dissemination) Key Messages

- San Bernardino County Department of Public Health (SBCDPH) is issuing this health advisory to provide guidance and recommendations to clinicians evaluating patients for tuberculosis (TB).
- Although TB disease (active TB) is preventable, TB incidence is increasing in San Bernardino County.
- **Assembly Bill 2132 ([AB2132](#)) requires primary care clinicians to screen all adult patients at least once for [TB risk factor assessment](#).** If TB risk factors are identified, clinicians should offer blood test with interferon-gamma release assay (IGRA) or Purified Protein Derivative (PPD) skin testing as an alternative. IGRA should be offered to patients born outside the US.
- Active TB is preventable through early screening and timely treatment of TB infection/latent TB infection (LTBI).
- Preventing TB Disease in 4 Steps. [LTBI Treatment Guidance](#)

Background

- California's annual TB incidence was 5.4 cases per 100,000 persons; substantially higher than the national incidence rate of 3.0 per 100,000 in 2025.
- Active TB is preventable through early screening and timely treatment of latent TB.
- TB among children under five years old in California has increased. From 2020 to 2024, this age group had no more than 27 cases of TB each year. While in 2025, there were 35 new cases of TB among children under five years old.
- In 2025, there were six new TB outbreaks and nine ongoing outbreaks in 10 jurisdictions
- **In San Bernardino County, TB cases increased from 56 cases (2.6 per 100,000 persons) in 2022 to 72 cases (3.3 per 100,000 persons) in 2025.**

General Testing and Reporting

- Clinicians must screen all patients for TB risk factors and offer TB testing to patients with risk factors below: [CDC Questions and Answers about TB](#) page 10 for more details):
 - Have spent time with a person who has or may have infectious TB disease.
 - Were born in or frequently travel to countries where TB is common.
 - Currently live, used to live, or work in a large group setting where TB is more common.

- Are a health care worker who cares for those with TB disease.
 - Belong to a group more likely to have TB disease.
- Children under 5 have a higher risk of developing TB disease once infected. Therefore, testing for TB in children who may have been exposed to a person with TB disease is important. See [CDPH-CTCA Joint Guidelines on preventing TB disease in children](#).
- Patients can be screened using two different TB testing methods:
 - **TB Blood (IGRA) Tests** – Strongly recommended for patients who received the BCG TB vaccine, foreign born, and/or have a difficult time returning for a second appointment to look for a reaction to the TB skin test.
 - **TB Skin Test** – A follow-up appointment is required 48 to 72 hours after the initial appointment so the skin test can be read.
- If TB test is positive, clinicians must follow-up with clinical evaluation, chest x-ray (CXR) and sputum acid-fast smear/culture x 3 with 1-2 TB nucleic acid amplification test if CXR is abnormal.
- Once active disease is ruled out, clinicians must consider LTBI treatment to prevent the development of active disease.
- Laboratories are required to report to the local health department the results of IGRAs
- Clinicians are mandated to report all active TB cases to the health department.

If a Clinician is Evaluating Patients as Part of a Public Health Contact Investigation

- Patients may see their own doctors after being notified that they were exposed to someone with infectious TB. Two rounds of TB testing are recommended to determine exposure:
 - The first round of testing must be done at the time after the last known exposure, if exposure is within 8 to 10 weeks.
 - The second round of testing should be completed at or after 8-10 weeks from last exposure.

Screening/Treatment Guidance

- **For patients with TB infection:** See [LTBI Treatment Guidance](#) for more information on selecting treatment options based on patient-specific risk factors.
- **For patients diagnosed with active TB:** See [Treating Active TB Guidance](#) for more information on treating patients with active TB disease.

Guidance for Prevention of Healthcare Exposure

- Measures to prevent TB in healthcare settings should include airborne infection precautions. Additional information can be found here: [CDC Tuberculosis Infection Control](#).
- Additional information on administrative controls, environmental controls, personal protective equipment (PPE), and airborne infection isolation rooms (AIIRs) can be found here: [Tuberculosis Infection Control: A Practical Manual For Preventing TB](#)

San Bernardino County Public Health Resources:

If a patient is uninsured, underinsured, or has Medi-Cal insurance, they can schedule an appointment with the [County's Federally Qualified Health Centers](#).

If you have any questions on reporting a communicable disease, the San Bernardino County Department of Public Health Communicable Disease Section can be reached:

- Weekdays 8 a.m. – 5 p.m.: (800) 722-4794
- After hours (before 8 a.m. and after 5 p.m., and weekends): (800) 472-2376

Additional Resources:

[California Adult Tuberculosis Risk Assessment \(>18 years old\)](#)

[A Guide for Medical Providers: TB Exposure of Children Less Than 5 Years Old](#)

[A Guide for Medical Providers: TB Exposure of Children Greater Than or Equal to 5 Years Old](#)

[LTBI Treatment](#)

[TB Provider Resources](#)

[For Clinicians: Treatment for Latent Tuberculosis Infection | Tuberculosis \(TB\) | CDC](#)

[For Clinicians: Treatment for Drug-Susceptible Tuberculosis Disease | Tuberculosis \(TB\) | CDC](#)

[For Clinicians: Treatment for Drug-Resistant Tuberculosis Disease | Tuberculosis \(TB\) | CDC](#)