

TB Guidance for Hurricane Workers and Evacuees

Identifying Persons in Your Evacuation Center Who May Have TB

In your evacuation center, you should actively assess two groups of persons:

- Persons who were under treatment for tuberculosis (TB) before the storm
- Persons who currently have symptoms of active TB disease

To assess these persons, you should ask the following questions.

1. Were you taking medicine for TB just before the hurricane? (If yes, go directly to **Management of Persons Who Were Under Treatment for TB Before the Storm**. If no, proceed with questions 2-6.)
2. Have you coughed up any blood in the last month?
or
3. Do you have a cough that has lasted for at least 3 weeks?
and
4. Have you felt feverish or had chills for more than one or two weeks?
and
5. Have you experienced extreme sweating (night sweats) for more than one or two weeks?
and
6. Have you lost a lot of weight recently without dieting? How much? Since when?
(If the person answers “yes” to question 2 or answers “yes” to each of the questions 3, 4, 5, and 6) proceed to **Management of Persons with Symptoms of TB Disease**.)

Management of Persons Who Were Under Treatment for TB Before the Storm

Suggested questions to ask persons who are identified as being treated for TB before the storm:

- Did you **take any medicine** for your tuberculosis?
 - When did you start this medicine? When did you stop? Were you taking medicine when the hurricane came? Are you out of medicine?
 - Do you remember the names of the pills? (*If they can't remember, try asking how many different types of pills they were taking for TB.*)
 - Who was giving you the medicine? (Did you go to the state or local TB program or pharmacy, or did someone come to you and give you each individual dose?)
- **When** was this diagnosis made?
 - Do you remember if you had to cough up sputum (phlegm from deep inside your lungs) into a cup for your doctor/nurse to send to the lab? (This would be part of work-up for TB disease.)
- **Who** prescribed your TB medicine?
 - **Very important: Try to get name/contact info for the state or local TB program or private provider who prescribed TB treatment (or at least get the county/parish in which person lived).**

For persons whom you suspect as being under treatment for TB disease (not latent TB infection), immediate action is needed. This includes anyone in your evacuation center who was taking more than one medicine for TB or was receiving directly observed treatment for this disease. You should immediately notify the [TB program](#) in your jurisdiction.

Management of Persons with Symptoms of TB Disease

If anyone in your evacuation center has symptoms of TB disease (that is, if the person answers “yes” to question 2 or answers “yes” to each of the questions 3, 4, and 5 above), contact the [state or local TB program](#) about this person immediately.

If the state or local TB program determines that this person was potentially infectious while evacuating or staying in the evacuation center, a contact investigation will be needed. This is the process for identifying persons who may have been exposed to this infectious disease and providing any needed follow-up care. The contact investigation is done by the state or local TB program in cooperation with the evacuation center staff.

Additional Measures You Can Take to Prevent the Spread of TB

TB bacteria are spread when people with TB in their lungs coughs, speaks, or sings. Keep plenty of tissues on hand and offer them to clients and staff to cover their cough. **But most importantly, contact your state or local TB program if you suspect someone has TB disease.**

Background Information on TB

What is TB?

Tuberculosis (TB) is a disease caused by bacteria called [Mycobacterium tuberculosis](#). The bacteria usually attack the lungs. But, TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States.

TB bacteria are spread through the air from one person to another. The bacteria are put into the air when a person with [TB disease](#) of the lungs or throat coughs, speaks or sings. People nearby may breathe in these bacteria and become infected.

When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, they can move through the blood to other parts of the body, such as the kidney, spine, and brain.

TB disease in the lungs or throat can be infectious. This means that the bacteria can be spread to other people. People with TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends, and coworkers or schoolmates.

TB in other parts of the body, such as the kidney or spine, is usually not infectious.

However, not everyone infected with TB bacteria becomes sick. People who are not sick have what is called [latent TB infection](#). People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB bacteria to others. But, some people with latent TB infection go on to get TB disease.

People with active TB disease can be treated and cured if they seek medical help. Even better, people with latent TB infection can take medicine so that they will not develop active TB disease.



The Difference Between Latent TB Infection and Active TB Disease	
A Person with Latent TB Infection (LTBI)	A Person with Active TB Disease
<ul style="list-style-type: none"> • Has no symptoms • Does not feel sick • Cannot spread TB bacteria to others • Usually has a positive skin test or blood test result indicating TB infection • Has a normal chest x-ray and a negative sputum smear <p>May be taking medication to treat this condition (either self-administered isoniazid [INH] for 6-9 months, self-administered rifampin for 4 months, or isoniazid and rifampin for 3 months under directly observed therapy [DOT] by a state or local TB program worker)</p>	<ul style="list-style-type: none"> • Has symptoms that may include: <ul style="list-style-type: none"> • a bad cough that lasts 3 weeks or longer • pain in the chest • coughing up blood or sputum • weakness or fatigue • weight loss • no appetite • chills • fever • sweating at night • Usually feels sick • May spread TB bacteria to others • Usually has a positive skin test or blood test result indicating TB infection • May have an abnormal chest x-ray, or positive sputum smear or culture <p>Usually treated with four medicines (isoniazid, rifampin, pyrazinamide, and ethambutol) for at least 2 months, then isoniazid and rifampin for at least another 4 months—these doses are typically administered under directly observed therapy (DOT) by a state or local TB program worker</p>

For more information, visit www.cdc.gov/tb,

Or call CDC at 800-CDC-Info (English and Spanish) or 888-232-6348 (TTY).

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Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention