**R388. Health and Human Services, Population Health; HIV/AIDS, Tuberculosis Control and Refugee Health.**

**R388-804. Special Measures for the Control of Tuberculosis.**

**R388-804-1. Authority and Purpose.**

(1) This rule establishes standards for the control and prevention of tuberculosis as required by Sections 26B-7-206 through 26B-7-209, Sections 26B-7-303 through 26B-7-315, and Title 26B, Chapter 7, Part 3, Treatment, Isolation, and Quarantine Procedures for Communicable Diseases.

(2) The purpose of this rule is to focus the efforts of tuberculosis control on disease elimination. The standards outlined in this rule constitute the minimum expectations in the care and treatment of individuals diagnosed with, suspected to have, or exposed to tuberculosis.

**R388-804-2. Definitions.**

The definitions described in Section 26B-7-301 apply to this rule. Additionally:

(1) "Acid-fast bacilli (AFB)" means bacteria that are not decolorized by acid-alcohol after having been stained with dyes such as basic fuschsin, including the mycobacteria and nocardiae.

(2) "A country with a high TB rate" means any country except the U.S., Canada, Australia, New Zealand, countries in western and northern Europe.

(3) "Case of tuberculosis" means an episode of tuberculosis disease meeting the clinical or laboratory criteria for tuberculosis as defined in the National Notifiable Diseases Surveillance System (NNDSS). The department incorporates by reference the Tuberculosis 2009 Case Definition, CSTE (Council of State and Territorial Epidemiologists) Position Statement, 09-ID-65.

(4) "Department" means the Utah Department of Health and Human Services.

(5) "Directly observed therapy" means a method of treatment in which health-care providers or other designated individuals physically observe the individual ingesting anti-tuberculosis medications.

(6) "Drug resistant tuberculosis" means tuberculosis bacteria which is resistant to one or more anti-tuberculosis drugs.

(7) "Multi-drug resistant tuberculosis" means tuberculosis bacteria which is resistant to at least isoniazid and rifampin.

(8) Program" means the Utah Department of Health and Human Services, Office of Communicable Disease, TB Control Program.

(9) "Suspect case" means an individual who is suspected to have tuberculosis disease, including a person with signs and symptoms consistent with tuberculosis, having AFB recovered from sputum or any other source with identification pending, or started on a regimen consistent with treatment for active tuberculosis disease as described in references a and b in Subsection R388-804-6(1).

(10) "Tuberculosis" means a disease caused by Mycobacterium tuberculosis complex, including Mycobacterium tuberculosis, Mycobacterium bovis, or Mycobacterium africanum.

(11) "Tuberculosis disease" means a state of active tuberculosis, pulmonary or extra-pulmonary, as determined by a chest radiograph, the bacteriologic examination of body tissues or secretions, other diagnostic procedures or physician diagnosis.

(12) "Tuberculosis infection" means the presence of M. tuberculosis in the body but the absence of clinical or radiographic evidence of active disease as documented by a significant tuberculin skin test, or Interferon Gamma Release Assay (IGRA), including Quantiferon or T-SPOT, a negative chest radiograph and the absence of clinical signs and symptoms.

**R388-804-3. Required Reporting.**

(1) Tuberculosis is a reportable disease. Individuals shall immediately notify the department by telephone of each suspect and confirmed case of pulmonary and extra-pulmonary tuberculosis as required by Sections R386-702-2 and R386-702-3.

(2) The report may also be made to the local health department, which shall notify the department of each suspect and confirmed case within 72 hours of report.

**R388-804-4. Screening Priorities and Procedures.**

(1) Private providers and local health departments shall screen individuals considered to be at high risk for tuberculosis disease and infection before screening is conducted in the general population. Priorities shall be established based on those at greatest risk for disease and in consideration of the resources available.

(2) Individuals considered at high risk for tuberculosis include:

(a) close contacts of those with infectious tuberculosis;

(b) persons infected with human immunodeficiency virus;

(c) individuals who inject illicit drugs;

(d) inmates of adult and youth correctional facilities;

(e) residents of nursing homes, mental institutions, other long term residential facilities and homeless shelters;

(f) temporary or permanent residence for one month or more in a country with a high TB rate;

(g) low income or traditionally under-served groups with poor access to health care, including migrant farm workers and homeless persons;

(h) individuals who are substance abusers and members of traditionally under-served groups;

(i) individuals with certain medical conditions that may predispose them to tuberculosis infection and disease, including diabetes, cancer, silicosis, and immune-suppressive disorders;

(j) individuals who have travelled for one month or more in a country with a high TB rate; and

(k) other groups may be identified by order of the department, as needed to protect public health.

(3) Employers who are required to follow Occupational Safety and Health Administration guidelines for the prevention of tuberculosis transmission disease shall develop and implement an employee screening program.

(4)(a) Tuberculosis screening shall be completed using either the Mantoux tuberculin skin test method or an FDA approved in-vitro serologic test, including IGRA.

(b) Screening for tuberculosis with chest radiographs or sputum smears to identify individuals with tuberculosis disease is acceptable in places where the risk of transmission is high and the time required to give the skin test makes the method impractical.

(c) If the skin test or serologic test yields results indicating tuberculosis exposure, the individual shall be referred for further medical evaluation.

**R388-804-5. Diagnostic Criteria.**

In diagnosing tuberculosis, health care providers shall be expected to adhere to the standards listed in this document.

(1) The department incorporates by reference the (IDSA/ATS/CDC) diagnostic and classification standards as described in the segment entitled Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children, published by the Centers for Disease Control and Prevention (CDC) in December 2016.

(2) The department incorporates by reference:

(a) Updated Guidelines for the Use of Nucleic Acid Amplification Tests in the Diagnosis of Tuberculosis, published by the CDC in January 2009;

(b) Availability of an Assay for Detecting Mycobacterium tuberculosis, Including Rifampin-Resistant Strains, and Considerations for Its Use, published by the CDC in October 2013; and

(c) Consensus statement on the use of Cepheid Xpert MTB/RIF assay in making decisions to discontinue airborne infection isolation in healthcare settings, published by National Tuberculosis Controllers Association and Association of Public Health Laboratories in April 2016.

(3) The department incorporates by reference the CDC diagnostic and classification standards for use of Interferon Gamma Release Assays as described in the document entitled, Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection, United States, 2010, published by the CDC.

**R388-804-6. Treatment and Control.**

(1) The department incorporates by reference the IDSA/ATS/CDC treatment standards as described in the segment entitled:

(a) Official ATS/CDC/IDSA Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis, published by the Infectious Diseases Society of America (IDSA) in August 2016;

(b) Treatment of Tuberculosis, American Thoracic Society, CDC, and Infectious Diseases Society of America, published by the CDC in June 2003;

(c) Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society; CDC, and the Infectious Diseases Society of America, published by the CDC in November 2005; and

(d) Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, published by the CDC in June 2000.

(2) A health-care provider who treats an individual with tuberculosis disease shall use the IDSA/ATS/CDC treatment standards as a reference for the development of a comprehensive treatment and follow-up plan for each individual. The plan shall be developed in cooperation with the individual and approved by the local health department or the program. Health-care providers shall routinely document an individual's adherence to prescribed therapy for tuberculosis infection and disease. If isolation is indicated, the plan for isolation shall be approved by the local health department or the program. Discharge from an inpatient facility shall not occur without the knowledge of, and in agreement with the local health department and the program.

(3) A health-care provider who treats an individual with suspect or active tuberculosis disease shall provide for directly observed therapy.

(4) Individuals with infectious tuberculosis disease shall comply with the treatment plan as set forth by the provider and public health, including isolation if necessary, wearing a mask approved by the local health department or the program when outside the isolation area, abiding by a plan of directly observed therapy, providing laboratory samples, and attending each scheduled provider visit.

(5) Any individual who does not comply with Subsection R388-804-6(4) shall be subject to involuntary isolation as established in the Title 26B, Chapter 7, Part 3, Treatment, Isolation, and Quarantine Procedures for Communicable Diseases.

**R388-804-7. Epidemiologic Investigations.**

(1) The local health department shall conduct a contact investigation immediately upon report of an AFB smear positive suspected or confirmed case of laryngeal, respiratory, or pleural tuberculosis disease.

(2)(a) The contact investigation shall include interviewing, counseling, educating, examining and obtaining comprehensive information about those who have been in contact with individuals who have infectious tuberculosis.

(b) The investigation shall begin within three days of notification of an AFB smear positive suspected or confirmed case and the initial evaluation shall be completed within fourteen days of notification.

(c) Investigations of contacts to persons with active TB disease shall include the evaluation of contacts and the treatment of infected contacts.

(d) The local health department shall submit demographic data to the department at 30 days and at 120 days after initiation of the contact investigation and following the completion of prophylactic treatment.

**R388-804-8. Payment for Isolation and Quarantine.**

Individuals who are isolated or quarantined at the expense of the department shall provide the department with information to determine if any other payment source for the costs associated with isolation or quarantine is available.

**R388-804-9. Penalty for Violation.**

Any person who violates this rule may be assessed a civil money penalty as provided in Section 26B-1-224.

**KEY: tuberculosis, screening, communicable diseases**

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