



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Mary T. Bassett, MD, MPH
Commissioner

Joseph Burzynski, MD, MPH
Assistant Commissioner
JBurzyns@health.nyc.gov

Bureau of Tuberculosis Control
25-01 Jackson Ave., 24th Fl.
CN72B, WS 24-013
L.I.C., NY 11101

+718-310-2534

Dear Provider:

We are writing to notify you of a recent change to the New York City Health Code §11.21 related to reporting of tuberculosis (TB) infection in children less than five years of age. An up-to-date version of the Health Code (§11.21) can be found at <https://www1.nyc.gov/site/doh/about/about-doh/health-code-and-rules.page>.

As of January 12, 2017, the health code now requires additional reporting for children less than five years of age with a positive test for TB infection (e.g., interferon gamma release assay [IGRA] or tuberculin skin test [TST]), including documentation of subsequent evaluation to rule out TB disease. Providers must report the following:

- Both qualitative and quantitative IGRA or TST results (including induration [in mm] if a TST is performed)
- All radiology examinations (e.g., chest x-rays, CT scans, and MRI), and
- Regimen and start date for treatment of TB infection.

Once TB disease has been ruled out by medical evaluation and imaging studies, treatment for latent TB infection is recommended with one of the following: a) rifampin daily for 4 months; b) isoniazid and rifapentine weekly for 3 months; or c) isoniazid daily for 9 months. Dosing recommendations can be found here: <https://www.cdc.gov/tb/publications/tbi/treatment.htm#treatmentRegimens>. Isoniazid and rifapentine once weekly by directly observed therapy for 3 months (for children ages 2 years and older) is as effective as daily isoniazid for 9 months and may lead to improved treatment completion.*

Children less than five years of age infected with TB are at increased risk for progressing to active disease and potentially can develop life-threatening forms of the disease, such as disseminated TB and TB meningitis. Therefore the Health Department recommends the following:

- A TB infection risk assessment questionnaire should be used to screen all children and adolescents (see attached).
- All children determined to be at risk for TB infection should be tested with an IGRA or TST, particularly those who are contacts to a person with active TB disease.
 - IGRAs are the preferred test for children ages 2 years and older, particularly if Bacille Calmette-Guérin (BCG) vaccination was given during childhood.
- All children testing positive for TB infection should receive a posterior-anterior chest x-ray; children less than five years should also receive a lateral chest x-ray.
- Treatment for latent TB infection (if chest x-ray is negative) should be provided. If the chest x-ray or medical evaluation is suggestive of active TB disease, further evaluation and appropriate treatment should be initiated.

The Health Department offers medical consultation services to providers as needed, as well as free treatment to patients in our TB chest centers regardless of insurance or immigration status. A list of NYC Health Department TB chest centers can be found here:

<http://www1.nyc.gov/site/doh/services/tuberculosis-chest-centers.page>

Report to New York City Department of Health and Mental Hygiene via

- NYCMED/Reporting Central at <https://a816-healthpsi.nyc.gov/NYCMED/Account/Login> or
- Universal Reporting Form at <https://www1.nyc.gov/site/doh/providers/reporting-and-services/notifiable-diseases-and-conditions-reporting-central.page>.



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Mary T. Bassett, MD, MPH
Commissioner

Any questions regarding these reporting requirements or TB diagnosis and treatment should be directed to the TB Hotline at 866-713-0559 or 311. If you are interested in a presentation on the testing, diagnosis, and/or treatment of TB, please contact us at TBtraining@health.nyc.gov. As always, we greatly appreciate your assistance in our disease prevention, control, and surveillance efforts.

Sincerely,

A handwritten signature in black ink that reads 'Joseph A. Burzynski'.

Joseph Burzynski, MD, MPH
Assistant Commissioner
Bureau of Tuberculosis Control
New York City Department of Health and Mental Hygiene

*Villarino EM, Scott NA, Weis SE, et al. Treatment for Preventing Tuberculosis in Children and Adolescents: A Randomized Clinical Trial of a 3-Month, 12-Dose Regimen of a Combination of Rifapentine and Isoniazid. *JAMA Pediatr.* 2015;169(3):247-255.



Tuberculosis Risk Assessment Questionnaire for Children and Adolescents*

1. **Was your child born outside the United States?**
If yes, and the child was born in a high TB incidence area** such as Africa, Asia, Latin America or Eastern Europe, a test for TB infection should be administered. Interferon gamma release assay is preferred over the tuberculin skin test for children ≥ 2 years born outside of the United States.
2. **Has your child traveled outside the United States?**
If yes and the child stayed with friends or family members in a high TB incidence area** such as Africa, Asia, Latin America or Eastern Europe for ≥ 1 month consecutively, a test for TB infection should be administered.
3. **Has your child been exposed to anyone with TB disease?**
If yes, and it has been confirmed that the child has been exposed to someone with suspected or known TB disease, a test for TB infection should be administered, and the NYC Department of Health and Mental Hygiene should be notified.
4. **Has your child consumed dairy products obtained from abroad such as raw milk or fresh cheese?**
If yes, a test for TB infection should be administered.

*Adapted from The Pediatric Tuberculosis Collaborative Group: Targeted tuberculin skin testing and treatment of latent tuberculosis infection in children and adolescents. *Pediatrics*, 2004: 114(4):1175-1201

**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe