

---

**October 31, 2018****Health Advisory****Healthcare Providers Urged to Maintain a High Awareness for Tuberculosis  
Especially in Northeastern North Dakota**

The North Dakota Department of Health (NDDoH) asks healthcare providers, especially those in Northeastern North Dakota, to maintain a high vigilance for tuberculosis (TB). The NDDoH is currently investigating a person diagnosed with TB disease who is linked to an outbreak first identified in 2010. A second case is pending confirmation, but may also be linked to this same outbreak. Since March 2010, 37 people with TB have been reported due to this outbreak. Because TB cases relating to this outbreak continue to occur, it is possible these individuals were not indicated/found for testing during previous investigations in the community. The majority of people associated with this outbreak have been identified in Grand Forks County; however, there are reports from other areas of the state.

**Diagnosis:**

Healthcare providers throughout North Dakota, but especially in Grand Forks County, are encouraged to suspect TB when evaluating patients presenting with symptoms suggestive of TB, as it is often misdiagnosed as pneumonia. TB should be high on the list as a differential diagnosis for people who present with a cough reported to have lasted more than three weeks, complaints of night sweats, weight loss, hemoptysis, fever or malaise. These individuals should be evaluated for TB disease. If clinical suspicion is high, isolate the patient within a negative-pressure space and practice airborne droplet precautions. Perform a chest radiograph to assess for cavitation and infiltrates. Abnormalities may be suggestive of tuberculosis but are definitive for diagnosis.

**Testing:**

Collect a series of three sputum specimens regardless of the chest radiograph result. They should be collected 8 to 24 hours apart with at least one being an early morning specimen. Submit these specimens for diagnostic microbiology assessment. The presence of acid-fast bacilli (AFB) by microscopy often indicates tuberculosis disease. However, please reflex the specimens to culture and nucleic acid amplification testing (NAA) to confirm.

Testing for antibodies to tuberculosis should occur with an interferon-gamma release assay (IGRA) test over a PPD/TST test in all suspected tuberculosis situations. IGRA offers an advantage in that test results are not dependent on the patient returning for care to get a test result. Please note TST and IGRA testing may be negative in people who have tuberculosis disease. A negative result may be due to recent vaccination, poor immune functions, poor nutrition, accompanying viral infection or steroid therapy.

The NDDoH Division of Laboratory Services offers tuberculosis testing including AFB smears with quantification, culture and amplified testing along with rifampin resistance on sputum specimens submitted for testing. Testing and specimen collection information along with online supply requests can be found at [www.nd.health.gov/microlab](http://www.nd.health.gov/microlab).

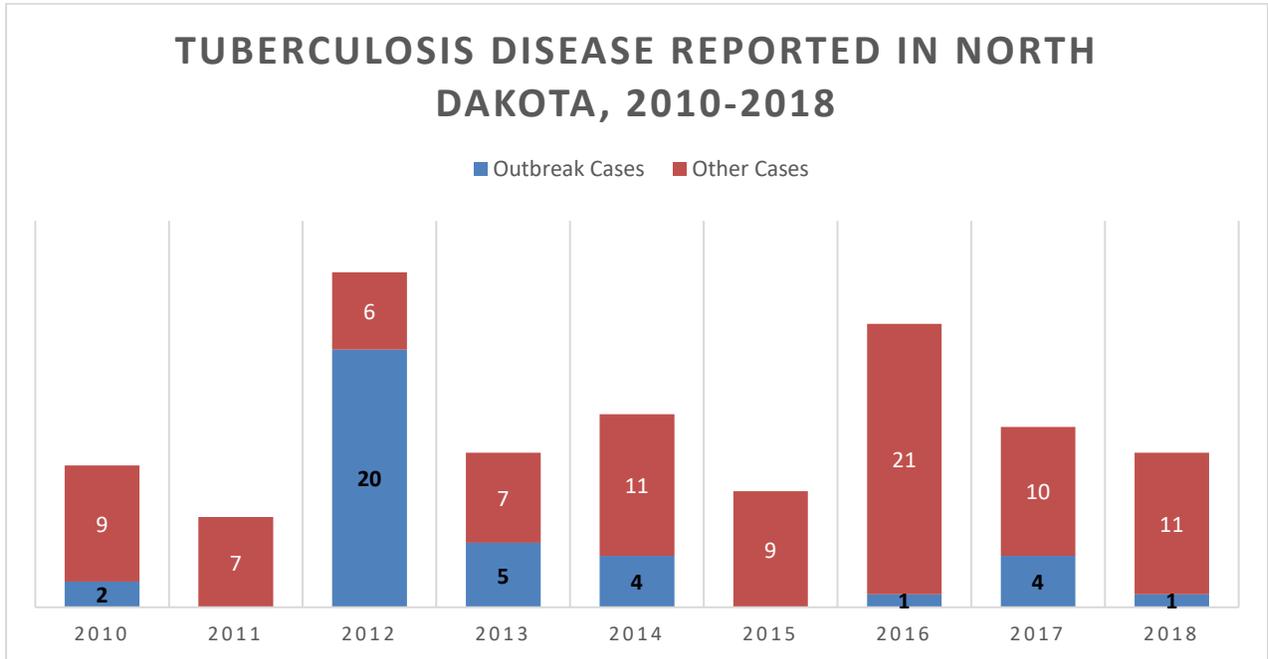
**Treatment:**

All cases in this outbreak show the same low-level isoniazid antibiotic resistance pattern, the same genotype pattern and are U.S. born. This means cases may need alternate courses of therapy and consultation with the NDDoH should occur before treatment initiation.

**Reporting:**

All suspected tuberculosis cases should also be reported to the Tuberculosis Controller at the North Dakota Department of Health by calling 701.328.2378 within 24 hours of initial suspicion.

**Surveillance Data:**



Please contact the NDDoH Division of Disease Control at 701.328.2378 or toll-free at 800.472.2180 with any questions or concerns regarding TB.

---

**Categories of Health Alert Network messages:**

**Health Alert** Requires immediate action or attention; highest level of importance

**Health Advisory** May not require immediate action; provides important information for a specific incident or situation

**Health Update** Unlikely to require immediate action; provides updated information regarding an incident or situation

**HAN Info Service** Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##