



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
PUBLIC HEALTH DEPARTMENT  
**PROVIDER HEALTH ADVISORY**

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**Date:** July 15, 2025

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## **Tuberculosis Prevention Among Medi-Cal Enrollees**

Despite being preventable, tuberculosis (TB) disease continues to cause significant suffering and death in the state of California. **Medi-Cal enrollees account for 68% of patients with TB disease.** TB is a health disparity, with a disproportionate impact on Asian, Black, Latinx, and Native American people.

In partnership with the Department of Health Care Services Medi-Cal Program, the California Department of Public Health (CDPH) is sharing guidance about TB screening as part of preventative care with providers, especially those who accept Medi-Cal.

For more detailed information, please review the letter CDPH is sharing with Medi-Cal providers attached below.

### **Assembly Bill 2132**

[AB 2132](#), which took effect on January 1, 2025, requires all adult patients receiving primary care services to be offered a TB screening test if TB risk factors are identified, followed by provision or referral for appropriate follow-up care. The County of San Luis Obispo Public Health Department issued a [Provider Health Advisory](#) focused on AB 2132 earlier this year on April 14, 2025. An FAQ document answering common questions about AB 2132 can be found at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB-AB2132-FAQ.aspx>

### **Recent Data**

In 2024, California's annual TB incidence was 5.4 cases per 100,000 persons; this is **nearly double the national incidence rate**. Most California TB cases (83%) were attributable to progression of LTBI to active TB, meaning they could have been prevented with testing and treatment of LTBI. An estimated 8% of cases were in persons who arrived in California with active TB disease, and another 9% resulted from recent transmission.

### **Contact CDPH TB Control Branch**

- **Upcoming trainings:** CDPH TB Control Branch hosts semi-annual webinar trainings for primary care clinicians about LTBI best practices. To learn more about their next training, email [TBFreeCATraining@cdph.ca.gov](mailto:TBFreeCATraining@cdph.ca.gov)
- **Clinical questions:** For questions about TB clinical care or for additional resources, please contact CDPH TB Control Branch at: [TBCB@cdph.ca.gov](mailto:TBCB@cdph.ca.gov)

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#### **Public Health Department**

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*In partnership with the Department of Health Care Services Medi-Cal Program, the California Department of Public Health (CDPH) Tuberculosis Control Branch would like to provide guidance regarding tuberculosis screening as part of preventive care.*

Despite being preventable, tuberculosis (TB) disease continues to cause significant [suffering and death in the state of California](#). **Medi-Cal enrollees account for 68% of patients with TB disease.** TB is a health disparity, with a disproportionate impact on Asian, Black, Latinx, and Native American people.

**TB disease can be prevented.** More than 80% of TB in California can be prevented by testing and treatment for asymptomatic TB infection (also known as latent TB infection or LTBI).

**Primary care providers serve a critical role in identifying patients with risk factors for TB infection.** Because we do not have an effective vaccine (the Bacille Calmette-Guerin or BCG vaccine does not offer lifelong protection from TB disease), the most promising tool in the fight against TB is diagnosing and treating LTBI.

**To protect patients from TB disease, CDPH recommends:**

- 1) **Screen** all patients for risk factors of TB infection, using the [California TB Risk Assessment](#)
- 2) **Test** for TB infection if a risk factor is identified, preferably using an interferon gamma release assay (IGRA)<sup>1,2</sup>
- 3) **Ensure patient does not have active TB disease**, using symptom screen and chest x-ray, before treating LTBI
- 4) **Treat LTBI** with [3-4 month rifamycin-based therapies](#).
  - 4 months of rifampin OR 12 weeks of isoniazid plus rifapentine preferred for most patients

<sup>1</sup>Commercially available interferon gamma release assays (IGRA) include T-SPOT.TB (Oxford Immunotec Global), and QuantiFERON-Gold Plus (Qiagen)

<sup>2</sup>Patients who have received BCG vaccine should be tested using IGRA; they are not protected from developing TB disease later in life

Risk-based testing for TB infection and **treating with 3- to 4-month LTBI treatment regimens is recommended** by the [US Preventive Services Task Force](#), the [Centers for Disease Control and Prevention](#), the [Infectious Diseases Society of America](#) and the [American Academy of Pediatrics](#) in order to protect patients from developing TB disease.

[Assembly Bill 2132](#), which took effect on January 1, 2025, **requires all adult patients receiving primary care services to be offered a TB screening test if TB risk factors are identified and the patient's health insurance covers it.** For those who test positive, offer of further follow-up or referral is then required for latent TB infection treatment. Please note those not eligible for full Medi-Cal coverage may qualify to receive outpatient TB-related services at zero share of cost under aid code 7H through the Medi-Cal Tuberculosis Program. (For more information, see [Medi-Cal Tuberculosis Program](#).)

CDPH TB Control Branch hosts semi-annual webinar trainings about LTBI best practices, aimed at primary care clinicians. To learn more about our next training, please write us at: [TBFreeCATraining@cdph.ca.gov](mailto:TBFreeCATraining@cdph.ca.gov).

For questions about TB clinical care or for additional resources, please contact CDPH TB Control Branch at: [TBCB@cdph.ca.gov](mailto:TBCB@cdph.ca.gov)